

FLATHEAD COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT



2015-2016

Prepared by:

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TABLE OF CONTENTS

INTRODUCTION..... 2

SUMMARY OF FINDINGS..... 2

COLLABORATORS..... 3

SERVICE AREA..... 4

FLATHEAD COUNTY DEMOGRAPHIC PROFILE..... 5

CAUSES OF DEATH..... 6

HEALTH AND RISK BEHAVIORS..... 7

BEHAVIORAL RISK FACTORS..... 7

ENVIRONMENTAL RISK FACTORS..... 10

POLICY RISK FACTORS..... 11

SOCIOECONOMIC RISK FACTORS..... 12

INJURY..... 13

MATERNAL AND CHILD HEALTH..... 14

COMMUNICABLE DISEASE..... 15

CHRONIC DISEASE..... 16

ACCESS TO HEALTHCARE..... 16

PUBLIC SURVEY DATA..... 17

FOCUS GROUPS AND KEY INFORMANT INTERVIEWS..... 48

**PRIORITIZATION OF HEALTH NEEDS, AVAILABLE RESOURCES AND IMPLEMENTATION OF
PLANNING PROCESS..... 51**

EVALUATION OF ACTIVITY IMPACTS FROM PREVIOUS CHNA..... 54

APPENDIX A – STEERING COMMITTEE MEMBERS..... 55

**APPENDIX B – SECONDARY DATA – EXCERPT FROM STATE HEALTH INDICATOR COMPARISON
REPORT 56**

APPENDIX C – PUBLIC SURVEY COVER LETTER AND QUESTIONNAIRE..... 59

**APPENDIX D – FOCUS GROUP, KEY INFORMANT INTERVIEW AND PUBLIC FORUM
QUESTIONNAIRES..... 66**

APPENDIX E – KEY INFORMANT INTERVIEW CONSULTATIONS..... 68

APPENDIX F – RESPONSES TO CHNA AND CHIP FACILITATION DISCUSSION QUESTIONS..... 71

APPENDIX G - REFERENCES..... 76

INTRODUCTION

A Community Health Assessment is a systematic approach to the collection and analysis of health data. This data is used to identify and describe outstanding community health needs, inequalities in health and access to healthcare and to determine priorities for effectively using resources to address the identified needs.

In order to be responsive to local health needs and to assist local health organizations in developing comprehensive and affordable healthcare services in Flathead County, North Valley Hospital, Kalispell Regional Healthcare and the Flathead City-County Health Department partnered together to participate in the Community Health Services Development (CHSD) process. CHSD is a Community Health Needs Assessment (CHNA) process conducted by the Montana Office of Rural Health and the National Rural Health Resource Center (NRHRC) in Duluth, Minnesota. The assessment was funded by the Frontier Medicine Better Health Partnership (FMBHP) Project in which North Valley Hospital participated.

In the summer of 2015, Flathead County, Montana 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 C). 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.

SUMMARY OF FINDINGS

Based on the primary and secondary data presented in the following pages of this assessment, and with public input, the prioritized health needs that will be addressed relate to the following healthcare issues:

- Behavioral Health Education and Services
 - Need for Increased Number of Providers Overall
 - Substance Abuse
 - Suicide and Depression
 - Care Coordination / Advocacy and Integration with Other Healthcare Services
 - Transportation to Access Care
- Access to Medicine and Oral Health Care
 - Affordability
 - Care Coordination / Advocacy
 - Transportation to Access Care
- Healthy Lifestyles
 - Prevention and Wellness Education and Access
 - Care Coordination / Advocacy
 - Active Transportation

For more information on prioritized health needs, please see page 51.

COLLABORATORS

NORTH VALLEY HOSPITAL

North Valley Hospital (NVH) is a 25-bed Critical Access Hospital based in Whitefish, Montana and is a public benefit non-profit corporation. Core services include 24/7 emergency, Birth Center, orthopedics and minimally invasive surgery. NVH operates primary and specialty care clinics in Whitefish, Columbia Falls, Kalispell and Eureka, Montana, in addition to a structured outpatient mental health service in Whitefish.

KALISPELL REGIONAL HEALTHCARE

Kalispell Regional Healthcare (KRH) is a 300-bed healthcare system located in Kalispell, Montana. Comprising the health care system are two acute-care hospitals and a mental health and substance abuse facility. Core services include cancer care, cardiovascular care, neuroscience and spine care, trauma level III emergency services, neonatal intensive care, and orthopedics.

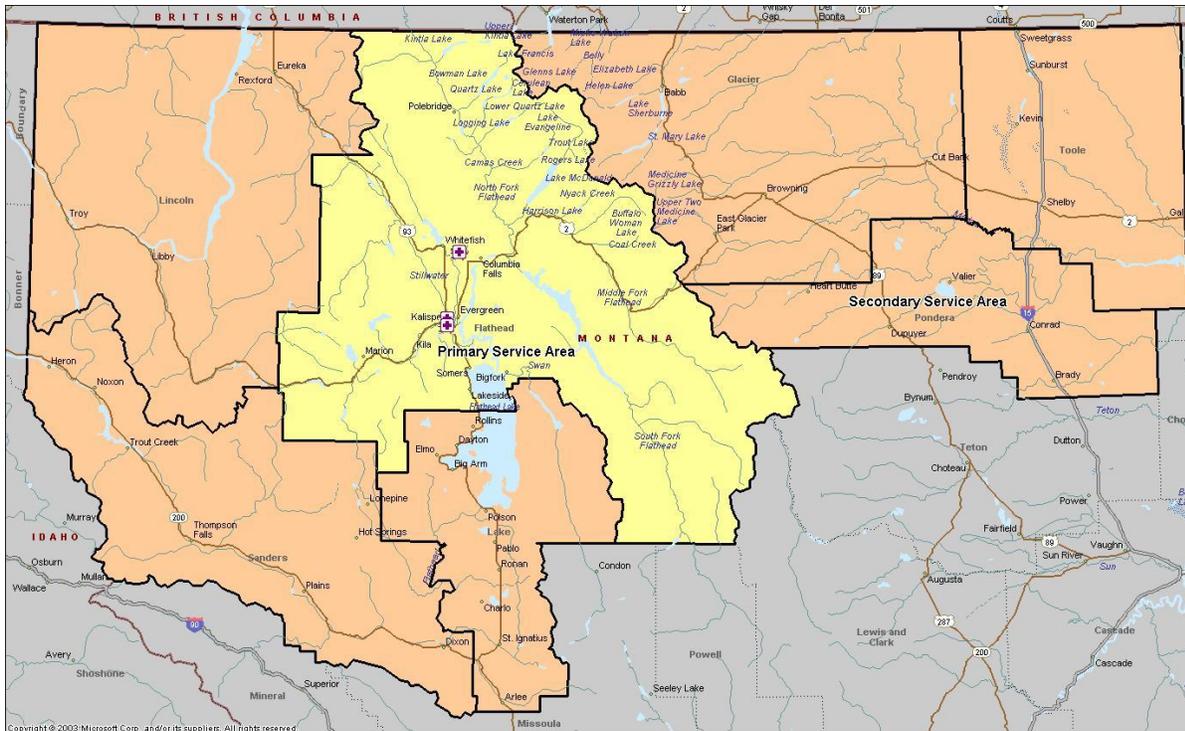
FLATHEAD CITY-COUNTY HEALTH DEPARTMENT

Flathead City-County Health Department (FCCHD) provides public health services to ensure the conditions for a healthy community within Flathead County and the catchment area of Lake, Lincoln, Sanders, and Glacier Counties. FCCHD also provides oversight to the Flathead County Home Health Agency and the Flathead County Animal Shelter.



SERVICE AREA

Flathead County, located in picturesque northwest Montana, is approximately 5,088 square miles, making it the third largest county in Montana. Flathead County also includes portions of Glacier National Park, Flathead Lake and Hungry Horse Reservoir. Flathead County is bordered by Canada and the counties of Lake, Lincoln, Sanders, Missoula, Powell, Lewis and Clark, Pondera, and Glacier.



There are three major incorporated cities within Flathead County: Kalispell, Whitefish and Columbia Falls. In addition, Flathead County has ten unincorporated communities. Within Flathead County are three hospitals (Kalispell Regional Medical Center, The HealthCenter and North Valley Hospital), one Federally Qualified Community Health Center and one free clinic. Despite all of these healthcare facilities, Flathead County is designated as a primary care, dental and mental health provider shortage area for low-income patients by the federal Health Resources and Services Administration (HRSA) (Appendix B).

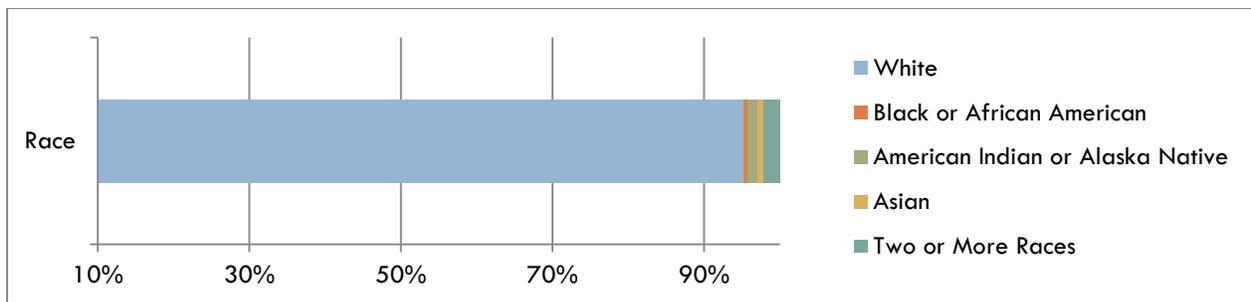
Population (2010 Census ¹)					
Kalispell (City Limits)	19,550	Lakeside (59922 Zip Code)	2,461	Martin City (59926 Zip Code)	468
Evergreen (Area)	8,947	Somers (59932 Zip Code)	1,503	Kila (59920 Zip Code)	1,625
Whitefish (City Limits)	6,345	Marion (59925 Zip Code)	1,435	West Glacier (59936 Zip Code)	359
Columbia Falls (City Limits)	4,690	Hungry Horse (59919 Zip Code)	835	Rural County (59901, 59937, 59912, 59927, 59928, 59916 Zip Codes)	37,073
Bigfork (59911 Zip Code)	5,041	Coram (59913 Zip Code)	596	Total	90,928

FLATHEAD COUNTY DEMOGRAPHIC PROFILE

The U.S. Census Bureau estimates the 2014 population of Flathead County to be 94,924, making it the fourth-most populous county in Montana. Flathead County is one of the fastest growing counties in Montana, with a population increase of 22.1% from 2000 to 2010. Between 2010 and 2014, Flathead County’s population grew an additional 4.4%².

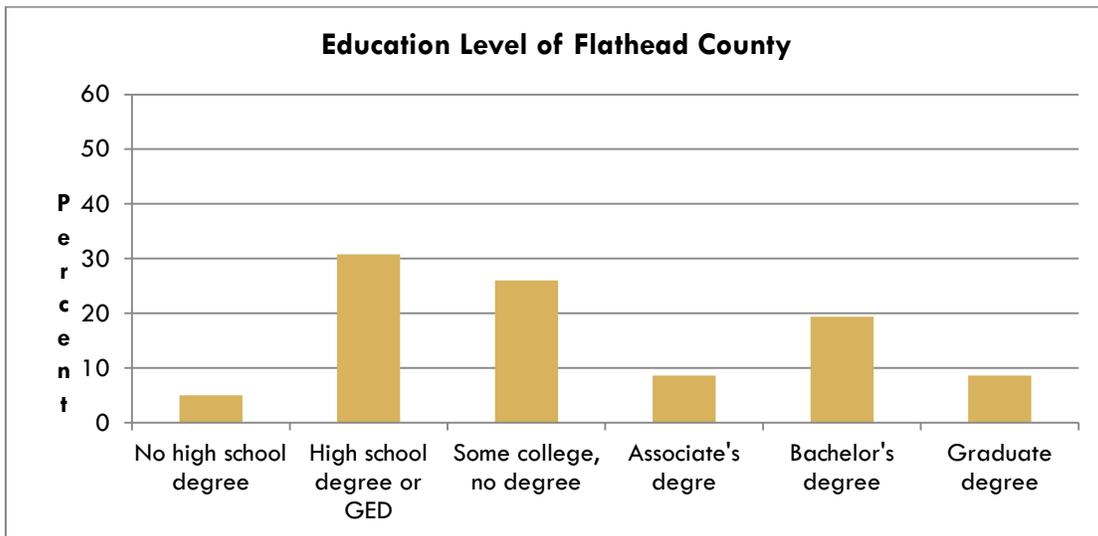
The population is almost evenly split between males (49.8%) and females (50.2%)². The majority of Flathead County residents are between 19 and 64 years of age (60.3%), while 17.2% are 65 and older and 22.5% are 18 and younger².

Flathead County is not a racially or ethnically diverse community. In Flathead County 95.2% of the population identify as White. Other races represented include Black or African American (0.4%), American Indian or Alaska Native (1.4%), Asian (0.7%) and people who identify as Two or More Races (2.2%)². Only 2.7% of the population identifies as Hispanic or Latino².



For 3.0% of the population aged 5 years and older, a language besides English is spoken at home².

According to the U.S. Census Bureau, American Community Survey 2014, the majority of Flathead County residents have graduated high school (95%)³.



In Flathead County the median income for 2014 was estimated to be \$46,858³. In Flathead County 13.6% of the total population’s income over the last 12 months was below the federal poverty level³. It is estimated that 63.7% of the adult population in Flathead County is employed in the civilian workforce³.

Residents who commute to work spend, on average, 19 minutes per day travelling back and forth to work³. According to the Montana Department of Labor and Industry, the unemployment rate in Flathead County in November 2015 was 5.9%, compared to the statewide rate of 4.0%⁴. In Flathead County, 7.8% of residents less than 65 years old are disabled³.

CAUSES OF DEATH

Flathead County’s mortality rates are slightly lower in comparison to the state of Montana, but slightly higher when compared to national mortality rates. The life expectancy of a person living in Flathead County is 77.3 years, which is similar to life expectancy in Montana overall⁵.

Life expectancy of Montana American Indians is almost 20 years LESS than Whites

Deaths per 1,000 Population (2012)		
Flathead County ⁵	Montana ⁵	United States ⁶
8.4	8.8	7.3

Cancer and heart disease are the leading causes of death in Flathead County. The top three causes of death in Flathead County are identical to those of the state of Montana and the United States.

Causes of Death (2012)		
Flathead County ⁵	Montana ⁵	United States ⁶
1) Cancer	1) Cancer	1) Heart Disease
2) Heart Disease	2) Heart Disease	2) Cancer
3) Chronic Lower Respiratory Disease	3) Chronic Lower Respiratory Disease	3) Chronic Lower Respiratory Disease
4) Accidents (Unintentional Injuries)	4) Accidents (Unintentional Injuries)	4) Cerebrovascular Diseases
5) Cerebrovascular Disease	5) Cerebrovascular Diseases	5) Accidents (Unintentional Injuries)
6) Influenza and Pneumonia	6) Alzheimer’s Disease	6) Alzheimer’s Disease
7) Intentional Self-harm (Suicide)	7) Diabetes mellitus	7) Diabetes mellitus
8) Diabetes mellitus	8) Intentional Self-harm (Suicide)	8) Influenza and Pneumonia
9) Alzheimer’s Disease	9) Influenza and Pneumonia	9) Kidney Disease
10) Chronic Liver Disease	10) Chronic Liver Disease	10) Intentional Self-harm (Suicide)

HEALTH AND RISK BEHAVIORS

The leading causes of death in Flathead County can be reduced through changes in health and risk behaviors.

BEHAVIORAL RISK FACTORS

TOBACCO USE

Tobacco use causes many diseases, such as cancer, heart disease, and respiratory diseases. More than 1,500 Montanans die each year from tobacco-related disease, which means four Montanans die each day due to tobacco-related diseases⁷. Tobacco use costs Montanans more than \$441 million in medical expenses each year and costs businesses more than \$305 million in lost

productivity due to illness and time off⁷. Youth tobacco use is also an issue in Montana.

*43% of
Montana
American Indian
adults smoke⁷*

Fifteen percent of Montana youth are current cigarette smokers and 13% are current smokeless tobacco users⁷. Smokeless tobacco use in Montana males is almost double the national average (15% compared to 8%)⁷.

In Flathead County, 32% of students in grades 9 through 12 have tried smoking cigarettes, 8% have used chewing tobacco and 29.6% of students have used electronic cigarettes¹⁰.



AMERICAN INDIAN
Commercial Tobacco Quit Line
1 (855) 372-0037
MTAmericanIndianQuitLine.com



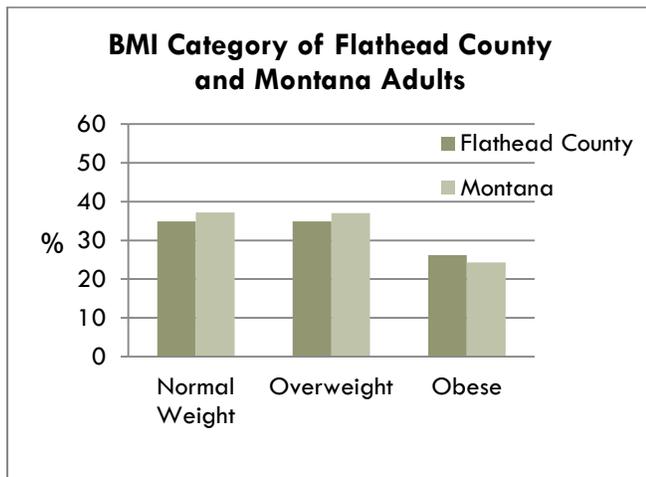
Adult Smoking Rates (BRFSS 2012 ⁸)				
	Flathead 2010 ⁹	Flathead	Montana	US
Report being current smokers	18.6%	17%	19.7%	19.6%
Report smoking every day	10.2%	13%	14.2%	13.5%

Bowman Lake, Glacier National Park



POOR DIET

Poor diet is a contributing factor to obesity. Obesity increases the risk for conditions such as heart disease, certain types of cancers, type 2 diabetes, high blood pressure, high cholesterol, stroke and many others. According to the Behavioral Risk Factor Surveillance System, the percentage of normal weight, overweight (BMI 25.0 to 29.9) and obese (BMI 30.0 and over) of Flathead County adults closely mirrors that of Montana⁸.



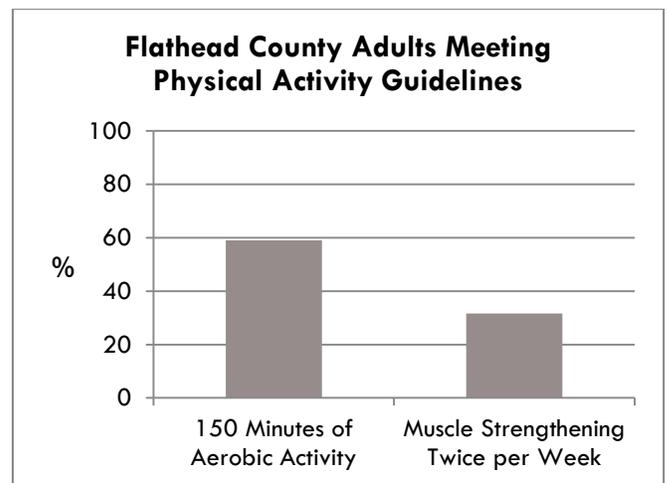
Ninety one percent of Flathead County students in grades 9 through 12 do not meet the recommended amount of fruit daily¹⁰. Drinking soda adds unnecessary calories with no nutritional value. In Flathead County 70.6% of students in grades 9 through 12 drink soda or pop at least once per day¹⁰.



Downtown Bigfork

PHYSICAL INACTIVITY

Physical inactivity is also a contributing factor to people being overweight or obese, and the negative health conditions associated with being overweight or obese. The Behavioral Risk Factor Surveillance System states that 15.8% of Flathead County residents did not participate in any physical activities during the last month⁸. Physical activity is important to maintaining a healthy lifestyle and minimum physical activity guidelines exist for aerobic and strength conditioning exercises. Overall, 77% of Flathead County adults did not participate in enough physical activity (both aerobic and strength conditioning) to meet recommended guidelines¹¹.



Flathead County high school students are not getting enough physical exercise during or after school. The majority of Flathead County high school students (74.3%) do not meet the recommended daily physical activity guidelines¹⁰. One reason for this may be that over half of the students say they do not attend physical education (PE) classes during the school week¹⁰. Many Flathead County high school students watch at least two hours of television per day (34.6%) and play at least two hours of video or computer games (48.1%)¹⁰.

EXCESSIVE ALCOHOL USE

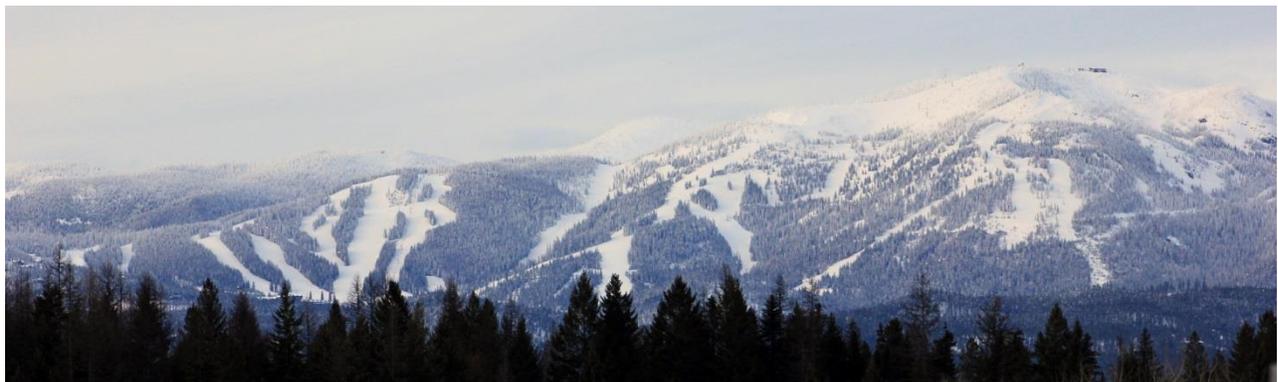
Excessive alcohol use can lead to an increased risk of injuries, violence, liver diseases and cancer. Alcohol use in the underage population is occurring in Flathead County. Twenty percent of Flathead County high school students drank 5 or more alcoholic drinks in a row on at least one day during the past 30 days¹⁰. Additionally, 13.3% of Flathead County high school students drank 6 or more drinks in a row during the past 30 days¹⁰. Flathead County high school students are both riding in a car driven by someone who had been drinking alcohol (20.7%) and driving after they had been drinking (8.5%)¹⁰.

1 / 3 of Flathead County students in grades 9-12 had at least one drink of alcohol in the past 30 days¹⁰

About one in three deaths in the United States involved a drunk driver¹². In Montana, 3.4% of adults report driving after

drinking too much, compared to 1.9% nationally¹². In 2011, 81 Montanans died in alcohol-impaired driving accidents¹³. The 2012 MT BRFSS reports that 7.5% of Montanans reported they drove after binge drinking⁸.

Adult Alcohol Use Rates (BRFSS 2012 ⁸)				
	Flathead 2010 ⁹	Flathead	Montana	US
Report being heavy drinkers (men having more than 2 drinks per day and women reporting having more than 1 drink per day)	6.5%	10%	8.5%	16.9%
Report binge drinking (males having 5 or more drinks on one occasion and females having 4 or more drinks on one occasion)	16.6%	21.2%	21.7%	6.1%



Big Mountain

ENVIRONMENTAL RISK FACTORS

AIR POLLUTION

Air pollution refers to both outdoor and indoor air contamination. Air pollution contributes to serious health threats such as asthma, COPD (chronic obstructive pulmonary disease), heart disease and stroke¹⁴. Flathead County has challenges maintaining healthy outdoor air quality due to seasonal forest fire air pollution. The Montana Department of Environmental Quality regularly monitors air quality around the state during forest fire seasons and alerts are widely publicized when the air quality becomes too poor for healthy outdoor activity.

Indoor air pollution consists of radon, carbon monoxide, mold, secondhand smoke and others. Radon exposure has been linked to an increased risk of lung cancer. Flathead County is located in the Highest Potential (Zone 1) area of the Environmental Protection Agency’s (EPA) classifications of radon potential (FIGURE 1). This means that predicted average indoor radon screening level is greater than the level at which the EPA recommends buildings implement radon mitigation actions¹⁵.

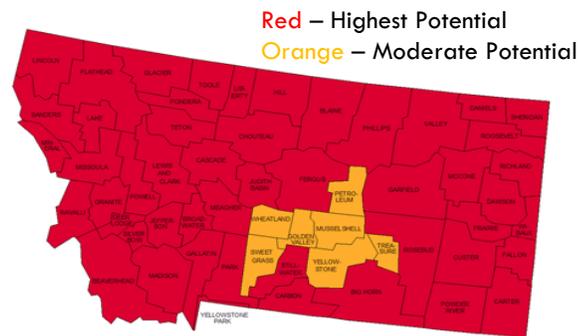
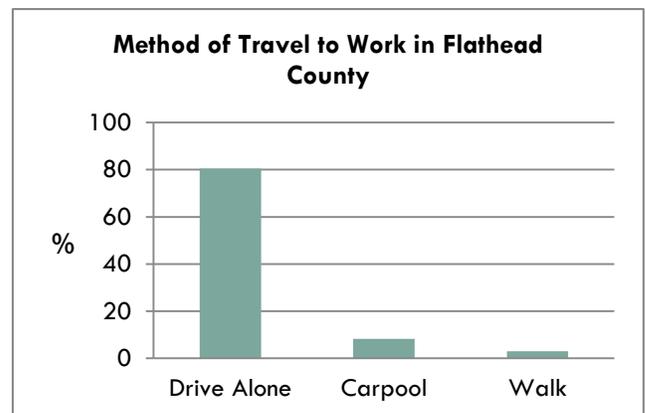


FIGURE 1: Radon Levels in Montana

According to the Behavioral Risk Factor Surveillance System, 13% of Flathead County adults were told at one point that they have asthma and 9% of adults have been told they currently have asthma⁸. In Flathead County, 6.4% of adults have been told they have COPD⁸.

BUILT ENVIRONMENT

The built environment influences a person’s level of physical activity. Increasing access to safe sidewalks, bike lanes, walking paths and trails can decrease poor health outcomes such as obesity, heart disease, and diabetes¹⁶. Some current built environments are spread-out, facilitating a reliance on automobiles instead of human powered means of transportation¹⁷. As more people are forced to use automobiles to travel for work and errands, air pollutants increase, leisure time available for recreational exercise decreases as more time is spent in traffic, and more time spent on the road increases the opportunity for traffic accidents and deaths¹⁷.



According to the U.S. Census Bureau, American Community Survey 2014, 80.4% of Flathead County residents drive alone to work. Only 8.2% carpoled and 2.9% walked to work³.

POLICY RISK FACTORS

SEATBELT USE

Seat belt use reduces serious injuries and deaths in motor vehicle accidents. Montana is one of only 15 states that do not have a primary seat belt law¹⁸. Both Montana and Flathead County have lower seat belt usage than the U.S. average of 84.5%⁸.

Seatbelt Usage (BRFSS 2012 ⁸)			
	Flathead	Montana	US
Adults who always wear a seatbelt (driving or riding)	76.8%	70.2%	84.5%

Most high school students in Flathead County always wear their seatbelts, 36.8% when riding in a car and 63.7% when driving¹⁰.

PUBLIC TRANSPORTATION

Increasing options for Flathead County residents to travel via public transportation can decrease negative health risks associated with a sedentary and automobile-focused lifestyle¹⁹. Public transportation provides personal mobility and freedom for riders¹⁹. Public transportation provides jobs, reduces congestion, saves money, and decreases air pollution¹⁹. Flathead County has limited public transportation options with one public bus service.

0.5% of
Flathead County
residents use public
transit to get to
work³

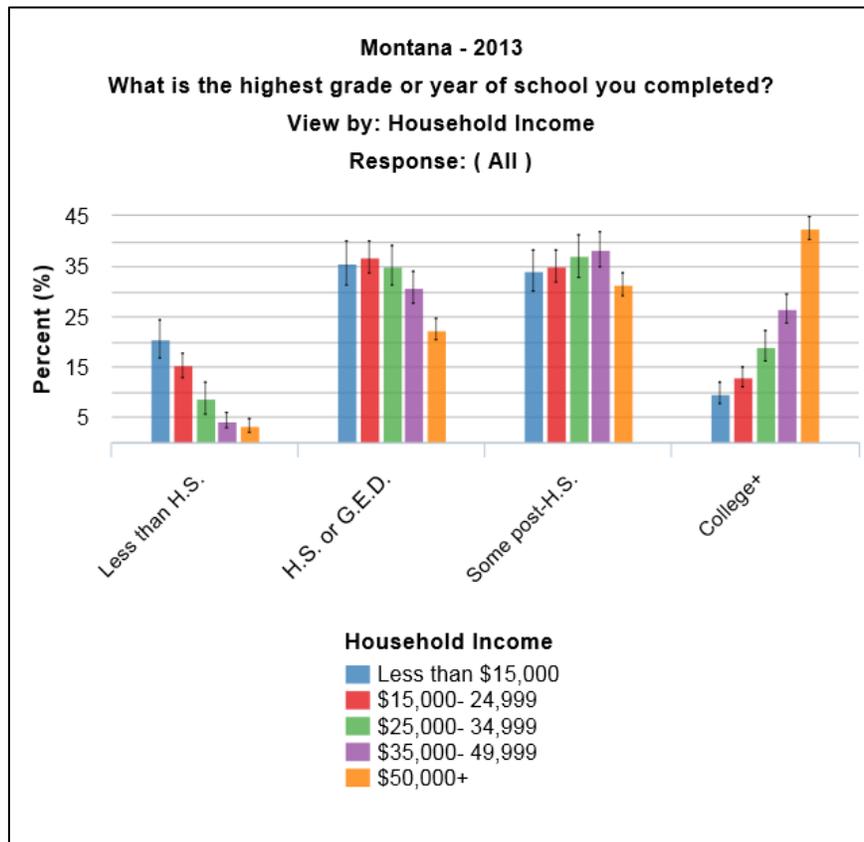


Kalispell from Lone Pine State Park

SOCIOECONOMIC RISK FACTORS

Socioeconomic status (SES) is an underlying factor in health care, environmental exposure and health behavior. Socioeconomic status is generally assessed by income, education or occupation. Low SES is linked to a wide range of negative health outcomes, including heart disease, high blood pressure, diabetes, cancer and low birth weight. Furthermore, chronic stress from lower SES may contribute to increased morbidity and mortality²⁰.

Montana residents who complete a college degree are more likely to have a household income of \$50,000+²¹.



Caucasian Montanans are more likely to complete a college degree, compared to Hispanic, Multi Racial, and Other racial/ethnic groups²¹.

The estimated 2014 median household income across Montana was \$46,766, which closely mirrors that of Flathead County at \$46,858².

Poverty ³			
	Flathead	Montana	US
Percent of persons in poverty	13.6%	15.4%	14.8%

INJURY

MOTOR VEHICLE CRASHES

Motor vehicle crashes represent the number one cause of unintentional injury and the leading cause of death for Montanans age 1 to 44²². In 2013, Flathead County had 21 motor vehicle fatalities and for 12 of those fatalities seat belts were not used²³. In 2014, Flathead County had 13 motor vehicle fatalities²³.

Motor Vehicle Crashes ²⁴ (2014)				
	Flathead 2010 ²⁵	Flathead ²⁵	Montana	US
Total fatality rate (per 100,000)	9.9	13.7	18.8	10.3

Flathead County high school students are engaging in dangerous driving behaviors that can lead to motor vehicle crashes. About one third of students are texting or emailing while driving and 42.8% are talking on their phones while driving¹⁰.



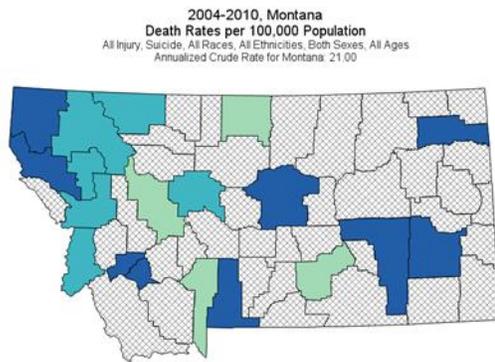
INTENTIONAL SELF-HARM (SUICIDE)

Suicide is a major public health issue in Montana. Montana has ranked in the top five for suicide rates in the nation for the past thirty years.

Suicide Rate (2012 Vital Statistics ⁶)				
	Flathead 2009 ²⁶	Flathead	Montana	US
Adult suicide rate (per 100,000)	24.5	19.4	22.5	12.9

Suicide is a serious problem in the American Indian population, where 16.2% of students in grades 9 through 12 had made a suicide attempt²⁷. While American Indians account for only 6% of Montana’s population, the suicide rate for that population is 27.2 compared to Caucasians at 22.2²⁷. Firearms account for more than half of the suicide methods used in Montana.

Suicide is an issue for Flathead County youth as well as adults. Almost 14% of Flathead County high school students have seriously considered attempting suicide and 11.5% have attempted suicide at least once in the past 12 months⁸.



Reports for All Ages include those of unknown age.
 * Rates based on 20 or fewer deaths may be unstable. These rates are suppressed for counties (see legend above), such rates in the title have an asterisk.

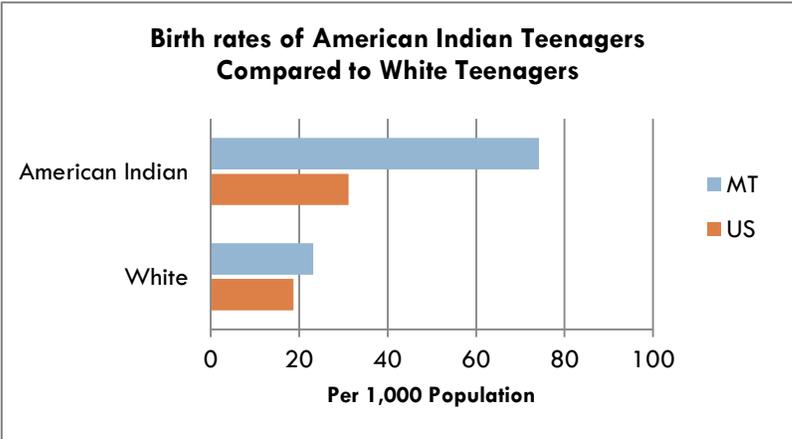
Produced by the Statistics, Programming & Economics Branch, National Center for Injury Prevention & Control, CDC
 Data Sources: NCEs National Vital Statistics System, for numbers of deaths; US Census Bureau for population estimates.

MATERNAL AND CHILD HEALTH

Teen pregnancy rates have been decreasing in Montana and across the nation; however Flathead County and Montana both have higher teen pregnancy rates than the US²⁸.

Teen Pregnancy Rate (2014) ²⁸				
	Flathead 2012 ²⁹	Flathead	Montana	US
Teen pregnancy rate (per 1,000)	57.1	32.6	32.0	26.6

In Montana, American Indian teens continue to have higher birth rates than American Indian teens in the US overall and higher rates than white teens²⁸.



Pre-term birth, low birth weight, lack of prenatal care and smoking are all risk factors associated with higher infant mortality. Flathead County has a lower infant mortality rate (less than 5) than the state (6.1)³⁰.

Infant Mortality Risk Factors ³⁰ (2013)			
	Flathead 2012 ²⁹	Flathead	Montana
Pre-natal care started in first trimester	73%	75.7%	74.7%
Percent of infants born at low birth weight	5.5%	5.9%	7.3%
Preterm births	6.4%	7.0%	9.5%



COMMUNICABLE DISEASE

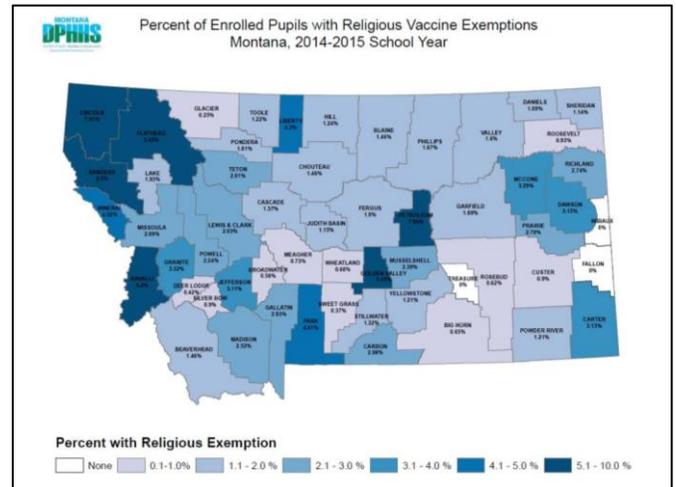
Many diseases can be transmitted from person to person; however effective vaccination coverage can prevent the spread of some of these diseases. Montana continues to rank as one of the states with the lowest immunization rate in the nation. For the combined 7-vaccine series (also called 4:3:1:4:3:1:4) 67.1% of Montana children have completed the series compared to 71.6% of kids nationwide³¹. Teenage vaccination coverage rates are traditionally lower than the rates in younger children.

Vaccination Coverage for Children 19-35 months ³¹		
	Montana	U.S.
4 DTaP (Diphtheria, tetanus, and pertussis)	83.1%	84.2%
3 Polio	94.9%	93.3%
1 MMR (Measles, mumps, and rubella)	93.5%	91.1%
3 Hib (Haemophilus Influenzae Type b)	93.8%	92.6%
3 Hepatitis B	92.1%	91.6%
1 Varicella (Chickenpox)	90.9%	91.0%
4 PCV (Pneumococcal Conjugate Vaccine)	82.4%	82.9%
2 Hepatitis A	49.2%	57.5%
Rotavirus	68.7%	71.7%

Vaccination Coverage for Adolescents 13-17 Years ³²		
	Montana	U.S.
1 Tdap booster on or after age 10	84.7%	87.6%
1 MenACWY (Meningitis)	60.2%	79.3%
3 HPV females	79.6%	69.3%
3 HPV males	45.8%	57.8%

Montana state law allows medical and religious exemptions for school required vaccinations. Flathead County has a high rate of religious vaccine exemptions compared to the rest of Montana³³ (Figure 2).

FIGURE 2. Religious Exemption Rates in Montana by County.



CHRONIC DISEASE

Chronic diseases account for many of the top causes of death in Flathead County. Chronic diseases include conditions such as asthma, COPD, heart disease, stroke, cancer, kidney disease, arthritis and diabetes. Asthma, COPD, heart disease, stroke and diabetes can be minimized with behavioral, environmental and policy changes previously presented. Research shows that preventative cancer screenings can help cancers be diagnosed earlier, leading to an improved outcome and potentially preventing cancer deaths.



Cancer Screening Rates (BRFSS 2012 ⁸)				
	Flathead 2010 ⁹	Flathead	Montana	US
Women over 40 who have had a mammogram within the past 2 years	74.3%	67.2%	68.9%	74.0%
Women over 18 that have had a pap test within the past 3 years	81.8%	77.16%	76.1%	78.0%
Ever had a Sigmoidoscopy or Colonoscopy	61.3%	60.8%	61.1%	67.3%

ACCESS TO HEALTHCARE

Access to healthcare is a determining factor in the health of a population. People without access to healthcare may lack preventative care which could result in greater negative health outcomes. Flathead County is classified as a provider shortage area for medical, dental and mental health providers, according to HRSA (Appendix B).

According to the US Census Bureau, 2014 American Community Survey, 19% of Flathead County adults and 8.4% of children do not have health insurance³. Most Flathead County adults receive health insurance through their employer; however 24.3% of employed adults do not have health insurance³. The cost of seeing a healthcare provider is also an issue. Across Montana 11.9% of adults said they couldn't afford to see a doctor in 2014³⁴. Montana has voted into law an expansion of Medicaid, effective January 1, 2016. This expansion will increase the Medicaid eligibility to 138 percent of the federal poverty level, allowing additional Montanans to qualify for Medicaid³⁵.

24.3% of employed Flathead County adults do not have health insurance³

In Flathead County there is a shortage of dentists who will accept Medicaid; therefore a number of residents are not able to receive preventative dental care. Adding the shortage of dental providers to the lack of health insurance and the cost of obtaining services out of pocket means many Flathead County residents go without dental care.

PUBLIC SURVEY DATA

SURVEY METHODOLOGY

SURVEY INSTRUMENT

In June 2015, surveys were mailed out to the residents in Flathead County. 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

The National Rural Health Resource Center assisted the CHSD project in generating a random list of 800 Flathead County residents from Prime Net Data Source. Residence was stratified in the initial sample selection so that each area in the county would be represented in proportion to the overall population. (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, focus groups and key informant interviews were conducted to identify the motives of local residents when selecting healthcare providers and to discover reasons why people may leave the Flathead County 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.

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 representation 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 June 2015, the community health services survey, a cover letter from the National Rural Health Resource Center with the three collaborators' senior leadership signatures and featuring each partner's logo, and a postage paid reply envelope were mailed to 800 randomly selected residents in Flathead County. A news release was sent to local newspapers prior to the survey distribution announcing that North Valley Hospital, Kalispell Regional Healthcare, and the Flathead City-County Health Department would be conducting a community health services survey throughout the county in cooperation with the Montana Office of Rural Health.

One hundred sixty-one surveys were returned out of 800. Of those 800 surveys, 71 were returned undeliverable for a 22.1% response rate. From this point on, the total number of surveys will be out of 729. 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 5.66%.



Plum Creek Timber Company

Columbia Falls

SURVEY RESPONDENT DEMOGRAPHICS

A total of 729 surveys were distributed throughout Flathead County. One hundred and sixty-one were completed for a 22.1% 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 33)

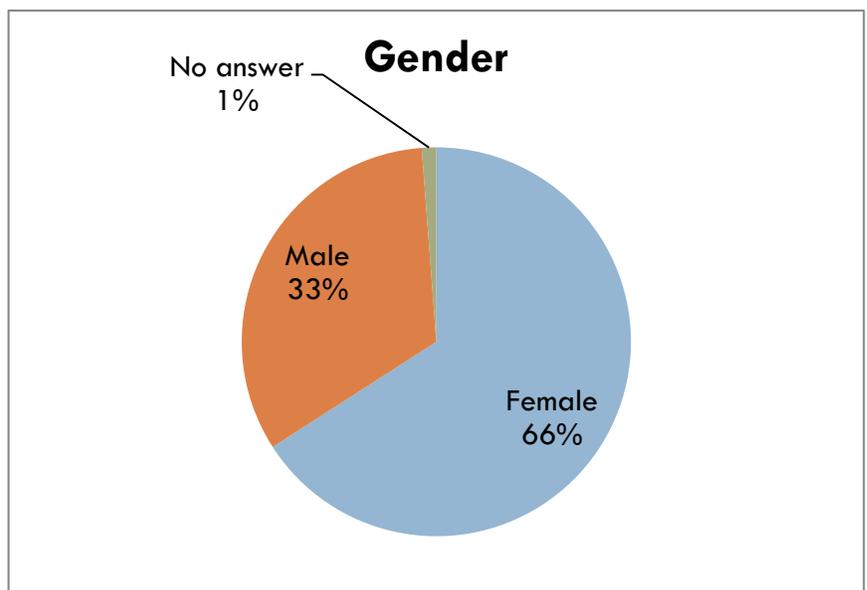
While there are some large differences in the percentages below, the absolute differences are small. The returned surveys are skewed toward the Kalispell population, which is reasonable given that this is where most of the services are located and Flathead County population reside.

Location	Zip Code	Count	Percent
Kalispell	59901/03/04	76	47.5%
Columbia Falls	59912	30	18.8%
Whitefish	59937	23	14.4%
Bigfork	59911	16	10.0%
Lakeside	59922	7	4.4%
Kila	59920	5	3.1%
Marion	59925	2	1.3%
Somers	59932	1	0.5%
TOTAL		160	100%

GENDER (QUESTION 34)

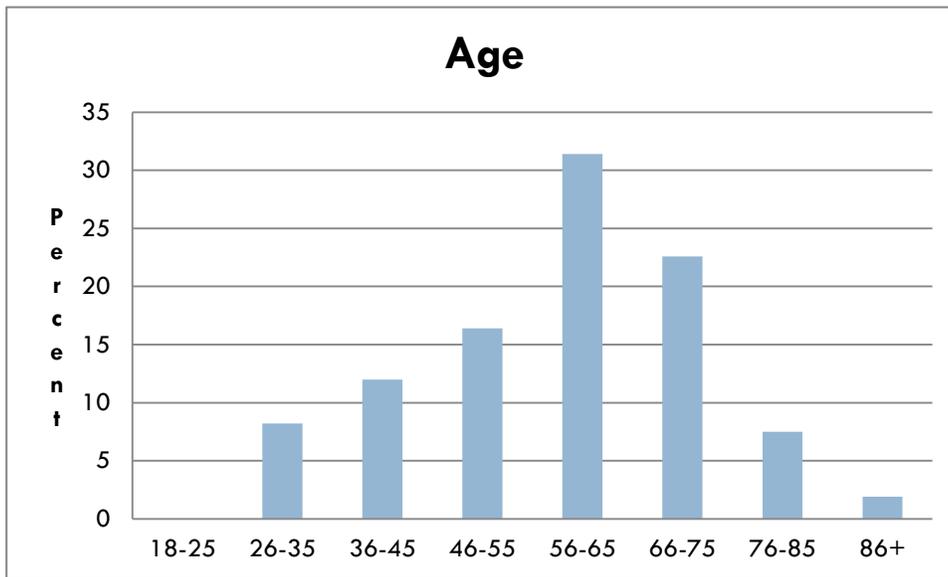
N= 161

Of the 161 surveys returned, 65.9% (n=106) of survey respondents were female, 32.9% (n=53) were male, and 1.2% (n=2) 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 35)

N= 159

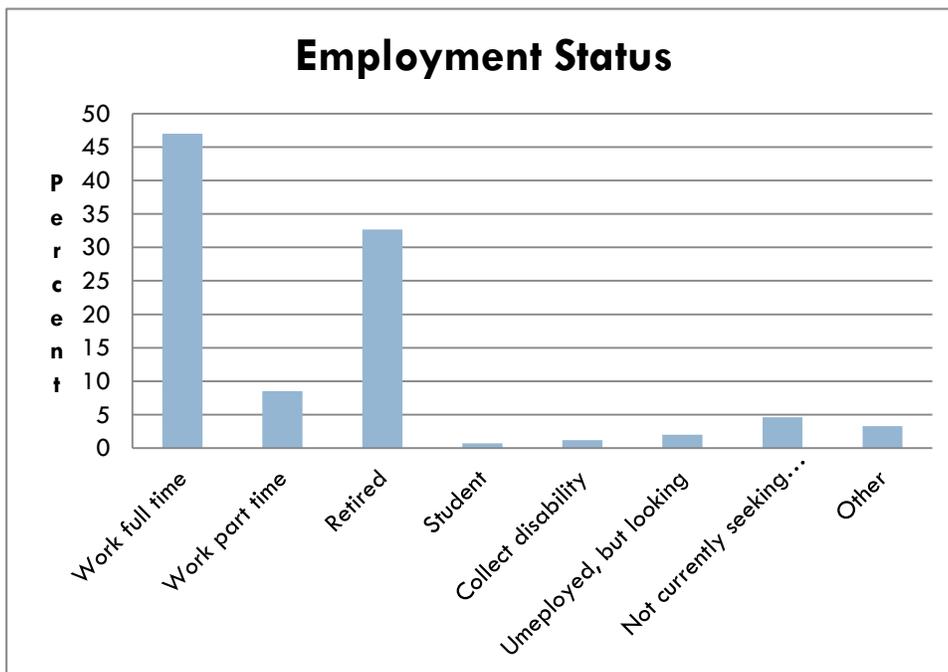


Thirty-one percent of respondents (n=50) were between the ages of 56-65. Twenty-three percent of respondents (n=36) were between the ages of 66-75 and 16.4% of respondents (n=26) were between the ages of 46-55. This statistic is comparable to other Critical Access Hospital (CAH) demographics. The increasing 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. Older residents are also more invested in healthcare decision making, and therefore, are more likely to respond to healthcare surveys, as reflected by this graph.

EMPLOYMENT STATUS (QUESTION 36)

N= 153



Forty-seven percent (n=72) of respondents reported working full time while 32.7% (n=50) are retired. Nine percent of respondents (n=13) indicated they work part time. Eight respondents chose not to answer this question.

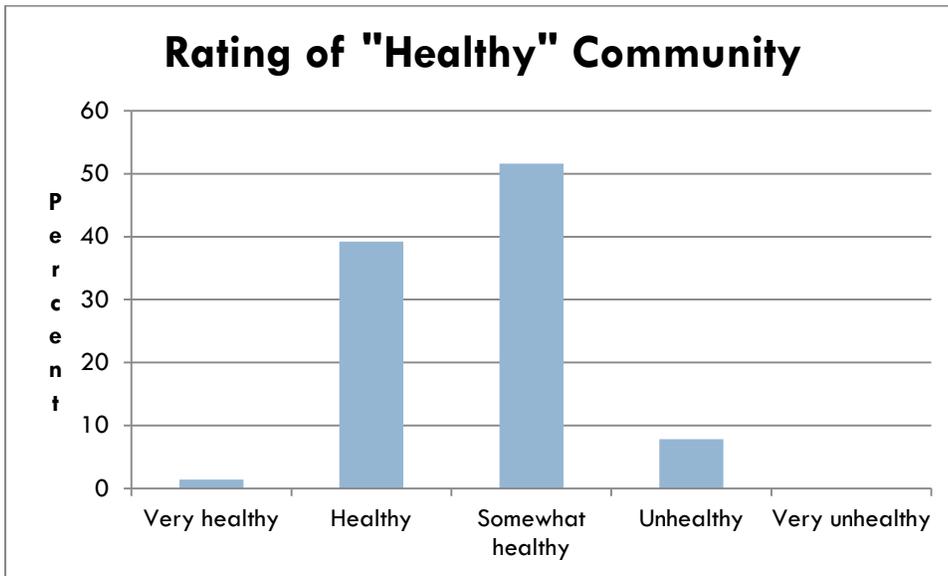
“Other” comments:
 -I have a permanent illness in stomach. It has been - diagnosed
 -Also have a part time job
 -Disabled
 -Self-employed (2)
 -SSI/SS

SURVEY FINDINGS – COMMUNITY HEALTH

IMPRESSION OF COMMUNITY (QUESTION 1)

N= 153

Respondents were asked to indicate how they would rate the general health of their community. Fifty-two percent of respondents (n=79) rated their community as “Somewhat healthy.” Thirty-nine percent of respondents (n=60) felt their community was “Healthy” and 7.8% (n=12) felt their community was “Unhealthy.” Eight respondents chose not to respond to this question.



South Fork of the Flathead River and the town of Hungry Horse



HEALTH CONCERNS FOR COMMUNITY (QUESTION 2)

N= 161

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 “Alcohol abuse/substance abuse” at 67.7% (n=109). “Obesity/overweight” was also a high priority at 37.3% (n=60), followed by “Cancer” at 33.5% (n=54). Respondents were asked to pick their top three serious health concerns so percentages do not equal 100%.

HEALTH CONCERN	COUNT	PERCENT
Alcohol abuse/substance abuse	109	67.7%
Overweight/obesity	60	37.3%
Cancer	54	33.5%
Mental health issues	29	18%
Depression/anxiety	27	16.8%
Heart disease	24	14.9%
Lack of exercise	24	14.9%
Lack of access to healthcare	22	13.7%
Child abuse/neglect	20	12.4%
Tobacco use	20	12.4%
Motor vehicle accidents	18	11.2%
Domestic violence	15	9.3%
Lack of dental care	15	9.3%
Suicide	14	8.7%
Lack of healthcare education	13	8.1%
Diabetes	12	7.5%
Recreation related accidents/injuries	9	5.6%
Stroke	4	2.5%
Work related accidents/injuries	0	0%
Other	9	5.6%

COMPONENTS OF A HEALTHY COMMUNITY (QUESTION 3)

N= 161

Respondents were asked to identify the three most important things for a healthy community. Fifty-three percent of respondents (n=85) indicated that “Access to healthcare and other services” is important for a healthy community. “Healthy behaviors and lifestyles” was the second most indicated component at 44.1% (n=71) followed by “Good jobs and a healthy economy” at 43.5% (n=70). Respondents were asked to identify their top three choices, thus the percentages do not add up to 100%.

IMPORTANT COMPONENT	COUNT	PERCENT
Access to healthcare and other services	85	52.8%
Healthy behaviors and lifestyles	71	44.1%
Good jobs and healthy economy	70	43.5%
Strong family life	56	34.8%
Religious or spiritual values	37	23%
Affordable housing	26	16.1%
Low crime/safe neighborhoods	26	16.1%
Clean environment	21	13%
Community involvement	12	7.5%
Emergency services	12	7.5%
Good schools	12	7.5%
Immunized children	10	6.2%
Tolerance for diversity	10	6.2%
Improved hospital and patient communication	9	5.6%
Parks and recreation	9	5.6%
Low death and disease rates	2	3.1%
Low level of domestic violence	2	3.1%
Arts and cultural events	1	0.6%
Other	0	0%

“Other” comments:

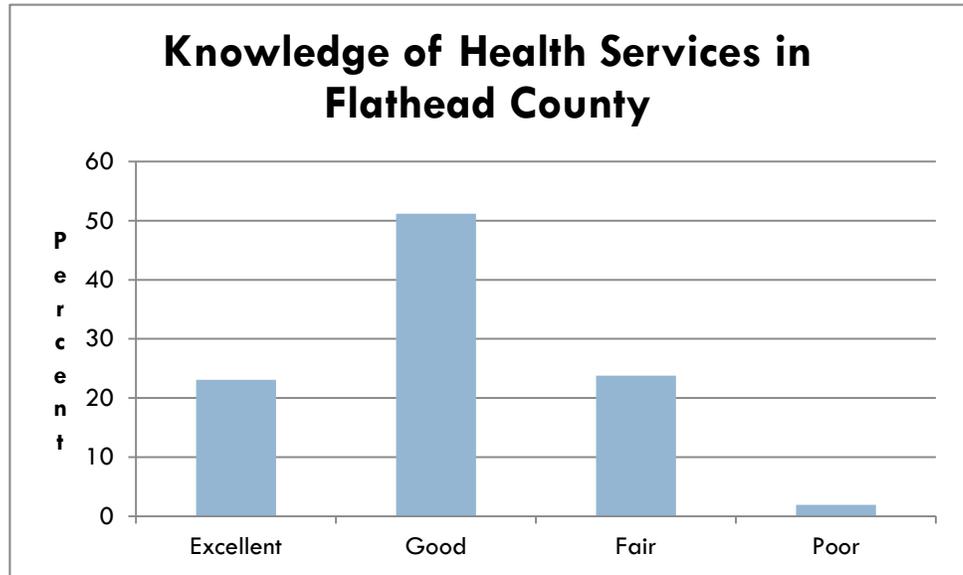
- [*‘Good jobs and a healthy economy’ choice selected*] Most jobs are part time with no insurance

SURVEY FINDINGS – AWARENESS OF SERVICES

OVERALL AWARENESS OF HEALTH SERVICES (QUESTION 4)

N= 160

Respondents were asked to rate their knowledge of the health services available in Flathead County. Fifty-one percent (n=82) of respondents rated their knowledge of health services as “Good.” Twenty-four percent (n=38) rated their knowledge as “Fair” and 23.1% of respondents (n=37) rated their knowledge as “Excellent.” One respondent chose not to answer this question.



HOW RESPONDENTS LEARN OF HEALTHCARE SERVICES (QUESTION 5)

N= 161

The most frequent methods of learning about available services was “Friends/family” and “Healthcare provider” at 63.4% (n=102 each) followed by “Word of mouth/reputation” at 59% (n=95). Respondents could select more than one method so percentages do not equal 100%.

METHOD	COUNT	PERCENT
Friends/family	102	63.4%
Healthcare provider	102	63.4%
Word of mouth/reputation	95	59%
Newspaper	56	34.8%
Website/internet	47	29.2%
Mailings/newsletter	21	13%
Public Health Department	21	13.3%
Radio	17	10.6%
Presentations	10	6.2%
Other	13	8.1%

“Other” comments:

- Work (5)
- Yellow Pages
- Signs
- KRMC bus
- Walk-ins
- Focus groups
- Personal experience
- Insurance Participating Provider lists

CROSS TABULATION OF SERVICE KNOWLEDGE AND LEARNING ABOUT SERVICES

Analysis was done to assess respondents' knowledge of services available in Flathead County with how they learn about services available in the 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 FLATHEAD COUNTY SERVICES BY HOW RESPONDENTS LEARN ABOUT HEALTHCARE SERVICES

	Excellent	Good	Fair	Poor	Total
Healthcare provider	25 (24.8%)	58 (57.4%)	17 (16.8%)	1 (1%)	101
Radio	1 (5.9%)	12 (70.6%)	4 (23.5%)		17
Word of mouth/reputation	23 (24.2%)	50 (52.6%)	22 (23.2%)		95
Newspaper	12 (21.4%)	34 (60.7%)	9 (16.1%)	1 (1.8%)	56
Presentations	2 (20%)	5 (50%)	2 (20%)	1 (10%)	10
Mailings/newsletter	6 (28.6%)	13 (61.8%)	1 (4.8%)	1 (4.8%)	21
Website/internet	11 (23.4%)	28 (59.6%)	8 (17%)		47
Public Health Department	4 (19%)	13 (62%)	4 (19%)		21
Friends/family	20 (19.6%)	62 (60.8%)	20 (19.6%)		102
Other	5 (38.5%)	6 (46.1%)	2 (15.4%)		13

OTHER COMMUNITY HEALTH RESOURCES UTILIZED (QUESTION 6)

N= 161

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 80.7% (n=130). “Dentist” was also a highly utilized resource at 77.6% (n=125), followed by “Public Health Department” at 17.4% (n=28). Respondents could select more than one resource so percentages do not equal 100%.

RESOURCE	COUNT	PERCENT
Pharmacy	130	80.7%
Dentist	125	77.6%
Public Health Department	28	17.4%
Mental health	17	10.6%
Other	14	8.7%

“Other” comments:

- None (4)
- Chiropractor (2)
- VA (2)
- Wellness center
- Physical therapy
- Podiatrist
- Healthcare provider
- Naturopathic
- Summit
- Optician

IMPROVEMENT FOR COMMUNITY’S ACCESS TO HEALTHCARE (QUESTION 7)

N= 161

Respondents were asked to indicate what they felt would improve their community’s access to healthcare. Forty percent of respondents (n=64) reported that “More primary care providers” would make the greatest improvement. Thirty-eight percent of respondents (n=61) indicated they would like “Outpatient services expanded hours” and 33.5% (n=54) indicated “Greater health education services” would improve access to care. Respondents could select more than one method so percentages do not equal 100%.

METHOD	COUNT	PERCENT
More primary care providers	64	39.8%
Outpatient services expanded hours	61	37.9%
Greater health education services	54	33.5%
Transportation assistance	37	23%
More specialists	31	19.3%
Improved quality of care	26	16.1%
Telemedicine	12	7.5%
Cultural sensitivity	7	4.3%
Interpreter services	2	1.2%
Other	27	16.8%

“Other” comments:

- More affordable health insurance (6)
- Lower cost (5)
- Universal healthcare (2)
- More integrative wellness MDs
- Cost control
- Free or reduced rate clinics (i.e. dental, eye care)
- Better Medicaid/Medicare coverage
- Expansion of low income availability
- Better billing- receiving bills 15 months after service
- People need to be more responsible for themselves
- Less waiting in emergency rooms
- More time allowed for appointments with primary care provider
- Advertise outpatient services expanded hours and transportation assistance
- Education
- Jobs

INTEREST IN EDUCATIONAL CLASSES/PROGRAM (QUESTION 8)

N= 161

Respondents were asked if they would be interested in any educational classes/programs if offered locally. The most highly indicated class/program indicated was “Health and wellness” at 34.2% of respondents (n=55). “Fitness” was selected by 33.5% of respondents (n=54) and “Women’s health” followed at 32.3% (n=52). Respondents could select more than one method so percentages do not equal 100%.

EDUCATIONAL CLASS/PROGRAM	COUNT	PERCENT
Health and wellness	55	34.2%
Fitness	54	33.5%
Women's health	52	32.3%
Nutrition	48	29.8%
Weight loss	46	28.6%
First aid/CPR	36	22.4%
Living will	34	21.1%
Alzheimer's	27	16.8%
Diabetes	24	14.9%
Men's health	23	14.3%
Alcohol/substance abuse	14	8.7%
Child wellness	14	8.7%
Parenting	11	6.8%
Grief counseling	9	5.6%
Support groups	9	5.6%
Prenatal	4	2.5%
Smoking cessation	4	2.5%
Other	9	5.6%

“Other” comments:

- Naturopathy (2)
- Elderly care (2)
- Autism patient support
- Gambling addiction
- Asthma/Allergy clinic
- [*‘Fitness’, ‘Health and wellness’, ‘Nutrition’, ‘Weight loss’ options selected*] The selected are available at the Summit, but the programs and classes are too expensive to participate

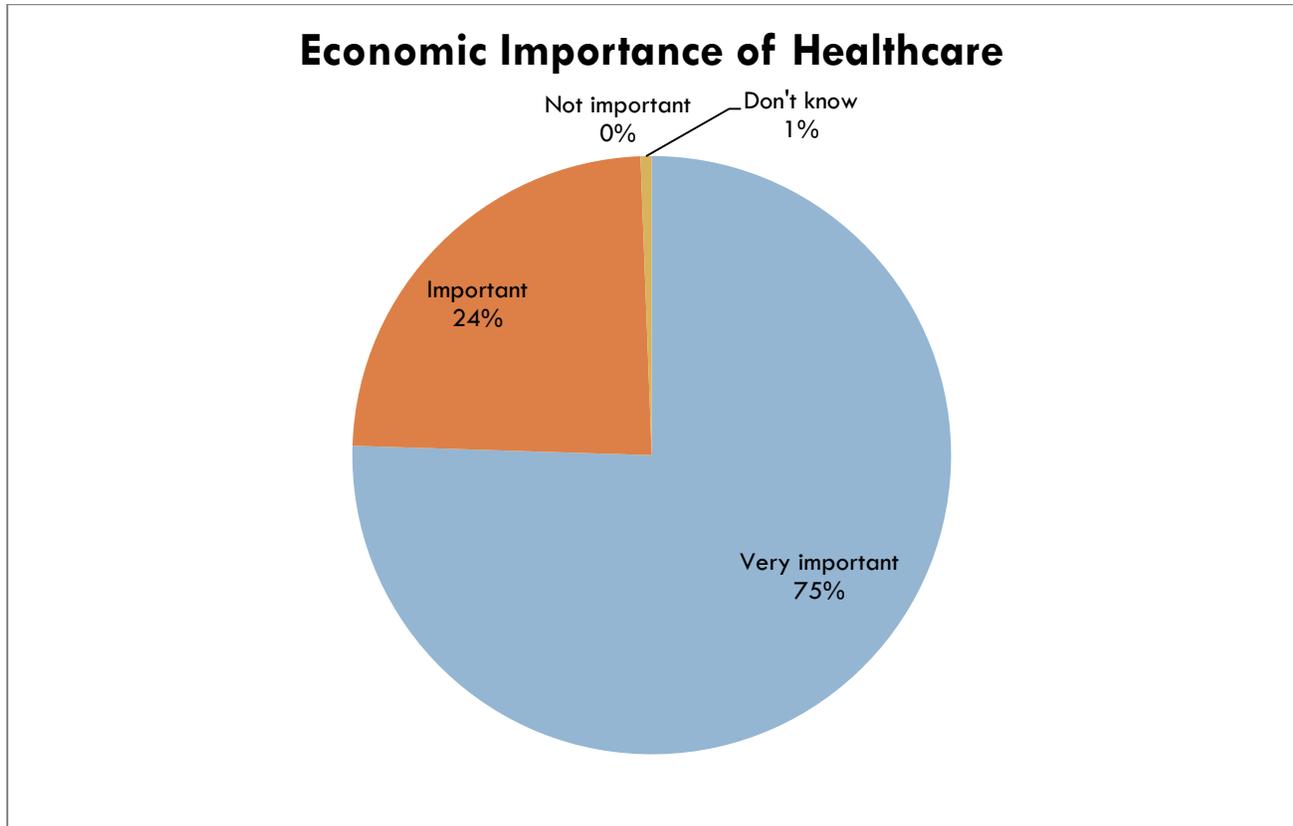


Big Mountain

ECONOMIC IMPORTANCE OF LOCAL HEALTHCARE PROVIDERS AND SERVICES (QUESTION 9)

N= 159

The majority of respondents (75.5%, n=120) 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-four percent of respondents (n=38) indicated they are “Important” and one respondent, or 0.6% indicated that they “Don’t know.” Two respondents chose not to answer this question.

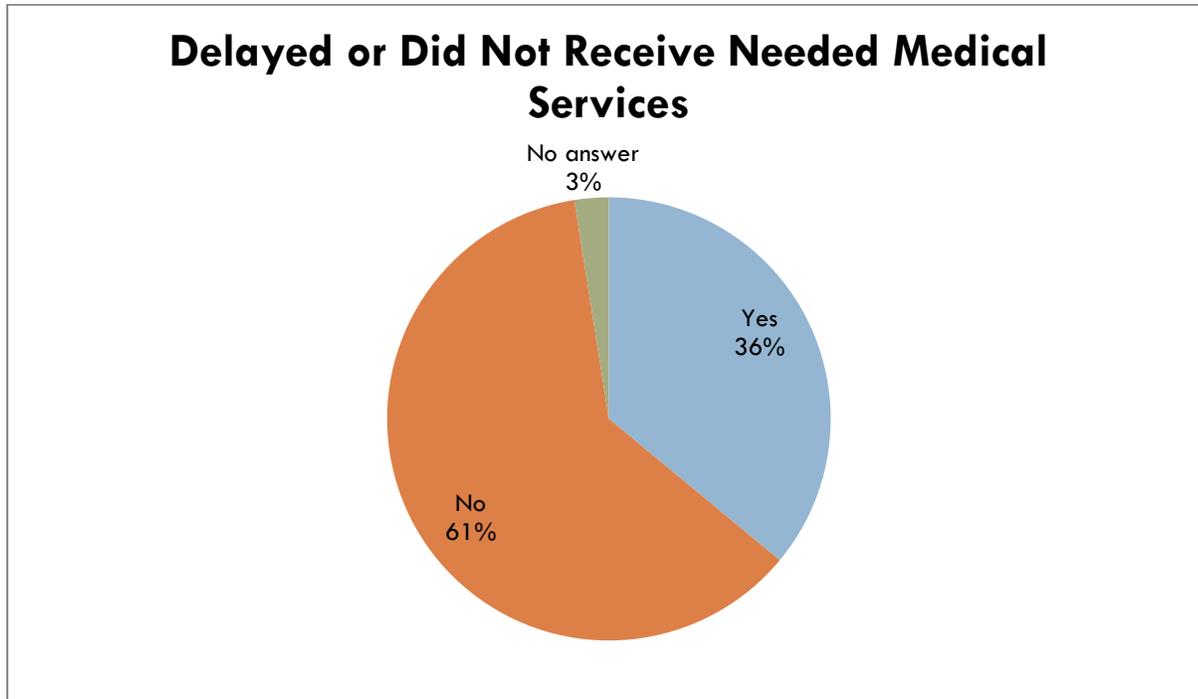


SURVEY FINDINGS – USE OF HEALTHCARE SERVICES

NEEDED/DELAYED HOSPITAL CARE DURING THE PAST THREE YEARS
(QUESTION 10)

N= 161

Thirty-six percent of respondents (n=58) 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-two percent of respondents (n=99) felt they were able to get the healthcare services they needed without delay and four respondents (2.5%) chose not to answer this question.



Hungry Horse Dam

REASONS FOR NOT BEING ABLE TO RECEIVE SERVICES OR DELAY IN RECEIVING HEALTHCARE SERVICES (QUESTION 11)

N= 58

For those who indicated they were unable to receive or had to delay services (n=58), the reasons most cited were: “It costs too much” (58.6%, n=34), “No insurance” (37.9%, n=22), and “My insurance didn’t cover it” (29.3%, n=17). Respondents were asked to indicate their top three choices; therefore percentages do not total 100%.

REASON	COUNT	PERCENT
It costs too much	34	58.6%
No insurance	22	37.9%
My insurance didn't cover it	17	29.3%
Too long to wait for an appointment	12	20.7%
Couldn't get an appointment	10	17.2%
Office wasn't open when I could go	8	13.8%
Not treated with respect	7	12.1%
Unsure if services available	5	8.6%
Didn't know where to go	5	8.6%
Don't like doctors	3	5.2%
Could not get off work	3	5.2%
Too nervous or afraid	3	5.2%
It was too far to go	2	3.4%
Transportation problems	2	3.4%
Had no one to care for the children	1	1.7%
Language barrier	0	0%
Other	8	13.8%

“Other” comments:

- No provider follow-up (2)
- Insurance deductible
- Getting medicated rather than finding reasons for the problem. Did my own research
- Wasn’t confident in the knowledge and skill of the locally available doctors
- Would have had to wait 3 days
- Not sure if it was serious enough to go
- No dental insurance/don’t like dentists
- VA waited too long to do surgery

UTILIZATION OF PREVENTATIVE SERVICES (QUESTION 12)

N= 161

Respondents were asked if they had utilized any of the preventative services listed in the past year. “Routine health checkup” was selected by 65.8% of respondents (n=106). Fifty-five percent of respondents (n=88) indicated they received a “Routine blood pressure check” and 49.7% of respondents (n=80) had a “Cholesterol check.” Respondents could select all that apply, thus the percentages do not equal 100%.

SERVICE	COUNT	PERCENT
Routine health checkup	106	65.8%
Routine blood pressure check	88	54.7%
Cholesterol check	80	49.7%
Flu shot	72	44.7%
Mammography*	67	41.6%
Pap smear	45	28%
Colonoscopy	23	14.3%
None	22	13.7%
Prostate screen (PSA)**	19	11.8%
Children's checkup/Well baby	18	11.2%
Other	9	5.6%

“Other” comments:

- MRI- CT Scan
- Mental health
- Fitness program
- Teeth cleaning
- ER visits
- Skin check- dermatology
- Employer’s Health Risk Assessment
- DOT physical

* Approximately 60% of respondents who indicated being female (n=106) selected the mammography option.

** Approximately 31% of respondents who indicated being male (n=53) selected the prostate screen (PSA) option.

Please note that this survey question asks if anyone in the household has received preventative health services. No conclusions should be drawn from the above percentages.

DESIRED LOCAL HEALTHCARE SERVICES (QUESTION 13)

N= 161

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 an “Ask a Nurse” service available at 43.5% (n=70) the next highest responses were “Chronic disease group visits” and “Crisis services” with 5.6% (n=9 each). Respondents were asked to select all that apply so percentages do not equal 100%.

SERVICE	COUNT	PERCENT
Ask a Nurse	70	43.5%
Chronic disease group visits	9	5.6%
Crisis services	9	5.6%
Emergency mental health	7	4.3%
Diabetic clinic	7	4.3%
Other	12	7.5%

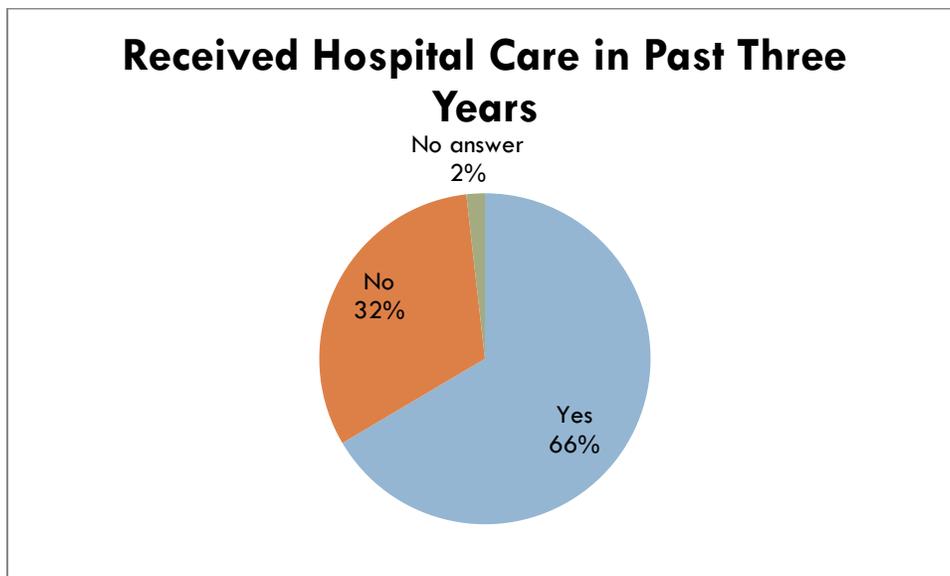
“Other” comments:

- Alternative medicine: naturopathic, homeopathic, acupuncture, chiropractic (3)
- Heart irregular
- Counseling
- Free diabetes prevention and weight loss group
- Dental
- VA walk-in
- Health and wellness programs at a free or reduced fee
- MRI
- None

HOSPITAL CARE RECEIVED IN THE PAST THREE YEARS (QUESTION 14)

N= 161

Sixty-seven percent of respondents (n=107) 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. Thirty-two percent (n=51) had not received hospital services and three respondents chose not to answer this question.



REASONS FOR SELECTING HOSPITAL USED (QUESTION 15)

N= 107

Of the 107 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 56.1% (n=60). “Referred by physician” was selected by 43.9% of the respondents (n=47) and 43% (n=46) selected “Prior experience with hospital.” Note that respondents were asked to select the top three answers which influenced their choices; therefore the percentages do not equal 100%.

REASON	COUNT	PERCENT
Closest to home	60	56.1%
Referred by physician	47	43.9%
Prior experience with hospital	46	43%
Hospital's reputation for quality	35	32.7%
Emergency, no choice	31	29%
Required by insurance plan	14	13.1%
Recommended by family or friends	11	10.3%
Closest to work	5	4.7%
Cost of care	4	3.7%
VA/Military requirement	2	1.9%
Other	2	1.9%

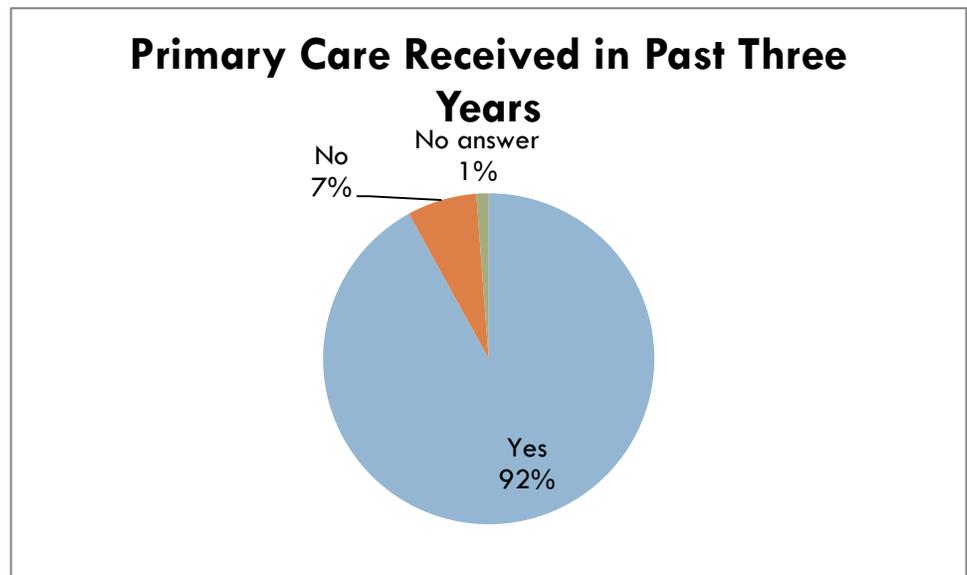
“Other” comments:

- Working there
- Only one in town
- Planetree Philosophy

PRIMARY CARE RECEIVED IN PAST THREE YEARS (QUESTION 16)

N= 161

Ninety-two percent of respondents (n=148) 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. Seven percent of respondents (n=11) had not seen a primary care provider and two respondents chose not to answer this question.



LOCATION OF PRIMARY CARE PROVIDER (QUESTION 17)

N= 136

Of the 148 respondents who indicated receiving primary care services in the previous three years, 71.3% (n=97) reported receiving care at a Private health clinic. Fifteen percent of respondents (n=21) reported utilizing the Community Health Center and 11% of respondents (n=15) indicated "Other". Twelve of the 148 respondents who reported they had utilized primary care services in the past three years did not indicate where they received those services.

CLINIC	COUNT	PERCENT
Private health clinic	97	71.3%
Community health center	21	15.4%
VA clinic	3	2.3%
Other	15	11.3%

"Other" comments:

- Family/Private Clinic/Doctor's Office/Walk-in (9)
- Clinic owned by KRMC (3)
- Big Sky (2)
- Glacier Medical (2)
- KRH
- Lakeside Kalispell
- Woodland Clinic

REASON FOR SELECTION OF PRIMARY CARE PROVIDER (QUESTION 18)

N= 148

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. "Prior experience with clinic" was the top response with 51.4% (n=76) followed by "Recommended by family or friends" at 31.1% (n=46) and "Clinic's reputation for quality" at 25.7% (n=38). Respondents were asked to select all that apply so the percentages do not equal 100%.

REASON	COUNT	PERCENT
Prior experience with clinic	76	51.4%
Recommended by family or friends	46	31.1%
Clinic's reputation for quality	38	25.7%
Closest to home	36	24.3%
Appointment availability	26	17.6%
Referred by physician or other provider	22	14.9%
Cost of care	13	8.8%
Length of waiting room time	13	8.8%
Required by insurance plan	13	8.8%
VA/Military requirement	4	2.7%
Indian Health Services	1	0.7%
Other	9	6.1%

"Other" comments:

- Personal preference (5)
- No other choice
- Assigned at child's birth
- Used another doctor in the office. Provider was away; used his partner
- Has an urgent care with good hours
- It was a private clinic

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

	Shepherd's Hand Free Clinic	VA Clinic	Indian Health Services	Community Health Center	School-based Clinic	Private Health Clinic	Other	Total
Kalispell 59901/03/04		1 (1.6%)		10 (16.1%)		42 (67.7%)	9 (14.6%)	62
Lakeside 59922				1 (14.3%)		5 (71.4%)	1 (14.3%)	7
Whitefish 59937		1 (4.5%)		3 (13.6%)		17 (77.4%)	1 (4.5%)	22
Kila 59920				2 (50%)			2 (50%)	4
Columbia Falls 59912				2 (8.7%)		20 (87%)	1 (4.3%)	23
Somers 59932								0
Bigfork 59911		1 (6.7%)		3 (20%)		10 (66.6%)	1 (6.7%)	15
Marion 59925						2 (100%)		2
TOTAL	0	3 (2.2%)	0	21 (15.6%)	0	96 (71.1%)	15 (11.1%)	135

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%.

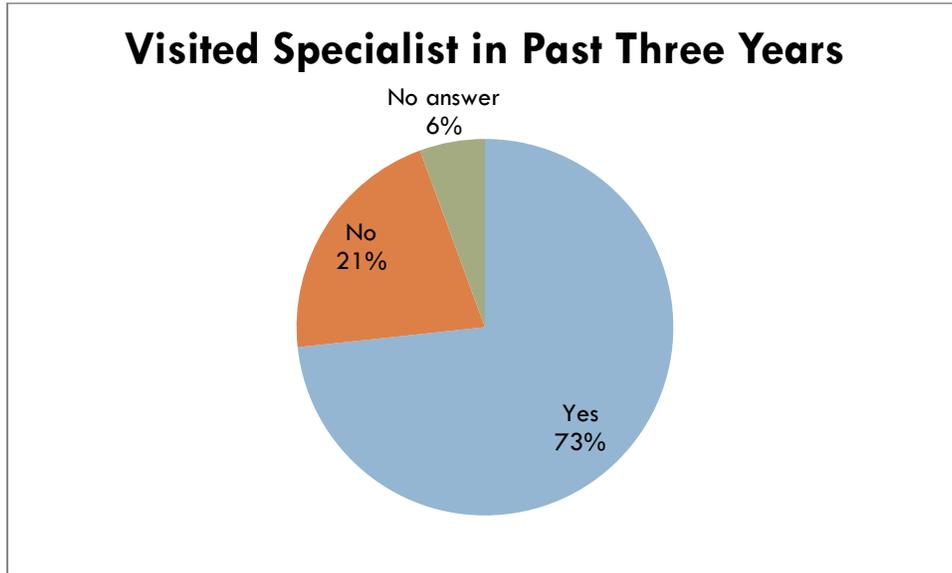
LOCATION OF PRIMARY CARE PROVIDER BY REASONS CLINIC SELECTED

	Shepherd's Hand Free Clinic	VA Clinic	Indian Health Services	Community Health Center	School-based Clinic	Private Health Clinic	Other	Total
Appointment availability		1 (3.8%)		5 (19.3%)		17 (65.4%)	3 (11.5%)	26
Clinic's reputation for quality		1 (2.7%)		6 (16.2%)		26 (70.3%)	4 (10.8%)	37
Closest to home		1 (2.9%)		8 (22.8%)		23 (65.7%)	3 (8.6%)	35
Cost of care		1 (8.3%)		2 (16.7%)		7 (58.3%)	2 (16.7%)	12
Indian Health Services						1 (100%)		1
Length of waiting room time				2 (15.4%)		9 (69.2%)	2 (15.4%)	13
Prior experience with clinic				11 (14.8%)		56 (75.7%)	7 (9.5%)	74
Recommended by family or friends				10 (22.2%)		31 (68.9%)	4 (8.9%)	45
Referred by physician or other provider				4 (21.1%)		13 (68.4%)	2 (10.5%)	19
Required by insurance plan				4 (30.8%)		8 (61.5%)	1 (7.7%)	13
VA/Military requirement		3 (100%)						3
Other						7 (87.5%)	1 (12.5%)	8

USE OF HEALTHCARE SPECIALIST DURING THE PAST THREE YEARS (QUESTION 19)

N= 161

Seventy-three percent of respondents (n=118) indicated they or a household member had seen a healthcare specialist during the past three years. Twenty-one percent (n=34) indicated they had not seen a specialist and nine respondents chose not to answer this question.



Grizzly Bear in eastern part of the Flathead Valley

Photo courtesy of DJ Rankosky



TYPE OF HEALTHCARE SPECIALIST SEEN (QUESTION 20)

N= 118

The respondents (n=118) saw a wide array of healthcare specialists in the past three years. The most frequently indicated specialist was a “Dentist” at 66.1% of respondents (n=78) having utilized their services. “Chiropractor” was the second most utilized specialist at 33.9% (n=40) and “Dermatologist” was third at 33.1% (n=39). Respondents were asked to choose all that apply so percentages do not equal 100%.

HEALTHCARE SPECIALIST	COUNT	PERCENT
Dentist	78	66.1%
Chiropractor	40	33.9%
Dermatologist	39	33.1%
Cardiologist	30	25.4%
Orthopedic surgeon	30	25.4%
Ophthalmologist	26	22%
OB/GYN	25	21.2%
Physical therapist	25	21.2%
Neurologist	19	16.1%
ENT (ear/nose/throat)	17	14.4%
Gastroenterologist	16	13.6%
Urologist	16	13.6%
General surgeon	14	11.9%
Mental health counselor	13	11%
Radiologist	13	11%
Neurosurgeon	9	7.6%
Oncologist	9	7.6%
Podiatrist	9	7.6%
Rheumatologist	8	6.8%
Psychiatrist (M.D.)	7	5.9%
Psychologist	7	5.9%
Allergist	6	5.1%
Pediatrician	6	5.1%
Pulmonologist	6	5.1%
Speech therapist	5	4.2%
Dietitian	4	3.4%
Endocrinologist	4	3.4%
Occupational therapist	4	3.4%
Substance abuse counselor	3	2.5%
Social worker	2	1.7%
Geriatrician	0	0%
Other	6	5.1%

“Other” comments:

- Natural pathologic MD
- Urgent care
- Infectious disease
- Plastic surgeon
- Orthodontist

LOCATION OF HEALTHCARE SPECIALIST (QUESTION 21)

N= 118

Of the 118 respondents who indicated they saw a healthcare specialist in the past three years, 75.4% (n=89) saw one in a private health clinic. The Community Health Center was utilized by 16.9% (n=20) of respondents for specialty care and 7.6% (n=9) utilized a hospital outside of Flathead County. Respondents could select more than one location; therefore percentages do not equal 100%.

LOCATION	COUNT	PERCENT
Private health clinic	89	75.4%
Community health center	20	16.9%
Hospital outside of Flathead County	9	7.6%
VA clinic	7	5.9%
School-based clinic	1	0.8%
Other	8	6.8%

“Other” comments:

- KRMC (4)
- Their office/clinic (3)
- KRH
- KRMC Dietician for diabetes
- Flathead Orthopedic
- Spokane, WA
- Hospital



Heaven's Peak
Glacier National Park

OVERALL QUALITY OF HEALTH SERVICES IN FLATHEAD COUNTY (QUESTION 22)

N= 161

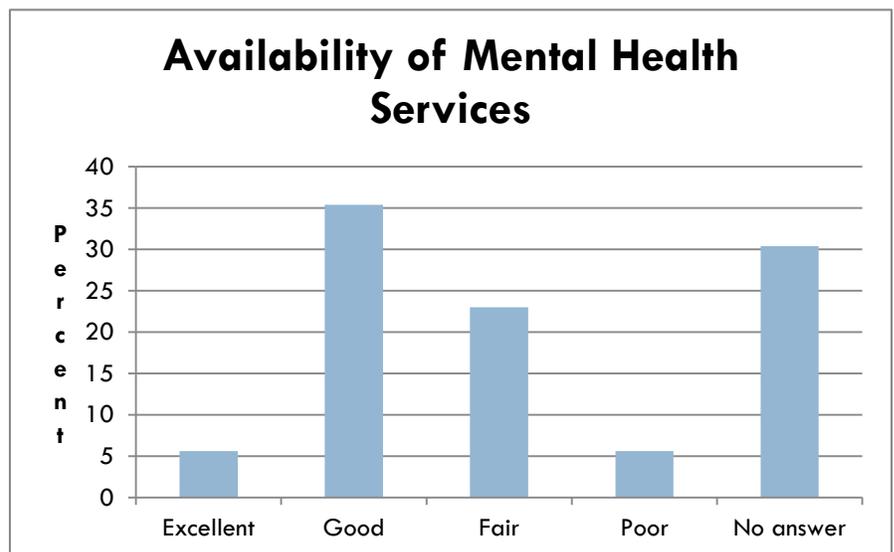
Respondents were asked to rate a variety of health services available in Flathead County using the scale of 4=Excellent, 3=Good, 2=Fair, 1=Poor, and “Don’t know.” The sums of the average scores were then calculated with “Ambulance services,” “Specialty services,” and “Rehabilitation services” all receiving the top average score of 3.5 out of 4.0. The total average score was 3.4, indicating the overall services of the hospital to be “Excellent” to “Good.”

	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Don't Know	No Answer	N	Avg.
Ambulance services	36	22	3	1	93	6	161	3.5
Specialty services	48	40	5	0	57	11	161	3.5
Rehabilitation services (cardio, occupational, respiratory, etc.)	22	12	2	1	113	11	161	3.5
Family medicine/ Internal medicine	67	63	6	2	17	6	161	3.4
Laboratory	58	61	6	2	29	5	161	3.4
Physical therapy	40	37	4	0	73	7	161	3.4
Emergency room	56	43	15	4	36	7	161	3.3
Mental health	10	8	16	3	117	7	161	2.7
TOTAL	337	286	57	13				3.4

AVAILABILITY OF MENTAL HEALTH SERVICES (QUESTION 23)

N= 161

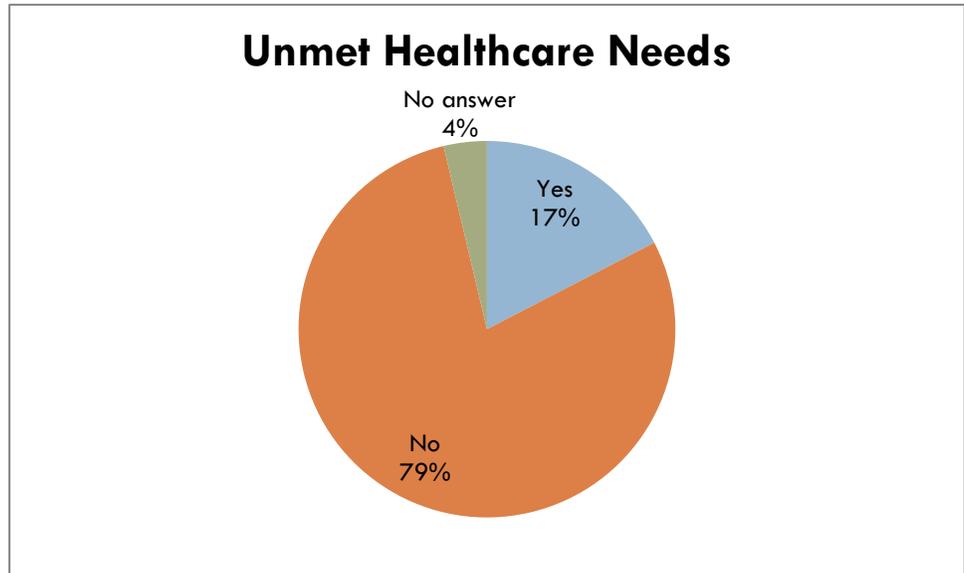
Respondents were asked to indicate the availability of mental health services in Flathead County. Thirty-five percent (n=57) of respondents rated mental health services as “Good” and 23% (n=37) rated services as “Fair.” Forty-nine respondents (30.4%) chose not to answer this question.



UNMET HEALTHCARE NEEDS (QUESTION 24)

N= 161

Respondents were asked to indicate if they felt they personally had unmet healthcare needs. The majority of respondents (78.9%; n=127) indicated they felt their healthcare needs were met. Seventeen percent of respondents (n=28) indicated they did have unmet needs and 3.7% (n=6) chose not to answer this question.



DESCRIPTION OF UNMET HEALTHCARE NEEDS (QUESTION 24A)

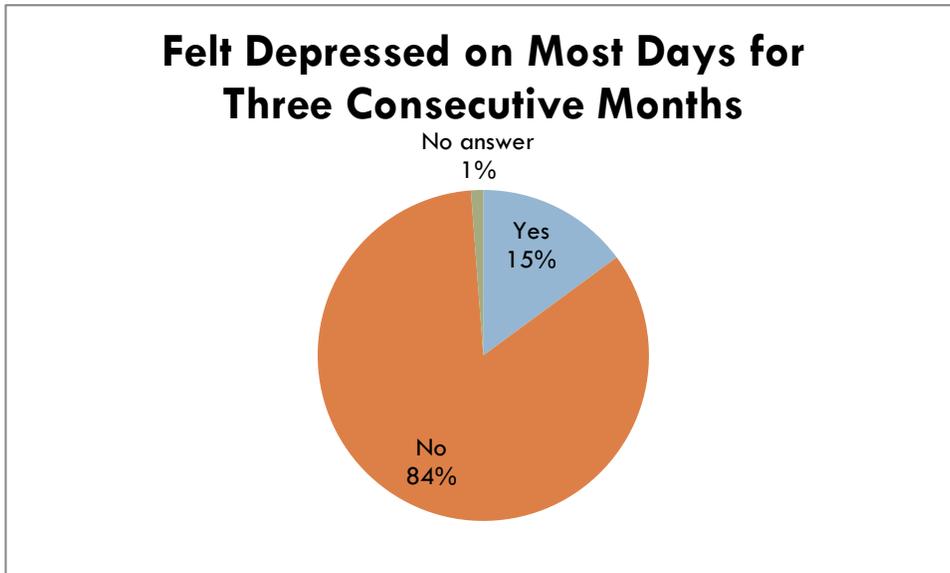
Respondents were asked to provide feedback in an open-ended question format on their unmet healthcare needs. The following list shows the respondent's responses:

- Dental (6)
- Lack of access to alternative methods (therapeutic massage, acupuncture, etc.) (3)
- More specialists needed (3)
- Vision
- Mental health
- Not enough affordable healthcare, or psychologists
- Can't afford to have my healthcare needs assessed
- I have a decent paying job and it can budget for healthcare, but most people I know cannot – especially for routine checkups, dental, or vision services
- We need more private clinics in the valley
- No late or after work hours clinics available. Other than ER (for non-emergent visit)
- Issue with the VA, not the Flathead County
- Would have heart checked closer and skin checked if I could afford it. Also dental care
- No follow up for request for oxygen
- To have another baby, I'd have to go to Kalispell because Whitefish does not do VBACs.
- It seems like local doctors are not as aware of the latest information like you would get if you went to the Mayo Clinic, Cleveland Clinic, Massachusetts General, etc. I've been to local doctors with a couple of different problems. The doctors order a few tests, results are inconclusive and that's the last I hear. They don't know what's wrong
- Unable to diagnose son properly, miss diagnosed. Physicians are unsure of problem so are guessing at diagnosis

SURVEY FINDINGS – PERSONAL HEALTH

PREVALENCE OF DEPRESSION (QUESTION 25)

N= 161

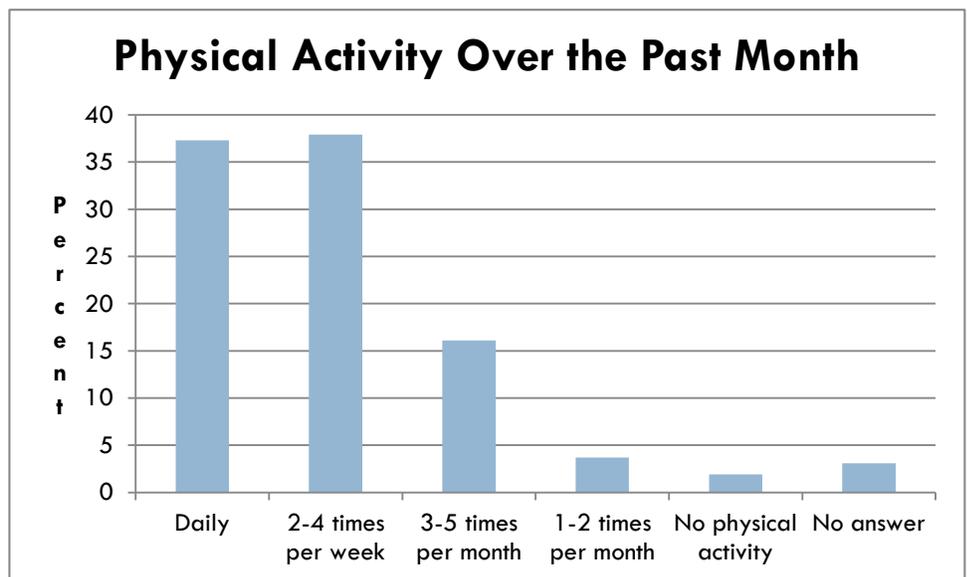


Respondents were asked to indicate if there were periods of at least three consecutive months in the past three years where they felt depressed on most days, although they may have felt okay sometimes. Fifteen percent of respondents (n=24) indicated they had experienced periods of feeling depressed and 83.9% of respondents (n=135) they had not. One percent of respondents (n=2) chose not to answer this question.

PHYSICAL ACTIVITY (QUESTION 26)

N= 161

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Thirty-eight percent of respondents (n=61) indicated they had physical activity of at least twenty minutes “2-4 times per week” over the past month and 37.3% (n=60) indicated they had physical activity “Daily.” Two percent of respondents (n=3) indicated they had “No physical activity” and five respondents chose not to answer this question.



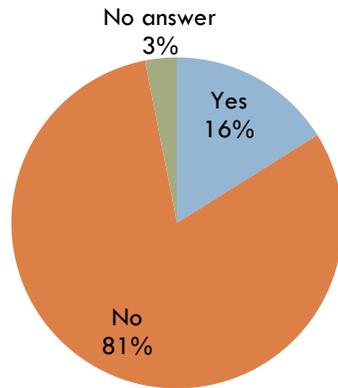
SURVEY FINDINGS – COST AND HEALTH INSURANCE

COST AND PRESCRIPTION MEDICATIONS (QUESTION 27)

N= 161

Respondents were asked to indicate if, during the last year, medication costs had prohibited them from

Prescription Cost Prevented Getting or Taking Medication Regularly



getting a prescription or taking their medication regularly. Sixteen percent of respondents (n=26) indicated that, in the last year, cost had prohibited them from getting a prescription or taking their medication regularly. Eighty-one percent of respondents (n=130) indicated that cost had not prohibited them, and three percent of respondents (n=5) chose not to answer this question.

“Other” comments:

- No, I have insurance
- No- but I have insurance that covers prescriptions



Downtown Whitefish

MEDICAL INSURANCE (QUESTION 28)

N= 135

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Thirty-four percent (n=46) indicated they have “Employer sponsored” coverage. Twenty-two percent (n=30) indicated they have “Medicare” and “Private insurance/private plan” was indicated by 13.3% of respondents (n=18). Twenty-six respondents chose not to answer this question.

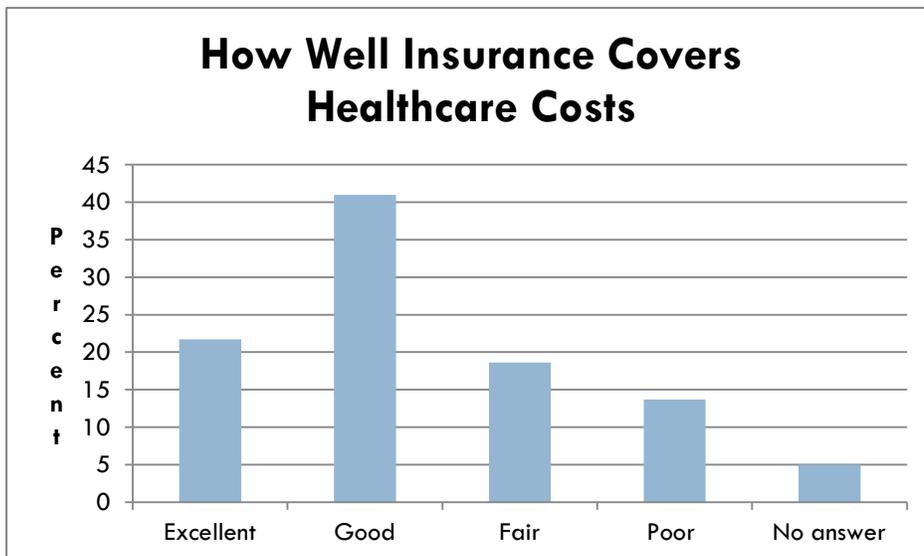
INSURANCE TYPE	COUNT	PERCENT
Employer sponsored	46	34.1%
Medicare	30	22.2%
Private insurance/private plan	18	13.3%
None/Pay out of pocket	13	9.6%
Health Insurance Marketplace	12	8.9%
VA/Military	5	3.7%
Medicaid	4	3.0%
Health Savings Account	3	2.2%
State/Other	2	1.6%
Healthy MT Kids (CHIP)	1	0.7%
Agricultural Corp. Paid	0	0%
Indian Health	0	0%
Other	1	0.7%
TOTAL	135	100%

“Other” comments:

- BC&BS
- Through Union of Operating Eng. in Ohio
- Insurance provided has high deductible, so we pay for all but preventative
- Tricare For Life
- Supplemental

INCOME AND HEALTHCARE COSTS (QUESTION 29)

N= 161



Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Forty-one percent of respondents (n=66) indicated they felt their insurance covers a “Good” amount of their healthcare costs. Twenty-two percent of respondents (n=35) felt their insurance coverage was “Excellent” and 18.6% indicated it was “Fair” (n=30). Eight respondents chose not to answer this question.

“Other” comments: - Excellent except for dental

BARRIERS TO HAVING HEALTH INSURANCE (QUESTION 30)

N= 13

Those respondents who indicated they did not have medical insurance were asked to indicate why they did not. The majority of respondents, 84.6% (n=11) reported they did not have health insurance because they could not afford to pay for it. Respondents were asked to mark all answers that applied, thus the percentages do not equal 100%.

REASON	COUNT	PERCENT
Cannot afford to pay for insurance	11	84.6%
Choose not to have medical insurance	2	15.4%
Employer does not offer insurance	2	15.4%
Other	2	15.4%

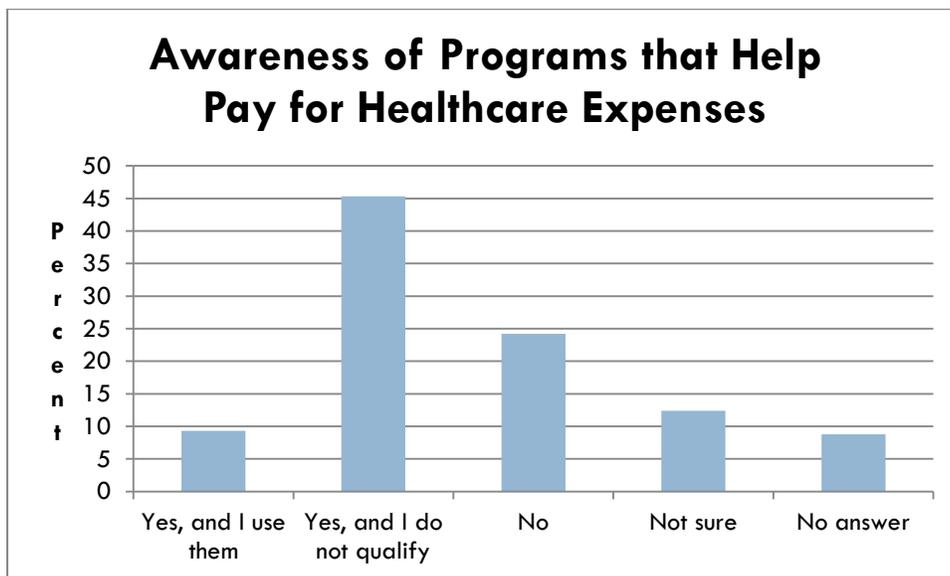
“Other” comments:

- We are healthy and would rather save money then pay it monthly and never use the service
- Would not cover alternative therapies
- Using Christian Share to do cost of regular insurance

AWARENESS OF HEALTH PAYMENT PROGRAMS (QUESTION 31)

N= 161

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. Forty-five percent of respondents (n=73) indicated they were aware of these types of programs, but did not qualify to utilize them. Twenty-four percent (n=39) indicated that they were not aware of these programs and 12.4% of respondents (n=20) were not sure. Fourteen respondents chose not to answer this question.



“Other” comments:

- Family is not covered. Too expensive

HEALTH INSURANCE COVERAGE (QUESTION 32)

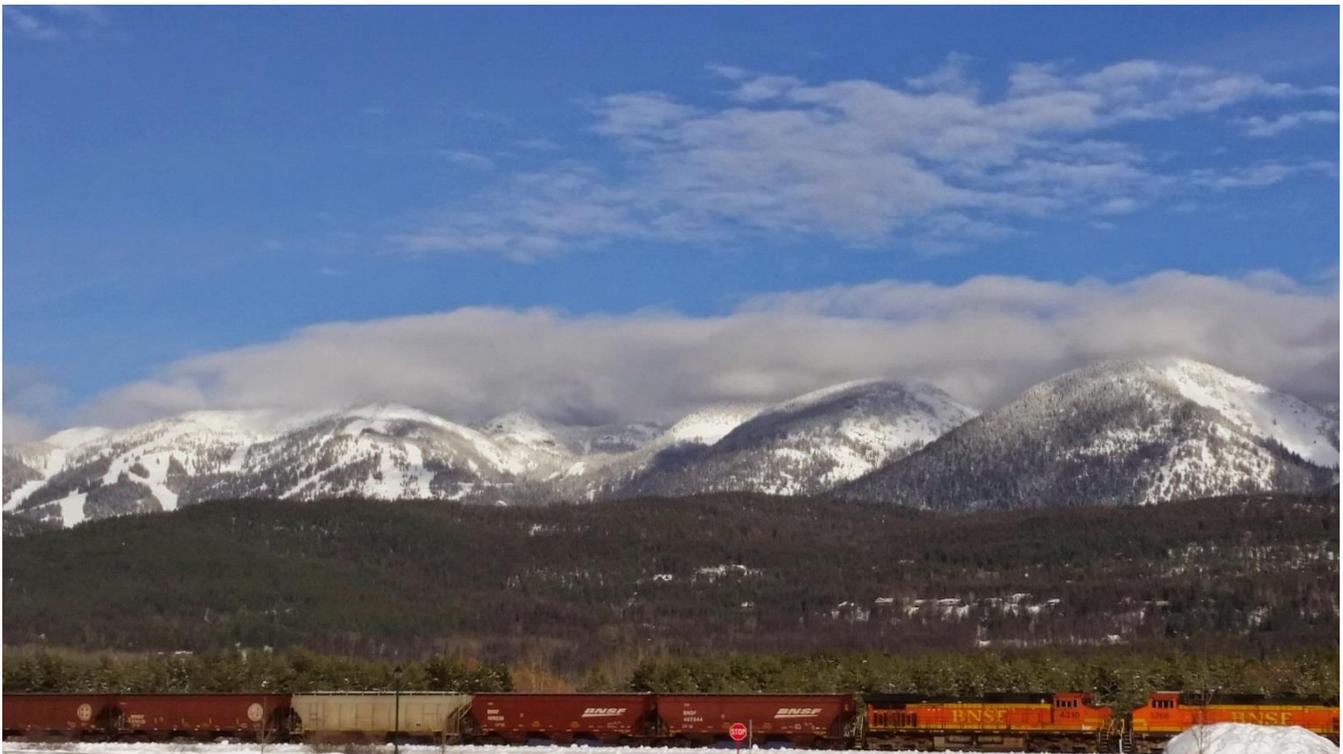
N= 161

Respondents were asked to indicate which services (medical, vision, dental) their insurance covers. Eighty-eight percent (n= 142) indicated they had medical coverage. Forty-two percent indicated they had dental coverage (n= 68) and 29.8% (n=48) had vision coverage.

INSURANCE TYPE	COUNT	PERCENT
Medical	142	88.2%
Dental	68	42.2%
Vision	48	29.8%
I have no insurance	16	9.9%

“Other” comments:

- Medical- catastrophic care



Mountain range north of Whitefish

SUMMARY OF SURVEY FINDINGS

One hundred sixty-one surveys were completed in the Flathead County for a 22.1% response rate. Of the 161 returned, 65.9% of the respondents were females, 63.4% were 56 years of age or older, and 47% work full time.

Respondents rated the overall quality of health services in Flathead County as excellent to good, scoring 3.4 out of 4.0 on a scale with 4.0 being excellent and 1.0 being poor.

Over half of the respondents (51.6%) feel the Flathead area is a “somewhat healthy” place to live, while 41.6% rated the community as “healthy” or “very healthy.” Respondents indicated their top three health concerns were: alcohol abuse/substance abuse (67.7%), overweight/obesity (37.3%), and cancer (33.5%). Mental health factors were also top concerns: mental health issues (18%), depression/anxiety (16.8%), and suicide (8.7%).

Respondents indicated the most important components for a healthy community are: 1) access to healthcare and other services (52.8%), and 2) healthy behaviors and lifestyles (44.1%).

Thirty-six percent of respondents reported that they or a member of their household did not get needed health services or delayed in getting services because: it costs too much (58.6%), they didn't have insurance (37.9%); insurance did not cover it (29.3%), they had to wait too long for an appointment 20.7%.

When respondents were asked which health related educational programs or classes they would be most interested in, the top choices were: health and wellness (34.2%), fitness (33.5%), and women's health (32.3%).

Overall, the respondents in Flathead County 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 75.5% of respondents identifying local healthcare services as “very important” to the economic well-being of the area.

The majority of participants appeared to have favorable opinions of the services available with most praising the care received and the collaboration between the health systems in the area. 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.

FOCUS GROUPS AND KEY INFORMANT INTERVIEWS

FOCUS GROUP AND KEY INFORMANT INTERVIEW METHODOLOGY

Three focus groups were held in Flathead County, Montana in October 2015. Focus group participants were identified as people living in the Flathead County.

Twenty two (22) people participated in the three focus group interviews. The focus groups were designed to represent various consumer groups of healthcare including senior citizens, physically challenged and local community members. Focus groups were held in the United Way conference room and the Flathead Valley Community College. Each group meeting lasted up to 120 minutes in length and followed the same line of questioning in each session (Appendix D). The questions and discussions at the focus groups were led by Angela Bangs with the Montana Office of Rural Health. Comments from the third focus group were incorporated into the notes for the first and second focus group in order to protect the anonymity of the participants.

Ten key informant interviews were conducted between July and August of 2015. The interviews were approximately 30 minutes long and followed a shorter, but similar line of questioning as the focus groups (Appendix E). Interviewees were identified by the CHNA Steering Committee and each interviewee agreed to participate and have his/her personal information displayed alongside his/her comments. The interviews were conducted by Angela Bangs with the Montana Office of Rural Health.

FOCUS GROUP AND KEY INFORMANT INTERVIEW FINDINGS

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

Improve health of the community:

- Focus group participants and key informants emphasized the need for affordable services available in the area, as well as a need for holistic health services, dental services, and preventative care.
- Participants were concerned about the lack of mental health services and education about mental health issues in the area.
- Several participants indicated a need for transportation so that community members could reliably travel to receive healthcare services.
- There were significant concerns about the aging community and the need to provide accessible and appropriate services (e.g. memory care services, facilities, education, support) for the population, especially as it continues to grow.
- Key informants indicated a need for options to be available for community members to be healthier – there is a need for more walking paths and options for people to be active.

Most important local healthcare issues:

- Participants emphasized the need for more healthcare services – specifically, there is a high need for mental health/substance abuse services, as well as dental services, and primary care services for those who cannot afford medical care and are ineligible for programs like Medicaid.
- Lack of transportation for seniors and the underserved was highlighted as a major issue.

- Chronic conditions tied to lifestyle (e.g. obesity and related conditions) will continue to increase in the community.

Opinion of hospital services:

- Generally, participants were highly satisfied with care received at North Valley Hospital, Kalispell Regional Medical Center, the Flathead Community Health Center, and the Shepherd's Hand Free Clinic.
- Although there was a high level of satisfaction with the local hospitals, there was a need for more private clinics, primary care services, specialists related to mental health/substance abuse, and pediatrics.

Opinion of local services:

- Participants spoke highly of services available in the community and many spoke of their satisfaction with the Flathead City-County Public Health Department.
 - There did appear to be some confusion among participants between the community health center (CHC) and the Flathead City-County Public Health Department.
- There appears to be a high need for more services and training (for health professionals) specific to seniors.
- Many participants indicated a need for more senior living options (e.g. assisted living facilities) and more services (i.e. home health, hospice, memory care providers/facilities) available to seniors.
- There is a need for more education related to health insurance and more advocacy for the most vulnerable populations to connect people with the appropriate resources that can help.
- There is also a need for more advocacy available so that seniors have more information related to long-term care and options for aging in the community.
- The community is proud of the Shepherd's Hand Free Clinic; but noted that the clinic was open only one night a week and some did not have transportation to get there.
- Several participants indicated a need for more affordable services specific to pharmacy, medical care, and transportation in the area.
- There is a high need for affordable/free dental services in the region and for mental health/substance abuse providers and facilities.
- Participants also indicated a need for more pediatricians and pediatric services.
- There was also some concern about the lack of other private clinics in the area.

Reasons to leave the community for healthcare:

- Most community members who left the community did so to receive specialty services or because there were no affordable options in the area.
- Some participants indicated that they did not seek healthcare in the area because they were not treated with respect by local providers.

Needed healthcare services in the community:

- There is a high need for the following:
 - Affordable dental services or for dentists who will accept Medicaid
 - Mental health services / more mental health/substance abuse providers
 - Crisis services

- Transportation options
- Senior living options (i.e. assisted living)
- Education developed for seniors and for those with chronic conditions
- Memory care services
- Healthcare services for the low-income populations
- Home health services
- Health insurance educators
- Patient advocates
- Chronic pain specialists
- Pediatricians/Pediatric specialists
- Case management

Greatest health assets:

- Overall, the hospitals in the area provide high-quality care.
- Participants recognized and praised the increased collaboration between the major health stakeholders.



View of Flathead Valley from the summit of Big Mountain in Whitefish

PRIORITIZATION OF HEALTH NEEDS, AVAILABLE RESOURCES AND IMPLEMENTATION PLANNING PROCESS

An implementation planning committee comprised of staff leaders from each facility will convene to conduct independent implementation planning processes to systematically and thoughtfully respond to key issues and opportunities identified through the Community Health Needs Assessment.

The three collaborators determined the most important health needs to be addressed by reviewing the CHNA, secondary data, community demographics, and from representatives providing input on broad community interests, including those with public health expertise (see Appendix E for additional information regarding input received from community representatives). There were no written comments from the public received by the collaborators in response to the most recent CHNA report and implementation plans. The prioritized health needs as determined through the assessment process and which the collaborators will be addressing relates to the following healthcare issues:

- Behavioral Health Education and Services
 - Need for Increased Number of Providers Overall
 - Substance Abuse
 - Suicide and Depression
 - Care Coordination / Advocacy and Integration with Other Healthcare Services
 - Transportation to Access Care
- Access to Medical and Oral Health Care
 - Affordability
 - Care Coordination / Advocacy
 - Transportation to Access Care
- Healthy Lifestyles
 - Prevention and Wellness Education and Access
 - Care Coordination / Advocacy
 - Active Transportation

Each of the collaborators' implementation planning committees will determine which needs or opportunities could be addressed considering each system's parameters of resources and limitations. The committees 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 respective implementation plans featuring strategies and activities, as well as the general approach to meeting the stated goals (i.e. staff member responsibilities, timeline, potential community partners, anticipated impact(s), and performance/evaluation measures). Each of the collaborator's implementation plans will be documented and posted along with the CHNA report on each facility's website.

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.

- Behavioral Health Education and Services
 - Pathways Treatment Center (for adolescents and adults experiencing acute mental health and/or substance abuse issues)
 - Outpatient Support Group (for those discharged from Pathways)
 - Turtle Bay Outpatient Treatment Program (for children and adults with emotional problems)
 - School-Based Program (serving all school districts with the exception of Evergreen)
 - Western Montana Mental Health
 - Sunburst Mental Health Services
 - North Valley Hospital's 'Embrace Health' Structured Outpatient Program for Adults 55+
 - North Valley Behavioral Health for Children, Adolescents, and Adults
 - Flathead Valley Chemical Dependency Clinic
 - Drug and Alcohol Treatment Referral Service
 - Shepherd's Hand Free Clinic
 - Solas Suicide Support Group
 - Stillwater Therapeutic Services (a children's outpatient treatment center)
 - Veteran's Administration (psychiatric/pharmaceutical services)
 - Lamplighter House (psychologists / counselors)
 - Local, Private Behavioral Health Providers (outpatient therapists, counselors, psychiatrists, and psychiatric nurses)
 - Tamarack Grief Resource Center
 - Alcoholics Anonymous (AA) of Northwest Montana
 - National Alliance of Mental Health (NAMI) of Montana
 - Sinopah House (a youth residential and crisis service)
 - Safe House (provides crisis intervention and emergency services)
 - State Mental Health Services Bureau
 - The Newman Center (provides outpatient psychiatric care)
 - Flathead Community Health Center Behavioral Health Services
 - Youth Crisis Diversion Project
 - Licensed Addiction Counselors
 - Intermountain Children's Home
 - Multiple Hospital & Community Service / Non-Profit Programs
 - United Way 211
 - ASSIST Program
 - Patient Centered Medical Homes and Accountable Care Organizations (ACO)
 - Best Beginnings Early Child Development Coalition
 - Gateway Community Center
 - Community Action Partnership
 - NW Montana Care Coordination Coalition
 - MT SOARS (Support, Outreach, and Access for the Resiliency of Students)

Resources continued...

- Access to Medical and Oral Health Care
 - Flathead Community Health Center, Medical and Dental
 - Local Dentists (who accept Medicaid and calculate payments based on a sliding scale)
 - On-call Dentists (in hospital emergency room)
 - Shepherd's Hand Clinic, Medical and Dental
 - Primary Care Providers in Flathead County
 - Community Health Center
 - Rural Health Clinic (North Valley Professional Center)
 - North Valley Professional Center's School-based Clinic (in Columbia Falls)
 - Primary Care Residency Program (in Kalispell)
 - Certified Application Counselors
 - Winkley Mammography Coach
 - Multiple Hospital & Community Service / Non-Profit Programs
 - United Way 211
 - ASSIST Program
 - Patient Centered Medical Homes and Accountable Care Organizations (ACO)
 - Best Beginnings Early Child Development Coalition
 - Gateway Community Center
 - Community Action Partnership
 - NW Montana Care Coordination Coalition
- Healthy Lifestyles
 - Employee Wellness Programs
 - Cancer Support Community
 - Lung Cancer Screening Program
 - Colorectal Screening Program
 - Parks & Recreation Department
 - School / Club Sports
 - Tobacco Cessation Programs
 - Weight Management / Reduction Programs (Journey to Wellness / One2One)
 - Boys and Girls Club of Glacier County
 - Cardiac Rehabilitation Programs
 - Suicide Prevention Programs
 - Summit Health Fitness Center and the Wave
 - Prostate Cancer Awareness Organization/Cancer Screening Programs (through the Flathead City-County Health Department and Save-a-Sister)
 - Health Promotion Programs at the Flathead City-County Health Department
 - Area Fitness Clubs
 - Multiple Hospital & Community Service / Non-Profit Programs
 - United Way 211
 - ASSIST Program
 - Patient Centered Medical Homes and Accountable Care Organizations (ACO)

Resources continued...

- Best Beginnings Early Child Development Coalition
- Gateway Community Center
- Community Action Partnership
- NW Montana Care Coordination Coalition

EVALUATION OF ACTIVITY IMPACTS FROM PREVIOUS CHNA

An evaluation of activity impact from the previous CHNA (2013) can be found in the respective *Evaluation of 2013 CHNA Implementation Plan* for each individual hospital (North Valley Hospital; Kalispell Regional Healthcare) that accompanies this 2016 CHNA.

APPENDIX A – STEERING COMMITTEE MEMBERS

1. Kelli Barber – Quality Health Improvement Specialist, North Valley Hospital
2. Leslie Diede – Health Promotion Coordinator, Flathead City-County Health Department
3. Hillary Hanson – Deputy Health Officer, Flathead City-County Health Department
4. Dustin Jones – Marketing Communications Manager, Kalispell Regional Healthcare
5. Sherry Stevens – Director, Northwestern Montana United Way
6. Catherine Todd- Senior Director of Business Development & Community Relations, North Valley Hospital
7. Tagen Vine – President, Kalispell Regional Healthcare Foundation
8. Jody White – Executive Director, Flathead Community Health Center

APPENDIX B – SECONDARY DATA

Excerpt from the State Health Indicator Comparison by Montana County Report indicating Flathead County's HRSA provider shortage designation

Select Health Indicator Comparison by Montana County, 2011-2013

Public Health and Safety Division

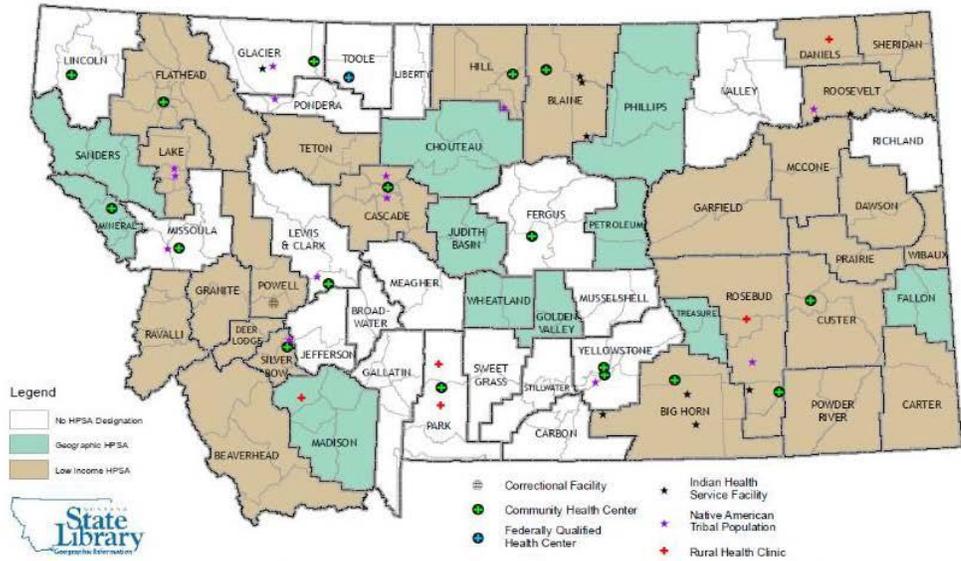
7/13/2015



APPENDIX B – SECONDARY DATA CONT.

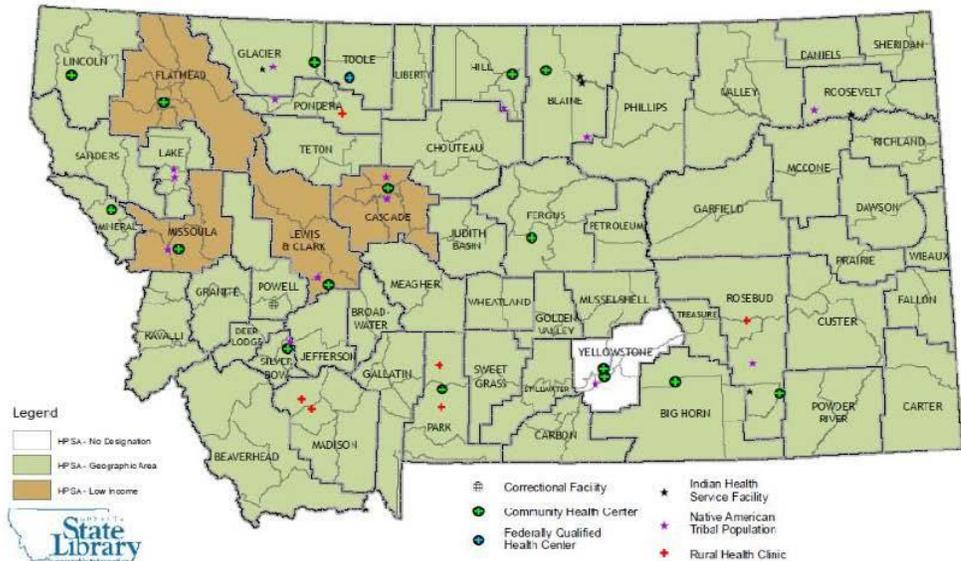
Excerpt from the State Health Indicator Comparison Report

Dental Care Professional Shortage Areas — Montana 2014



Map Number: 15HHS0005 Data Source: MT DPHHS PCO, HPSA Data, December 2014, (For current shortage designation data please visit: <http://hpsafind.hrsa.gov/>)

Mental Health Care Professional Shortage Areas— Montana 2014

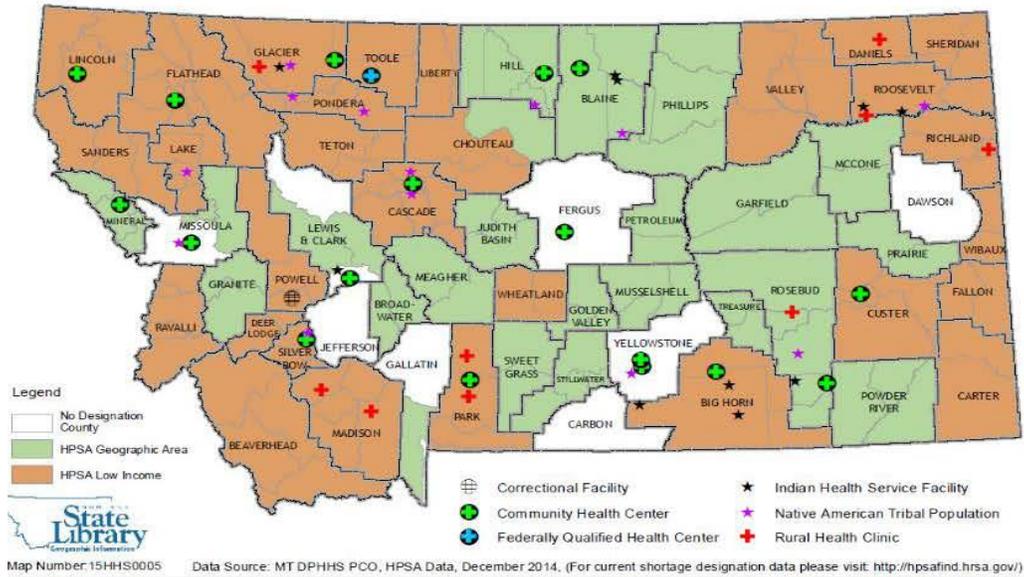


Map Number 15HHS0005 Data Source: MT DPHHS PCO, HPSA Data, December 2014, (For current shortage designation data please visit: <http://hpsafind.hrsa.gov/>)

APPENDIX B – SECONDARY DATA CONT.

Excerpt from the State Health Indicator Comparison Report

Primary Care Professional Shortage Areas — Montana 2014



APPENDIX C – PUBLIC SURVEY COVER LETTER AND QUESTIONNAIRE



June 10, 2015

Please participate in our Community Health Needs Assessment survey and have a chance to WIN a \$100 gift certificate to Super 1 Foods!

Dear Flathead County Resident:

North Valley Hospital, Kalispell Regional Healthcare and the Flathead City-County Health Department are working together to gather community feedback on the most important health needs for the entire community. We are asking you and other area residents to complete the enclosed survey of healthcare needs for you and your family.

Your response is very important to us! Your comments will help guide us in planning responsive and quality local healthcare services for the future. Even if you do not use healthcare services in the Flathead County area, your input is still helpful and will benefit our community. We know your time is valuable so we have made every effort to keep the survey brief – it should take less than 15 minutes to complete. Your help is appreciated in responding to this survey and as a thank you for completing the enclosed survey, we are offering you this chance to win a **\$100 gift certificate to Super 1 Foods**.

Your name was selected at random and your identity and answers will be anonymous. Be assured that you cannot be identified by responding to this survey. Any personal information will be included only in aggregate to establish demographic group trends.

Please note that we cannot guarantee confidentiality for any information that you choose to share with others in your community. While you may not receive any direct benefit for participating, we believe that this survey will contribute to the improvement of healthcare services in our community. Participating in this survey is completely voluntary. Even if you decide to complete the enclosed survey, you may change your mind and stop at any time or choose to not answer any given question.

The Montana Office of Rural Health is assisting in completing this survey process. All survey responses will go to the National Rural Health Resource Center in Duluth, Minnesota. If you have any questions about the survey, please call the Montana Office of Rural Health at 406-994-6001.

Once you complete your survey, simply **return it AND ONE of the raffle tickets in the enclosed self-addressed, postage paid envelope postmarked by July 22. Keep the other raffle ticket in a safe place.** The winning raffle ticket number will be announced on the websites of the two hospitals: www.nvhosp.org and www.kalispellregional.org on July 29.

Thank you for your input in helping us make our community a healthier place to live and raise our families.

Sincerely,

Jason A. Spring, CEO
North Valley Hospital

Velinda Stevens, President
Kalispell Regional Healthcare

Joe Russell, Health Officer
Flathead City-County Health Department

Community Health Services Development Survey Flathead 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/substance abuse | <input type="radio"/> Lack of access to healthcare | <input type="radio"/> Recreation related accidents/injuries |
| <input type="radio"/> Cancer | <input type="radio"/> Lack of dental care | <input type="radio"/> Stroke |
| <input type="radio"/> Child abuse/neglect | <input type="radio"/> Lack of exercise | <input type="radio"/> Suicide |
| <input type="radio"/> Depression/anxiety | <input type="radio"/> Lack of healthcare education | <input type="radio"/> Tobacco use |
| <input type="radio"/> Diabetes | <input type="radio"/> Mental health issues | <input type="radio"/> Work related accidents/injuries |
| <input type="radio"/> Domestic violence | <input type="radio"/> Motor vehicle accidents | <input type="radio"/> Other _____ |
| <input type="radio"/> Heart disease | <input type="radio"/> Overweight/obesity | |

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 healthcare and other services | <input type="radio"/> Improved hospital and patient communication |
| <input type="radio"/> Affordable housing | <input type="radio"/> Low crime/safe neighborhoods |
| <input type="radio"/> Arts and cultural events | <input type="radio"/> Low death and disease rates |
| <input type="radio"/> Clean environment | <input type="radio"/> Low level of domestic violence |
| <input type="radio"/> Community involvement | <input type="radio"/> Parks and recreation |
| <input type="radio"/> Emergency services | <input type="radio"/> Religious or spiritual values |
| <input type="radio"/> Good jobs and a healthy economy | <input type="radio"/> Strong family life |
| <input type="radio"/> Good schools | <input type="radio"/> Tolerance for diversity |
| <input type="radio"/> Healthy behaviors and lifestyles | <input type="radio"/> Other _____ |
| <input type="radio"/> Immunized children | |

4. How do you rate your knowledge of the health services that are available in Flathead County?

- Excellent Good Fair Poor

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

- Friends/family
- Healthcare provider
- Mailings/newsletter
- Newspaper
- Presentations
- Public Health Department
- Radio
- Word of mouth/reputation
- Website/internet
- Other _____

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

- Dentist
- Mental health
- Pharmacy
- Public Health Department
- Other _____

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

- Cultural sensitivity
- Greater health education services
- Improved quality of care
- Interpreter services
- More primary care providers
- More specialists
- Outpatient services expanded hours
- Telemedicine
- Transportation assistance
- Other _____

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

- Alcohol/substance abuse
- Alzheimer's
- Cancer
- Child wellness
- Diabetes
- First aid/CPR
- Fitness
- Grief counseling
- Health and wellness
- Heart disease
- Living will
- Men's health
- Mental health
- Nutrition
- Parenting
- Prenatal
- Smoking cessation
- Support groups
- Weight loss
- Women's health
- Other _____

9. 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

10. 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 #12)

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

- Could not get an appointment
- Don't like doctors
- Too long to wait for an appointment
- Office wasn't open when I could go
- Unsure if services were available
- Had no one to care for the children
- It costs too much
- Could not get off work
- Didn't know where to go
- It was too far to go
- My insurance didn't cover it
- No insurance
- Not treated with respect
- Too nervous or afraid
- Transportation problems
- Language barrier
- Other _____

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

- Children's checkup/Well baby
- Cholesterol check
- Colonoscopy
- Flu shot
- Mammography
- Pap smear
- Prostate screen (PSA)
- Routine blood pressure check
- Routine health checkup
- None
- Other _____

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

- Ask a Nurse
- Chronic disease group visits
- Crisis services
- Emergency mental health
- Diabetic clinic
- Other _____

14. 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)

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)**

- Closest to home
- Closest to work
- Cost of care
- Emergency, no choice
- Hospital's reputation for quality
- Prior experience with hospital
- Recommended by family or friends
- Referred by physician
- Required by insurance plan
- VA/Military requirement
- 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)

- Shepherd's Hand Free Clinic Community Health Center Other _____
 VA clinic School-based clinic
 Indian Health Service Private health clinic

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

- Appointment availability Prior experience with clinic
 Clinic's reputation for quality Recommended by family or friends
 Closest to home Referred by physician or other provider
 Cost of care Required by insurance plan
 Indian Health Services VA/Military requirement
 Length of waiting room time Other _____

19. 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 #22)

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

- Allergist Mental health counselor Psychiatrist (M.D.)
 Cardiologist Neurologist Psychologist
 Chiropractor Neurosurgeon Pulmonologist
 Dentist OB/GYN Radiologist
 Dermatologist Occupational therapist Rheumatologist
 Dietitian Oncologist Social worker
 Endocrinologist Ophthalmologist Speech therapist
 ENT (ear/nose/throat) Orthopedic surgeon Substance abuse counselor
 Gastroenterologist Pediatrician Urologist
 General surgeon Physical therapist Other _____
 Geriatrician Podiatrist

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

- Shepherd's Hand Free Clinic School-based clinic Other _____
 VA clinic Hospital outside of Flathead County
 Indian Health Service Private health clinic
 Community Health Center

22. The following services are available in Flathead County. Please rate the overall quality for each service.
 (Please mark DK if you have not used the service)

	<i>Excellent = 4</i>	<i>Good = 3</i>	<i>Fair = 2</i>	<i>Poor = 1</i>	<i>Don't Know = DK</i>
Ambulance services	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Mental health	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Specialty services	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Emergency room	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Family medicine/ Internal medicine	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Laboratory	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Physical therapy	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Rehabilitation services (cardio, occupational, respiratory, etc.)	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK

23. Please rate the availability of mental health services in Flathead County.

- Excellent Good Fair Poor

24. Do you feel you have unmet healthcare needs? Yes No

a. If yes, please describe _____

25. 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

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

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

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

- Yes No

28. What type of medical insurance covers the **majority** of your household's medical expenses?
 (Please select only ONE)

- | | | |
|--|--|--|
| <input type="radio"/> Agricultural Corp. Paid | <input type="radio"/> Indian Health | <input type="radio"/> VA/Military |
| <input type="radio"/> Employer sponsored | <input type="radio"/> Medicaid | <input type="radio"/> None/Pay out of pocket |
| <input type="radio"/> Health Insurance Marketplace | <input type="radio"/> Medicare | <input type="radio"/> Other _____ |
| <input type="radio"/> Health Savings Account | <input type="radio"/> Private insurance/private plan | |
| <input type="radio"/> Healthy MT Kids (CHIP) | <input type="radio"/> State/other | |

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

- Excellent Good Fair Poor

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

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

31. 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

32. Which of the following services do you have insurance coverage for? (Select all that apply)

- Medical Vision Dental I have no insurance

Demographics

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

33. Where do you currently live by zip code?

- 59901/03/04 Kalispell 59937 Whitefish 59912 Columbia Falls 59911 Bigfork
 59922 Lakeside 59920 Kila 59932 Somers 59925 Marion

34. What is your gender? Male Female

35. What age range represents you?

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

36. What is your employment status?

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

**Please return in the postage paid envelope enclosed with this survey or mail to:
National Rural Health Resource Center, 600 East Superior Street, Suite 404, Duluth, MN 55802**

THANK YOU VERY MUCH FOR YOUR TIME

Please note that all information will remain confidential

APPENDIX D – FOCUS GROUP, KEY INFORMANT INTERVIEW AND PUBLIC FORUM QUESTIONNAIRES

Focus Group 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 health issues? (Probe question: What do you think are the biggest issues facing local healthcare services?)
3. Are any of the local providers your personal provider or personal provider to your family members? Why?
4. What do you think about these local services:
 - Emergency Services
 - Healthcare Services for Senior Citizens
 - Public/County Health Department
 - Healthcare services for low-income individuals/families
 - Nursing Home/Assisted Living Facility
 - Pharmacy
5. Why might people leave the community for healthcare?
6. What other healthcare services are needed in the community?
7. What are the greatest health assets in our community?

Key Informant Interview Purpose: The purpose of key informant interviews was to collect information from community leaders providing health services to Flathead County residents. The key informant interviews offer a health services provider viewpoint of local programs and services, which complements information gathered from the focus groups and surveys.

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?

Public Forum Purpose: Two public forums were held to gather feedback from community stakeholders and the general public on the draft Community Health Needs Assessment. The participants also provided input on the health issues they see in the community, assets and resources in the community, and strategies to address priority health issues. The information gathered at the public forums informed the selection of the community health priorities and potential strategies to address the chosen priorities.

1. Based on the brief overview of the CHNA you received, is there anything you think is missing or think is inaccurate?

2. What is your definition of health and a healthy community?
3. What key health issues or themes do you see in our community?
4. What assets and resources does our community have to improve the health of the community? For example: skills of residents, faith-based organizations, professional associations, parks, etc.?
5. What healthcare gaps do you see in the community?
6. What do you see as priority health issues in Flathead County?
7. Based on the priority health issues you identified in the previous question, what are some strategies to address those health issues?

APPENDIX E –KEY INFORMANT INTERVIEW CONSULTATIONS

PUBLIC HEALTH AND POPULATIONS CONSULTATION

PUBLIC HEALTH CONSULTATION

Name/Organization

Holly Jordt – Flathead City County Health Department

Jody White – Flathead Community Health Center

Kyle Weber, MD – Kalispell Regional Healthcare

Leslie Nyman - Pathways

Date of Consultation

Key Informant Interviews: July 20, 2015

July 21, 2015

July 24, 2015

Type of Consultation (Interview, Steering Committee, Focus Group, etc.)

Interviews

Input and Recommendations from Consultation

- Need improved access to outdoor recreation and wellness/ physical activity opportunities.
- Tobacco use. Many younger people seeking care for tobacco related concerns.
- Housing. There are a lot of people living in poverty. Hoping Medicaid expansion helps to make a difference for people accessing care.
- Access to healthcare: medical, mental and dental are improving, but still see large need with dental.
- Obesity. Cardiovascular health. Nutrition.
- Education on preventative care and the importance of having an annual checkup or routine dental cleanings every 6 months.
- Education on services available for women’s health, family planning or pregnancy prevention.
- A need for education on what “good health” means.
- Transportation. Need transportation to address medical, dental, behavioral health issues.
- Need for case management services and coordination of resources.
- Drug and alcohol problems. Takes a long time to get people to state facility. Need treatment options outside of the acute setting or ER.
- Seatbelts.
- Cost of medications. Even if people receive care, they cannot always afford to take their medications.
- More mental health service options for people uninsured, unable to receive Medicaid
- Community-based behavioral health focused long-term care facilities for people who don’t need inpatient care but need more specialized care than traditional long-term care facilities provide

Input and Recommendations from Consultation

- Need expanded mental health services for children and adults. Crisis intervention, case management, and medication management.
- Affordable services for children and families.
- Homelessness.
- Access to pediatric services.
- In communities outside of Kalispell there is a need for access to educational opportunities on health and wellness, prevention, nutrition, or even a flu shot.

SENIORS

Name/Organization

Bill Gilbert – Flathead Job Services (Veteran’s representative)
Lisa Sheppard – Flathead County Agency on Aging

Date of Consultation

Key Informant Interview: July 21, 2015

Type of Consultation (Interview, Steering Committee, Focus Group, etc.)

Steering Committee

Input and Recommendations from Consultation

- Transportation.
- Smoking cessation.
- Accessibility in terms of buildings and sidewalks, as well as businesses so people can get around easily.
- Opportunities for older adults to be active and socially engaged.
- Education for older adults on what benefits are available and how they approach their older years. How to make informed choices about their lives and long-term care.
- Support for seniors and their families for those diagnosed with Alzheimer’s and dementia.
- How to help seniors age in place and stay in their home and community.

APPENDIX F – RESPONSES TO CHNA AND CHIP FACILITATION DISCUSSION QUESTIONS



Aggregate Responses to CHNA and CHIP Facilitated Discussion Questions held on January 19 and January 20, 2016:

1. Based on the brief overview of the CHNA you received, is there anything you think is missing or think is inaccurate?

- Positive item- inclusion of questions about healthy lifestyles and behaviors
- Things to note in current report:
 - Cost of care – Medicaid accepted by providers?
 - Total aggregated “mental health issues” becomes #1 health concern, over other top health concerns
 - Flathead County geographic/isolation concerns regarding access to healthcare facilities
 - Knowledge of healthcare services may be overstated
 - Teen pregnancy prevention – FC > MT > US
 - High cost of housing
 - Age group information
 - More suicide information – adults, youth, vets
 - Economic impacts on health
- Things to address in future CHNA:
 - Homeless issues should be included
 - Expanding data collection into smaller communities for more representation from those populations
 - Looking at other ways to gather survey data, such as emailed surveys, to increase response rate
 - Substance abuse – fetal alcohol syndrome – impact of prescription drugs on infants
 - Environmental health issues
 - Specifically children and pregnant women
 - There was nothing about environmental concerns and the impacts they have on health (water quality/radon/etc.) There should be email alerts sent out when there is an environmental concern of some kind.
 - Immunizations – specifically with at risk populations – provider buy-in
 - Caregiving/caregiving support (seniors)
 - Alzheimer’s/dementia – impact on healthcare/long-term care system, reluctance of providers to diagnose

2. What is your definition of health and a healthy community?

- Access to services

- Aware of services and what other organizations are doing
- Adequate mental health services
- Care coordination
- Access to healthcare – specialty services, quality and cost are not barriers
- Preventative maintenance is part of the culture
- Prevention and response
- Access to recreation – not promoted by tourism industry, look at “healthy/active family” aspect
- Absence of illness – mental and physical
- Resources to serve community members
- Resources and knowledge about them
- Enough expertise and resources that are accessible to all so that they can live a fulfilling and active life
- Hierarchy of needs met
- Collaboration
 - Networks and links between organizations for continuity of care and opportunities to collaborate
 - Recognizes community issues and develops action plan
 - Educated providers/healthcare personnel
 - Integration of many domains (social, cultural, economic)
 - Shared “community” identity, connected community
 - Equal playing field
 - Inclusive not exclusive
 - Buy-in from business and others
 - Built environment conducive to healthy living

3. What key health issues or themes do you see in our community?

- Access to services
 - Transportation – emergency transportation being used in non-emergencies due to lack of routine transportation options
 - Mental health services not being utilized and not enough providers
 - Eating disorders
 - Finances – cost of care, housing, food, cost of living too high
 - Preventative dental care
 - Patient education/awareness of services
 - Lack of school nurses
 - Lack of walking/bike paths
 - Case management is needed
 - Lack of understanding and misuse of preventative care
 - Misuse of emergency services, over-use of ER for primary care
 - “Cowboy” mentality – don’t need help, independent, judgment of others
 - “Segmented” care
 - Prevention versus fixing the issue
 - Housing
 - Anxiety, depression, trauma
 - Obesity – related to lack of recreational opportunity use
 - Child care needs – more in foster care than ever, lack of affordable child care
 - Suicide
- Bullying
- Community doesn’t know what community means

- Accountability on all levels – organization, community, personal
- Siloed groups/organizations/services
- Lack of planning for future/health/life stages

4. What assets and resources does our community have to improve the health of the community? For example: skills of residents, faith-based organizations, professional associations, parks, etc.

- Organizations
 - Scholarships at Summit for low-income folks
 - Grants for mental health – SOARS
 - Trained VA providers for suicide assistance
 - RSVP org.
 - Health facilities, cancer center, 2 hospitals, health center with sliding fee scale, Shepherd’s Hand, Health Department
 - Mental health safe house for adults
 - Senior centers for helping seniors stay active
 - Medical community
 - Agency on Aging
 - Flathead Community Health Center
 - Flathead Valley Community College
 - School lunch programs
 - Head start
 - Hospital education programs
 - Faith-based organizations – Love, INC
 - Heart Locker
 - Feed the Flathead
 - Food banks, veterans food pantry
 - HOPE pregnancy
 - Eagle Transit
 - Medicaid Health Improvement Plan
 - Flathead County
 - Number of providers – variety/quality/specialties/etc.
- Community Assets and Resources
 - Generosity in community
 - Events like Spartan races, running races, triathlons
 - Outdoors
 - Lots of programs and services
 - Ability to “get stuff done”
 - Not a lot of competition
 - Outdoor opportunities – walking trails
 - Retired skilled experts in community have time to volunteer but no clear path, barriers such as liability issues exist

5. What healthcare gaps do you see in the community?

- Mental health
 - Suicide
 - Crisis identification leading to regular care
 - Youth crisis line
 - Suicide awareness in schools – teachers, school staff

- Recognition of issues and linkage to care
- In-depth psych evaluations
- Lack of psychiatrists
- Mental health safe house for youth
- Mobile mental health assistance
- Stigma with behavioral health
- Substance abuse treatment – inpatient
- Drug abuse – facility
- Financial barriers
 - High deductibles prevent access to care
 - Low wages, high cost of living
 - PTO for appointments
 - Cost of ambulance
- Patient awareness and access to services
 - Transportation
 - Education about available services
 - High demand, low resources
 - Awareness of what services are available
 - Outreach for healthcare events to educate and link people to services
 - Patient navigation
 - Hours for both urgent care and preventative care
 - Availability of low-income medical care after-hours and in multiple locations
 - Enough providers and dentists to accept Medicaid
 - Maintaining providers at VA
 - Confusion about eligibility regulations – Medicaid, marketplace
 - Healthcare access points are centralized and not rural enough
- Community issues
 - Lack of school nurses
 - Lack of indoor facilities for winter fitness
 - Need to engage younger generations into volunteering
 - Communication between services
 - Walkable areas, connected trails
 - Resistance to planning and zoning – built environment

6. What do you see as priority health issues in Flathead County?

- Homelessness
- Transportation
- Mental health
 - Suicide awareness in schools – teachers, school staff
 - Drugs and alcohol use/abuse
 - Youth mental health gaps – ex: no crisis line for youth
- Long-term care – health of older adults
- Access to services
 - Education and knowledge of available services
 - Availability of low-income medical care after-hours and at multiple locations
- Tobacco use – youth
- Obesity
- Hypertension

- Poverty - lack of jobs – financial stability

7. Based on the priority health issues you identified in the previous question, what are some strategies to address those health issues?

- Mental health
 - Role playing for suicide prevention training
 - 1 page depression screening form available in provider waiting rooms/exam rooms
 - Focus groups with suicide providers and consumers to identify strategies – current methods are working well enough
 - Address stigma – public campaign?, normalize mental health checks through employers requiring annual exams
 - Better define mental health for public and providers
 - Address homeless needs through routine mental health care
 - Educate providers and train them on performing routine mental health exam during physical examination appointment – ensure they know how/who to refer to if necessary
 - Educate providers about addiction and addiction issues
 - Provide information to crisis centers about referring patients to long-term care for mental health
 - Trauma informed care
 - ASSIST model/program
- Collaboration between organizations
 - Better referral system – agencies doing follow-up → Lewis and Clark County – Noble System
 - Work on patient follow-up via medical provider staff – to ensure patient is following instructions, getting better, etc.
 - Collaborate with faith-based organizations for trainings
 - Get the right people involved in the process – collaborate more on initiatives
 - Work with businesses to promote healthy initiatives for employees
 - Case management of super-utilizers (KRMC) – Care Transitions
- Education activities
 - Parent education through school events
 - Advertise health services in county in free resources (like free newspapers)
 - Assess in more detail where people are learning about healthcare services to provide more targeted information through those channels
 - Public campaigns on fetal alcohol syndrome and drugs
 - Focus on youth drug/alcohol prevention
 - Youth prevention programs will impact parents – spread education to adults through children
 - Age-friendly community initiatives to improve health of older adults
 - Community health fairs
 - More prevention activities in schools
 - Promotion of existing services – “selling” services
 - Confusion with Medicaid-assistance for patients and providers to navigate, marketplace help year round?
- Transportation
 - Mobile clinic for primary care to rural areas, homebound individuals, etc.
 - Volunteers to help with transportation issues, can drive folks to/from appointments

APPENDIX G – REFERENCES

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