

Lake & Sanders Counties, Montana

Community Health Services Development
Community Health Needs Assessment Report

Survey conducted by
St. Luke Community Healthcare
Ronan, Montana

In cooperation with
The Montana Office of Rural Health

December 2016



MONTANA
STATE UNIVERSITY

Office of Rural Health
Area Health
Education Center

St. Luke Community Healthcare Community Health Needs Assessment

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**St. Luke Community Healthcare
Community Survey & Focus Groups
Summary Report
December 2016**

I. Introduction

St. Luke Community Healthcare is comprised of a 25-bed Critical Access Hospital, four primary care provider clinics with visiting specialists, a 75-bed extended care facility, plus a durable medical equipment service. The organization's providers offer healthcare services to the residents and visitors of Lake and Sanders Counties. St. Luke Community Healthcare, located in Ronan, Montana is located on the Flathead Reservation and in the heart of the Mission Valley. St. Luke Community Healthcare participated in the Community Health Services Development (CHSD) Project administrated by the Montana Office of Rural Health and-funded in part through a grant provided by the Montana Health Research and Education Foundation (MHREF). A part of this project is community engagement which includes a healthcare service survey, focus groups and key informant interviews.

In the summer of 2016, St. Luke Community Healthcare's service area was surveyed about its healthcare system. This report shows the results of the survey in both narrative and chart formats. A copy of the survey instrument is included at the end of this report (Appendix E). Readers are invited to familiarize themselves with the survey instrument and the subsequent findings. The narrative report touches on the highlights while the charts present data for virtually every question asked. Please note: we are able to compare some of the 2016 survey data with data from a previous survey conducted in 2013. If any statistical significance exists, it will be reported. The significance level was set at 0.05.

II. Health Assessment Process

A Steering Committee was convened to assist St. Luke Community Healthcare in conducting the CHSD assessment process. A diverse group of community members representing various organizations and populations within the community (ex. public health, elderly, uninsured) came together in July 2016. For a list of all Steering Committee members and their affiliations, see Appendix A. The Steering Committee met twice during the CHSD process; first to discuss health concerns in the community and offer their perspective in designing the survey instrument and again to review results of the survey and focus groups and to assist in the prioritization of health needs to address.

III. Survey Methodology

Survey Instrument

In September 2016, surveys were mailed out to the residents in St. Luke Community Healthcare's service area. The survey was based on a design that has been used extensively in

the states of Washington, Wyoming, Alaska, Montana, and Idaho. The survey was designed to provide each facility with information from local residents regarding:

- Demographics of respondents
- Hospitals, primary care providers, and specialists used plus reasons for selection
- Local healthcare provider usage
- Services preferred locally
- Perception and satisfaction of local healthcare

Sampling

St. Luke Community Healthcare provided the National Rural Health Resource Center with a list of outpatient and inpatient admissions. Those zip codes with the greatest number of admissions were selected to be included in the survey. A random list of 800 residents was then selected from Prime Net Data Source. Residence was stratified in the initial sample selection so that each area would be represented in proportion to the overall served population and the proportion of past admissions. (Note: although the survey samples were proportionately selected, actual surveys returned from each population area varied which may result in slightly less proportional results.)

Additionally, one focus group and seven key informant interviews were held to identify the motives of local residents when selecting healthcare providers and to discover reasons why people may leave the Ronan area to seek healthcare services. It was intended that this research would help determine the awareness of local programs and services, as well as the level of satisfaction with local services, providers, and facilities. Focus group and key informant notes can be found in Appendix H.

Information Gaps

Data

It is a difficult task to define the health of rural and frontier communities in Montana due to the large geographic size, economic and environmental diversity, and low population density. Obtaining reliable, localized health status indicators for rural communities continues to be a challenge in Montana.

There are many standard health indices used to rank and monitor health in an urban setting that do not translate as accurately in rural and frontier areas. In the absence of sufficient health indices for rural and frontier communities in Montana, utilizing what is available is done with an understanding of access to care in rural and frontier Montana communities and barriers of disease surveillance in this setting.

The low population density of rural and frontier communities require regional reporting of many major health indices including chronic disease burden and behavior health indices. The Montana BRFSS [Behavioral Risk Factor Surveillance System], through a cooperative agreement with the Center for Disease Control (CDC), is used to identify regional trends in health-related behaviors. The fact that many health indices for rural and frontier counties are reported regionally makes it impossible to set the target population aside from the five more-developed Montana counties.

Limitations in Survey Methodology

A common approach to survey research is the mailed survey. However, this approach is not without limitations. There is always the concern of non-response as it may affect the representativeness of the sample. Thus, a mixture of different data collection methodologies is recommended. Conducting community focus groups and key informant interviews in addition to the random sample survey allows for a more robust sample and, ultimately, these efforts help to increase the community response rate. Partnering with local community organizations such as public health, community health centers, and senior centers, just to name a few, helps to reach segments of the population that might not otherwise respond to a survey or attend a focus group.

Survey Implementation

In September 2016, the community health services development survey, a cover letter from St. Luke Community Healthcare with the Chief Executive Officer's signature on St. Luke Community Healthcare letterhead, and a postage paid reply envelopes were mailed to 800 randomly selected residents in the hospital's service area. A news release was sent to local newspapers prior to the survey distribution announcing that St. Luke Community Healthcare would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health.

One hundred thirty-six surveys were returned out of 800. Of those 800 surveys, 68 were returned undeliverable for an 18.6% response rate. From this point on, the total number of surveys will be out of 732. Based upon the sample size, we can be 95% confident that the responses to the survey questions are representative of the service area population, plus or minus 5.9%.

IV. Survey Respondent Demographics

A total of 732 surveys were distributed amongst St. Luke Community Healthcare's service area. One hundred thirty-six were completed for an 18.6% response rate. The following tables indicate the demographic characteristics of the survey respondents. Information on location, gender, age, and employment is included. Percentages indicated on the tables and graphs are based upon the total number of responses for each individual question, as some respondents did not answer all questions.

Place of Residence (Question 31)

While there are some large differences in the percentages below, the absolute differences are small. The returned surveys are skewed toward the Ronan population which is reasonable given that this is where most of the services are located.

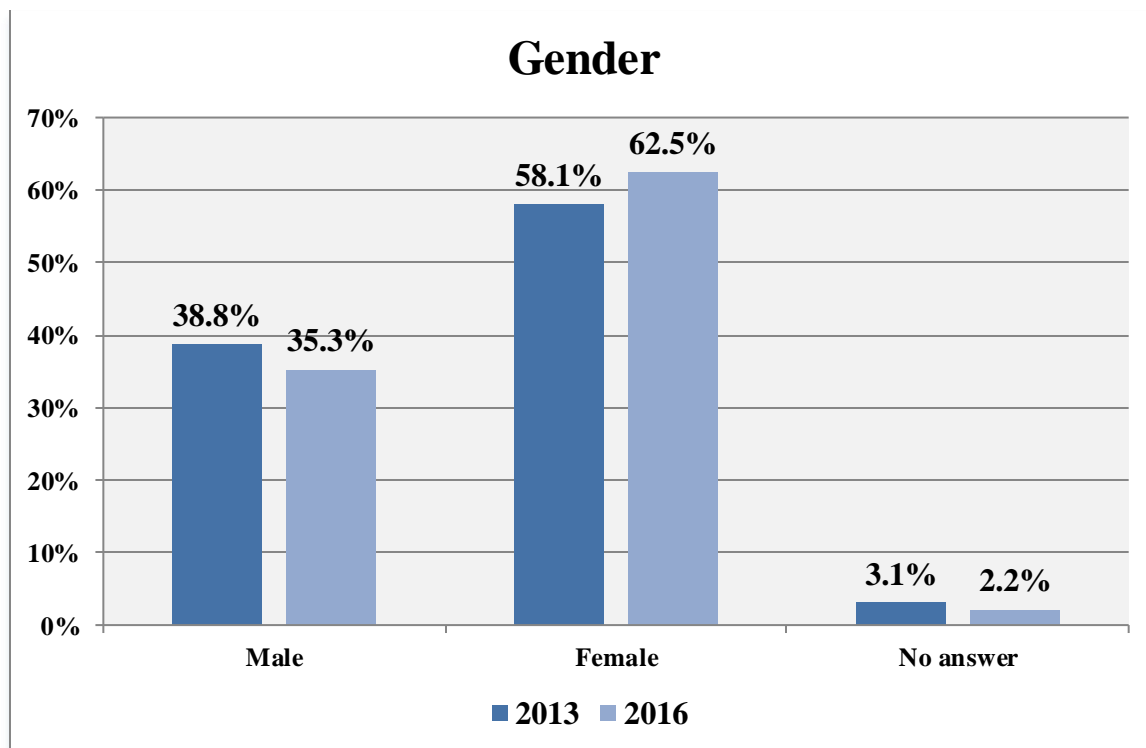
		2013		2016	
Location	Zip code	Count	Percent	Count	Percent
Ronan	59864	68	43.9%	72	52.9%
Polson	59860	39	25.2%	22	16.2%
St. Ignatius	59865	19	12.3%	18	13.2%
Charlo/Moise	59824	11	7.1	9	6.6%
Pablo	59855	16	10.3%	6	4.4%
Arlee	59821	0	0	3	2.2%
Elmo	59915	Not asked - 2013		2	1.5%
Hot Springs	59845	Not asked - 2013		2	1.5%
Dixon	59831	2	1.3%	2	1.5%
Plains	59859	Not asked - 2013		0	0
TOTAL		155	100%	136	100%

Gender (Question 32)

2016 N= 136

2013 N= 160

Of the 136 surveys returned, 62.5% (n=85) of survey respondents were female, 35.3% (n=48) were male, and 2.2% (n=3) chose not to answer this question. The survey was distributed to a random sample consisting of 50% women and 50% men. It is not unusual for survey respondents to be predominantly female, particularly when the survey is healthcare-oriented since women are frequently the healthcare decision makers for families.

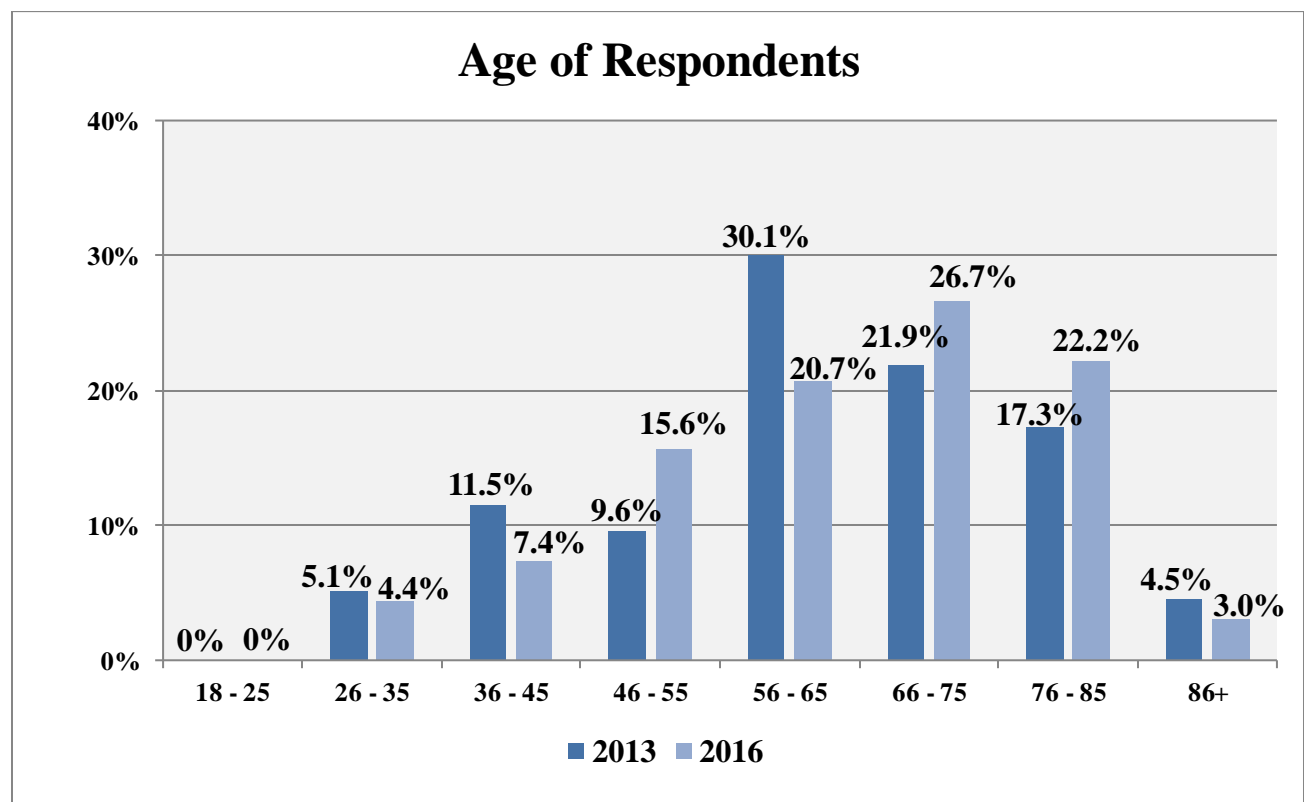


Age of Respondents (Question 33)

2016 N= 135

2013 N= 156

Twenty-seven percent of respondents (n=36) are between the ages of 66-75. Twenty-two percent of respondents (n=30) are between the ages of 76-85 and 20.7% of respondents (n=28) are between the ages of 56-65. This statistic is comparable to other Critical Access Hospital (CAH) demographics. The increasing percentage of aging residents in rural communities is a trend which is seen throughout Montana and will likely have a significant impact on the need for healthcare services during the next 10-20 years. However, it is important to note that the survey was targeted to adults and therefore, no respondents are under age 18.

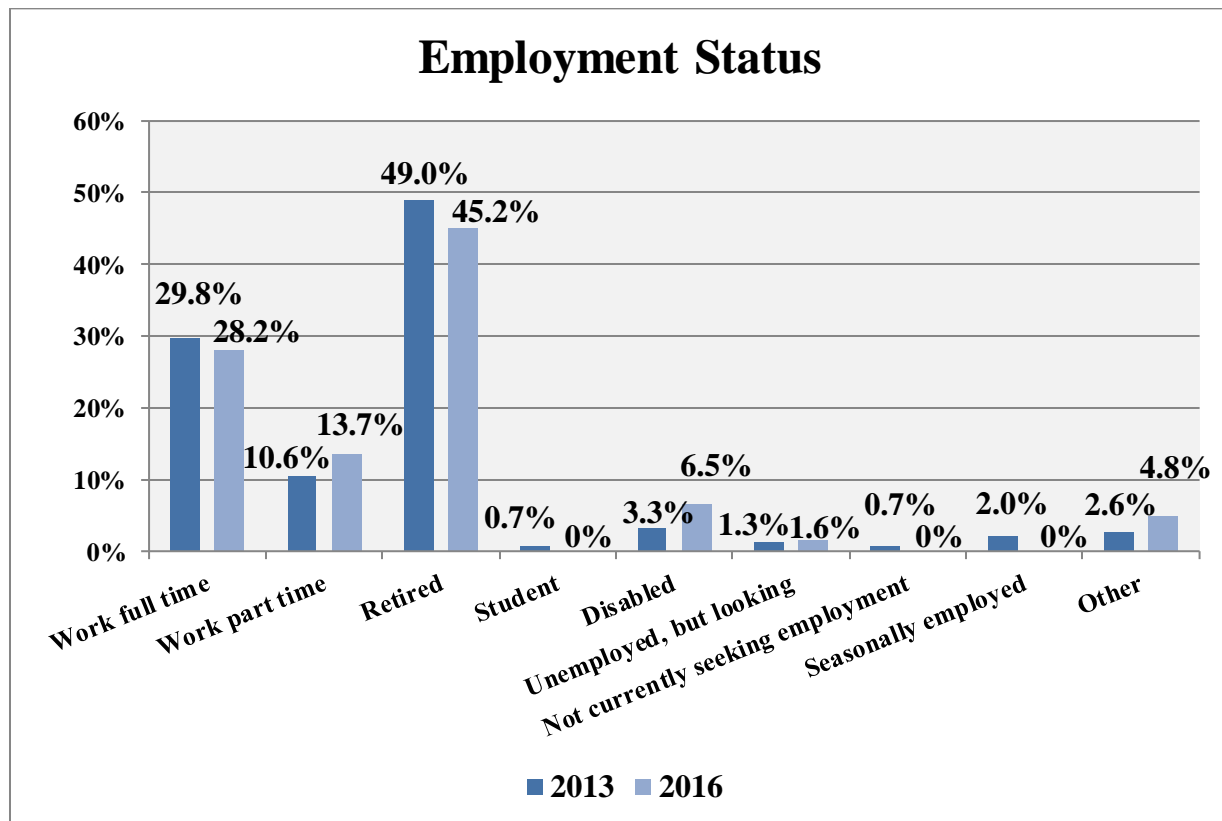


Employment Status (Question 34)

2016 N= 124

2013 N= 151

Forty-five percent (n=56) of respondents reported being retired while 28.2% (n=35) work full time. Fourteen percent of respondents (n=17) indicated they work part time. Respondents could select all that apply so percentages do not equal 100%.



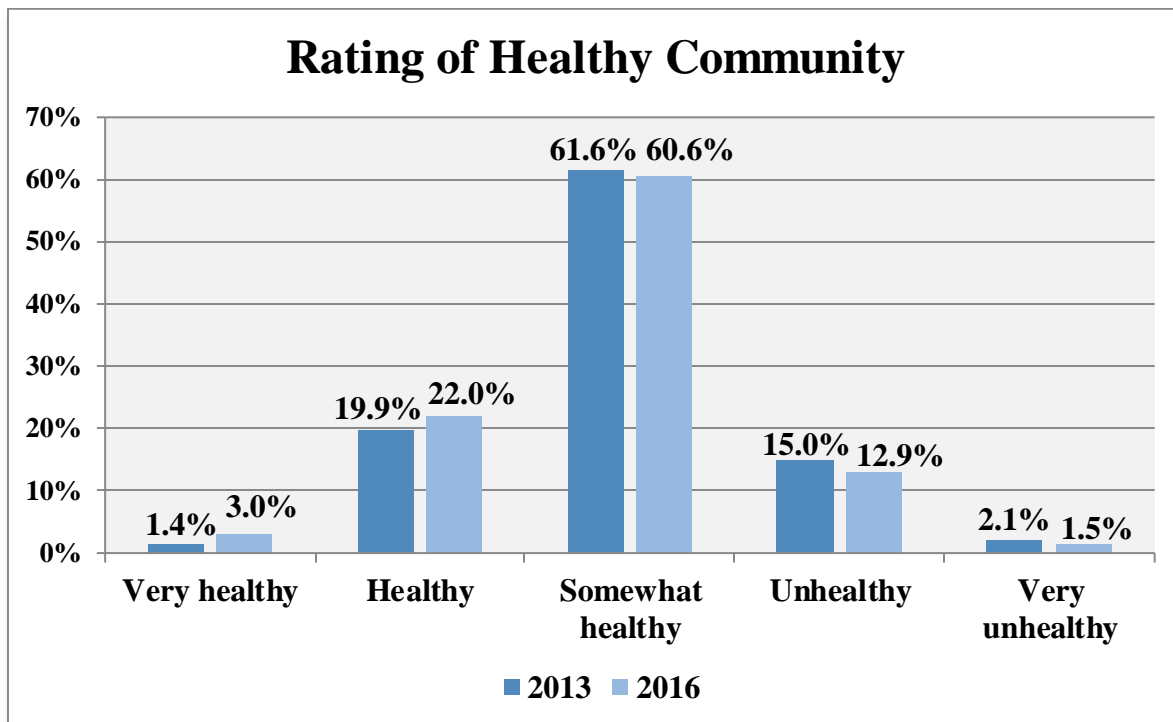
V. Survey Findings – Community Health

Impression of Community (Question 1)

2016 N= 132

2013 N= 146

Respondents were asked to indicate how they would rate the general health of their community. Sixty-one percent of respondents (n=80) rated their community as “Somewhat healthy.” Twenty-two percent of respondents (n=29) rated their community as “Healthy” and 12.9% (n=17) rated their community as “Unhealthy.”



Health Concerns for Community (Question 2)

2016 N= 136

2013 N= 160

Respondents were asked what they felt the three most serious health concerns were in their community. The number one health concern identified by respondents was “Illegal drug use” at 77.2% (n=105). “Alcohol abuse” was also a high priority at 56.6% (n=77) followed by “Prescription drug abuse” at 30.9% (n=42). Respondents were asked to pick their top three serious health concerns so percentages do not equal 100%.

Health Concern	2013		2016	
	Count	Percent	Count	Percent
Illegal drug use	Not asked - 2013		105	77.2%
Alcohol abuse	Not asked - 2013		77	56.6%
Prescription drug abuse	Not asked - 2013		42	30.9%
Overweight/obesity	70	43.8%	40	29.4%
Cancer	35	21.9%	23	16.9%
Mental health issues	12	7.5%	19	14.0%
Diabetes	49	30.6%	17	12.5%
Child abuse/neglect	16	10.0%	17	12.5%
Domestic violence	24	15.0%	15	11.0%
Tobacco use	19	11.9%	15	11.0%
Depression/anxiety	21	13.1%	13	9.6%
Lack of exercise	25	15.6%	10	7.4%
Heart disease	24	15.0%	9	6.6%
Lack of mental health services	Not asked - 2013		8	5.9%
Nutrition	17	10.6%	6	4.4%
Motor vehicle accidents	29	18.1%	4	2.9%
Lack of access to healthcare	8	5.0%	4	2.9%
Recreation related accidents/injuries	1	0.6%	3	2.2%
Lack of access to dental care	3	1.9%	2	1.5%
Stroke	5	3.1%	0	0
Work related accidents/injuries	1	0.6%	0	0
Other	2	1.3%	3	2.2%

“Other” comments

- Drug addiction (2)
- Animal abuse
- Dementia
- Motor vehicle accidents
- Not a healthy community – so why are there so many fast food places in our community?
- Obamacare
- Teen pregnancies
- Treatment facilities

Components of a Healthy Community (Question 3)

2016 N= 136

2013 N= 160

Respondents were asked to identify the three most important components for a healthy community. Forty-two percent of respondents (n=57) indicated that “Healthy behaviors and lifestyles” are important for a healthy community. “Access to affordable health insurance” was the second most indicated component at 39.7% (n=54) and third was “Strong family life” at 33.8% (n=46). Respondents were asked to identify their top three choices, thus the percentages do not add up to 100%.

Important Component	2013		2016	
	Count	Percent	Count	Percent
Healthy behaviors and lifestyles	65	40.6%	57	41.9%
Access to affordable health insurance	70	43.8%	54	39.7%
Strong family life¹	37	23.1%	46	33.8%
Access to health care and other services	55	34.4%	39	28.7%
Good jobs and a healthy economy ²	64	40.0%	37	27.2%
High quality healthcare services	35	21.9%	25	18.4%
Religious or spiritual values	33	20.6%	24	17.6%
Affordable housing	15	9.4%	21	15.4%
Low crime/safe neighborhoods	16	10.0%	21	15.4%
Youth/teen activities and programs	Not asked - 2013		17	12.5%
Access to healthy foods	13	8.1%	14	10.3%
Good schools	24	15.0%	13	9.6%
Clean environment	18	11.3%	12	8.8%
Low level of domestic violence	5	3.1%	7	5.1%
Tolerance for diversity	16	10.0%	6	4.4%
Community involvement	10	6.3%	5	3.7%
Parks and recreation	3	1.9%	4	2.9%
Low death and disease rates	5	3.1%	2	1.5%
Arts and cultural events	2	1.3%	0	0
Other	6	3.8%	1	0.7%

¹2016 respondents were significantly more likely to select 'strong family life'.

²Significantly fewer 2016 respondents selected good jobs and health economy.

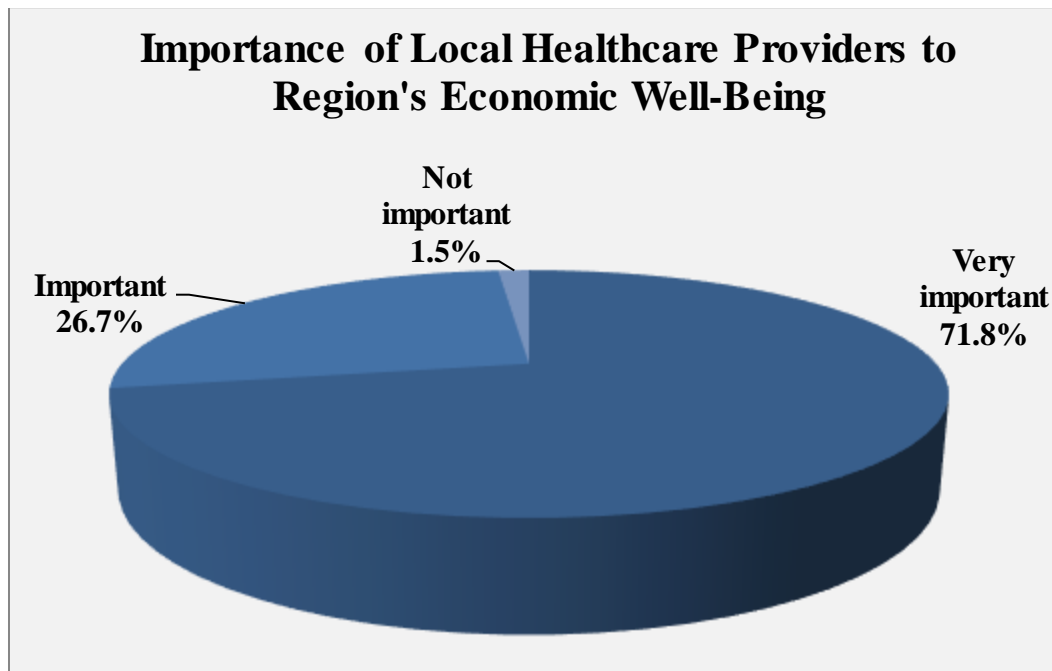
“Other” comments:

- All helps
- Education for drug use
- Stronger drug control
- Tribal and non-tribal healthy community – fair for all and must be important for everyone in our community. But access and assessment have higher priorities with tribal.

Economic Importance of Local Healthcare Providers and Services (Question 4)

2016 N= 135

The majority of respondents (71.8%, n=97) indicated that local healthcare providers and services (i.e.: hospitals, clinics, nursing homes, assisted living, etc.) are “Very important” to the economic well-being of the area. Twenty-seven percent of respondents (n=36) indicated they feel they are “Important” and two respondents, or 1.5% selected “Not important”.



How Respondents Learn of Healthcare Services (Question 5)

2016 N= 136

2013 N= 160

Respondents were asked to indicate how they learn about health services available in the community. The most frequent method of learning about services was “Friends/family” at 65.4% (n=89). “Word of mouth/reputation” was the second most frequent response at 57.4% (n=78) and “Healthcare provider” was reported at 51.5% (n=70). Respondents could select more than one method so percentages do not equal 100%.

Method	2013		2016	
	Count	Percent	Count	Percent
Friends/family¹	86	53.8%	89	65.4%
Word of mouth/reputation	99	61.9%	78	57.4%
Healthcare provider	86	53.8%	70	51.5%
Newspaper	55	34.4%	56	41.2%
Mailings/newsletter	52	32.5%	38	27.9%
Tribal Health ²	13	8.1%	26	19.1%
Social media ³	9	5.6%	23	16.9%
Radio	26	16.3%	16	11.8%
Heart to Heart	28	17.5%	15	11.0%
Billboards	16	10.0%	14	10.3%
Website/internet	11	6.9%	13	9.6%
Public health department	11	6.9%	10	7.4%
Presentations	11	6.9%	6	4.4%
Other	6	3.8%	2	1.5%

¹⁻³Significantly more 2016 respondents reported learning about healthcare services from friends or family, tribal health, and social media.

“Other” comments:

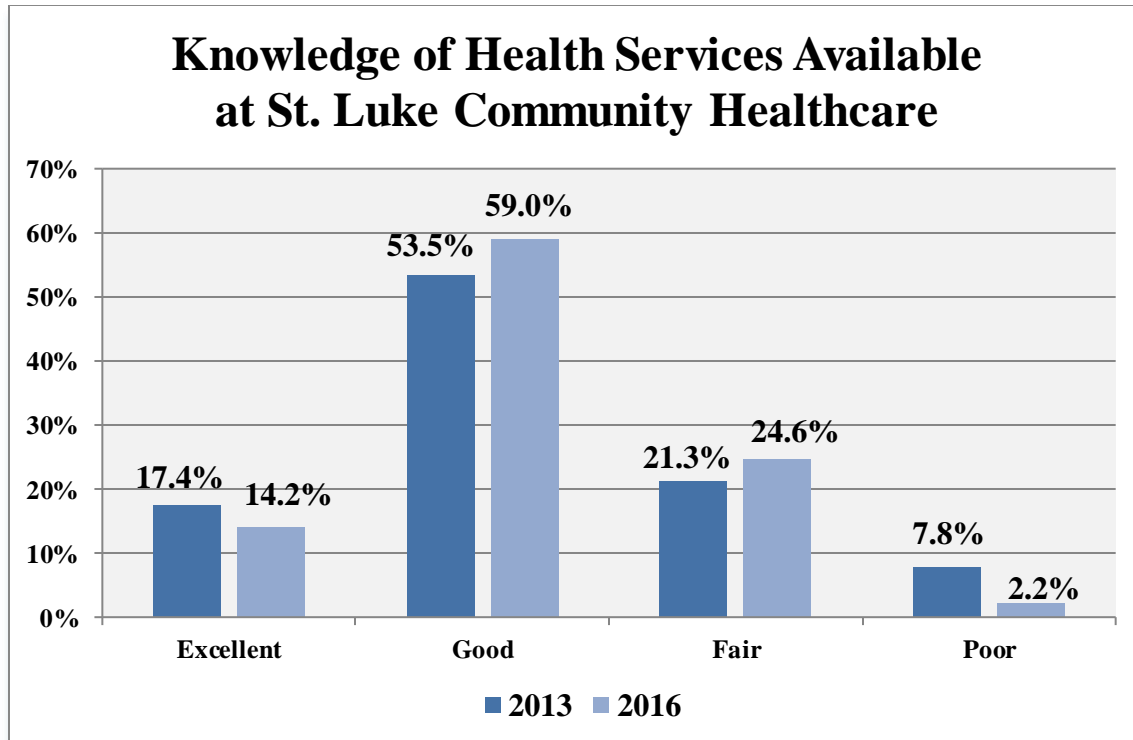
- Senior center
- Tribal health RN
- TV

Overall Awareness of Health Services (Question 6)

2016 N= 134

2013 N= 155

Respondents were asked to rate their knowledge of the health services available at St. Luke Community Healthcare. Fifty-nine percent (n=79) of respondents rated their knowledge of health services as “Good”, “Fair” was selected by 24.6% percent (n=33) and “Excellent” was selected by 14.2% (n=19) of respondents.



Cross Tabulation of Service Knowledge and Learning about Services

Analysis was done to assess respondents' knowledge of services available at St. Luke Community Healthcare with how they learn about services available in their community. The chart below shows the results of the cross tabulation. How respondents learned of healthcare services was a multiple response item, thus totals do not add up to 100%.

KNOWLEDGE RATING OF ST. LUKE COMMUNITY HEALTHCARE SERVICES BY HOW RESPONDENTS LEARN ABOUT HEALTHCARE SERVICES

	Excellent	Good	Fair	Poor	Total
Friends/family	13 (14.8%)	50 (56.8%)	23 (26.1%)	2 (2.3%)	88
Word of mouth/reputation	10 (13.2%)	46 (60.5%)	20 (26.3%)		76
Healthcare provider	12 (17.6%)	38 (55.9%)	17 (25%)	1 (1.5%)	68
Newspaper	6 (10.9%)	39 (70.9%)	7 (12.7%)	3 (5.5%)	55
Mailings/newsletter	6 (15.8%)	26 (68.4%)	6 (15.8%)		38
Tribal Health	4 (15.4%)	12 (46.2%)	10 (38.5%)		26
Social media	4 (17.4%)	14 (60.9%)	3 (13%)	2 (8.7%)	23
Radio	2 (12.5%)	11 (68.8%)	2 (12.5%)	1 (6.3%)	16
Heart to Heart	5 (33.3%)	10 (67.9%)			15
Billboards/posters	3 (21.4%)	9 (64.3%)	1 (7.1%)	1 (7.1%)	14
Website/internet	2 (15.4%)	8 (61.5%)	3 (23.1%)		13
Public health department	1 (10%)	4 (40%)	5 (50%)		10
Presentations	3 (50%)	2 (33.3%)	1 (16.7%)		6
Other		1 (50%)	1 (50%)		2

Other Community Health Resources Utilized (Question 7)

2016 N= 136

2013 N= 160

Respondents were asked which community health resources, other than the hospital or clinic, they had used in the last three years. “Pharmacy” was the most frequently utilized community health resource cited by respondents at 77.2% (n=105). “Dentist” was utilized by 74.3% (n=101) respondents followed by “Health fairs” with 29.4% (n=40). Respondents could select more than one resource so percentages do not equal 100%.

Service	2013		2016	
	Count	Percent	Count	Percent
Pharmacy	125	78.1%	105	77.2%
Dentist	106	66.3%	101	74.3%
Health fairs	Not asked - 2013		40	29.4%
Tribal Health	28	17.5%	31	22.8%
Alternative medicine	25	15.6%	24	17.6%
Senior Center	36	22.5%	23	16.9%
Public health department	12	7.5%	14	10.3%
Mental health	13	8.1%	12	8.8%
Other	9	5.6%	8	5.9%

“Other” comments:

- Physical therapy (2)
- Aquatic Center Polson
- Chiropractor
- College gym
- Eye exam
- Internet
- None
- SKC Fitness Center
- VA

Improvement for Community's Access to Healthcare (Question 8)

2016 N= 136

2013 N= 160

Respondents were asked to indicate what they felt would improve their community's access to healthcare. Thirty-six percent of respondents (n=49) reported "More primary care providers" would make the greatest improvement. Thirty-three percent of respondents (n=45) indicated they would like "More specialists" and 32.4% (n=44) indicated "Greater health education services" would improve access to care. Respondents could select more than one method so percentages do not equal 100%.

Service	2013		2016	
	Count	Percent	Count	Percent
More primary care providers	66	41.3%	49	36.0%
More specialists	44	27.5%	45	33.1%
Greater health education services	48	30.0%	44	32.4%
Improved quality of care	37	23.1%	43	31.6%
Transportation assistance	31	19.4%	39	28.7%
Outpatient services expanded hours	50	31.3%	38	27.9%
Mental health services	Not asked - 2013		35	25.7%
Wellness coach	Not asked - 2013		29	21.3%
Cultural sensitivity	17	10.6%	20	14.7%
House calls by doctor's office	27	16.9%	20	14.7%
Patient Navigator/Healthcare guide	Not asked - 2013		16	11.8%
Virtual physician/telehealth ¹	4	2.5%	11	8.1%
Interpreter services ²	0	0	5	3.7%
Other	12	7.5%	8	5.9%

¹⁻² 2016 respondents were significantly more likely to select virtual physician/telehealth and interpreter services.

"Other" comments:

- Doctors who care and stay around (4)
- Affordable health care or payment plans (2)
- Alternative health provider
- Limit drug prescriptions
- Shorter wait times for appointments
- Understanding healthcare resources and how to apply
- VA health care info more available to veterans
- Wellness challenges like "walk the Rez" type events to encourage team & health

Interest in Educational Classes/Programs (Question 9)

2016 N= 136

Respondents were asked if they would be interested in any educational classes/programs if offered locally. The most highly indicated class/program indicated was a “Healthy cooking class” with 39.7% of respondents (n=54) showing interest. “Fitness” was selected by 39% of respondents (n=53). “Health and wellness” and “Weight loss” followed at 31.6% (n=43) each. Respondents could select more than one method so percentages do not equal 100%.

Class/Program	2016	
	Count	Percent
Healthy cooking classes	54	39.7%
Fitness	53	39.0%
Health and wellness	43	31.6%
Weight loss	43	31.6%
Living will	36	26.5%
First aid/CPR	32	23.5%
Women’s health	31	22.8%
Alzheimer’s	28	20.6%
Nutrition	28	20.6%
Cancer	27	19.9%
Diabetes	26	19.1%
Prenatal	22	16.2%
Men’s health	17	12.5%
Heart disease	14	10.3%
Support groups	14	10.3%
Mental health	13	9.6%
Smoking cessation	11	8.1%
Grief counseling	10	7.4%
Alcohol/substance abuse	8	5.9%
Parenting	7	5.1%
Other	1	0.7%

“Other” comments:

- None (5)

Desired Local Healthcare Services (Question 10)

2016 N= 136

Respondents were asked to indicate which healthcare professionals or services presently not available would they use if available locally. Respondents indicated the most interest in having “Wellness coach” services available at 27.9% (n=38) followed by “Oncology (cancer services)” with 23.5% (n=32) and “Assisted living center” with 19.1% (n=26). Respondents were asked to select all that apply so percentages do not equal 100%.

Service	2013		2016	
	Count	Percent	Count	Percent
Wellness coach	Not asked - 2013		38	27.9%
Oncology (cancer services)	48	30.0%	32	23.5%
Assisted living center ¹	50	31.3%	26	19.1%
Chronic disease treatment/support groups ²	8	5.0%	19	14.0%
Alcohol/substance abuse treatment	Not asked - 2013		8	5.9%
Other ³	2	1.3%	8	5.9%

¹Significantly fewer 2016 respondents selected ‘assisted living center’.

²⁻³Significantly more 2016 respondents are interested in chronic disease treatment/support groups and ‘Other’ services not listed.

“Other” comments:

- None (9)
- Rural health doctors – too many PAs (2)
- Alternatives to prescription med care (2)
- Child development
- Gym/fitness coach
- In-home nurse
- Lab draw/bloodwork
- More specialists
- Naturopath and homeopathic physicians
- Planning for senior living

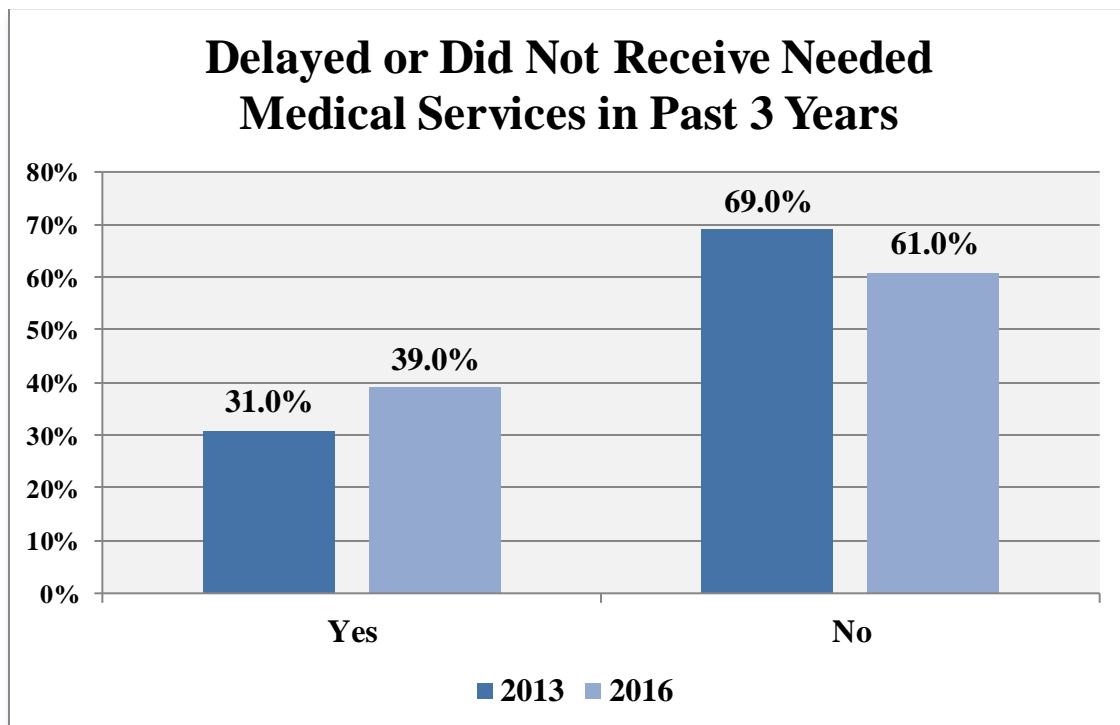
Survey Findings – Use of Healthcare Services

Needed/Delayed Hospital Care During the Past Three Years (Question 11)

2016 N= 123

2013 N= 145

Thirty-nine percent of respondents (n=48) reported that they or a member of their household thought they needed healthcare services but did not get it or had to delay getting it. Sixty-one percent of respondents (n=75) felt they were able to get the healthcare services they needed without delay and thirteen respondents chose not to answer this question.



Reasons for NOT Being Able to Receive Services or Delay in Receiving Healthcare Services (Question 12)

2016 N= 48

2013 N= 45

For those who indicated they were unable to receive or had to delay services (n=48), the reasons most cited were: “Too long to wait for an appointment” (33.3%, n=16), “It cost too much” (31.3%, n=15) and “No insurance” (25%, n=12). Respondents were asked to indicate their top three choices, thus percentages do not total 100%.

Reason	2013		2016	
	Count	Percent	Count	Percent
Too long to wait for an appointment	22	48.9%	16	33.3%
It cost too much¹	27	60.0%	15	31.3%
No insurance	13	28.9%	12	25.0%
Lack of quality providers	9	20.0%	11	22.9%
My insurance didn't cover it	12	26.7%	11	22.9%
Could not get an appointment	14	31.1%	11	22.9%
Don't like doctors	Not asked - 2013		7	14.6%
Transportation problems	3	6.7%	6	12.5%
Not treated with respect	5	11.1%	5	10.4%
Lack of privacy/confidentiality ²	0	0	4	8.3%
Could not get off work	2	4.4%	3	6.3%
Too nervous or afraid	2	4.4%	3	6.3%
It was too far to go	0	0	3	6.3%
No quality care available	2	4.4%	3	6.3%
Office wasn't open when I could go	7	15.6%	2	4.2%
Didn't know where to go	2	4.4%	1	2.1%
Healthcare system too complicated	Not asked - 2013		1	2.1%
No childcare	0	0	0	0
Language barrier	0	0	0	0
Unsure if services were available	3	6.7%	0	0
Provider not culturally sensitive	3	6.7%	0	0
Other	4	8.9%	3	6.3%

¹Significantly fewer 2016 respondents delayed seeking healthcare due to cost.

²Significantly more 2016 respondents delayed healthcare due to a lack of privacy.

“Other” comments:

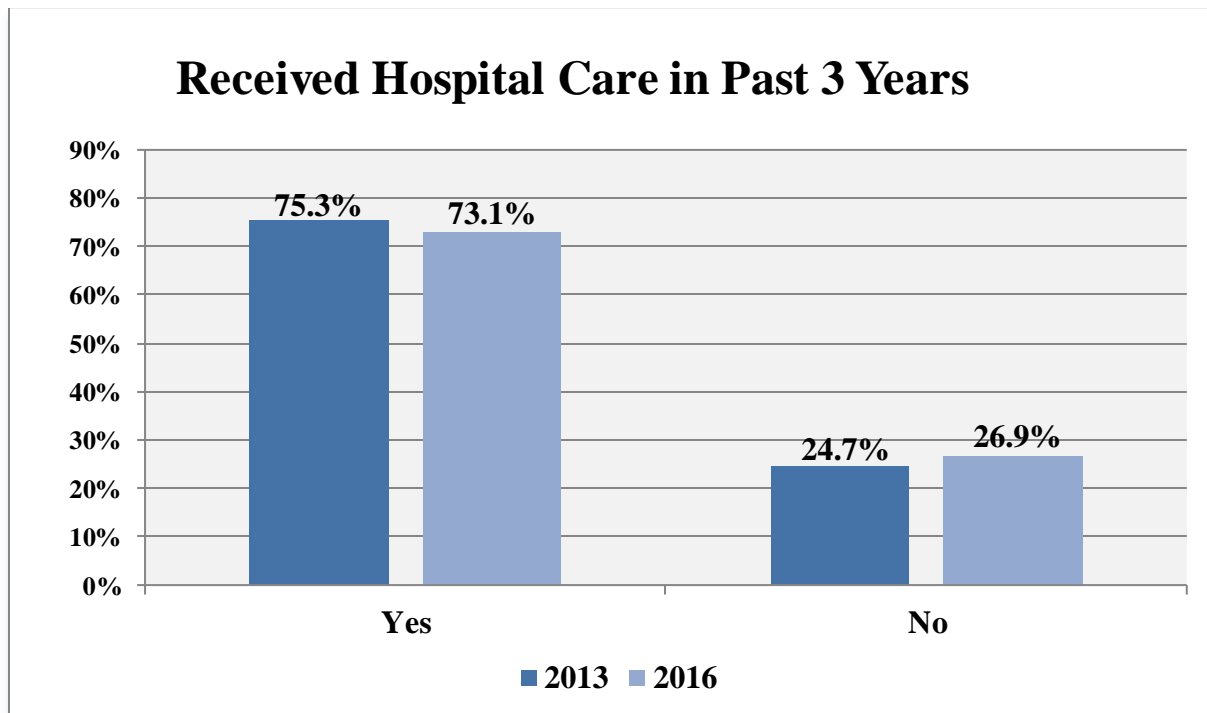
- High deductibles
- I don't like going to convenient care – it costs the same as the doctor and they can't do complex patients
- No doctor in ER
- No tracheotomy knowledge
- Thought I would get better on my own
- Too afraid; your CNA's do not pay attention to patients

Hospital Care Received in the Past Three Years (Question 13)

2016 N= 130

2013 N= 154

Seventy-three percent of respondents (n=95) reported that they or a member of their family had received hospital care (i.e. hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care) during the previous three years. Twenty-seven percent (n=35) had not received hospital services and six respondents chose not to answer this question.



Hospital Used Most in the Past Three Years (Question 14)

2016 N= 85

2013 N= 100

Of the 95 respondents who indicated receiving hospital care in the previous three years, 63.5% (n=54) reported receiving care at St. Luke Community Healthcare and 11.8% of respondents (n=10 each) went to St. Patrick Hospital and Health Sciences Center and St. Joseph Medical Center. Ten of the 95 respondents who reported they had been to a hospital in the past three years did not indicate which hospital they had utilized.

Hospital	2013		2016	
	Count	Percent	Count	Percent
St. Luke Community Healthcare	55	55.0%	54	63.5%
St. Patrick Hospital and Health Sciences Center	13	13.0%	10	11.8%
St. Joseph Medical Center	12	12.0%	10	11.8%
Kalispell Regional Medical Center	9	9.0%	4	4.7%
Community Medical Center	7	7.0%	4	4.7%
VA	Not asked - 2013		2	2.4%
Other	4	4.0%	1	1.2%
TOTAL	100	100%	85	100%

“Other” comments:

- Bend, OR
- Fort Harrison
- Kalispell Orthopedic
- Missoula

Reasons for Selecting the Hospital Used (Question 15)

2016 N= 95

2013 N= 116

Of the 95 respondents who had a personal or family experience at a hospital within the past three years, the primary reason given for selecting the facility used most often was “Closest to home” at 60% (n=57). “Prior experience with hospital” was selected by 49.5% of the respondents (n=47) and 35.8% (n=34) selected “Hospital’s reputation for quality” Note that respondents were asked to select the top three answers which influenced their choices; therefore the percentages do not equal 100%.

Reason	2013		2016	
	Count	Percent	Count	Percent
Closest to home	66	56.9%	57	60.0%
Prior experience with hospital	58	50.0%	47	49.5%
Hospital’s reputation for quality	46	39.7%	34	35.8%
Emergency, no choice	30	25.9%	31	32.6%
Referred by physician ¹	49	42.2%	23	24.2%
Recommended by family or friends	14	12.1%	15	15.8%
Access to Electronic Medical Records	Not asked - 2013		7	7.4%
Closest to work	4	3.4%	5	5.3%
Required by insurance plan	10	8.6%	4	4.2%
VA/Military requirement	5	4.3%	4	4.2%
Cost of care	4	3.4%	2	2.1%
Employee discount offered	4	3.4%	0	0
Other	8	6.9%	6	6.3%

¹Significantly fewer 2016 respondents selected a hospital based on physician referral.

“Other” comments:

- Outstanding staff (2)
- Doctor in Ronan
- No surgeon in Polson
- Physician preference
- Ronan not available
- Specialist availability
- Where the ambulance took us

Cross Tabulation of Hospital and Residence

Analysis was done to examine where respondents utilized hospital services the most in the past three years with where they live by zip code. The chart below shows the results of the cross tabulation.

Hospital location is along the side of the table and residents' zip codes are across the top.

LOCATION OF MOST OFTEN UTILIZED HOSPITAL BY RESIDENCE

	St. Luke Community Healthcare	Kalispell Regional Medical Center	Community Medical Center	St. Joseph Medical Center	St. Patrick Hospital	VA Hospital	Other	Total
Ronan 59864	34 (75.6%)		1 (2.2%)	4 (8.9%)	1 (2.2%)	1 (2.2%)	1 (2.2%)	45
Polson 59860	4 (26.7%)	3 (20%)		5 (33.3%)	2 (13.3%)	1 (6.7%)		15
St. Ignatius 59865	5 (55.6%)		3 (33.3%)		1 (11.1%)			9
Charlo/Moise 59824	7 (87.5%)				1 (12.5%)			8
Pablo 59855	3 (75%)			1 (25%)				4
Dixon 59831	1 (50%)				1 (50%)			2
Elmo 59915		1 (100%)						1
Hot Springs 59845					1 (100%)			1
Plains 59859								0
Arlee 59821								0
TOTAL	54 (63.5%)	4 (4.7%)	4 (4.7%)	10 (11.8%)	10 (11.8%)	2 (2.4%)	1 (1.2%)	85

Cross Tabulation of Hospital and Reason Selected

Analysis was done to assess respondents' most utilized hospital with why they selected that hospital. The chart below shows the results of the cross tabulation. Reason hospital was selected was a multiple response item, thus totals do not add up to 100%. Hospital location is across the top of the table and reason for selection is along the side.

LOCATION OF MOST UTILIZED HOSPITAL BY REASONS HOSPITAL SELECTED

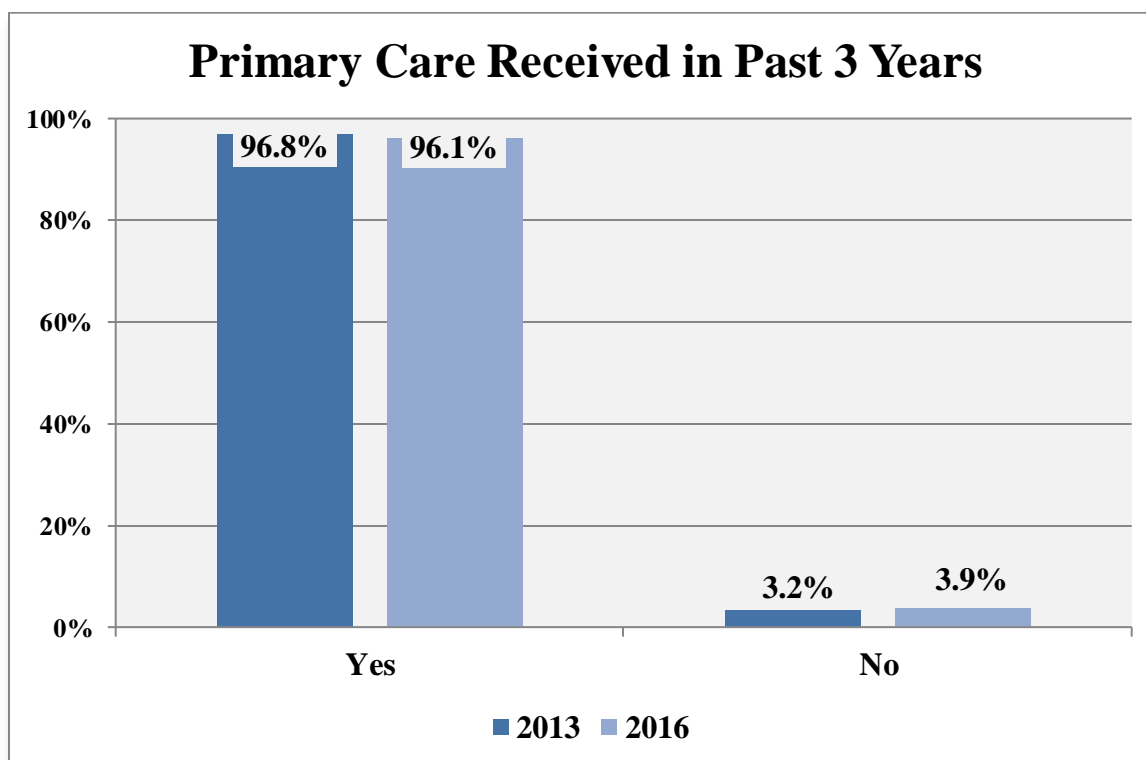
	St. Luke Community Healthcare	Kalispell Regional Medical Center	Community Medical Center	St Joseph Medical Center	St Patrick Hospital and Health Sciences Center	VA	Other	Total
Closest to home	44 (81.5%)			7 (13%)	2 (3.7%)		1 (1.9%)	54
Prior experience with hospital	22 (51.2%)	3 (7%)	4 (9.3%)	6 (14%)	7 (16.3%)	1 (2.3%)		43
Hospital's reputation for quality	16 (50%)	2 (6.3%)	4 (12.5%)	3 (9.4%)	5 (15.6%)	1 (3.1%)	1 (3.1%)	32
Emergency, no choice	21 (72.4%)	1 (3.4%)		4 (13.8%)	3 (10.3%)			29
Referred by physician	12 (60%)	1 (5%)		3 (15%)	3 (15%)	1 (5%)		20
Recommended by family or friends	8 (72.7%)	1 (9.1%)			2 (18.2%)			11
Access to Electronic Medical Records	2 (28.6%)	1 (14.3%)		2 (28.6%)	2 (28.6%)			7
Closest to work	2 (40%)	1 (20%)		1 (20%)	1 (20%)			5
Required by insurance plan	1 (33.3%)			2 (66.7%)				3
VA/Military requirement	2 (66.7%)			1 (33.3%)				3
Cost of care	1 (50%)					1 (50%)		2
Employee discount offered								0
Other	4 (80%)				1 (20%)			5

Primary Care Received in the Past Three Years (Question 16)

2016 N= 128

2013 N= 155

Ninety-six percent of respondents (n=123) indicated that they or someone in their household had been seen by a primary care provider (such as a family physician, physician assistant, or nurse practitioner) for healthcare services in the past three years. Four percent of respondents (n=5) had not seen a primary care provider and eight respondents chose not to answer this question.



Location of Primary Care Provider (Question 17)

2016 N= 123

2013 N= 150

Of the 123 respondents who indicated receiving primary care services in the previous three years, 56.2% (n=59) reported receiving care at St. Luke Community Clinic in Ronan. Twelve percent of respondents (n=13) reported they went to St. Joseph Medical Clinic in Polson and 11.4% of respondents (n=12) utilized primary care services at St. Luke Community Clinic in Polson. Eighteen of the 123 respondents who reported they had utilized primary care services in the past three years did not indicate where they received those services.

	2013		2016	
Location	Count	Percent	Count	Percent
St. Luke Community Clinic-Ronan	69	53.1%	59	56.2%
St. Joseph Medical Clinic-Polson	13	10.0%	13	12.4%
St. Luke Community Clinic-Polson	16	12.3%	12	11.4%
St. Luke Community Clinic-St. Ignatius	5	3.8%	8	7.6%
Polson Health (KRMC)	9	6.9%	4	3.8%
St. Joseph Medical Clinic-Ronan	2	1.5%	2	1.9%
Tribal Clinics	4	3.1%	1	1.0%
Other	12	9.1%	6	5.7%
TOTAL	130	100%	105	100%

“Other” comments:

- Missoula (4)
- Garden Wall
- Hot Springs
- Kalispell
- Oregon
- St. Pat's
- Whitefish

Reasons for Selection of Primary Care Provider (Question 18)

2016 N= 123

2013 N= 150

Those respondents who indicated they or someone in their household had been seen by a primary care provider within the past three years were asked to indicate why they chose that primary care provider. “Closest to home” was top response with 51.2% (n=63). “Prior experience with clinic” was selected by 42.3% (n=52) followed by “Recommended by family or friends” at 28.5% (n=35). Respondents were asked to select all that apply so the percentages do not equal 100%.

Reason	2013		2016	
	Count	Percent	Count	Percent
Closest to home	76	50.7%	63	51.2%
Prior experience with clinic	65	43.3%	52	42.3%
Recommended by family or friends	47	31.3%	35	28.5%
Clinic’s reputation for quality	38	25.3%	30	24.4%
Appointment availability	29	19.3%	24	19.5%
Access to electronic medical records	Not asked - 2013		11	8.9%
Referred by physician or other provider	23	15.3%	10	8.1%
Length of waiting room time	15	10.0%	10	8.1%
Indian Health Services/Tribal Health	10	6.7%	10	8.1%
Locally owned clinic	Not asked - 2013		9	7.3%
Required by insurance plan	13	8.7%	7	5.7%
Cost of care	5	3.3%	6	4.9%
VA/Military requirement	6	4.0%	3	2.4%
Employee discount offered	2	1.3%	0	0
Other	7	4.7%	13	10.6%

“Other” comments:

- Personal choice (8)
- Excellent care (3)
- Accepts Medicaid
- Had services at same hospital
- I have 2 PCPs
- In network
- Live in facility
- Seeing no one
- Showed care and understanding during my ED visit

Cross Tabulation of Primary Care and Residence

Analysis was done to examine where respondents went most often for primary care with where they live by zip code. The chart below shows the results of the cross tabulation. Clinic location is across the top of the table and residents' zip codes are along the side.

LOCATION OF PRIMARY CARE PROVIDER MOST UTILIZED BY RESIDENCE

	St. Luke Community Clinic Ronan	St. Luke Community Clinic Polson	St. Luke Community Clinic St. Ignatius	Tribal Clinics	St. Joseph Medical Clinic Ronan	St. Joseph Medical Clinic Polson	Polson Health (KRMHC)	Other	Total
Ronan 59864	41 (73.2%)	5 (8.9%)		1 (1.8%)	1 (1.8%)	4 (7.1%)	1 (1.8%)	3 (5.4%)	56
Polson 59860	2 (11.1%)	5 (27.8%)			1 (5.6%)	7 (38.9%)	2 (11.1%)	1 (5.6%)	18
St. Ignatius 59865	4 (30.8%)	1 (7.7%)	7 (53.8%)			1 (7.7%)			13
Charlo/Moise 59824	7 (100%)								7
Pablo 59855	3 (60%)	1 (20%)					1 (20%)		5
Dixon 59831	2 (100%)								2
Elmo 59915						1 (50%)		1 (50%)	2
Arlee 59821			1 (100%)						1
Hot Springs 59845								1 (100%)	1
Plains 59859									0
TOTAL	59 (56.2%)	12 (11.4%)	8 (7.6%)	1 (1%)	2 (1.9%)	13 (12.4%)	4 (3.8%)	6 (5.7%)	105

Cross Tabulation of Clinic and Reason Selected

Analysis was done to examine where respondents went most often for primary care services with why they selected that clinic/provider. The chart below shows the results of the cross tabulation. Reason clinic/provider was selected was a multiple response item, thus totals do not add up to 100%.

LOCATION OF PRIMARY CARE PROVIDER BY REASONS CLINIC SELECTED

	St. Luke Community Clinic Ronan	St. Luke Community Clinic- Polson	St. Luke Community Clinic St. Ignatius	Tribal Clinics	St. Joseph Medical Clinic- Ronan	St. Joseph Medical Clinic- Polson	Polson Health (KRM C)	Other	Total
Closest to home	34 (64.2%)	2 (3.8%)	7 (13.2%)	1 (1.9%)	1 (1.9%)	7 (13.2%)		1 (1.9%)	53
Prior experience with clinic	24 (55.8%)	6 (14%)	4 (9.3%)	1 (2.3%)		3 (7%)	1 (2.3%)	4 (9.3%)	43
Recommended by family or friends	13 (44.8%)	7 (24.1%)	2 (6.9%)		1 (3.4%)	5 (17.2%)	1 (3.4%)		29
Clinic's reputation for quality	13 (54.2%)	1 (4.2%)				4 (16.7%)	3 (12.5%)	3 (12.5%)	24
Appointment availability	14 (70%)	2 (10%)				4 (20%)			20
Locally owned clinic	7 (77.8%)		1 (11.1%)			1 (11.1%)			9
Access to electronic medical records	4 (50%)					3 (37.5%)		1 (12.5%)	8
Length of waiting room time	4 (50%)	2 (25%)	1 (12.5%)			1 (12.5%)			8
Referred by physician or other provider	4 (50%)		2 (25%)			1 (12.5%)		1 (12.5%)	8
Required by insurance plan	1 (16.7%)	2 (33.3%)				2 (33.3%)		1 (16.7%)	6
Indian Health Services/Tribal Health	4 (66.7%)		1 (16.7%)	1 (16.7%)					6
Cost of care	2 (40%)	1 (20%)						2 (40%)	5
VA/Military requirement	2 (66.7%)							1 (33.3%)	3
Employee discount offered									0
Other	8 (66.7%)	1 (8.3%)	2 (16.7%)				1 (8.3%)		12

Utilization of Preventative Services (Question 19)

2016 N= 136

2013 N= 160

Respondents were asked if they had utilized any of the preventative services listed in the past year. “Routine health checkup” was selected by 61% of respondents (n=83). Fifty-four percent of respondents (n=74) indicated they had received a “Flu shot/immunizations” and 47.1% of respondents (n=64) had a “Cholesterol check.” Respondents could select all that apply, thus the percentages do not equal 100%.

Preventative Service	2013		2016	
	Count	Percent	Count	Percent
Routine health checkup	84	52.5%	83	61.0%
Flu shot/immunizations	91	56.9%	74	54.4%
Cholesterol check	81	50.6%	64	47.1%
Routine blood pressure check ¹	96	60.0%	61	44.9%
Mammography	50	31.3%	48	35.3%
Prostate (PSA)	31	19.4%	25	18.4%
Health fair	32	20.0%	23	16.9%
Pap smear	34	21.3%	23	16.9%
Colonoscopy	29	18.1%	19	14.0%
Children's checkup/Well baby	7	4.4%	13	9.6%
Sports physical	6	3.8%	7	5.1%
None	11	6.9%	5	3.7%
Work related physical	5	3.1%	4	2.9%
Nutritional risk assessment	2	1.3%	1	0.7%
Other	5	3.1%	7	5.1%

¹Significantly fewer 2016 respondents reported having had a routine blood pressure check in the past year.

“Other” comments:

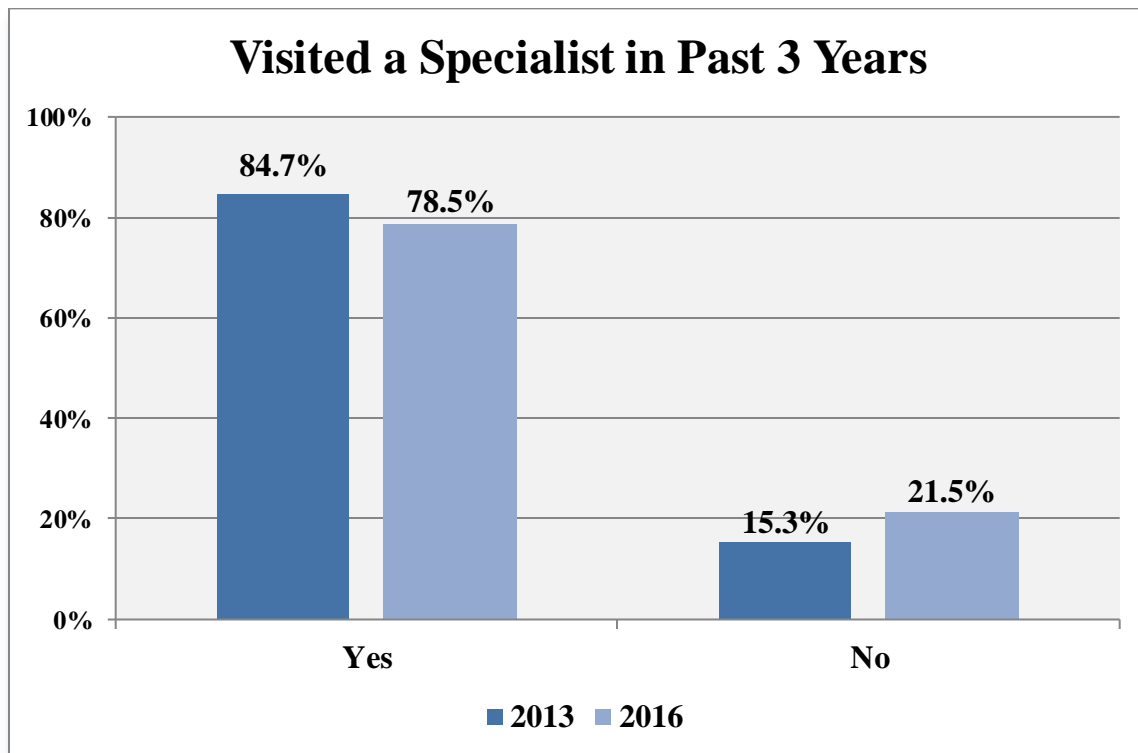
- A1C
- Bloodwork
- Diabetic checkup
- Emergency room
- Rx refills

Use of Healthcare Specialists during the Past Three Years (Question 20)

2016 N= 121

2013 N= 150

Seventy-nine percent of respondents (n=95) indicated they or a household member had seen a healthcare specialist during the past three years. Twenty-one percent (n=26) indicated they had not seen a specialist and nine respondents chose to skip this question.



Location of Healthcare Specialist (Question 21)

2016 N= 95

2011 N= 127

Of the 95 respondents who indicated they saw a healthcare specialist in the past three years, 35.8% (n=34) saw one at St. Patrick Hospital in Missoula. Ronan and Missoula other were both utilized by 31.6% (n=30 each). Respondents could select more than one location therefore percentages do not equal 100%.

Location	2013		2016	
	Count	Percent	Count	Percent
St. Patrick Hospital - Missoula	38	29.9%	34	35.8%
Ronan ¹	62	48.8%	30	31.6%
Missoula other	46	36.2%	30	31.6%
Polson	41	32.3%	28	29.5%
Kalispell	33	26.0%	27	28.4%
Community Medical Center - Missoula	23	18.1%	18	18.9%
VA	Not asked - 2013		8	8.4%
Polson Health - KRMC	Not asked - 2013		7	7.4%
Tribal Health	Not asked - 2013		5	5.3%
Other	19	15.0%	9	9.5%

¹Significantly fewer 2016 respondents reported seeing a specialist in Ronan than in 2013.

Other” comments:

- Missoula (4)
- Seattle (2)
- Arizona
- Billings
- ED
- Rocky Mountain Eye
- Spokane
- St. Joe's

Type of Healthcare Specialist Utilized (Question 22)

2016 N= 95

2013 N= 127

The respondents (n=95) saw a wide array of healthcare specialists in the past three years. The most frequently indicated specialist was a “Dentist” at 38.9% of respondents (n=37) having utilized their services. “Physical therapist” was the second most utilized specialist at 30.5% (n=29) and “Orthopedic surgeon” was third at 27.4% (n=26). Respondents were asked to choose all that apply so percentages do not equal 100%.

Specialist	2013		2016	
	Count	Percent	Count	Percent
Dentist¹	73	57.5%	37	38.9%
Physical therapist	31	24.4%	29	30.5%
Orthopedic surgeon	23	18.1%	26	27.4%
Cardiologist	34	26.8%	23	24.2%
Optometrist ²	46	36.2%	22	23.2%
Dermatologist	33	26.0%	20	21.1%
Urologist ³	6	4.7%	20	21.1%
Radiologist	22	17.3%	17	17.9%
General surgeon	18	14.2%	14	14.7%
Chiropractor	27	21.3%	13	13.7%
Neurologist	10	7.9%	12	12.6%
Oncologist	10	7.9%	12	12.6%
Gastroenterologist	14	11.0%	11	11.6%
ENT (ear/nose/throat)	12	9.4%	10	10.5%
OB/GYN	17	13.4%	10	10.5%
Massage therapist	18	14.2%	8	8.4%
Social worker	3	2.4%	6	6.3%
Endocrinologist	7	5.5%	5	5.3%
Mental health counselor	8	6.3%	5	5.3%
Neurosurgeon	5	3.9%	5	5.3%
Rheumatologist	10	7.9%	5	5.3%
Acupuncturist	9	7.1%	4	4.2%
Occupational therapist	4	3.1%	4	4.2%
Psychiatrist (M.D.)	3	2.4%	4	4.2%
Plastic surgeon	4	3.1%	3	3.2%
Speech therapist	1	0.8%	3	3.2%
Allergist	5	3.9%	2	2.1%
Dietician	8	6.3%	2	2.1%

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Psychologist	4	3.1%	2	2.1%
Pulmonologist	7	5.5%	2	2.1%
Substance abuse counselor	1	0.8%	2	2.1%
Pediatrician	1	0.8%	1	1.1%
Podiatrist	3	2.4%	1	1.1%
Geriatrician	1	0.8%	0	0
Other	11	8.7%	4	4.2%

¹⁻²Significantly fewer 2016 respondents reported seeing a dentist or optometrist in the last three years.

³In 2016, significantly more respondents reported seeing a urologist.

“Other” comments:

- Ophthalmologist (2)
- Audiologist
- Respiratory
- Surgeon for hysterectomy
- Varicose vein care

Overall Quality of Care at St. Luke Community Healthcare (Question 23)

2016 N= 136

2013 N= 160

Respondents were asked to rate a variety of aspects of the overall care provided at St. Luke Community Healthcare using the scale of 4=Excellent, 3=Good, 2=Fair, 1=Poor, and “Haven’t used.” The sums of the average scores were then calculated with “Clinic- Polson,” “Clinic- St. Ignatius,” and “Therapies (Physical/Speech/Occupational)” all receiving the top average score of 3.3 out of 4.0. The total average score was 3.1, indicating the overall services of the hospital to be “Good.”

2016	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Haven't used	No Answer	N	Avg
Clinic - Polson	24	9	3	5	66	29	136	3.3
Clinic - St. Ignatius	11	10	2	1	78	34	136	3.3
Therapies (Physical/Speech/Occupational)	19	19	2	2	66	28	136	3.3
Clinic - Ronan	38	35	7	5	34	17	136	3.2
Inpatient hospital services	21	16	5	3	60	31	136	3.2
Hearing center	6	7	2	1	90	30	136	3.1
Obstetrics/Newborn	3	5	0	1	95	32	136	3.1
Convenient Care	22	29	12	6	42	25	136	3.0
Emergency room	29	30	8	10	37	22	136	3.0
Extended care facility (nursing home)	6	5	2	2	88	33	136	3.0
Nurse on Call/Ask a Nurse	7	10	3	2	83	31	136	3.0
Surgical services	10	7	3	3	82	31	136	3.0
TOTAL	196	182	49	41				3.1

2013	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Haven't used	No Answer	N	Avg
Clinic - Polson	20	23	2	2	81	32	160	3.3
Hearing center	7	4	1	1	112	35	160	3.3
Clinic - St. Ignatius	9	9	5	0	94	43	160	3.2
Surgical services	16	16	3	2	90	33	160	3.2
Clinic - Ronan	28	51	12	6	41	22	160	3.0
Emergency room	30	34	11	9	55	21	160	3.0
Extended care facility (nursing home)	9	8	1	4	101	37	160	3.0
Inpatient hospital services	13	22	5	5	80	35	160	3.0
Convenient Care	25	22	13	10	63	27	160	2.9
TOTAL	157	189	53	39				3.1

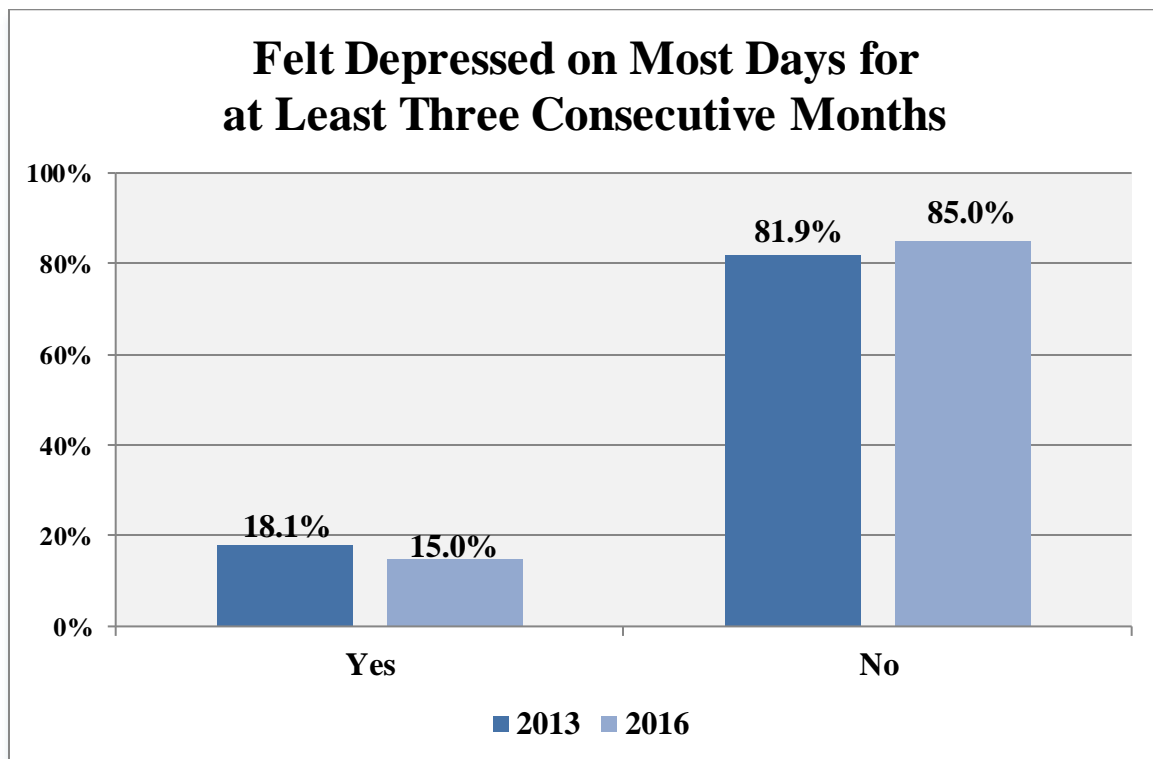
Survey Findings – Personal Health

Prevalence of Depression (Question 24)

2016 N= 127

2013N = 144

Respondents were asked to indicate if there were periods of at least three consecutive months in the past three years where they felt depressed on most days, although they may have felt okay sometimes. Fifteen percent of respondents (n=19) indicated they had experienced periods of feeling depression and 85% of respondents (n=108) indicated they had not.

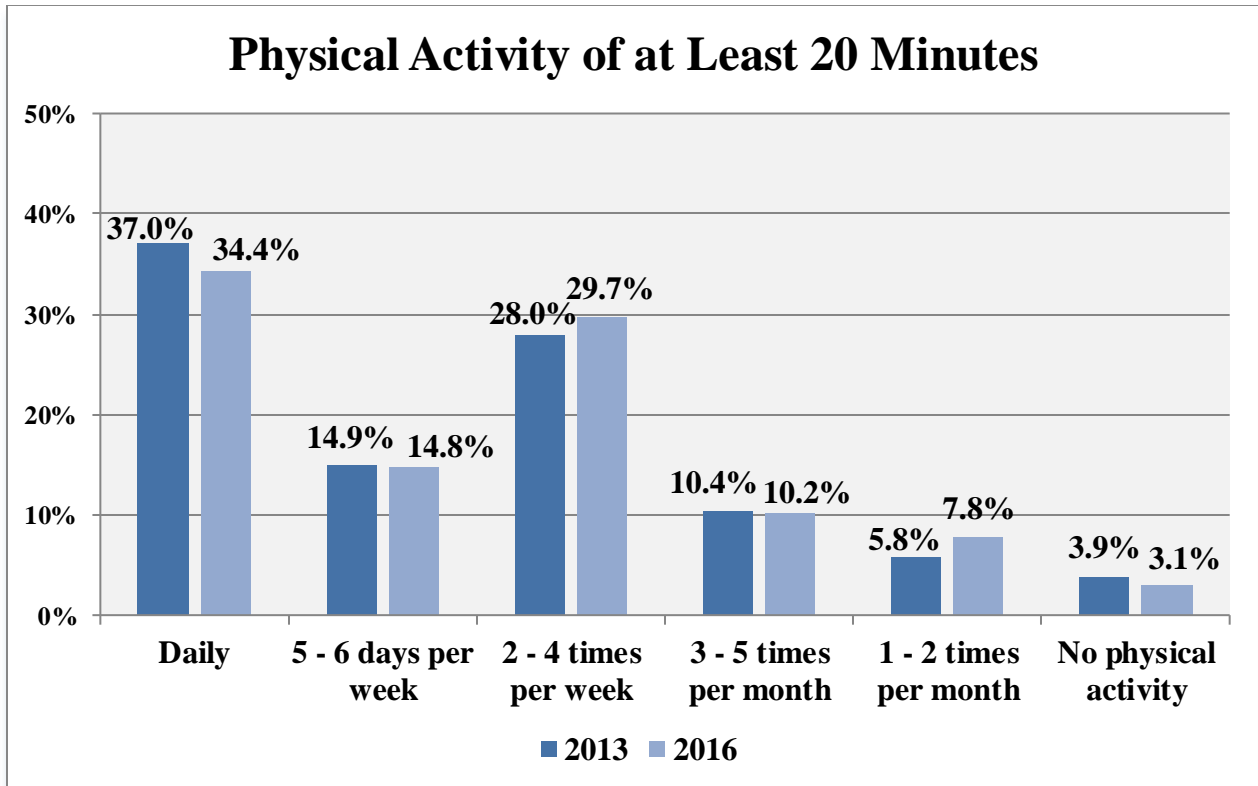


Physical Activity (Question 25)

2016 N= 128

2013 N= 154

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Thirty-four percent of respondents (n=44) indicated they had physical activity of at least twenty minutes “Daily” over the past month. Thirty percent (n=38) indicated they had physical activity “2-4 times per week” and 14.8% (n=19) reported “5-6 days per week.” Three percent of respondents (n=4) indicated they had “No physical activity.”



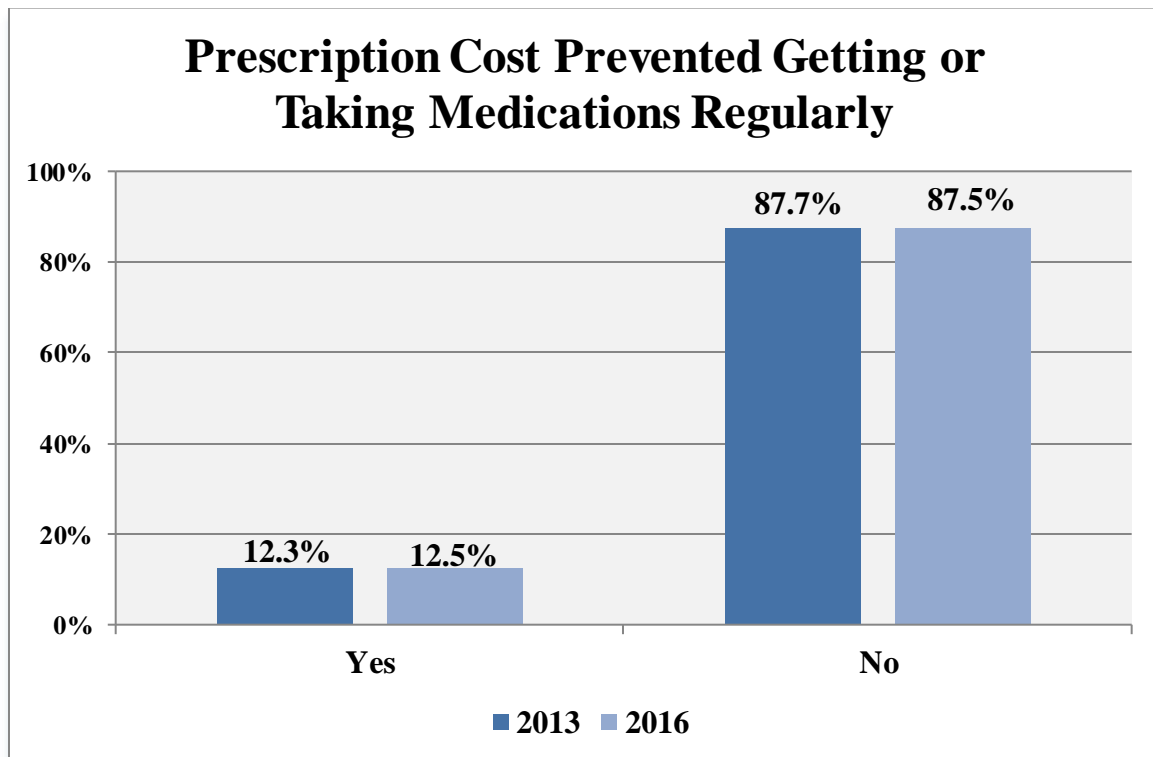
Survey Findings – Cost and Health Insurance

Cost and Prescription Medications (Question 26)

2016 N= 128

2013 N=154

Respondents were asked to indicate if, during the last year, medication costs had prohibited them from getting a prescription or taking their medication regularly. Thirteen percent of respondents (n=16) indicated that, in the last year, cost had prohibited them from getting a prescription or taking their medication regularly. Eighty-seven percent of respondents (n=112) indicated that cost had not prohibited them, and eight respondents chose not to answer this question.

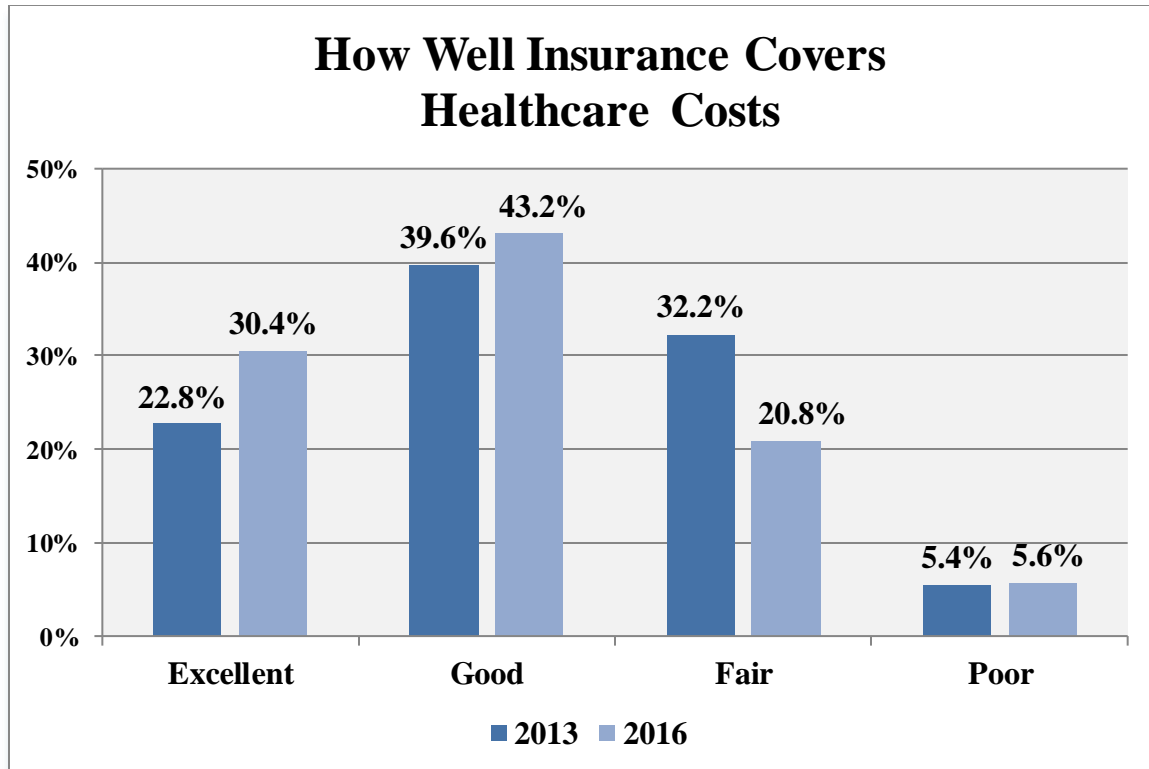


Insurance and Healthcare Costs (Question 27)

2016 N= 125

2013 N= 149

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Forty-three percent of respondents (n=54) indicated they felt their insurance covers a “Good” amount of their healthcare costs. Thirty percent of respondents (n=38) indicated they felt their insurance is “Excellent” and 20.8% of respondents (n=26) indicated they felt their insurance coverage was “Fair.”



Medical Insurance (Question 28)

2016 N= 90

2013 N= 123

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Thirty-six percent (n=32) indicated they have “Medicare” coverage. Twenty-seven percent (n=24) indicated they have “Employer sponsored” coverage and “Medicaid” was reported by 10% of respondents (n=9).

Insurance Type	2013		2016	
	Count	Percent	Count	Percent
Medicare	39	31.7%	32	35.6%
Employer sponsored	35	28.5%	24	26.7%
Medicaid¹	4	3.3%	9	10.0%
Health Insurance Marketplace	Not asked - 2013		6	6.7%
Healthy MT Kids	3	2.4%	4	4.4%
Indian Health Services/Tribal Health	9	7.3%	4	4.4%
Private insurance/private plan ²	22	17.9%	4	4.4%
None/Pay out of pocket	Not asked - 2013		4	4.4%
VA/Military	4	3.3%	2	2.2%
Health Savings Account	1	0.8%	0	0
State/Other	2	1.6%	0	0
Other	4	3.3%	1	1.1%

¹Significantly more 2016 respondents reported having Medicaid than in 2013.

²In 2016, significantly fewer respondents reported having Private insurance/private plan.

“Other” comments:

- Health cost sharing
- Pacific Source
- Supplemental BCBS

Barriers to Having Health Insurance (Question 29)

2016 N= 4

Those respondents who indicated they did not have medical insurance were asked to indicate why they did not. Seventy-five percent (n=3) reported they did not have health insurance because they cannot afford to pay for it and another 75% indicated they did not have insurance because their employer did not offer it. Respondents could mark all answers that applied, thus the percentages do not equal 100%.

Reason	2016	
	Count	Percent
Cannot afford to pay for medical insurance	3	75.0%
Employer does not offer insurance	3	75.0%
Do not qualify for Medicaid	2	50.0%
Choose not to have medical insurance	0	0
Other	0	0

“Other” comments:

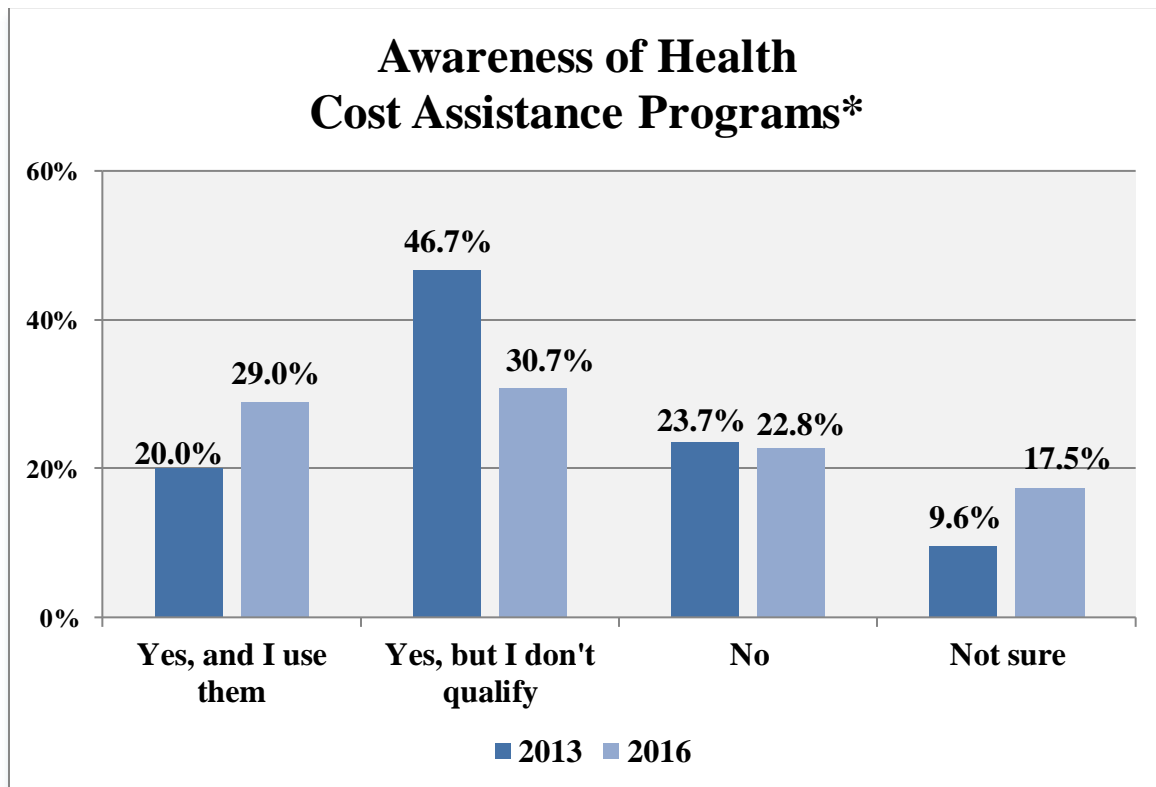
- DNA
- I do have IHS but want other resources

Awareness of Health Payment Programs (Question 30)

2016 N= 114

2013 N= 135

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. Thirty-one percent of respondents (n=35) indicated they were aware of these types of programs, but did not qualify to utilize them. Twenty-nine percent (n=33) indicated that they were aware and utilized these programs and 22.8% of respondents (n=26) indicated they did not.



*Significantly more 2016 respondents selected 'Yes, and I use them' and 'Not sure' compared to 2013.

* Significantly fewer 2016 respondents indicated that they are aware of services but do not qualify to use them.

VI. Focus Group & Key Informant Interview Methodology

One focus group was held in Ronan, Montana in August 2016. Additionally, seven key informant interviews were conducted in September 2016. Participants were identified as people living in St. Luke Community Healthcare's service area.

Three people participated in the focus group interview and seven participated in the key informant interviews. The focus group and interview were designed to represent various consumer groups of healthcare including senior citizens, public health experts, and local community members.

The focus group was held at St. Luke Community Healthcare. The meeting lasted approximately 90 minutes in length and followed a standardized line of questioning. Key informant interviews lasted up to 15 minutes in length and had similar but fewer questions than the focus group. Both focus group and key informant interview questions can be found in Appendix G. The questions and discussions were led by Amy Royer with the Montana Office of Rural Health.

Focus group notes and key informant interview notes can be found in Appendix H of this report.

VII. Focus Group & Key Informant Summary

The following key findings, themes, and health needs emerged from the responses which participants gave to the line of questioning found in Appendix G.

Improve health of the community:

- More access to mental health services.
- Nutrition services and access to fitness year round.
- More education about health services and how to be healthy.
- Participants felt the community needed to address the amount of people living in poverty.

Most important local healthcare issues:

- Misuse of healthcare services (over utilization of emergency services).
- Participants were worried about drug and alcohol addiction of all ages.
- Nutrition issues and obesity within the community.
- Mental health and behavioral health issues

Opinion of hospital services:

- Participants had an overall positive opinion of the hospital and trusted them.
- Community members found it difficult to get appointments or to see the same doctor without waiting weeks for an appointment. However it was stated that there was not a long wait for appointments if you saw someone other than your primary care doctor.

Reasons for using local providers:

- Community members utilize local services because it is convenient and they trust the local providers.

Opinion of local services:

- Participants had very positive experiences with local services such as the nursing home, local pharmacies, and the public health department.

Reasons to leave the community for healthcare:

- Participants indicated they leave to receive specialized services not offered at the hospital.
- Community members mentioned it was difficult to get appointments or meet with their regular doctor.

Needed healthcare services in the community:

- Mental health services.
- Drug and alcohol addiction services.
- Cancer treatment center.
- Dialysis.

VIII. Summary

One hundred thirty-six surveys were completed in St. Luke Community Healthcare's service area for an 18.6% response rate. Of the 136 returned, 62.5% of the respondents were females, 51.9% were 66 years of age or older, and 45.2% are retired.

Respondents rated the overall quality of care at the hospital as good, scoring 3.1 out of 4.0 on a scale of 4.0 being excellent and 1.0 being poor.

Sixty-one percent of respondents reported they feel the Ronan area is a "somewhat healthy" place to live. Respondents indicated their top health concerns were alcohol and drug related: illegal drug use (77.2%), alcohol abuse (56.6%), and prescription drug abuse (30.9%); Followed by overweight/obesity (29.4%), and cancer (16.9%).

When respondents were asked which health related educational programs or classes they would be most interested in, the top choices were: healthy cooking classes (39.7%), fitness (39%), and health and wellness and weight loss (31.6% each).

Overall, the respondents within St. Luke Community Healthcare service area are seeking hospital care at a rate that is typically seen in rural areas. Area residents recognize the major impact the healthcare sector has on the economic well-being of the area, with 71.8% of respondents identifying local healthcare services as "very important" to the economic well-being of the area.

The majority of participants appeared to have very favorable opinions of the services with most praising the care received. Participants were appreciative of the care available while identifying additional services or needs.

In summary, respondents report support for local healthcare and many prefer to seek care locally whenever possible for convenience and out of trust for local providers.

IX. Prioritization of Health Needs, Available Resources, and Implementation Planning Process

The community steering committee, comprised of staff leaders from St. Luke Community Healthcare (SLCH) and community members from Lake and Sanders Counties, convened to begin an implementation planning process to systematically and thoughtfully respond to all issues and opportunities identified through the Community Health Services Development (CHSD) Process.

The community steering committee determined the most important health needs to be addressed by reviewing the CHNA, secondary data, community demographics, and input from representatives representing the broad interest of the community, including those with public health expertise (see Appendix B for additional information regarding input received from community representatives). The prioritized health needs as determined through the assessment process and which the collaborators will be addressing over the next three years relates to the following healthcare issues:

- Mental and Behavioral Health
- Alcohol and Substance Abuse
- Access to Healthcare Services
- Health and Wellness

St. Luke Community Healthcare will determine which needs or opportunities could be addressed considering SLCH's parameters of resources and limitations. The committee will prioritize the needs/opportunities using the additional parameters of the organizational vision, mission, and/or values, as well as existing and potential community partners.

The participants will create goals to achieve through strategies and activities, as well as the general approach to meeting the stated goal (i.e. staff member responsibilities, timeline, potential community partners, anticipated impact(s), and performance/evaluation measures). This plan will be documented and posted along with the CHSD assessment report.

Resources

In prioritizing the health needs of the community, the following list of potential community partners and resources in which to assist in addressing the needs identified in this report was identified. As the steering committee continues to meet, more resources will continue to be identified; therefore, this list is not exhaustive.

- 3RNet
- Al-Anon
- Alcoholics Anonymous
- Bountiful Baskets
- Boys and Girls Club of the Flathead Reservation
- Best Beginnings Children's Partnership
- Court Appointed Special Advocate (CASA)
- Centers for Medicaid and Medicare Services (CMS)
- Circle of Trust Suicide Prevention
- Community Medical Center
- Montana Department of Health and Human Services (MT DPHHS)
- MT DPHHS Tele-stroke Program
- DOVES/Safe Harbor
- Family Medicine Residency of Western Montana
- Fetal, Infant and Child Mortality Review (FICMR)
- Health Information Exchange of Montana
- Indian Health Services & Tribal Health
- Kalispell Regional Medical Center
- Lake County Council on Aging
- Lake County Public Health
- Lake County Sheriff's Department
- Monida Healthcare Network
- Montana Office of Rural Health and Area Health Education Center
- Lake County Extension- Montana State University
- Pacific Northwest University for Health Sciences
- Performance Improvement Network (PIN)
- Providence St Patrick Hospital
- Mountain-Pacific Quality Health
- Ronan School District
- Ronan Senior Center
- Safe Harbor Shelter
- Tribal Chemical Dependency Program
- Veteran's Affairs
- Wrapped in Hope
- Western Montana Mental Health Center

X. Evaluation of Activity Impacts from Previous CHNA

St. Luke Community Healthcare (SLCH) provided the Montana Office of Rural Health with an update on their Implementation Plan activities from the previous CHNA process. The St. Luke Community Healthcare Board of Directors approved the 2013 Implementation Plan on October 28, 2013. The plan prioritized the following health issues:

- Access to Healthcare Services
- Patient Care Coordination
- Education and Outreach on Health Insurance Exchange
- Access to Aging Services
- Access to Mental Health Services
- Access to Cancer Services

Access to Healthcare Services

- Implemented our Nurse on Call System. Patients can call and speak to a nurse 24/7

Patient Care Coordination

- Hired a Licensed Clinical Social Worker that sees patients in our clinics

Education and Outreach on Health Insurance Exchange

- Held educational forums and community presentations as well as outreach sign up clinics

Access to Aging Services

- Conducted a pro forma for an assisted living facility in Ronan

Access to Mental Health Services

- Increased Psychiatrist Dr. Hobbs hours in Ronan Clinic
- Established a contract for on call mental health professionals for coverage in our rural area

Access to Cancer Services

- Currently in the planning and implementing stages of an infusion oncology clinic
- Commitment from Community Medical Center for collaboration with oncology services

Appendix A – Steering Committee Members

Steering Committee – Name and Organization Affiliation

1. Steve Todd- St. Luke Community Healthcare, CEO
2. Brooke Roberts- St. Luke Community Healthcare, Marketing Manager
3. Samantha Walker- Western Montana Area VI Agency on Aging & Aging and Disability Resource Center, Manager/Notary
4. Emily Colomeda- Lake County Public Health Services, Director
5. Ann Brower- Lake County, Commissioner
6. Niki Graham- Salish Kootenai College Center for Prevention and Wellness, Director
7. Jennifer McGinnis- St. Luke Community Healthcare Board of Directors, Member
8. Aric Cooksley- Lake County Boys and Girls Club, Executive Director
9. Ken Weaver- Ronan Police Department, Chief
10. Derf Bergman- Mission Valley UMC, Chaplain
11. Barbara Plouffe - Tribal Health Nurse, Retired

Appendix B – Public Health and Special Populations Consultation

Public Health and Populations Consultation Worksheet

1. Public Health

- a. Emily Colomeda- Lake County Public Health Services Director
- b. Date of Consultation
Key Informant Interview: 08/31/2016
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Key Informant Interview
- d. Input and Recommendations from Consultation
 - It would help if the community was more walkable and bike friendly.
 - There needs to be more assistance with signing up for health care. Like a patient navigator for the community.
 - We just did a community survey and the major ones that came up were illegal drug use, child abuse, drinking, and sexually transmitted infections.
 - o I think the root cause of these issues is mental health.
 - We need more servicers for low income individuals so they can stay in the community for health care.

2. Populations Consultation (a leader or representative of populations such as medically underserved, low-income, minority and/or populations with chronic disease)

Population: Low-Income, Underinsured

- a. Ann Brower- Lake County Commissioner
Barbara Plouffe - Retired Tribal Health Nurse
Steve Todd- St. Luke CEO
- b. Date of Consultation
First Steering Committee Meeting: 07/18/2016
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Steering Committee
- d. Input and Recommendations from Consultation
 - We need to find out if people are avoiding getting healthcare because they believe the system is too complicated.
 - This is where a patient navigator would help, but I'm not sure if people will even know what a patient navigator is.
 - We could call patient navigators healthcare guides. I think that would help with the confusion.
 - We have chronic disease group classes that really act as a support group for some people.

Population: Seniors

- a. Ann Brower- Lake County Commissioner
Samantha Walker-Western Montana Area VI Agency on Aging
- b. Date of Consultation
First Steering Committee Meeting: 07/18/2016
- c. Type of Consultation: Steering Committee
- d. Input and Recommendations from Consultation
 - Organizations that cover balance etc. to help with unintentional injury. We need some sort of education about fall prevention.
 - We do have a program called Seniors Step Up. It's a six week class for the elderly. The class is completely full. People are really interested in this class.
 - We could look into offering cooking classes for the elderly. They could focus on diabetes management.

Population: Youth

- a. Aric Cooksley- Lake County Boys and Girls Club Executive Director
- b. Date of Consultation
First Steering Committee Meeting: 07/18/2016
- c. Type of Consultation: Steering Committee
- d. Input and Recommendations from Consultation
 - I would like to see youth and teenage programs added to the survey. It would be nice to see who is utilizing them.

Population: Tribal/American Indian

- a. Barb Plouffe- Retired Tribal Health Nurse
- b. Date of Consultation
First Steering Committee Meeting: 07/18/2016
- c. Type of Consultation: Steering Committee
- d. Input and Recommendations from Consultation
 - Overdose is important to include because drugs are a big thing in the community and on the reservation.
 - Maternal child health, infant mortality, low birth rate etc. have a big relation to drug issues.
 - We need to offer kids cooking classes.
 - People have trouble understanding the tribal health process.

Appendix C – Secondary Data Lake County

Lake County

Secondary Data Analysis
September 26, 2012



Office of Rural Health
Area Health
Education Center

Leading Causes of Death	County ¹	Montana ^{1,2}	Nation ²
	1. Cancer 2. Heart Disease 3. Unintentional Injuries**	1. Cancer 2. Heart Disease 3. CLRD*	1. Heart Disease 2. Cancer 3. CLRD*

¹Community Health Data, MT Dept of Health and Human Services (2010)

²Center for Disease Control and Prevention (CDC), National Vital Statistics (2012)

*Chronic Lower Respiratory Disease

**Unintentional Injuries: External cause of injury often by, but not limited to, drowning, fall, fire/burn, motor vehicle/traffic-related, other transportation-related, poisoning, and suffocation.

Chronic Disease Burden ¹	County	Montana	Nation ^{3,4}
Stroke prevalence	2.6%	2.5%	2.6%
Diabetes prevalence	6.7%	6.2%	8.3%
Acute Myocardial Infarction prevalence (Heart Attack)	4.5%	4.1%	6.0%
All Sites Cancer	466.5 (Region 5)	455.5	543.2

¹Community Health Data, MT Dept of Health and Human Services (2010)

²Center for Disease Control and Prevention (CDC) (2012)

³American Diabetes Association (2012)

⁴Region 5 (Northwest): Lincoln, Flathead, Sanders, Lake, Mineral, Missoula, and Ravalli

Chronic Disease Hospitalization Rates	County	Montana
Stroke Per 100,000 population ¹	164.0	182.2
Diabetes Per 100,000 population ¹	152.7	115.4
Myocardial Infarction (Heart Attack) Per 100,000 population ¹	161.2	147.3

¹Community Health Data, MT Dept of Health and Human Services (2010)

Demographic Measure (%)		County			Montana			Nation ^{5,6}		
Population ¹		28,690			989,415			308,745,538		
Population Density ¹		19.2			6.7			Not relevant		
Age ¹		<5	18-64	65+	<5	18-64	65+	<5	15-64	65+
		7%	59%	16%	6%	63%	14%	7%	62%	13%
Gender ¹		Male		Female	Male		Female	Male		Female
		49.0%		51.0%	50.1%		49.9%	49.2%		50.8%
Race/Ethnic Distribution	White ¹	74.2%			91.5%			72.4%		
	American Indian or Alaska Native ¹	24.5%			6.8%			0.9%		
	Other [†]	1.3%			1.7%			26.7%		

¹Community Health Data, MT Dept of Health and Human Services (2010)

²County Health Ranking, Robert Wood Johnson Foundation (2012)

[†]Black, Asian/Pacific Islanders, Hispanic & Non-Hispanic Ancestry

⁵US Census Bureau (2010)

Lake County

Secondary Data Analysis
September 26, 2012

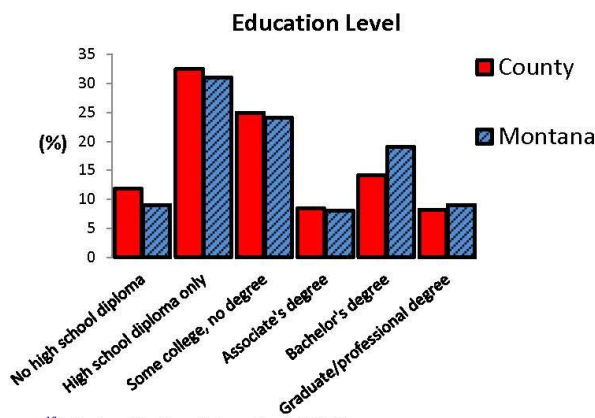
Socioeconomic Measures ¹ (%)	County	Montana	Nation ^{7,8,9}
Median Income ¹	\$34,732	\$43,000	\$51,914
Unemployment Rate ⁷	8.9%	6.3%	7.7%
Persons Below Poverty Level ¹	18.0%	14.0%	13.8%
Uninsured Adults (Age <65) ¹	21.4%	19.0%	18.2%
Uninsured Children (Age <18) ⁹	N/A	11.0%	10.0%

¹Community Health Data, MT Dept of Health and Human Services (2010)

⁷Montana Dept of Labor and Industry, Research & Analysis Bureau. Local Area Unemployment Statistics (LAUS). Non-Seasonally Adjusted Unemployment Rate. (Retrieved April 2012)

⁸Center for Disease Control and Prevention (CDC), Health Insurance Coverage (2011)

⁹Montana KIDS COUNT (2009)



¹⁰Indicators Northwest, Imp. Graph (2011)



Behavioral Health ^{1,2}	County	Montana
Childhood Immunization Up-To-Date (UTD) % Coverage ^{11,††} Age 24-35 months, population size: 12,075 (% sampled: 35.9%)	59.7%	64.3%
Tobacco Use ¹	24.3%	19.3%
Alcohol Use (binge + heavy drinking) ¹	20.8%	22.8%
Obesity ¹	23.3%	21.6%
Overweight ¹	38.1%	37.8%
No Leisure time for physical activity ¹	20.9%	20.7%

¹Community Health Data, MT Dept of Health and Human Services (2010)

²Center for Disease Control and Prevention (CDC), National Vital Statistics (2012)

¹¹County Childhood Immunization Coverage, MT Dept of Health and Human Services (2010-2011).

^{††}Childhood immunization percent coverage was determined following the CDC developed and validated AFIX [Assessment, Feedback, Incentives, & eXchange] strategy designed to raise immunization levels. The Montana Immunization Program is required to participate in this process. Fifty percent of immunization providers are assessed each year. All children's records per provider assessed are reviewed to determine if the child is up-to-date with recommendations of the Advisory Council on Immunization Practices (ACIP).

Lake County

Secondary Data Analysis
September 26, 2012



Office of Rural Health
Area Health
Education Center

Screening ¹	County	Montana
Cervical Cancer (Pap Test in past 3 yrs) ¹	77.2%	83.0%
Breast Cancer (Mammogram in past 2 yrs) ¹	67.3%	71.9%
Blood Stool ¹	19.3%	25.3%
Sigmoidoscopy or Colonoscopy ¹	53.1%	54.3%
Diabetic Screening ⁵ Percent of Medicare enrollees who received HbA1c screening	80.0%	79.0%

¹Community Health Data, MT Dept of Health and Human Services (2010)

⁵County Health Ranking, Robert Wood Johnson Foundation (2012)

Mortality ^{1,2,12}	County	Montana	Nation ^{2,13}
Suicide Rate per 100,000 population ¹	23.4	20.3	12.0
Unintentional Injury Death Rate per 100,000 population ¹	100.0	58.8	38.4
Percent Motor Vehicle Crashes Involving Alcohol ¹	17.3%	10.0%	32.0%
Pneumonia/Influenza Mortality per 100,000 population ¹	27.7	19.0	17.5
Diabetes Mellitus ²	19.1	27.1	21.8

¹Community Health Data, MT Dept of Health and Human Services (2010)

²Center for Disease Control and Prevention (CDC), National Vital Statistics (2012)

¹²Center for Disease Control and Prevention (CDC), Web-based Injury Statistics Query and Reporting System (WISQARS) (2011)

¹³Kaiser State Health Facts, National Diabetes Death Rate (2008)

Maternal Child Health ¹	County	Montana	Nation ^{14,15}
Infant Mortality (death within 1st year) Rate per 1,000 live births ¹	5.9	6.1	6.7
Entrance into Prenatal care in 1st Trimester Percent of Live Births ¹	76.7%	83.9%	69.0%
Birth Rate ⁹ Babies born per 1,000 people	14.6	12.8	13.5
Low Birth Weight (<2500 grams) Percent of live births ¹	8.9%	7.3%	8.3%
Neonatal Mortality (under 28 days of age) Rate per 1,000 live births ¹	4.0	3.3	4.5
Post Neonatal Mortality (28 through 364 days of age) Rate per 1,000 live births ¹	2.1 (Region 5)	2.7	2.2
Pre-Term Birth (<37 completed weeks gestation) Percent of Live Births ¹	12.9%	10.1%	12.5%

¹Community Health Data, MT Dept of Health and Human Services (2010)

⁹Montana KIDS COUNT (2009)

¹⁴Child Health USA, U.S. Dept of Health and Human Services – Human Resources & Services Administration (HRSA) (2008-2009)

¹⁵Center for Disease Control and Prevention (CDC), Preterm Birth (2012)

Sanders County

Sanders County
Secondary Data Analysis
July 23, 2012



Office of Rural Health
Area Health
Education Center

Leading Causes of Death	County ¹	Montana ^{1,2}	Nation ²
	1. Cancer 2. Heart Disease 3. Unintentional Injuries**	1. Cancer 2. Heart Disease 3. CLRD*	1. Heart Disease 2. Cancer 3. CLRD*

¹Community Health Data, MT Dept of Health and Human Services (2010)

²Center for Disease Control and Prevention (CDC), National Vital Statistics (2012)

*Chronic Lower Respiratory Disease

**Unintentional Injuries: External cause of injury often by, but not limited to, drowning, fall, fire/burn, motor vehicle/traffic-related, other transportation-related, poisoning, and suffocation.

Chronic Disease Burden ¹	County	Montana	Nation ^{3,4}
Stroke prevalence	2.5% (Region 5)	2.5%	2.6%
Diabetes prevalence	10.3%	6.2%	8.3%
Acute Myocardial Infarction prevalence (Heart Attack)	4.0% (Region 5)	4.1%	6.0%
All Sites Cancer	466.5 (Region 5)	455.5	543.2

¹Community Health Data, MT Dept of Health and Human Services (2010)

³Center for Disease Control and Prevention (CDC) (2012)

⁴American Diabetes Association (2012)

Region 5 (Northwest) – Lincoln, Flathead, Sanders, Lake, Mineral, Missoula, and Ravalli

Chronic Disease Hospitalization Rates	County	Montana
Stroke ¹ Per 100,000 population	138.0	182.2
Diabetes ¹ Per 100,000 population	85.1	115.4
Myocardial Infarction ¹ Per 100,000 population	199.8	147.3

¹Community Health Data, MT Dept of Health and Human Services (2010)

Demographic Measure (%)		County			Montana			Nation ^{5,6}		
Population ¹		11,034			989,415			308,745,538		
Population Density ¹		4.0			6.7			Not relevant		
Age ¹		<5	18-64	65+	<5	18-64	65+	<5	15-64	65+
		5%	61%	20%	6%	63%	14%	7%	62%	13%
Gender ¹		Male		Female	Male		Female	Male		Female
		49.9%		50.1%	50.1%		49.9%	49.2%		50.8%
Race/Ethnic Distribution	White ¹	93.8%			91.5%			72.4%		
	American Indian or Alaska Native ¹	5.4%			6.8%			0.9%		
	Other † ¹	0.8%			1.7%			26.7%		

¹Community Health Data, MT Dept of Health and Human Services (2010)

⁵County Health Ranking, Robert Wood Johnson Foundation (2012)

†Black, Asian/Pacific Islanders, Hispanic & Non-Hispanic Ancestry

⁶US Census Bureau (2010)

Sanders County
Secondary Data Analysis
July 23, 2012

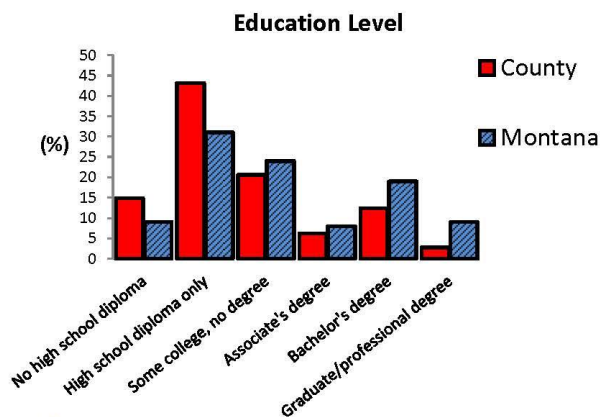
Socioeconomic Measures ¹ (%)	County	Montana	Nation ^{7,8}
Median Income ¹	\$33,932	\$43,000	\$51,914
Unemployment Rate ⁷	14.5%	6.3%	7.7%
Persons Below Poverty Level ¹	17.0%	14.0%	13.8%
Uninsured Adults (Age <65) ¹	25.3%	19.0%	18.2%
Uninsured Children (Age <18) ⁹	N/A	11.0%	10.0%

¹Community Health Data, MT Dept of Health and Human Services (2010)

⁷Montana Dept of Labor and Industry, Research & Analysis Bureau. Local Area Unemployment Statistics (LAUS). Non-Seasonally Adjusted Unemployment Rate. (Retrieved April 2012)

⁸Center for Disease Control and Prevention (CDC), Health Insurance Coverage (2011)

⁹Montana KIDS COUNT (2009)



¹⁰Indicators Northwest, Imp. Graph (2011)



Behavioral Health ^{1,2}	County	Montana
Childhood Immunization Up-To-Date (UTD) % Coverage ^{11, ††} Age 24-35 months, population size: 12,075 (% sampled: 35.9%)	18.6%	64.3%
Tobacco Use ¹	17.0%	19.3%
Alcohol Use (binge + heavy drinking) ¹	23.1% (Region 5)	22.8%
Obesity ¹	21.4%	21.6%
Overweight ¹	40.8%	37.8%
No Leisure time for physical activity ¹	27.1%	20.7%

¹Community Health Data, MT Dept of Health and Human Services (2010)

²Center for Disease Control and Prevention (CDC), National Vital Statistics (2012)

¹¹County Childhood Immunization Coverage, MT Dept of Health and Human Services (2010-2011).

††Childhood immunization percent coverage was determined following the CDC developed and validated AFIX [Assessment, Feedback, Incentives, & eXchange] strategy designed to raise immunization levels. The Montana Immunization Program is required to participate in this process. Fifty percent of immunization providers are assessed each year. All children's records per provider assessed are reviewed to determine if the child is up-to-date with recommendations of the Advisory Council on Immunization Practices (ACIP).

Screening ¹		Region 5	Montana
Cervical Cancer (Pap Test in past 3 yrs) ¹		81.0%	83.0%
Breast Cancer (Mammogram in past 2 yrs) ¹		69.9%	71.9%
	Blood Stool ²	24.0%	25.3%
	Sigmoidoscopy or Colonoscopy ²	56.0%	54.3%
Diabetic Screening ⁵ Percent of Medicare enrollees who received HbA1c screening		68.0% (County)	79.0%

¹Community Health Data, MT Dept of Health and Human Services (2010)

⁵County Health Ranking, Robert Wood Johnson Foundation (2012)

Mortality ^{1,2,12}	County	Montana	Nation ^{2,13}
Suicide Rate per 100,000 population ¹	35.0	20.3	12.0
Unintentional Injury Death Rate per 100,000 population ¹	77.3	58.8	38.4
Percent Motor Vehicle Crashes Involving Alcohol ¹	14.4%	10.0%	32.0%
Pneumonia/Influenza Mortality per 100,000 population ¹	18.4	19.0	17.5
Diabetes Mellitus ²	51.5	27.1	21.8

¹Community Health Data, MT Dept of Health and Human Services (2010)

²Center for Disease Control and Prevention (CDC), National Vital Statistics (2012)

¹³Center for Disease Control and Prevention (CDC), Web-based Injury Statistics Query and Reporting System (WISQARS) (2011)

¹⁵Kaiser State Health Facts, National Diabetes Death Rate (2008)

Maternal Child Health ¹	County	Montana	Nation ^{14,15}
Infant Mortality (death within 1 st year) Rate per 1,000 live births ¹	5.0 (Region 5)	6.1	6.7
Entrance into Prenatal care in 1 st Trimester Percent of Live Births ¹	76.5%	83.9%	69.0%
Birth Rate ⁹ Babies born per 1,000 people	10.0	12.8	13.5
Low Birth Weight (<2500 grams) Percent of live births ¹	6.7%	7.3%	8.3%
Neonatal Mortality (under 28 days of age) Rate per 1,000 live births ¹	2.8 (Region 5)	3.3	4.5
Post Neonatal Mortality (28 through 364 days of age) Rate per 1,000 live births ¹	2.1 (Region 5)	2.7	2.2
Pre-Term Birth (<37 completed weeks gestation) Percent of Live Births ¹	11.4%	10.1%	12.5%

¹Community Health Data, MT Dept of Health and Human Services (2010)

⁹Montana KIDS COUNT (2009)

¹⁴Child Health USA, U.S. Dept of Health and Human Services—Human Resources & Services Administration (HRSA) (2008-2009)

¹⁵Center for Disease Control and Prevention (CDC), Preterm Birth (2012)

Economic Impact Assessment

Demographic Trends and Economic Impacts: A Report for St. Luke Community Healthcare

William Connell
Brad Eldredge Ph.D.
Research and Analysis Bureau
Montana Department of Labor and Industry

Introduction

This report responds to requests by MHA for the location quotient of the hospital sector in Lake County and for information on the county's demographics. In addition, the report includes analysis of the economic impact of the hospital sector on Lake County's economy. Section I gives location quotients for the hospital sector in Lake County using both state and national employment as the basis of comparison. Section II looks at the demographic profile of Lake County. Section III presents the results of an input-output analysis of the impact of St. Luke Community Healthcare on the county's economy.

Section I Location Quotients

A location quotient measures how the level of employment concentration in a geographic area compares with that of another geographic area. For example, if 20 percent of workers in county A worked in manufacturing and 10 percent of the workers in that county's state worked in manufacturing, then the location quotient for county A would be:

$$\frac{\text{County A Percent employed in manufacturing}}{\text{State Percent employed in manufacturing}} = \frac{20\%}{10\%} = 2.$$

Intuitively, county A's location quotient of 2 indicates that its employment in manufacturing is about double what one would expect given the size of manufacturing employment in the state.

Two location quotients for hospital employment in Lake County were calculated. The first compares Lake County's hospital employment concentration to that of the State of Montana, and the second compares it to hospital employment in the United States. The calculations use 2010 annual averages.

Hospitals Location Quotient (compared to State of MT) = .69

Hospitals Location Quotient (compared to U.S.) = .79

A location quotient near 1 indicates that the employment concentration in the county mirrors that of the larger geographic region. In the case of Lake County, both the state and national location quotients are below one, indicating that hospital employment is about a third smaller than expected given the overall size of Lake County. In 2010, St. Luke Community Healthcare accounted for 3.7% of county nonfarm employment and 4.4% of the county's total wages.

(Source of Employment Data: Quarterly Census of Employment and Wages, Research and Analysis Bureau, Montana Department of Labor and Industry)

Section II Age Demographics

The Census Bureau reported that there were 28,746 residents of Lake County according to the 2010 Census. The breakdown of these residents by age is presented in Figure 1. Lake County’s age profile is similar to that of many of Montana’s rural counties. In 2010, baby boomers were between the ages of 45 and 60 and their presence is evident in the graph. Following the baby boom came the “baby bust,” which is evidenced by the lack of 25 to 39 year olds in the county. In many rural Montana counties, the baby bust is exacerbated by out-migration of young adults.

Figure 1: Age Distribution of Lake County Residents

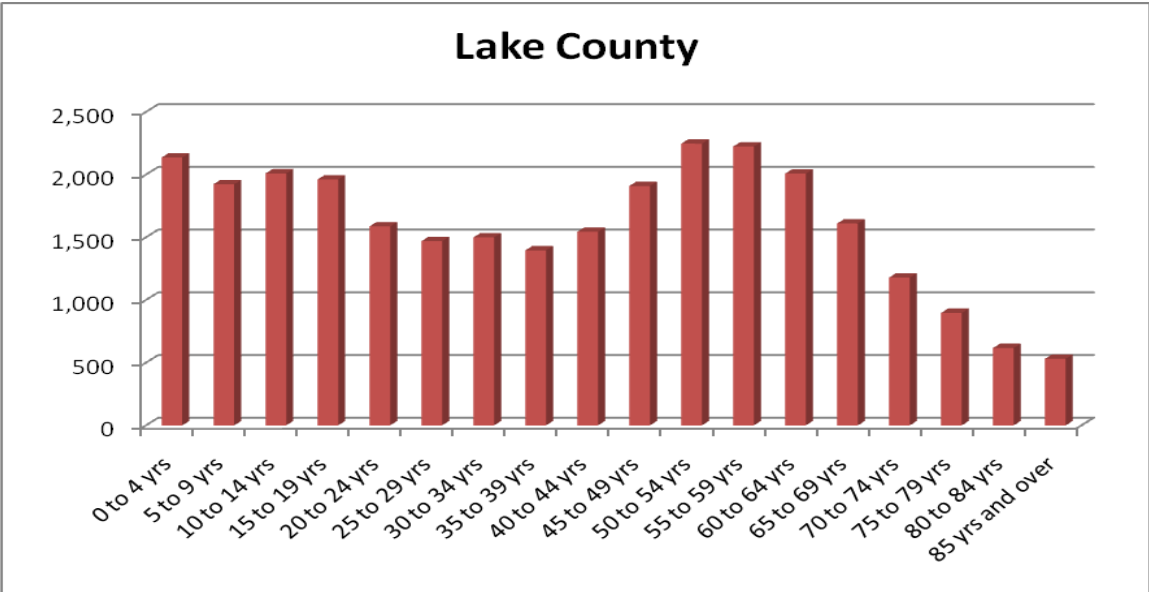


Figure 2: Percent of the population by age groups, Lake County vs. Montana

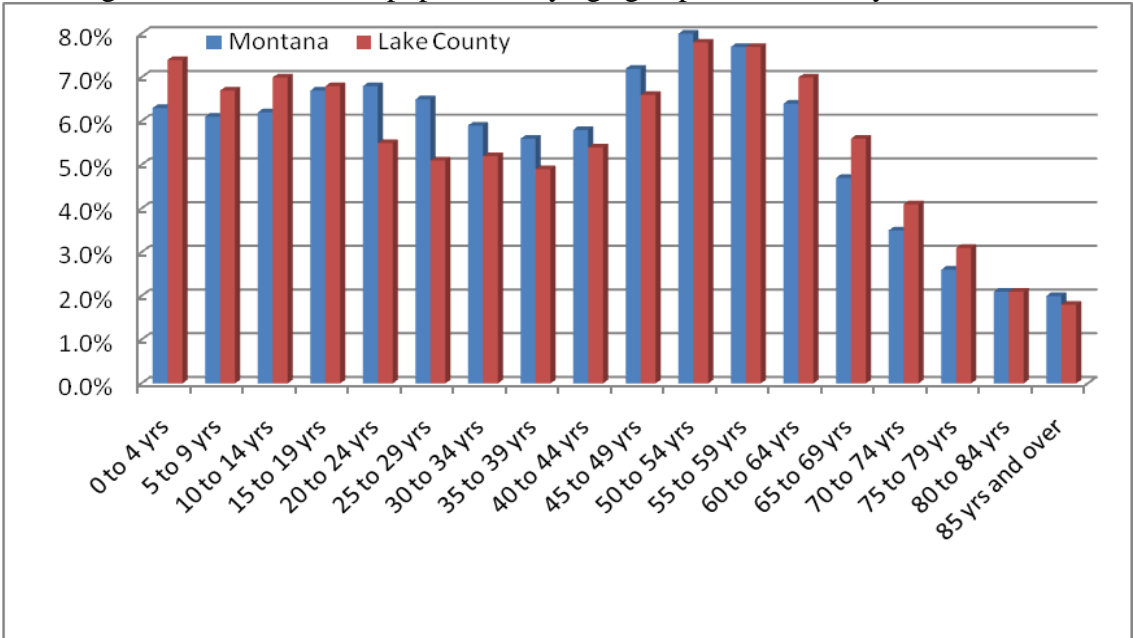


Figure 2 shows how Lake County's population distribution compares to Montana's. A careful examination of Figure 2 and the underlying data reveals that, compared with the State as a whole, Lake County has a higher percentage of people under 15 years old (21.1 percent vs. 18.6 percent) and a higher percentage of people aged 60 to 79 (21.9 percent vs. 17.2 percent). According to the 2010 Census, Lake County had a median age of 41.3, compared to the state median age of 39.8. These demographics are important when planning for healthcare delivery now, and in the future.

Section III Economic Impacts

Businesses have an economic impact on their local communities that exceeds the direct amount of people they employ or wages they pay. For example, individuals employed at St. Luke Community Healthcare spend a portion of their salary on goods and services produced in Lake County, thus supporting jobs and income in those local businesses. Likewise, the hospital itself may purchase goods and services from local suppliers. These businesses and employees then spend a portion of their income on local goods and services which, in turn, supports other local jobs and companies. Thus, the effect of one dollar of wages is multiplied as it circulates through the community.

The amount of jobs and income in a local community attributable to a particular industry sector can be determined by calculating its employment and income multipliers. Industries with the highest multipliers generally are those who buy supplies, services, and labor from the local community, sell products and services outside the local community, and pay a high income to their employees. Although hospitals in rural areas do not usually sell their services to non-residents, they can still generate significant multiplier effects for their communities given that much of their funding comes from outside the region in the form of public and private insurance reimbursements. The relatively high wages earned by hospital employees also tend to boost hospital's multipliers.

Multipliers are calculated using a methodology called input-output modeling. The Research and Analysis Bureau (R&A) uses IMPLAN software to do regional input-output modeling. The R&A staff is able to correct the underlying IMPLAN data with confidential employment and earnings data from the unemployment insurance system, which allows us to produce more accurate multipliers than would otherwise be possible.

According to the input-output analysis, the hospital industry sector in Lake County has the following multipliers:

Hospital Employment Multiplier = 1.37

Hospital Employee Compensation Multiplier = 1.29

Hospital Output Multiplier = 1.38

What do these numbers mean? The employment multiplier of 1.37 can be interpreted to mean that for every job at St. Luke Community Healthcare, another .37 jobs are supported in Lake County. Another way to look at this is that if St. Luke Community Healthcare suddenly went away, about 110 additional non-hospital jobs would also be lost in the county (based on 2010 hospital employment of 297). The

employee compensation multiplier of 1.29 simply states that for every dollar in wages and benefits paid to the hospital's employees, another 29 cents of wages and benefits are created in other local jobs in Lake County. Put another way, if St. Luke Community Healthcare suddenly went away, about \$3,162,459 in additional annual wages would be lost from other jobs in the county. Finally, the output multiplier indicates that for every dollar of goods and services produced by St. Luke Community Healthcare, output in the county increases by another 38 cents.

There are other potential economic impacts of hospitals beyond those identified by the input-output analysis. Novak (2003)¹ observes that "...a good healthcare system is an important indication of an area's quality of life. Healthcare, like education, is important to people and businesses when deciding where to locate" (pg. 1). Thus, all other things being equal, the presence of a quality healthcare system gives communities an advantage when competing for new businesses. An effective healthcare system can also attract retirees to the community. Finally, healthcare may provide an opportunity for young people to stay in the communities where they were raised and still earn a high wage. In areas of the state where economic opportunities are scarce, many hospitals are experiencing shortages of qualified workers. In this situation, "growing your own" workforce may be a viable option.

This study has sought to outline the economic importance of St. Luke Community Healthcare to the county's economy. Tangible economic impacts have been presented, and intangible economic development impacts have also been discussed. Any questions regarding the data or methodology can be addressed to the author.

¹ Novak, Nancy L. (2003) "Bridging the Gap in Rural Healthcare" *The Main Street Economist: Commentary on the Rural Economy*, Center for the Study of Rural America: Federal Reserve Bank of Kansas City. September 2003

Appendix D – Survey Cover Letter



September 9, 2016

Dear Resident:

Please participate in our Community Health Needs Assessment survey and have a chance to WIN one of four (4) \$25 gas cards!

St. Luke Community Healthcare is partnering with the Montana Office of Rural Health (MORH) to administer a community health needs assessment. The purpose of the survey is to obtain information from a wide range of participants to assist in planning our programs, services, and facilities to best serve our community. Your help is critical in determining health priorities and future needs.

*Your name has been randomly selected as a resident who lives in the St. Luke Community Healthcare service area. The survey covers topics such as: use of healthcare services, awareness of services, community health, health insurance and demographics. We know your time is valuable so we have made an effort to keep the survey to about 15 minutes. **Participating in this survey is completely voluntary and your identity and answers will remain anonymous.** Please note that we cannot guarantee confidentiality for any of the information you choose to share with others in your community.*

You are probably aware of many challenges rural citizens face related to healthcare, such as access to services and affordability. By completing the enclosed survey, you will help guide St. Luke Community Healthcare in developing comprehensive and affordable healthcare services for our area residents. Even if you do not use healthcare services through St. Luke, your input is still helpful and will benefit our community.

1. **Due date to return survey and ONE raffle ticket: Monday, October 17, 2016**
2. **Return your completed survey in the envelope provided - no stamp needed**
3. **Keep the other raffle ticket for when we announce the three winners on our website and the local newspaper the week of October 24, 2016**

The winning raffle ticket numbers for each of the four (4) \$25 gas cards will be announced on St. Luke's website at: <http://www.stlukehealthcare.org/> and in the newspaper during the week of **October 24, 2016**. St. Luke Community Healthcare is offering you this chance to win a gas card as a thank you for completing the enclosed survey.

All survey responses will go to the National Rural Health Resource Center in Duluth, Minnesota, the organization that is assisting MORH with this project. If you have any questions about the survey, please call Natalie Claiborne at 406-994-6001. We believe, with your help, we can continue to improve healthcare services in our region.

Thank you for your assistance. We appreciate your effort.

Sincerely,



Steven J. Todd, CEO

Phone (406) 676-4441 ♥ FAX (406) 676-0835 ♥ 107 6TH Ave. S.W. ♥ Ronan, MT 59864 ♥
www.stlukehealthcare.org

Appendix E – Survey Instrument

Community Health Services Development Survey Lake & Sanders County, Montana

INSTRUCTIONS: Please use a #2 pencil or ink pen to complete the survey and return it in the enclosed postage paid envelope. All responses must be made by filling in the circle next to the corresponding answer. *If you need assistance filling out this survey, please contact the Montana Office of Rural Health at 406-994-6001.*

Participation is voluntary. You can choose not to answer any question that you do not want to answer, and you can stop at any time.

1. How would you rate the general health of our community?

- ☐ Very healthy ☐ Healthy ☐ Somewhat healthy ☐ Unhealthy ☐ Very unhealthy

2. In the following list, what do you think are the **three most serious** health concerns in our community?
(Select ONLY 3 that apply)

- | | | |
|---|--|---|
| <input type="radio"/> Alcohol abuse | <input type="radio"/> Heart disease | <input type="radio"/> Overweight/obesity |
| <input type="radio"/> Illegal drug use | <input type="radio"/> Lack of access to healthcare | <input type="radio"/> Recreation related accidents/injuries |
| <input type="radio"/> Prescription drug abuse | <input type="radio"/> Lack of access to dental care | <input type="radio"/> Stroke |
| <input type="radio"/> Cancer | <input type="radio"/> Lack of exercise | <input type="radio"/> Tobacco use |
| <input type="radio"/> Child abuse/neglect | <input type="radio"/> Lack of mental health services | <input type="radio"/> Work related accidents/injuries |
| <input type="radio"/> Depression/anxiety | <input type="radio"/> Mental health issues | <input type="radio"/> Other _____ |
| <input type="radio"/> Diabetes | <input type="radio"/> Motor vehicle accidents | |
| <input type="radio"/> Domestic violence | <input type="radio"/> Nutrition | |

3. Select the **three** items below that you believe are **most important** for a healthy community.
(Select ONLY 3 that apply)

- | | |
|---|--|
| <input type="radio"/> Access to affordable health insurance | <input type="radio"/> High quality healthcare services |
| <input type="radio"/> Access to healthcare and other services | <input type="radio"/> Low crime/safe neighborhoods |
| <input type="radio"/> Access to healthy foods | <input type="radio"/> Low death and disease rates |
| <input type="radio"/> Affordable housing | <input type="radio"/> Low level of domestic violence |
| <input type="radio"/> Arts and cultural events | <input type="radio"/> Parks and recreation |
| <input type="radio"/> Clean environment | <input type="radio"/> Religious or spiritual values |
| <input type="radio"/> Community involvement | <input type="radio"/> Strong family life |
| <input type="radio"/> Good jobs and a healthy economy | <input type="radio"/> Tolerance for diversity |
| <input type="radio"/> Good schools | <input type="radio"/> Youth/teen activities and programs |
| <input type="radio"/> Healthy behaviors and lifestyles | <input type="radio"/> Other _____ |

4. How important are local healthcare providers and services (i.e.: hospitals, clinics, nursing homes, assisted living, etc.) to the economic well-being of the area?

- ☐ Very important ☐ Important ☐ Not important ☐ Don't know

5. How do you learn about the health services available in our community? **(Select all that apply)**

- | | | |
|---|--|--|
| <input type="radio"/> Billboards | <input type="radio"/> Newspaper | <input type="radio"/> Tribal Health |
| <input type="radio"/> Friends/family | <input type="radio"/> Presentations | <input type="radio"/> Word of mouth/reputation |
| <input type="radio"/> Healthcare provider | <input type="radio"/> Public health department | <input type="radio"/> Website/internet |
| <input type="radio"/> Heart to Heart | <input type="radio"/> Radio | <input type="radio"/> Other _____ |
| <input type="radio"/> Mailings/newsletter | <input type="radio"/> Social media | |

6. How do you rate your knowledge of the health services that are available at St. Luke Community Healthcare?

- ☐ Excellent ☐ Good ☐ Fair ☐ Poor

7. Which community health resources, other than the hospital or clinic, have you used in the last three years? **(Select all that apply)**

- | | | |
|--|--|-------------------------------------|
| <input type="radio"/> Alternative medicine | <input type="radio"/> Pharmacy | <input type="radio"/> Senior Center |
| <input type="radio"/> Dentist | <input type="radio"/> Public health department | <input type="radio"/> Tribal Health |
| <input type="radio"/> Mental health | <input type="radio"/> Health fairs | <input type="radio"/> Other _____ |

8. In your opinion, what would improve our community's access to healthcare? **(Select all that apply)**

- | | |
|---|--|
| <input type="radio"/> Cultural sensitivity | <input type="radio"/> More specialists |
| <input type="radio"/> House calls by doctor's office | <input type="radio"/> Outpatient services expanded hours |
| <input type="radio"/> Greater health education services | <input type="radio"/> Patient Navigator/Healthcare guide |
| <input type="radio"/> Improved quality of care | <input type="radio"/> Virtual physician/telehealth |
| <input type="radio"/> Interpreter services | <input type="radio"/> Transportation assistance |
| <input type="radio"/> Mental health services | <input type="radio"/> Wellness coach |
| <input type="radio"/> More primary care providers | <input type="radio"/> Other _____ |

9. If any of the following classes/programs were made available in our community, which would you be most interested in attending? **(Select all that apply)**

- | | | |
|---|---|---|
| <input type="radio"/> Alcohol/substance abuse | <input type="radio"/> Health and wellness | <input type="radio"/> Parenting |
| <input type="radio"/> Alzheimer's | <input type="radio"/> Healthy cooking classes | <input type="radio"/> Prenatal |
| <input type="radio"/> Cancer | <input type="radio"/> Heart disease | <input type="radio"/> Smoking cessation |
| <input type="radio"/> Diabetes | <input type="radio"/> Living will | <input type="radio"/> Support groups |
| <input type="radio"/> First aid/CPR | <input type="radio"/> Men's health | <input type="radio"/> Weight loss |
| <input type="radio"/> Fitness | <input type="radio"/> Mental health | <input type="radio"/> Women's health |
| <input type="radio"/> Grief counseling | <input type="radio"/> Nutrition | <input type="radio"/> Other _____ |

10. What additional healthcare services would you use if available locally? **(Select all that apply)**

- | | |
|--|--|
| <input type="radio"/> Alcohol/substance abuse treatment | <input type="radio"/> Oncology (cancer services) |
| <input type="radio"/> Assisted living center | <input type="radio"/> Wellness coach |
| <input type="radio"/> Chronic disease treatment/support groups | <input type="radio"/> Other _____ |

11. In the past three years, was there a time when you or a member of your household thought you needed healthcare services but did NOT get or delayed getting medical services?

☐ Yes ☐ No (If no, skip to question 13)

12. If yes, what were the **three** most important reasons why you did not get healthcare services? (Select ONLY 3 that apply)

- | | | |
|---|--|---|
| <input type="radio"/> No insurance | <input type="radio"/> Lack of quality providers | <input type="radio"/> Office wasn't open when I could go |
| <input type="radio"/> Could not get off work | <input type="radio"/> My insurance didn't cover it | <input type="radio"/> Too long to wait for an appointment |
| <input type="radio"/> Didn't know where to go | <input type="radio"/> No childcare | <input type="radio"/> Healthcare system too complicated |
| <input type="radio"/> Don't like doctors | <input type="radio"/> No quality care available | <input type="radio"/> Transportation problems |
| <input type="radio"/> Too nervous or afraid | <input type="radio"/> Not treated with respect | <input type="radio"/> Unsure if services were available |
| <input type="radio"/> It costs too much | <input type="radio"/> Could not get an appointment | <input type="radio"/> Lack of privacy/confidentiality |
| <input type="radio"/> It was too far to go | <input type="radio"/> Language barrier | <input type="radio"/> Provider not culturally sensitive |
| | | <input type="radio"/> Other _____ |

13. In the past three years, has anyone in your household received care in a hospital? (i.e.: hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care)

☐ Yes ☐ No (If no, skip to question 16)

14. If yes, which hospital does your household use the MOST for hospital care? (Please select only ONE)

- | | |
|---|---|
| <input type="radio"/> St. Luke Community Healthcare | <input type="radio"/> St. Patrick Hospital and Health Sciences Center |
| <input type="radio"/> Kalispell Regional Medical Center | <input type="radio"/> VA |
| <input type="radio"/> Community Medical Center | <input type="radio"/> Other _____ |
| <input type="radio"/> St. Joseph Medical Center | |

15. Thinking about the hospital you were at most frequently, what were the **three** most important reasons for selecting that hospital? (Select ONLY 3 that apply)

- | | | |
|--|---|--|
| <input type="radio"/> Closest to home | <input type="radio"/> Employee discount offered | <input type="radio"/> Referred by physician |
| <input type="radio"/> Closest to work | <input type="radio"/> Hospital's reputation for quality | <input type="radio"/> Recommended by family or friends |
| <input type="radio"/> Cost of care | <input type="radio"/> Prior experience with hospital | <input type="radio"/> VA/Military requirement |
| <input type="radio"/> Emergency, no choice | <input type="radio"/> Required by insurance plan | <input type="radio"/> Access to Electronic Medical Records |
| | | <input type="radio"/> Other _____ |

16. In the past three years, have you or a household member seen a primary healthcare provider, such as a family physician, physician assistant, or nurse practitioner for healthcare services?

☐ Yes ☐ No (If no, skip to question 19)

17. Where was that primary healthcare provider located? (Please select only ONE)

- | | |
|--|---|
| <input type="radio"/> St. Luke Community Clinic- Ronan | <input type="radio"/> St. Joseph Medical Clinic- Ronan |
| <input type="radio"/> St. Luke Community Clinic- Polson | <input type="radio"/> St. Joseph Medical Clinic- Polson |
| <input type="radio"/> St. Luke Community Clinic- St Ignatius | <input type="radio"/> Polson Health (KRMCMC) |
| <input type="radio"/> Tribal Clinics | <input type="radio"/> Other _____ |

18. Why did you select the primary care provider you are currently seeing? (Select all that apply)

- | | |
|--|---|
| <input type="radio"/> Access to electronic medical records | <input type="radio"/> Locally owned clinic |
| <input type="radio"/> Appointment availability | <input type="radio"/> Length of waiting room time |
| <input type="radio"/> Clinic's reputation for quality | <input type="radio"/> Prior experience with clinic |
| <input type="radio"/> Closest to home | <input type="radio"/> Recommended by family or friends |
| <input type="radio"/> Cost of care | <input type="radio"/> Referred by physician or other provider |
| <input type="radio"/> Employee discount offered | <input type="radio"/> Required by insurance plan |
| <input type="radio"/> Indian Health Services/Tribal Health | <input type="radio"/> VA/Military requirement |
| | <input type="radio"/> Other _____ |

19. Which of the following preventative services have you used in the past year? (Select all that apply)

- | | | |
|--|--|--|
| <input type="radio"/> Children's checkup/Well baby | <input type="radio"/> Mammography | <input type="radio"/> Routine health checkup |
| <input type="radio"/> Cholesterol check | <input type="radio"/> Nutritional risk assessment | <input type="radio"/> Sports physical |
| <input type="radio"/> Colonoscopy | <input type="radio"/> Pap smear | <input type="radio"/> Work related physical |
| <input type="radio"/> Flu shot/immunizations | <input type="radio"/> Prostate (PSA) | <input type="radio"/> None |
| <input type="radio"/> Health fair | <input type="radio"/> Routine blood pressure check | <input type="radio"/> Other _____ |

20. In the past three years, have you or a household member seen a healthcare specialist (other than your primary care provider/family doctor) for healthcare services?

- ☐ Yes ☐ No **(If no, skip to question 23)**

21. Where was the healthcare specialist seen? (Select all that apply)

- | | | |
|--|--|-----------------------------------|
| <input type="radio"/> Ronan | <input type="radio"/> St. Patrick Hospital- Missoula | <input type="radio"/> VA |
| <input type="radio"/> Polson | <input type="radio"/> Community Medical Center- Missoula | <input type="radio"/> Other _____ |
| <input type="radio"/> Polson Health- KRMCC | <input type="radio"/> Missoula other | |
| <input type="radio"/> Kalispell | <input type="radio"/> Tribal Health | |

22. What type of healthcare specialist was seen? (Select all that apply)

- | | | |
|---|---|---|
| <input type="radio"/> Acupuncturist | <input type="radio"/> Massage therapist | <input type="radio"/> Podiatrist |
| <input type="radio"/> Allergist | <input type="radio"/> Mental health counselor | <input type="radio"/> Psychiatrist (M.D.) |
| <input type="radio"/> Cardiologist | <input type="radio"/> Neurologist | <input type="radio"/> Psychologist |
| <input type="radio"/> Chiropractor | <input type="radio"/> Neurosurgeon | <input type="radio"/> Pulmonologist |
| <input type="radio"/> Dentist | <input type="radio"/> OB/GYN | <input type="radio"/> Radiologist |
| <input type="radio"/> Dermatologist | <input type="radio"/> Occupational therapist | <input type="radio"/> Rheumatologist |
| <input type="radio"/> Dietician | <input type="radio"/> Oncologist | <input type="radio"/> Social worker |
| <input type="radio"/> Endocrinologist | <input type="radio"/> Optometrist | <input type="radio"/> Speech therapist |
| <input type="radio"/> ENT (ear/nose/throat) | <input type="radio"/> Orthopedic surgeon | <input type="radio"/> Substance abuse counselor |
| <input type="radio"/> Gastroenterologist | <input type="radio"/> Pediatrician | <input type="radio"/> Urologist |
| <input type="radio"/> General surgeon | <input type="radio"/> Physical therapist | <input type="radio"/> Other _____ |
| <input type="radio"/> Geriatrician | <input type="radio"/> Plastic surgeon | |

23. The following services are available at St. Luke Community Healthcare. Please rate the overall quality for each service. **(Please mark N/A if you don't know or have not used the service)**

Excellent = 4 Good = 3 Fair = 2 Poor = 1 Haven't Used = N/A

Clinic- Ronan	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
Clinic- Polson	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
Clinic- St. Ignatius	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
Convenient Care	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
Emergency room	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
Extended care facility (nursing home)	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
Hearing center	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
Inpatient hospital services	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
Nurse on Call/Ask a Nurse	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
Obstetrics/Newborn	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
Surgical services	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
Therapies (Physical/Speech/Occupational)	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA

24. In the past three years, have there been periods of at least three consecutive months where you felt depressed on most days, although you may have felt okay sometimes?

☐ Yes ☐ No

25. Over the past month, how often have you had physical activity for at least 20 minutes?

☐ Daily ☐ 2-4 times per week ☐ 1-2 times per month
☐ 5-6 days per week ☐ 3-5 times per month ☐ No physical activity

26. Has cost prohibited you from getting a prescription or taking your medication regularly?

☐ Yes ☐ No

27. How well do you feel your health insurance covers your healthcare costs?

☐ Excellent ☐ Good ☐ Fair ☐ Poor

28. What type of medical insurance covers the **majority** of your household's medical expenses?

(Please select only ONE)

☐ Employer sponsored ☐ Indian Health Services/Tribal Health ☐ State/Other
☐ Health Insurance Marketplace ☐ Medicaid ☐ VA/Military
☐ Health Savings Account ☐ Medicare ☐ None/Pay out of pocket
☐ Healthy MT Kids ☐ Private insurance/private plan ☐ Other _____

29. If you **do NOT** have medical insurance, why? (**Select all that apply**)

- ☐ Do not qualify for Medicaid ☐ Choose not to have medical insurance
☐ Cannot afford to pay for medical insurance ☐ Other _____
☐ Employer does not offer insurance

30. Are you aware of programs that help people pay for healthcare expenses?

- ☐ Yes, and I use them ☐ Yes, but I do not qualify ☐ No ☐ Not sure

Demographics

All information is kept confidential and your identity is not associated with any answers.

31. Where do you currently live by zip code?

- ☐ 59859 Plains ☐ 59865 St. Ignatius ☐ 59845 Hot Springs ☐ 59915 Elmo
☐ 59864 Ronan ☐ 59831 Dixon ☐ 59855 Pablo
☐ 59860 Polson ☐ 59824 Charlo/Moise ☐ 59821 Arlee

32. What is your gender? ☐ Male ☐ Female

33. What age range represents you?

- ☐ 18-25 ☐ 26-35 ☐ 36-45 ☐ 46-55 ☐ 56-65 ☐ 66-75 ☐ 76-85 ☐ 86+

34. What is your employment status?

- ☐ Work full time ☐ Collect disability
☐ Work part time ☐ Unemployed, but looking
☐ Retired ☐ Unemployed, not currently seeking employment
☐ Student ☐ Other _____

Please return in the postage paid envelope enclosed with this survey or mail to:
National Rural Health Resource Center, 525 S. Lake Avenue, Suite 320 Duluth MN 55802

THANK YOU VERY MUCH FOR YOUR TIME

Please note that all information will remain confidential

Appendix F – Responses to Other and Comments

2. In the following list, what do you think are the **three most serious** health concerns in our community?

- Drug addiction (2)
- Animal abuse
- Dementia
- Motor vehicle accidents
- Not a healthy community – so why are there so many fast food places in our community?
- Obamacare
- Teen pregnancies
- Treatment facilities

3. Select the **three** items below that you believe are **most important** for a healthy community:

- All helps
- Education for drug use
- Stronger drug control
- Tribal and non-tribal healthy community – fair for all and must be important for everyone in our community. But access and assessment have higher priorities with tribal

5. How do you learn about the health services available in our community? (**Select all that apply**)

- Senior center
- Tribal health RN
- TV

7. Which community health resources, other than the hospital or clinic, have you used in the last three years?

- Physical therapy (2)
- Aquatic Center Polson
- Chiropractor
- College gym
- Eye exam
- Internet
- None
- SKC Fitness Center
- VA

8. In your opinion, what would improve our community's access to healthcare?

- Doctors who care and stay around (4)
- Affordable health care or payment plans (2)
- Alternative health provider
- Limit drug prescriptions
- Shorter wait times for appointments
- Understanding healthcare resources and how to apply
- VA health care info more available to veterans
- Wellness challenges like “walk the Rez” type events to encourage team & health

9. If any of the following classes/programs were made available in our community, which would you be most interested in attending?

- None (5)

10. What additional healthcare services would you use if available locally?

- None (9)
- Rural health doctors – too many PAs (2)
- Alternatives to prescription med care (2)
- Child development
- Gym/fitness coach
- In-home nurse
- Lab draw/bloodwork
- More specialists
- Naturopath and homeopathic physicians
- Planning for senior living

12. If yes, what were the **three** most important reasons why you did not receive healthcare services?

- High deductibles
- I don't like going to convenient care – it costs the same as the doctor and they can't do complex patients
- No doctor in ER
- No tracheotomy knowledge
- Thought I would get better on my own
- Too afraid; your CNA's do not pay attention to patients

14. If yes, which hospital does your household use the MOST for hospital care?

- Bend, OR
- Fort Harrison
- Kalispell Orthopedic
- Missoula

15. Thinking about the hospital you were at most frequently, what were the **three** most important reasons for selecting that hospital?

- Outstanding staff (2)
- Doctor in Ronan
- No surgeon in Polson
- Physician preference
- Ronan not available
- Specialist availability
- Where the ambulance took us

17. Where was that primary healthcare provider located?

- Missoula (4)
- Garden Wall
- Hot Springs
- Kalispell
- Oregon
- St Pat's
- Whitefish

18. Why did you select the primary care provider you are currently seeing?

- Personal choice (8)
- Excellent care (3)
- Accepts Medicaid
- Had services at same hospital
- I have 2 pcps
- In network
- Live in facility
- Seeing no one
- Showed care and understanding during my ED visit

19. Which of the following preventative services have you used in the past year?

- AIC
- Bloodwork
- Diabetic checkup
- Emergency Room
- Rx refills

21. Where was the healthcare specialist seen?

- Missoula (4)
- Seattle (2)
- Arizona
- Billings
- ED
- Rocky Mountain Eye
- Spokane
- St. Joe's

22. What type of healthcare specialist was seen?

- Ophthalmologist (2)
- Audiologist
- Respiratory
- Surgeon for hysterectomy
- Varicose vein care

28. What type of medical insurance covers the **majority** of your household's medical expenses?

- Health cost sharing
- Pacific Source
- Supplemental BCBS

29. If you **do NOT** have medical insurance, why?

- DNA
- I do have IHS but want other resources

34. What is your employment status?

- Self-employed (5)
- Homemaker (2)
- Disabled
- Rancher
- Seasonal worker
- Volunteer driver

Other Comments:

- I like St. Luke's and the Ronan clinic and doctors. The only real issue is that they are just too busy.

Appendix G – Focus Group & Key Informant Interview Questions

Purpose: The purpose of the focus groups was to identify motives of local residents when selecting healthcare providers and why people may leave the community to seek health services. This market research will help determine the awareness of local programs and services, as well as satisfaction or dissatisfaction with local services, providers, and facilities.

1. What would make this community a healthier place to live?
2. What do you think are the most important local healthcare issues? (Probe question: What do you think are the biggest issues facing local healthcare services?)
3. We are now going to ask you for your views about the hospital. What do you think of the hospital in terms of:
 - Quality of care
 - Number of services
 - Hospital staff (style of care, competence)
 - Hospital board and leadership (good leaders, trustworthy)
 - Business office
 - Condition of facility and equipment
 - Financial health of the hospital
 - Cost
 - Office/clinic staff
 - Availability
4. Are any of the local providers your personal provider or personal provider to your family members? Why?
5. What do you think about these local services:
 - Emergency Room
 - Ambulance service
 - Healthcare services for Senior Citizens
 - Public/County Health Department
 - Healthcare services for low-income individuals/families
 - Nursing Home/Assisted Living Facility
 - Pharmacy
6. Why might people leave the community for healthcare?
7. What other healthcare services are needed in the community?

Key Informant Interview Questions

1. What would make your community a healthier place to live?
2. What do you think are the most important local healthcare issues?
3. What other healthcare services are needed in the community?

Appendix H – Focus Group & Key Informant Interview Notes

Focus Group

Wednesday, August 24, 2016 – 4:00pm-5:00pm – St. Luke Community Healthcare – Ronan, MT
3 participants (0 male, 3 female)

1. What would make this community a healthier place to live?
 - We need to deal with the drug issue
 - Illegal and prescription
 - We need more opportunities for indoor recreation. We don't have a lot of opportunities to stay fit. There is a gym but there is no real program set up for people to be able to do something all year long. There isn't a lot here to encourage people to be active.
 - Also access to food is a huge problem. And for some reason buying processed food is less expensive than buying fresh produce.
 - A lot of the drug problems have to do with mental health. We need more access to mental health resources across the whole spectrum of mental health issues.
 - I live in Polson and I feel like there are a lot of resources for mental health, but I am a senior so I may be a bit removed from the situation.
2. What do you think are the most important local healthcare issues?
 - Misuse of the ER. We have a lot of people using them as their primary care. All of them say they can't afford to go to the clinic so they just go to the ER. They get the bill for it but they just don't pay it.
 - Tribal health needs to revamp their health system.
 - Our physicians here in Ronan are always staffed in ER and Polson doesn't do this. I think this attracts more people to the ER in Ronan than in Polson.
 - From a personal experience I would rather be seen for an emergency in Ronan than Polson.
3. What do you think of the hospital in terms of:

Quality of Care

- I have had great quality of care here. I don't live here but I am connected to the hospital here.
- I come here because they are competent and I trust them.

Number of Services

- The hospital accommodates pretty much everything that they can.
- Lacking in having a general surgeon and a good orthopedic surgeon.
- For the most part the hospital offers quite a bit of services.
- The traveling specialists are good.

Hospital Staff

- I come here and I live in Polson, but it's because I have established a relationship with my doctor here.
- I would rather come here [Ronan] than Polson. There are very competent providers here.

Hospital Board and Leadership

- I think they do an ok job at reaching out to the community. I haven't heard anything really negative.
- A lot of employees don't even know who is on the board so I think there could be more involvement.

Business Office

- Never had to deal with them.
- It's a tough job and they do the best they can.
- Sometimes people have been charged for services that they haven't received. When I called and asked, it was taken care of right away.

Condition of Facility and Equipment

- It's a new building so it's all pretty good.
- The CT is the most up to date for a small facility.
- Dr. Harrop's clinic is getting an update.

Financial Health of the Hospital

- I think it's good, from what we know.

Cost

- I think they could go down but I really just don't know how insurance companies bill. It's like this everywhere though.
- Between my two health insurance companies it just seems like they take forever to figure things out.
- The cost is ridiculous everywhere.

Office/Clinic Staff

- They are all pretty good. They all seem helpful.

Availability

- They are really good at fitting people in with same day appointments.
- I have had good experiences.
- Dr. Harrop can always get me, in but I know her nurse.
- It's pretty good.
- It can be hard getting in if you want to be seen by the same provider. Some of the doctors get booked out for weeks.
- Some people just won't see a PA or NP. They only want to see an MD.

4. Are any of the local providers your personal provider or personal provider to your family members? Why?
- I use Dr. Harrop because I want to see a woman doctor.
 - I go here because it is less with my insurance. They have a good reputation here and they are very respected in the community.

5. What do you think about these local services:

Emergency Room

- Amazing.
- They are great.
- People get angry when they can't get prescribed pain meds, but I've never heard anything negative aside from the people just wanting drugs.

Ambulance Service

- They do an excellent job.
- Will they come get me in Polson?
 - Yes of course, if it isn't extremely emergent.

Healthcare Services for Senior Citizens

- There seem to be a lot of programs.
- We have hospice, home health, meals on wheels, and volunteer programs for seniors. They do pretty good.

Public/County Health Department

- They are pretty good.
- Never heard any complaints and they are very easy to access.

Healthcare Services for Low-Income Individuals/Families

- Missoula has a fee based scale. I think the hospitals Convenient Care should be something more like that. They should really do a sliding scale based on income.
- There are payment plans and there is charity care.
- Housing is lacking. In affordability and availability.
- There need to be more youth programs for working parents.

Nursing Home/Assisted Living Facility

- Great nursing home. They do a great job.
- In the valley there are some tiered options, like assisted living and such.

Pharmacy

- There are plenty.
- I have had excellent relationships with the pharmacies, they are very helpful.
- They sit down and go over the meds with patients.

6. Why might people leave the community for healthcare?
 - Specialized services.
 - Maybe some people have had terrible experience and just refuse to try again. I am sure there are some, but it's all perception.
7. What other healthcare services are needed in the community?
 - Mental health.
 - Addiction counseling.
 - Rehab facilities.
 - Youth programs.
 - More tribal outreach and education. The programs just aren't out there: health, eating, exercise etc. especially for the kids. People were upset when the tribe decided to build another casino instead of using the money to improve their health and education system.
 - Does the hospital do a newsletter or any outreach?

Key Informant Interview #1

August 31, 2016- Emily Colomeda, Lake County Public Health Services Director

Via phone interview

1. What would make your community a healthier place to live?
 - It would help if the community was more walkable and bike friendly.
 - When people that are on public assistance get jobs they often lose all of their benefits. It would be nice if there was a more incremental scale with low income benefits. Too many times I see that when people get a job they lose all their assistance and are actually worse off. They are still in poverty even though they have a job.
 - There needs to be more assistance with signing up for health care. Like a patient navigator for the community.
 - Having a community health center would help too.
2. What do you think are the most important local healthcare issues?
 - We just did a community survey and the major ones that came up were illegal drug use, child abuse, drinking, and sexually transmitted infections.
 - I think the root cause of these issues is mental health. There isn't enough help for the people in the community who really need it. We need more than counselors. Maybe a treatment center.
3. What other healthcare services are needed in the community?
 - Mental health treatment center.
 - A community health center that uses a sliding fee scale. Even with the Affordable Care Act, people still don't have health insurance for many reasons. It would be helpful to have a health center that uses a sliding fee scale.
 - We need more services for low income individuals so they can stay in the community for health care.

Key Informant Interview #2

September 22, 2016–Via phone interview

1. What would make your community a healthier place to live?
 - The community needs to be more bike-able/walkable. More walking within the city would be better. We definitely need more safe routes to walk within the city.
 - Healthy local food to eat. It is difficult to find food. Our little grocery store is closing and there isn't really anything within walking distance. There is another store but you have to drive to it.
 - Our farmers market is lacking. It's more for crafts. There are not a lot of food vendors and overall attendance has been low. The grocery store is really good about carrying local food though. We do have CSA baskets (community supported agriculture). For \$500 a season people can get fresh vegetables weekly, but it is underutilized because of cost and lack of promotion.
 - We have the Farm to Institution programs that work to get food into the schools and hospitals. St. Luke does not participate in this program. Almost all other hospitals in the area are participating.
2. What do you think are the most important local healthcare issues?
 - Drugs. Absolutely drugs. We have a lot of drug addicted babies. The use of drugs is rampant in our area, among all ages.
 - We have a program Wrapped in Hope to assist women who are using chemicals during their pregnancy. We have a lot of unattached people who are not employed and not going to school so I think it is easy for them to fall into bad habits.
 - Nutrition is a huge issue. People need to access to healthy affordable food. We need more opportunity to local healthy food.
 - This area has recently been designated a strike force zone which means it is a higher than average poverty zone. They call it "Persistent Poverty." Half of the states have these zones and we were just added as a Strike Force Zone. We are having community meetings to address the rural poverty.
 - Demographically, being on an Indian reservation we have higher rates/risks of almost everything.
3. What other healthcare services are needed in the community?
 - We are pretty lucky that we have a clinic, ER, hospital, dentist and a pharmacy. I don't really think we are lacking too much in this particular town.
 - There is a problem with transportation, especially for people who live out of town.
 - We need substance abuse treatment. We are aware of the issue but there isn't a treatment center in the areas. It's a huge need.

Key Informant Interview #3

September 22, 2016–Via phone interview

1. What would make your community a healthier place to live?
 - I think it would help if racial tensions were better addressed by those in leadership positions and places of power.
 - I think if the community was able to be more assertive to promote healthy lifestyles for our community members regarding nutrition and physical activity that would be a start.
2. What do you think are the most important local healthcare issues?
 - Overweight and obesity. They're too many living sedentary lifestyles.
 - There are limitations to not having a lot of providers and access to healthcare. Situations often occur where the coverage from tribal health is lacking. There are assessments and screening processes that people must go through in order to receive healthcare and this can take a really long time. The financial component can make it difficult to be seen at a certain time. For example, a shoulder injury that people can function with but need surgery for eventually may take weeks to get access to care.
 - The mental health issues are a problem. There has been some improvements, but seems to be an area where we need to refer people to Missoula or Kalispell.
3. What other healthcare services are needed in the community?
 - There has been some progress, but we still have a need for mental health and behavioral health services (substance abuse). I think that it would be nice if there was training and capacity building in regards to understanding behavioral health actions. Service providers should address those better. Law enforcement and judges don't understand the dynamics of what is taking place with addicts and mental health diagnosis. They don't react accordingly, and expanding their knowledge base could benefit them when working with that population. Additional training should be required for those who accept those positions.
 - There are some fitness facilities in the community and access is limited by hours. Since we only have four months of summer, there are limited outdoor activities. We have a need for people to keep moving. The fitness center closes at 5 o'clock which is when most people get off work and even having access to more hours and on weekends would be beneficial.

Key Informant Interview #4

September 23, 2016–Via phone interview

1. What would make your community a healthier place to live?
 - Offering some educational classes for parents and the whole family unit on nutrition and exercise. If parents are not on board it's not going to work at home.
 - We have the things that we need to get outdoors- like trails and parks, but they need to be taken care of.
 - We have a substance abuse problem. There is a significant problem here in Lake County. I know they are working with young mothers who are on drugs to help them. The hospitals are working together on how to deal with the chronic drug abuse.
 - There is human trafficking going on in the county as well. I believe there is a task force in Missoula working on this. Maybe the community could provide some meetings for parents to keep their teens safe; or we could form a task force like the one in Missoula.
2. What do you think are the most important local healthcare issues?
 - It's a combination of childhood obesity, health prevention and exercise.
 - Substance abuse and human trafficking are issues.
 - We need to better educate families and children. When health and wellness is in their homes, we can begin to tackle the bigger issues.
3. What other healthcare services are needed in the community?
 - We need more cancer treatment centers. I believe they are opening one up in the Ronan hospital.
 - Dialysis is needed as well, and it is coming to the area soon. It is due to our diabetes epidemic. There is a building in Polson and it just isn't open yet.

Key Informant Interview #5

September 26, 2016- Via phone interview

1. What would make your community a healthier place to live?
 - I think that if more people knew about the ACE (Adverse Child Experiences) study and acknowledged it and addressed it, it would be better. The community is currently educating about the study, but still more people need to know about ACEs. Early childhood trauma affects you for the rest of your life. We need to take a more compassionate approach, like instead of asking what a person did wrong ask about what happened to them. This kind of training needs to take place in the schools and criminal justice system.
 - Integrating mental health into all health practices. It needs to be assessed as well as physical health. Anxiety and depression should be taught in schools just like any other health conditions.
2. What do you think are the most important local healthcare issues?
 - Of course ACEs and mental health.
 - The drug addiction is out of control here but we can't just slap a Band-Aid on it. This is why you address the ACEs and mental health issues first. Of course a treatment center would help, but there are none available and I'm not really sure how effective they are. People need to be addressed and helped long before they become addicted.
 - Here in MT people get Medicaid when they have babies no matter how many babies they have. I hear in Idaho that they limit aid to only two babies. So if Montana had a cut off in how many children you can have to receive Medicaid, I think it would help people to decide to limit their family size. The welfare system is definitely in need of an overhaul. A lot of these parents get thousands of dollars in aid to pay for their medical bills and they don't even realize how much these things cost. For example, they will take their kids to the ER instead of the urgent care because they don't know that it costs thousands more dollars for that type of visit.
3. What other healthcare services are needed in the community?
 - Drug treatment. This is the major thing.
 - Mental health services here are underfunded and understaffed. And sometimes not well staffed. People don't have the proper training.

Key Informant Interview #6

September 29, 2016–Via phone interview

1. What would make your community a healthier place to live?
 - I don't really think of it as an unhealthy place to live. But we are on a reservation and we do have a lot of drug issues and low economic standing. I think if the wages were higher it would help with the economic health of the community.
 - I think we have great facilities in our area. We have two hospitals close and I think they do a great job, we are lucky to have them.
2. What do you think are the most important local healthcare issues?
 - Drug and substance abuse.
 - At one time getting in to see a doctor was a big issue. And even still if you want to see your own doctor then, it could take a while, but if you aren't determined to see the same person then it is not an issue.
 - There are clinics and urgent care centers that really enhance our access to services.
3. What other healthcare services are needed in the community?
 - I think we are very well covered. We have great pharmacies. We have access to PT (physical therapy) at the hospital at a reasonable rate.
 - We have had several gyms come and go. They close because people don't take advantage of them because they can't afford it.
 - Of course the biggest issue with healthcare is affording it, but we are very well covered in our community. It always comes down to the economics to utilize these services.

Key Informant Interview #7

September 29, 2016–Via phone interview

1. What would make your community a healthier place to live?
 - I think it would be nice if we had more diversionary programs that will help families. These programs could help the families that are struggling with addictions. It would be nice if we had more participation from parents. We need to find ways to get parents to the interventions. We need to figure out a way to get them there and also having services available when they get there.
2. What do you think are the most important local healthcare issues?
 - Drug and alcohol abuse are the biggest issues.
 - Being in a place where we have a high number of kids living in poverty, access to preventative programs is important. A lot of them don't have rides or cars so they don't partake in anything.
 - Access is a huge issue here. People don't know what is out there and they aren't able to get there because of lack of transportation. And then there are the instances of people who have an addiction, they just don't care what is out there.
3. What other healthcare services are needed in the community?
 - The ability to have a full time nurse at all of the schools would be amazing. Right now there is one nurse between four schools.