



2023 Community Health Needs Assessment

Participation in this survey is voluntary - you may choose not to answer any question and can stop at any time. There are 41 questions in this survey and it will take approximately 10-15 minutes to complete. Thank you for your valuable feedback!

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

- ☐ Very Healthy ☐ Unhealthy
- ☐ Healthy ☐ Very Unhealthy
- ☐ Somewhat Healthy

2. How would you rate your personal health overall (both physical and mental)?

- ☐ Very Healthy ☐ Unhealthy
- ☐ Healthy ☐ Very Unhealthy
- ☐ Somewhat Healthy

3. Which of the following do you think are the THREE most serious health concerns in our community?

- | | | |
|--|--|---|
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> Depression/Anxiety | <input type="checkbox"/> Tobacco Use/Addiction |
| <input type="checkbox"/> Alcohol Abuse/Disorders | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Recreation Accidents/Injuries |
| <input type="checkbox"/> Illegal Drug Use | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Work-Related Accidents/Injuries |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Motor Vehicle Accidents | <input type="checkbox"/> Lack of Access to Healthcare |
| <input type="checkbox"/> Weight Management | <input type="checkbox"/> Child Abuse/Neglect | <input type="checkbox"/> Lack of Access to Dental Care |
| <input type="checkbox"/> Prescription Drug Abuse | <input type="checkbox"/> Mental Health Issues | <input type="checkbox"/> Lack of Access to Mental Health Services |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Stroke | <input type="checkbox"/> Lack of Access to Fitness/Healthy Activities |

☐ Other (please specify)

4. Select the TOP THREE items below that you believe are most important for a healthy community

- | | | |
|--|---|---|
| <input type="checkbox"/> Access to affordable health insurance | <input type="checkbox"/> Low levels of domestic violence | <input type="checkbox"/> Good jobs and health economy |
| <input type="checkbox"/> High-quality healthcare services | <input type="checkbox"/> Arts and cultural events | <input type="checkbox"/> Supporting diversity, equity and inclusion |
| <input type="checkbox"/> Access to healthcare and related services | <input type="checkbox"/> Parks & Recreation | <input type="checkbox"/> Good schools |
| <input type="checkbox"/> Low crime/safe neighborhoods | <input type="checkbox"/> Clean environment | <input type="checkbox"/> Youth/teen activities and programs |
| <input type="checkbox"/> Access to healthy food | <input type="checkbox"/> Religious or spiritual values | <input type="checkbox"/> Healthy behaviors and lifestyles |
| <input type="checkbox"/> Low death & disease rates | <input type="checkbox"/> Community involvement/Civic engagement | <input type="checkbox"/> Health education & outreach programs |
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Strong family values | |
| <input type="checkbox"/> Other (please specify) | | |

5. How would you rate YOUR KNOWLEDGE of the health services that are available at St. Luke Community Healthcare?

- | | |
|---------------------------------|----------------------------|
| <input type="radio"/> Excellent | <input type="radio"/> Fair |
| <input type="radio"/> Good | <input type="radio"/> Poor |

6. How do you learn about health services available in your area? Check all that apply.

- | | | |
|---|---|--|
| <input type="checkbox"/> Mailings/Newsletters | <input type="checkbox"/> Public Health Department | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Healthcare provider/Doctor | <input type="checkbox"/> Presentations | <input type="checkbox"/> Billboards |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Friends/Family | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Word of Mouth/Reputation | <input type="checkbox"/> Tribal Health |
| <input type="checkbox"/> Other (please specify) | | |

7. Do you feel access to care is an issue in our community?

- | | |
|---------------------------|--------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No |
|---------------------------|--------------------------|

8. If you answered "yes" to Question 7, what changes do you feel COULD improve access to care? Select all that apply. If you answered "no", please skip to Question 9.

- | | | |
|--|--|--|
| <input type="checkbox"/> Greater health education services | <input type="checkbox"/> Interpreter services | <input type="checkbox"/> Transportation assistance |
| <input type="checkbox"/> More specialists | <input type="checkbox"/> Telemedicine | <input type="checkbox"/> Doctor house calls |
| <input type="checkbox"/> Cultural sensitivity | <input type="checkbox"/> Expanded clinic hours | <input type="checkbox"/> Expanded mental health services |
| <input type="checkbox"/> Improved quality of care | <input type="checkbox"/> More primary care providers | <input type="checkbox"/> Wellness coach/navigator |
| <input type="checkbox"/> Other (please specify) | | |

9. In the past 12 months, have you or a member of your household dealt with any of the following challenges or issues? Please check all that apply.

- | | | |
|--|--|--|
| <input type="checkbox"/> Not enough food | <input type="checkbox"/> Tobacco addiction/abuse | <input type="checkbox"/> Housing Issues |
| <input type="checkbox"/> Not feeling safe | <input type="checkbox"/> Drug addiction/abuse | <input type="checkbox"/> Financial Issues |
| <input type="checkbox"/> Mental health struggles | <input type="checkbox"/> Employment issues | <input type="checkbox"/> Transportation Issues |
| <input type="checkbox"/> Alcohol addiction/abuse | <input type="checkbox"/> School issues | <input type="checkbox"/> None |
| <input type="checkbox"/> Other (please specify) | | |

10. If you checked any of the challenges listed in Question 9, were you able to find help/resources for them? If you did not check any, please skip to Question 11.

	Yes I found help	No I didn't find help	I found some help, but not enough	I found help but still deal with the issue	N/A
Not enough food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not feeling safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health struggles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol addiction/abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco addiction/abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug addiction/abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. In the past 12 months, was there a time when you or a member of your household needed medical care or mental health care, but did not get help or delayed getting help?

☐ Yes

☐ No

12. If you answered "yes" to Question 11, what were the TOP THREE reasons why care was delayed or not received? If you answered "no", please skip to Question 13.

☐ Couldn't get an appointment

☐ Lack of privacy/confidentiality

☐ Insurance didn't cover it

☐ It cost too much

☐ Unsure if services were available

☐ Language barrier

☐ Too nervous/afraid

☐ No quality care available

☐ No insurance

☐ Too long to wait for an appointment

☐ Didn't know where to go

☐ Not treated respectfully

☐ Provider not culturally sensitive

☐ It was too far to go

☐ Couldn't get off of work

☐ Office wasn't open when I could go

☐ No childcare

☐ Transportation challenges

☐ Other (please specify)

13. What additional healthcare services would you plan to use or encourage your family/friends to use, if available locally? Please check all that apply.

☐ Alcohol or Substance Abuse Treatment

☐ Community Fitness Center

☐ Assisted Living Facility

☐ Wellness Coach

☐ Health Education Courses

☐ Chronic Disease Treatment/Support Groups

☐ Pain Management Procedures

☐ Other (please specify)

14. Which hospital does your household use the most for hospital care? Please select only ONE.

☐ St. Luke Community Healthcare

☐ VA Hospital

☐ Providence St. Joseph's Hospital

☐ Community Medical Center

☐ Logan Health

☐ Providence St. Patrick Hospital

☐ Other (please specify)

15. What are the TOP THREE most important reasons for typically selecting that hospital?

- | | | |
|---|---|--|
| <input type="checkbox"/> Closest to home | <input type="checkbox"/> Hospital's reputation | <input type="checkbox"/> VA/Military requirement |
| <input type="checkbox"/> Referred by physician | <input type="checkbox"/> Cost of care | <input type="checkbox"/> Emergency, no choice |
| <input type="checkbox"/> Employee discount | <input type="checkbox"/> Recommended by family/friends | <input type="checkbox"/> I've seen their ads |
| <input type="checkbox"/> Closest to work | <input type="checkbox"/> In network with insurance plan | <input type="checkbox"/> Positive online reviews |
| <input type="checkbox"/> Other (please specify) | | |

16. In the past 12 months, have you or a member of your household seen a primary care provider, such as a family physician, physician assistant, or nurse practitioner for health care or mental health services?

- ☐ Yes ☐ No

17. If you answered "yes" to Question 16, where was care provider located? Select all that apply.

- | | |
|--|---|
| <input type="checkbox"/> St. Luke Community Clinic - Convenient Care | <input type="checkbox"/> St. Joseph Medical Clinic (Polson) |
| <input type="checkbox"/> St. Luke Community Clinic - Ronan | <input type="checkbox"/> St. Joseph Medical Clinic (Ronan) |
| <input type="checkbox"/> St. Luke Community Clinic - Southshore (Polson) | <input type="checkbox"/> Logan Health Clinic |
| <input type="checkbox"/> St. Luke Community Clinic Ridgewater (Polson) | <input type="checkbox"/> Tribal Health Clinic |
| <input type="checkbox"/> St. Luke Community Clinic - St. Ignatius | |
| <input type="checkbox"/> Other (please specify) | |

18. Why did you select that primary care provider to meet the care needs for yourself or a member of your household? Please select all that apply.

- | | | |
|--|---|--|
| <input type="checkbox"/> Locally owned clinic | <input type="checkbox"/> Cost of care | <input type="checkbox"/> Length of wait time at clinic |
| <input type="checkbox"/> Convenient location | <input type="checkbox"/> Referred by physician/other provider | <input type="checkbox"/> Prior positive experience |
| <input type="checkbox"/> Appointment availability | <input type="checkbox"/> Recommended by family/friends | <input type="checkbox"/> Easy to find online |
| <input type="checkbox"/> Helpfulness of scheduling staff | <input type="checkbox"/> Employee discount | <input type="checkbox"/> Online reviews |
| <input type="checkbox"/> Clinic's positive reputation | <input type="checkbox"/> In-network with insurance | <input type="checkbox"/> Required for insurance coverage (Ex. Tribal/VA) |
| <input type="checkbox"/> Other (please specify) | | |

19. Which of the following preventative services have you or a member of your household used in the past 12 months? Please select all that apply.

- | | | |
|---|---|---|
| <input type="checkbox"/> Well Child Check (WCC) | <input type="checkbox"/> Nutritional assessment | <input type="checkbox"/> Prostate test (PSA) |
| <input type="checkbox"/> WCC with sports physical | <input type="checkbox"/> Mammogram | <input type="checkbox"/> Blood pressure check |
| <input type="checkbox"/> Medicare Annual Wellness Visit | <input type="checkbox"/> Colonoscopy | <input type="checkbox"/> Health fair |
| <input type="checkbox"/> Vaccinations | <input type="checkbox"/> Pap smear | <input type="checkbox"/> None |
| <input type="checkbox"/> Routine health check up | <input type="checkbox"/> Work-related physical | |
| <input type="checkbox"/> Labwork | <input type="checkbox"/> Flu shot | |
| <input type="checkbox"/> Other (please specify) | | |

20. In the past 12 months, have you or a member of your household seen a specialist provider (other than your primary care/family doctor) for health care or mental health services?

- ☐ Yes ☐ No

21. If you answered "yes" to Question 20, where was the healthcare specialist(s) seen? Please select all that apply. If you answered "no", please skip to Question 22.

- | | |
|--|---|
| <input type="checkbox"/> St. Luke Community Healthcare | <input type="checkbox"/> Community Medical Center |
| <input type="checkbox"/> Providence St. Joseph | <input type="checkbox"/> Providence St. Patrick |
| <input type="checkbox"/> Logan Health | <input type="checkbox"/> Tribal Health |
| <input type="checkbox"/> Other (please specify) | |

22. What type of healthcare specialist was seen? Please select all that apply.

- | | | |
|---|--|--|
| <input type="checkbox"/> Allergist | <input type="checkbox"/> Massage Therapist | <input type="checkbox"/> Plastic Surgeon |
| <input type="checkbox"/> Cardiologist | <input type="checkbox"/> Mental Health Therapist | <input type="checkbox"/> Podiatrist |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Neurologist | <input type="checkbox"/> Psychiatrist (M.D.) |
| <input type="checkbox"/> Dermatologist | <input type="checkbox"/> Neurosurgeon | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Dietitian | <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Pulmonologist |
| <input type="checkbox"/> Endocrinologist | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Rheumatologist |
| <input type="checkbox"/> ENT (ear/nose/throat) Specialist | <input type="checkbox"/> Oncologist | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Gastroenterologist | <input type="checkbox"/> Orthopedic Surgeon | <input type="checkbox"/> Speech Therapist |
| <input type="checkbox"/> General Surgeon | <input type="checkbox"/> Pediatrician | <input type="checkbox"/> Substance Abuse Counselor |
| <input type="checkbox"/> Geriatrician | <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Urologist |
| <input type="checkbox"/> Other (please specify) | | |

23. The following are some of the services offered by St. Luke Community Healthcare. Please rate the overall quality for each service. Mark N/A if you don't recall or haven't used the service before.

	Excellent	Good	Fair	Poor	N/A
Community Clinic - Ronan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Clinic - St. Ignatius	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Clinic - Ridgewater (Polson)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Clinic - Southshore (Polson)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Convenient Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Podiatry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extended Care Facility (Nursing Home)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inpatient Hospital Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infusion/Oncology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Beginnings Birth Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Surgery Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthopedic Surgery Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapies (Physical/Speech/Occupational)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

24. In the past 12 months, have there been periods of at least three consecutive months where you felt depressed most days?

☐ Yes

☐ No

25. Over the past month, how often did you engage in physical exercise for at least 20 minutes a day?

☐ Daily

☐ 3-5 days per month

☐ 5-6 days per week

☐ 1-2 days per month

☐ 2-4 days per week

☐ Rarely/Never

26. If you are not currently exercising on a regular basis, why?

- | | |
|--|---|
| <input type="radio"/> Pain/mobility issues | <input type="radio"/> No interest/don't like exercise |
| <input type="radio"/> Limited time | <input type="radio"/> Safety concerns |
| <input type="radio"/> Limited activities/options for fitness | <input type="radio"/> N/A - I exercise regularly |
| <input type="radio"/> Other (please specify) | |

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

- | | |
|---------------------------|--------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No |
|---------------------------|--------------------------|

28. Are you aware of programs that help people pay for healthcare expenses or prescriptions?

- | | |
|--|--------------------------------|
| <input type="radio"/> Yes, and I use them | <input type="radio"/> No |
| <input type="radio"/> Yes, but I don't qualify | <input type="radio"/> Not Sure |

29. What is St. Luke Community Healthcare doing well to better the health of our community?

30. In what areas could St. Luke improve upon to better the health of our community?

DEMOGRAPHICS - All info will be kept confidential and your identity is not associated with any answers).

31. Which zip code do you currently reside in?

- | | | |
|--|------------------------------------|------------------------------------|
| <input type="radio"/> 59864 Ronan | <input type="radio"/> 59824 Charlo | <input type="radio"/> 59831 Dixon |
| <input type="radio"/> 59860 Polson | <input type="radio"/> 59855 Pablo | <input type="radio"/> 59859 Plains |
| <input type="radio"/> 59865 St. Ignatius | <input type="radio"/> 59821 Arlee | |
| <input type="radio"/> Other (please specify) | | |

32. What is your gender identity?

- | | | |
|---|---------------------------|----------------------------------|
| <input type="radio"/> Woman | <input type="radio"/> Man | <input type="radio"/> Non-binary |
| <input type="radio"/> Not specified above, please specify | | |

33. What is your age range?

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

34. Which race(s) do you most identify with (check all that apply)?

- | | |
|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Don't Know/Not Sure |
| <input type="checkbox"/> Asian or Asian American | <input type="checkbox"/> Another race |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | |

35. Are you of Hispanic, Latino, or Spanish origin?

- ☐ Yes ☐ No ☐ Unsure

36. What is the number of adults, including yourself, who live in your household?

37. What is the number of children (18 and under) who live in your household?

38. What is your current employment status?

- | | | |
|--|---|----------------------------------|
| <input type="radio"/> Full-time | <input type="radio"/> Stay-at-home parent | <input type="radio"/> Student |
| <input type="radio"/> Part-time | <input type="radio"/> Retired | <input type="radio"/> Unemployed |
| <input type="radio"/> Self-employed | <input type="radio"/> Unable to work | |
| <input type="radio"/> Other (please specify) | | |

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

- | | |
|--|--|
| <input type="radio"/> Employer-sponsored | <input type="radio"/> Medicare |
| <input type="radio"/> Indian Health Services/Tribal Health | <input type="radio"/> None/Out of Pocket |
| <input type="radio"/> VA Military | <input type="radio"/> Healthy MT Kids |
| <input type="radio"/> State plan | <input type="radio"/> Private insurance |
| <input type="radio"/> Health Savings Account | |
| <input type="radio"/> Other (please specify) | |

40. If you do NOT have medical insurance, why? Check all that apply.

- ☐ Cannot afford it
- ☐ I choose not to have it
- ☐ My employer doesn't offer it
- ☐ I can't get it for medical reasons
- ☐ Other (please specify)

41. In appreciation of the community's feedback, St. Luke is giving away five \$50 cash cards. If you would like to enter the drawing, please enter your email. Your responses will not be attached to your email and all your information will remain confidential. Thank you for your time and feedback!