

Lake County, Montana

Frontier Medicine Better Health Partnership Community Health Needs Assessment Report

Survey conducted by
Providence St. Joseph Medical Center
Polson, Montana

In cooperation with
The Montana Office of Rural Health &
The National Rural Health Resource Center

August 2014



*Innovating
Healthcare
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RURAL HEALTH
RESOURCE CENTER

**Providence St. Joseph Medical Center
Community Health Needs Assessment**

Table of Contents

I. Introduction.....	2
II. Health Assessment Process.....	2
III. Survey Methodology	2
IV. Survey Respondent Demographics	4
V. Survey Findings.....	8
VI. Focus Group Methodology	44
VII. Focus Group Findings.....	45
VIII. Summary.....	48
Appendix A – Steering Committee Members	49
Appendix B – Public Health and Populations Consultation.....	50
Appendix C – Survey Cover Letter	50
Appendix D – Survey Instrument.....	53
Appendix E – Responses to Other and Comments.....	59
Appendix F – Focus Group Questions	63
Appendix G – Focus Group Notes	64
Appendix H – Secondary Data.....	81

**Providence St. Joseph Medical Center
Community Survey & Focus Groups
Summary Report
August 2014**

I. Introduction

Providence St. Joseph Medical Center is a 22-bed Critical Access Hospital (CAH) based in Polson, Montana and is a public non-profit organization. St. Joseph Medical Center provides medical services to the lower Flathead and Mission Valleys with a population of approximately 16,000 people. Providence St. Joseph Medical Center participated in the Community Health Services Development (CHSD) process, a Community Health Needs Assessment (CHNA), conducted by the Montana Office of Rural Health and the National Rural Health Resource Center (NRHRC) in Duluth, Minnesota. The CHNA was funded by the Frontier Medicine Better Health Partnership (FMBHP) Project.

In the summer of 2014, Providence St. Joseph Medical Center's service area was surveyed about its healthcare system. This report shows the results of the survey in both narrative and chart formats. A copy of the survey instrument is included at the end of this report (Appendix D). Readers are invited to familiarize themselves with the survey instrument and the subsequent findings. The narrative report touches on the highlights while the charts present data for virtually every question asked. Please note: some comparisons are available for the 2014 survey data with data from a previous survey conducted in 2011. If any statistical significance exists, it will be reported. The significance level was set at 0.05.

II. Health Assessment Process

A Steering Committee was convened to assist Providence St. Joseph Medical Center in conducting the CHSD assessment process. A diverse group of community members representing various organizations and populations within the community (ex. public health, elderly, uninsured) came together in March 2014. For a list of all Steering Committee members and their affiliations, see Appendix A. The Steering Committee met twice during the CHSD process; first to discuss health concerns in the community and offer their perspective in designing the survey instrument and again to review results of the survey and focus groups.

III. Survey Methodology

Survey Instrument

In June 2014, surveys were mailed out to the residents in Providence St. Joseph Medical Center's service area. The survey was based on a design that has been used extensively in the states of Washington, Wyoming, Alaska, Montana, and Idaho. The survey was designed to provide each facility with information from local residents regarding:

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

Sampling

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

Additionally, three focus groups were held to identify the motives of local residents when selecting healthcare providers and to discover reasons why people may leave the Polson 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 representativeness of the sample, thus a mixture of different data collection methodologies is recommended. Conducting community focus groups and key informant interviews in addition to the random sample survey allows for a more robust sample and, ultimately, these efforts help to increase the community response rate. Partnering with local community organizations such as public health, community health centers, and senior centers, just to name a few, helps to reach segments of the population that might not otherwise respond to a survey or attend a focus group.

Survey Implementation

In June 2014, the community health services survey, a cover letter from the National Rural Health Resource Center with Providence St. Joseph Medical Center's Chief Executive Officer's signature on Providence St. Joseph Medical Center letterhead, and a postage paid reply envelope were mailed to 800 randomly selected residents in the hospital's service area. A news release was sent to local newspapers prior to the survey distribution announcing that Providence St. Joseph Medical Center would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health.

One hundred eighty-four surveys were returned out of 800. Of those 800 surveys, 85 were returned undeliverable for a 26% response rate. From this point on, the total number of surveys will be out of 715. 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 6.23%.

IV. Survey Respondent Demographics

A total of 715 surveys were distributed amongst Providence St. Joseph Medical Center's service area. One hundred and eighty-four were completed for a 26% response rate. The following tables indicate the demographic characteristics of the survey respondents. Information on location, gender, age, and employment is included. Percentages indicated on the tables and graphs are based upon the total number of responses for each individual question, as some respondents did not answer all questions.

Place of Residence (Question 31)

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

Area	Zip code	2011		2014	
		Count	Percent	Count	Percent
Polson	59860	117	70.1%	130	71.8%
Ronan	59864	13	7.8%	16	8.9%
Elmo	59915	6	3.6%	10	5.5%
Pablo	59855	3	1.8%	6	3.3%
St. Ignatius	59865	10	6.0%	6	3.3%
Big Arm	59910	6	3.6%	6	3.3%
Charlo	59824	4	2.4%	4	2.2%
Hot Springs	59845	2	1.1%	0	0
Bigfork	59911	4	2.4%	0	0
Arlee	59821	1	0.6%	Not Asked in 2014	
Lone Pine	59848	1	0.6%	Not Asked in 2014	
Other		0	0.0%	3	1.7%
TOTAL		167	100%	181	100%

"Other" comments:

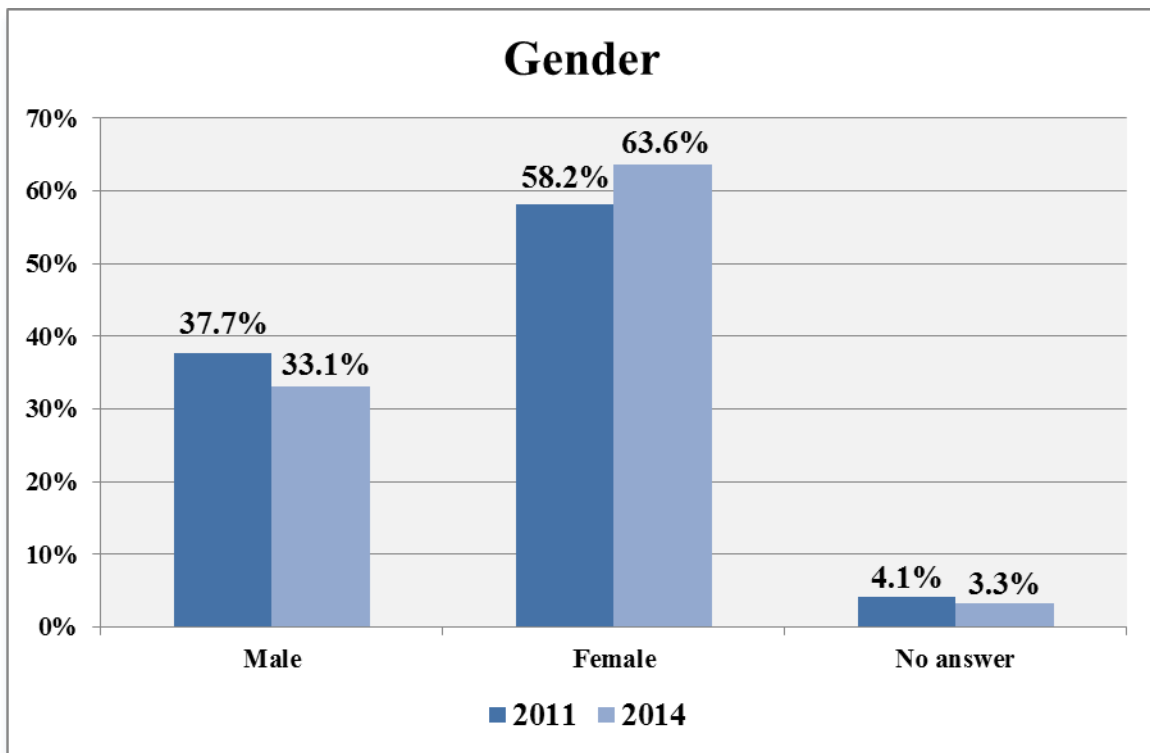
- 59831 (Dixon)

Gender (Question 32)

2014 N= 184

2011 N= 170

Of the 184 surveys returned, 63.6% (n=117) of survey respondents were female, 33.1% (n=61) were male, and 3.3% (n=6) chose not to answer this question. The survey was distributed to a random sample consisting of 50% women and 50% men. It is not unusual for survey respondents to be predominantly female, particularly when the survey is healthcare-oriented since women are frequently the healthcare decision makers for families.

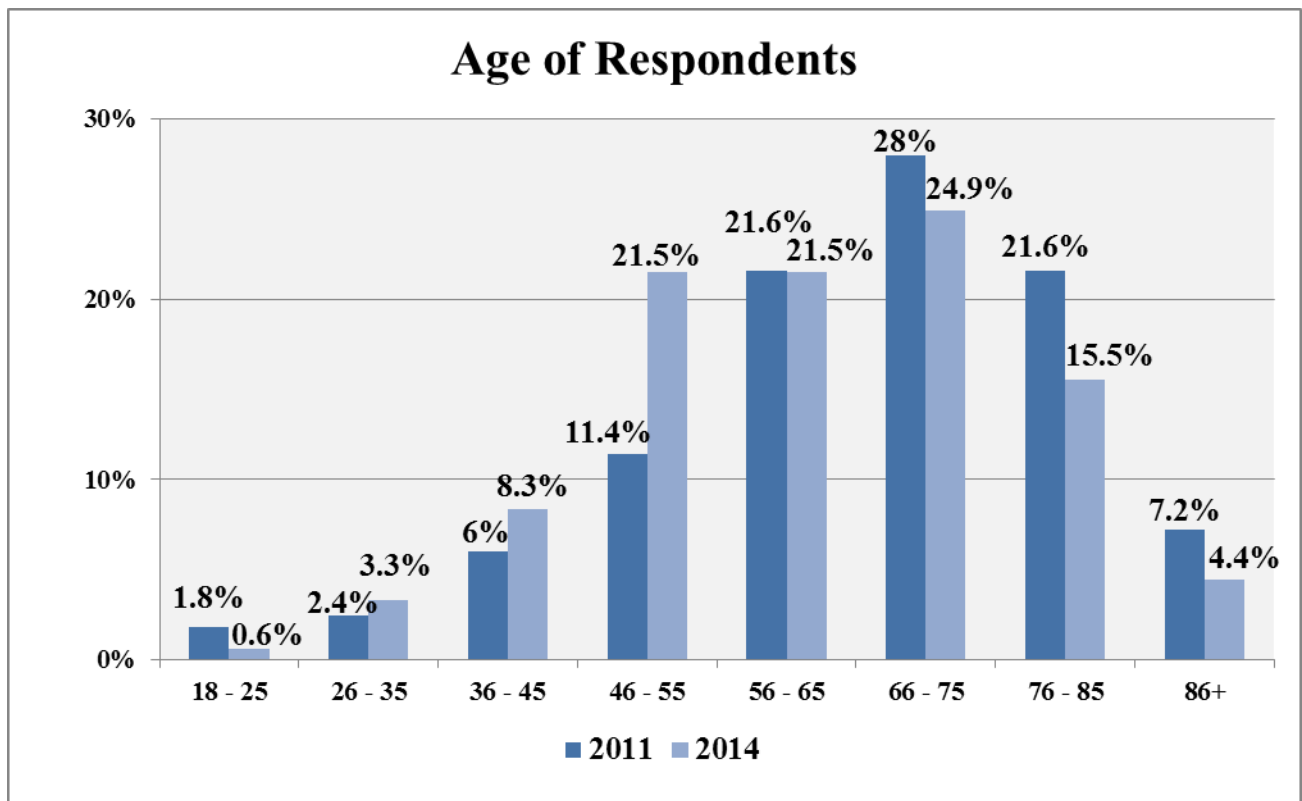


Age of Respondents (Question 33)

2014 N= 181

2011 N= 167

Twenty-five percent of respondents (n=45) were between the ages of 66-75. Twenty-two percent of respondents (n=39) were between the ages of 46-55 and another twenty-two percent (n=39) were between the ages of 56-65. Sixteen percent of respondents (n=28) were between the ages of 76-85. 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. Three respondents did not answer this question.

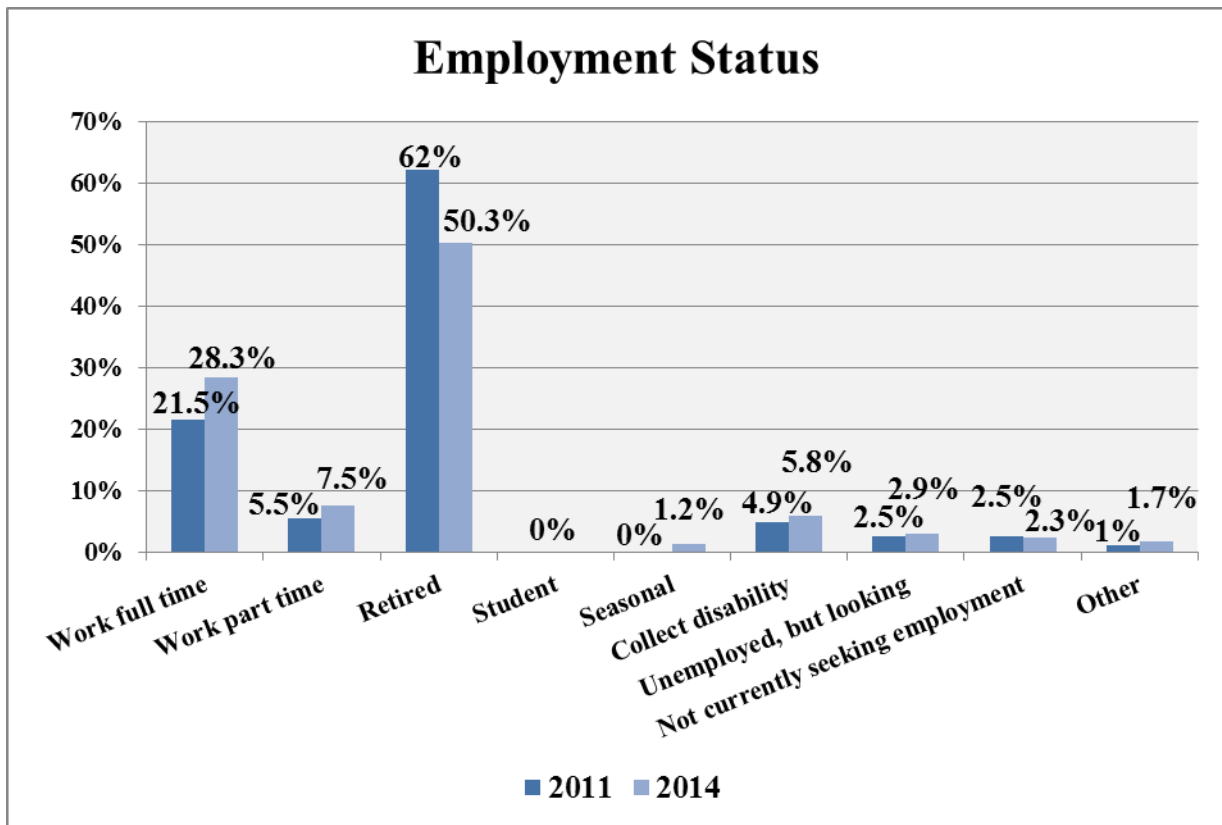


Employment Status (Question 34)

2014 N= 173

2011 N= 163

Fifty percent (n=87) of respondents reported being retired while 28.3% (n=49) work full time. Eight percent of respondents (n=13) indicated they work part time. Respondents could select all that apply so percentages do not equal 100%. Eleven respondents chose not to answer this question.



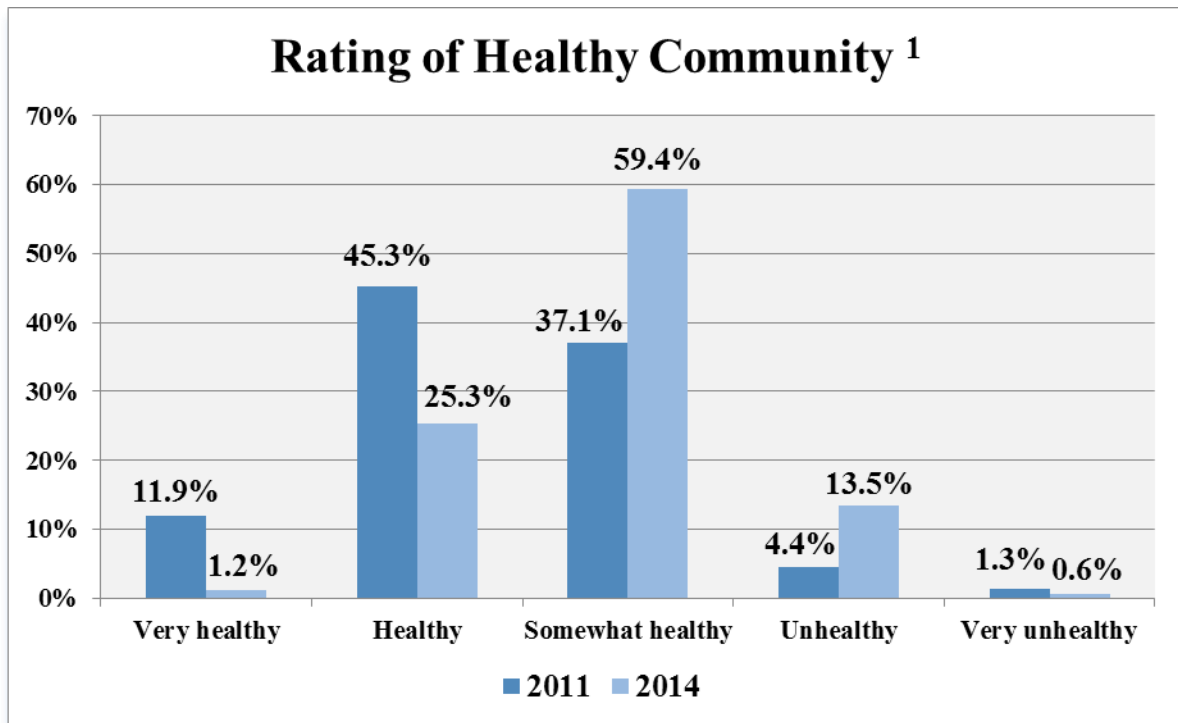
V. Survey Findings – Community Health

Impression of Community (Question 1)

2014 N= 170

2011 N= 159

Respondents were asked to indicate how they would rate the general health of their community. Fifty-nine percent of respondents (n=101) rated their community as “Somewhat healthy.” Twenty-five percent of respondents (n=43) felt their community was “Healthy” and 13.5% (n=23) felt their community was “Unhealthy.” Fourteen respondents chose not to respond to this question.



¹ Significantly fewer respondents rated their community as "very healthy" or "healthy" in 2014 than in 2011.

Health Concerns for Community (Question 2)

2014 N= 184

2011 N= 170

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” at 67.4% (n=124). “Illegal drug abuse” was also a high priority at 57.1% (n=105) then “Overweight/obesity” at 33.7% (n=62). Respondents were asked to pick their top three serious health concerns so percentages do not equal 100%.

Health Concern	2011		2014	
	Count	Percent	Count	Percent
Alcohol abuse	122	71.8%	124	67.4%
Illegal drug abuse	Not asked in 2011		105	57.1%
Overweight/obesity	61	35.9%	62	33.7%
Cancer ¹	59	34.7%	42	22.8%
Prescription drug abuse	Not asked in 2011		40	21.7%
Diabetes	37	21.8%	33	17.9%
Mental health issues	13	7.6%	23	12.5%
Lack of exercise ²	41	24.1%	22	12.0%
Tobacco use ³	33	19.4%	17	9.2%
Depression/anxiety	Not asked in 2011		15	8.2%
Child abuse/neglect	Not asked in 2011		14	7.6%
Domestic violence ⁴	42	24.7%	13	7.1%
Heart disease ⁵	25	14.7%	13	7.1%
Motor vehicle accidents ⁶	30	17.6%	12	6.5%
Lack of access to healthcare	9	5.3%	10	5.4%
Lack of dental care	7	4.1%	6	3.3%
Recreation related accidents/injuries	2	1.2%	4	2.2%
Work related accidents/injuries	4	2.4%	2	1.1%
Stroke	3	1.8%	1	0.5%
Other	4	2.4%	4	2.2%

¹Significantly fewer respondents cited cancer as a significant health concern in 2014 than in 2011.

²Fewer 2014 respondents indicated lack of exercise as an important health concern than in 2011.

³Tobacco use was cited significantly less often in 2014 than in 2011.

⁴In 2014, significantly fewer respondents indicated domestic violence as a serious health concern than in 2011.

⁵Heart disease was indicated significantly less often in 2014 than in 2011.

⁶Motor vehicle accidents was selected significantly less often in 2014 than in 2011.

“Other” comments:

- Lack of spiritual guidance
- Retired age population

Components of a Healthy Community (Question 3)

2014 N= 184

2011 N= 170

Respondents were asked to identify the three most important things for a healthy community. Fifty-four percent of respondents (n=100) indicated that “Access to healthcare and other services” is important for a healthy community. “Good jobs and a healthy economy” was the second most indicated component at 42.9% (n=79) and third was “Healthy behaviors and lifestyles” at 40.2% (n=74). Respondents were asked to identify their top three choices, thus the percentages do not add up to 100%.

Important Component	2011		2014	
	Count	Percent	Count	Percent
Access to healthcare and other services	99	58.2%	100	54.3%
Good jobs and a healthy economy	73	42.9%	79	42.9%
Healthy behaviors and lifestyles	59	34.7%	74	40.2%
Strong family life	48	28.2%	62	33.7%
Low crime/safe neighborhoods	41	24.1%	47	25.5%
Religious or spiritual values	38	22.4%	35	19.0%
Access to mental health services	Not asked in 2011		29	15.8%
Good schools	37	21.8%	28	15.2%
Clean environment	35	20.6%	26	14.1%
Affordable housing ¹	34	20.0%	20	10.9%
Community involvement	14	8.2%	19	10.3%
Tolerance for diversity	8	4.7%	18	9.8%
Low level of domestic violence	9	5.3%	9	4.9%
Low death and disease rates	4	2.4%	7	3.8%
Parks and recreation	5	2.9%	6	3.3%
Arts and cultural events	6	3.5%	2	1.1%
Other	1	0.6%	2	1.1%

¹Significantly fewer respondents in 2014 indicated that affordable housing is an important component of a healthy community.

“Other” comments:

- Nutrition education

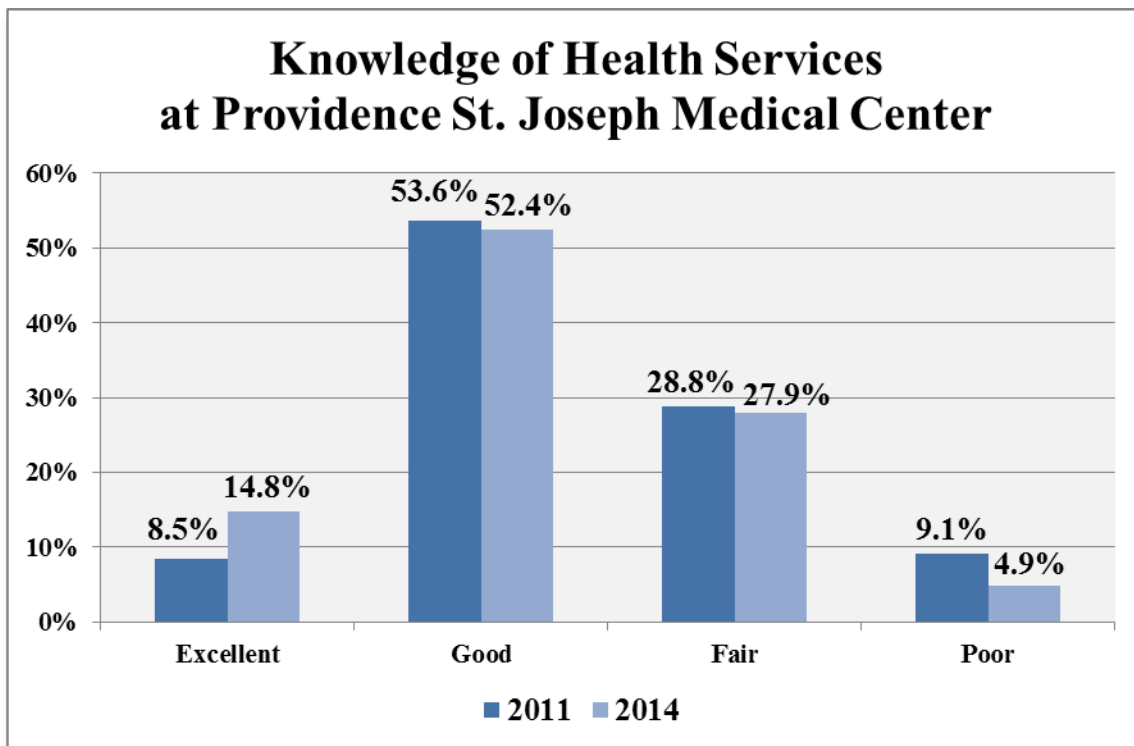
Survey Findings – Awareness of Services

Overall Awareness of Health Services (Question 4)

2014 N= 183

2011 N= 153

Respondents were asked to rate their knowledge of the health services available at Providence St. Joseph Medical Center. Fifty-two percent (n=96) of respondents rated their knowledge of health services as “Good.” Twenty-eight percent (n=51) rated their knowledge as “Fair” and 14.8% of respondents (n=27) rated their knowledge as “Excellent.” One respondent chose not to answer this question.



How Respondents Learn of Healthcare Services (Question 5)

2014 N= 184

2011 N= 170

The most frequent method of learning about available services was through “Friends/family” at 66.3% (n=122). “Word of mouth/reputation” was the second most frequent response at 65.8% (n=121) and “Healthcare provider” was reported at 60.3% (n=111). Respondents could select more than one method so percentages do not equal 100%.

Method	2011		2014	
	Count	Percent	Count	Percent
Friends/family	Not asked in 2011		122	66.3%
Word of mouth/reputation	127	74.7%	121	65.8%
Healthcare provider¹	60	35.3%	111	60.3%
Newspaper	Not asked in 2011		56	30.4%
Mailings/newsletter	Not asked in 2011		41	22.3%
Television ²	9	5.3%	21	11.4%
Radio ³	6	3.5%	20	10.9%
Public health	12	7.1%	18	9.8%
Website/internet ⁴	3	1.8%	14	7.6%
Senior center	Not asked in 2011		10	5.4%
Presentations	9	5.3%	8	4.3%
Other	16	9.4%	11	6.0%

¹In 2014, respondents were more likely to receive information regarding healthcare services from a healthcare provider.

²Respondents were significantly more likely to learn of health services from television in 2014 than in 2011.

³Respondents in 2014 were significantly more likely to learn of health services from the radio.

⁴Website/internet was selected more often by 2014 respondents than 2011 respondents.

“Other” comments:

- Billboards
- Drive past the hospital
- Faith based/ quality of doctors
- Personal experience
- Physician
- Previously employed at the hospital
- Self
- Women wellness

Cross Tabulation of Service Knowledge and Learning about Services

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

**KNOWLEDGE RATING OF PROVIDENCE ST. JOSEPH MEDICAL CENTER SERVICES
BY
HOW RESPONDENTS LEARN ABOUT HEALTHCARE SERVICES**

	Excellent	Good	Fair	Poor	Total
Friends/family	14 (11.6%)	68 (56.2%)	35 (28.9%)	4 (3.3%)	121
Word of mouth/reputation	16 (13.3%)	64 (53.3%)	37 (30.8%)	3 (2.5%)	120
Healthcare provider	17 (15.5%)	60 (54.5%)	30 (27.3%)	3 (2.7%)	110
Newspaper	9 (16.1%)	34 (60.7%)	13 (23.2%)		56
Mailings/newsletter	8 (19.5%)	28 (68.3%)	5 (12.2%)		41
Television	3 (14.3%)	13 (61.9%)	5 (23.8%)		21
Radio	5 (25%)	8 (40%)	6 (30%)	1 (5%)	20
Public Health	4 (22.2%)	10 (55.6%)	3 (16.7%)	1 (5.6%)	18
Website/internet	3 (21.4%)	8 (57.1%)	3 (21.4%)		14
Senior Center	1 (10%)	9 (90%)			10
Presentations	3 (37.5%)	3 (37.5%)	2 (25%)		8
Other	3 (27.3%)	3 (27.3%)	3 (27.3%)	2 (18.2%)	11

Other Community Health Resources Utilized (Question 6)

2014 N= 184

2011 N= 170

Respondents were asked which community health resources, other than the hospital or clinic, they had used in the last three years. “Pharmacy” was the most frequently utilized community health resource cited by respondents at 77.7% (n=143). “Dentist” was also a highly utilized resource at 72.8% (n=134) followed by “Optometry (eyes)” at 59.2% (n=109). Respondents could select more than one resource so percentages do not equal 100%.

Resource	2011		2014	
	Count	Percent	Count	Percent
Pharmacy	139	81.7%	143	77.7%
Dentist	125	73.6%	134	72.8%
Optometry (eyes)	Not asked in 2011		109	59.2%
Chiropractor	36	21.2%	42	22.8%
Audiology	19	11.2%	28	15.2%
Tribal Health Services ¹	12	7.1%	24	13.0%
Public/county health	23	13.6%	19	10.3%
Mental health	12	7.1%	10	5.4%
Senior Center/elder care	7	4.1%	8	4.3%
Naturopathy	14	8.2%	7	3.8%
Other	0	0	8	4.3%

¹Significantly more 2014 respondents indicated using Tribal Health Services than in 2011.

“Other” comments:

- Allergist
- Five Valley’s urology clinic
- Massage
- Physical therapy (4)
- Plastic surgeon
- Surgery center

Improvement for Community’s Access to Healthcare (Question 7)

2014 N= 184

2011 N= 170

Respondents were asked to indicate what they felt would improve their community’s access to healthcare. Forty-seven percent of respondents (n=87) reported that “Access to health insurance” would make the greatest improvement. Forty-two percent of respondents (n=78) indicated they would like “More primary care providers” and 39.7% (n=73) indicated “More specialists” would improve access to care. Respondents could select more than one method so percentages do not equal 100%.

Improvement	2011		2014	
	Count	Percent	Count	Percent
Access to health insurance	Not asked in 2011		87	47.3%
More primary care providers ¹	35	20.6%	78	42.4%
More specialists ²	44	25.9%	73	39.7%
Improved quality of care ³	34	20.0%	63	34.2%
Outpatient services expanded hours ⁴	30	17.6%	54	29.3%
Greater health education services	30	17.6%	46	25.0%
Transportation assistance	22	12.9%	32	17.4%
Cultural awareness ⁵	9	5.3%	21	11.4%
Telemedicine	8	4.7%	11	6.0%
Interpreter services	1	0.6%	4	2.2%
Other	15	8.8%	10	5.4%

¹Significantly more survey respondents indicated more primary care providers available would improve access in 2014 than in 2011.

² More specialists was indicated significantly more often in 2014 than in 2011.

³In 2014, significantly more respondents indicated improved quality of care would improve access to healthcare.

⁴In 2014, significantly more respondents indicated expanded outpatient service hours would improve access to healthcare.

⁵Significantly more respondents indicated cultural awareness would improve access to healthcare in 2014 than in 2011.

“Other” comments:

- Availability of timely visits and primary doctors
- Doctor visits
- Lower cost (3)
- Nurse hotline available 24 hours
- Open MRI [magnetic resonance imaging]
- Quality doctors
- Rides to get groceries
- Universal healthcare for all
- Water testing

Interest in Educational Classes/Programs (Question 8)

2014 N= 184

Respondents were asked if they would be interested in any educational classes/programs if offered locally. The most highly indicated class/program indicated was “Fitness” at 34.2% of respondents (n=63). “Weight loss” and “Women’s health” were both selected by 30.4% of respondents (n=56) and “Health and wellness” followed at 28.8% (n=53). Respondents could select more than one method so percentages do not equal 100%.

Class/Program	2014	
	Count	Percent
Fitness	63	34.2%
Weight loss	56	30.4%
Women’s health	56	30.4%
Health and wellness	53	28.8%
Nutrition	48	26.1%
First aid/CPR	39	21.2%
Diabetes	36	19.6%
Living will	35	19.0%
Alzheimer’s	34	18.5%
Heart disease	31	16.8%
Men’s health	29	15.8%
Parenting	27	14.7%
Grief counseling	23	12.5%
Mental health	22	12.0%
Cancer	20	10.9%
Support groups	18	9.8%
Illegal drug use	11	6.0%
Smoking cessation	10	5.4%
Prescription drug abuse	9	4.9%
Alcohol abuse	3	1.6%
Prenatal	1	0.5%
Other	3	1.6%

“Other” comments:

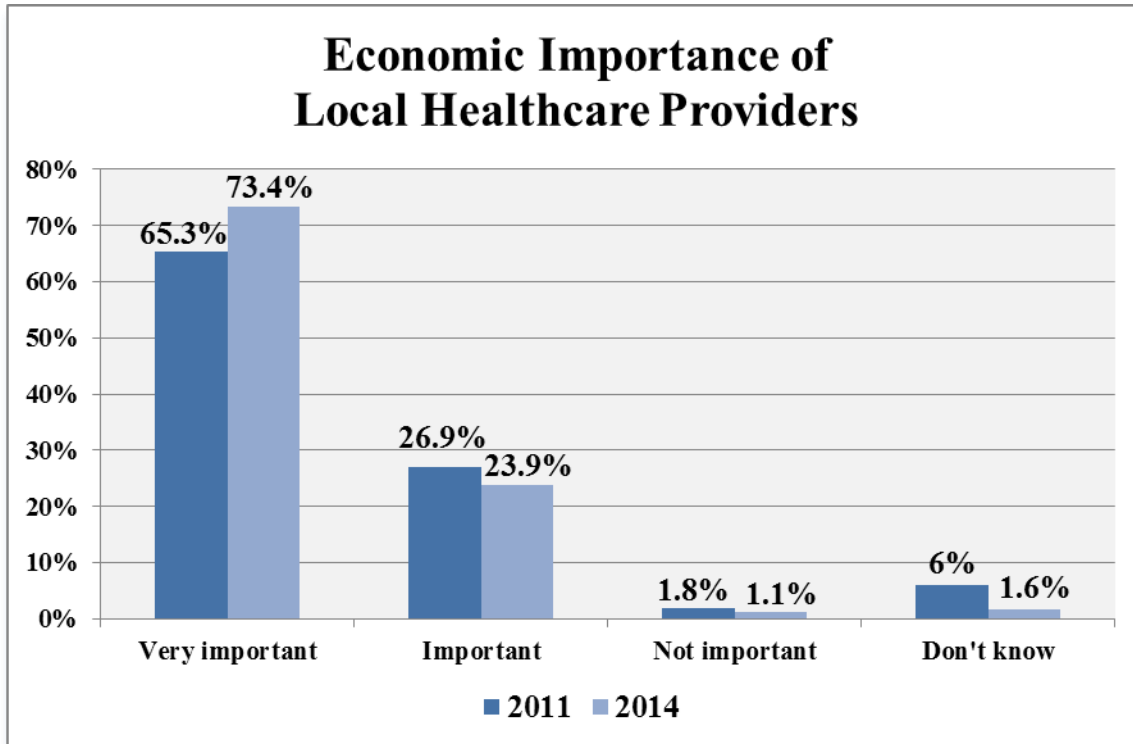
- Fibromyalgia
- Hot tub/swim discounts for elders
- Juicing and organic foods benefits
- Kidney dialysis
- MS [Multiple Sclerosis]
- Prescription drugs: what they do for you and how they may interact with other medications

Economic Importance of Local Healthcare Providers and Services (Question 9)

2014 N= 184

2011 N= 167

The majority of respondents (73.4%, n=135) 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=44) indicated they are “Important” and two respondents, or 1.1%, indicated that they are “Not important.”



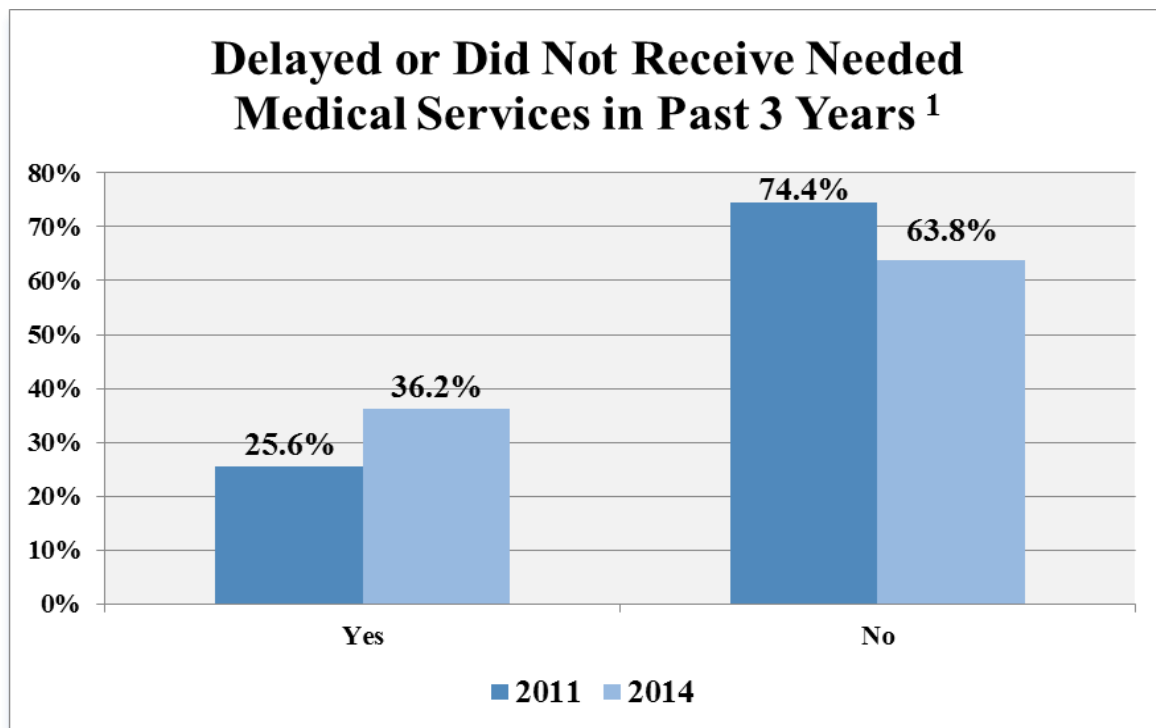
Survey Findings – Use of Healthcare Services

Needed/Delayed Hospital Care During the Past Three Years (Question 10)

2014 N= 174

2011 N= 156

Thirty-six percent of respondents (n=63) 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-four percent of respondents (n=111) felt they were able to get the healthcare services they needed without delay and ten respondents chose not to answer this question.



¹ In 2014, respondents were more likely to indicate they had delayed or did not receive needed medical services in the past three years.

Reasons for NOT Being Able to Receive Services or Delay in Receiving Healthcare Services (Question 11)

2014 N= 63

2011 N= 40

For those who indicated they were unable to receive or had to delay services (n=63), the reasons most cited were: “It costs too much” (55.6%, n=35), both “Could not get an appointment” and “Too long to wait for an appointment” (34.9%, n=22), and “No insurance” (28.6%, n=18). Respondents were asked to indicate their top three choices, thus percentages do not total 100%.

Reason	2011		2014	
	Count	Percent	Count	Percent
It costs too much	22	55.0%	35	55.6%
Could not get an appointment¹	2	5.0%	22	34.9%
Too long to wait for an appointment	7	17.5%	22	34.9%
No insurance	14	35.0%	18	28.6%
Thought I would get better on my own	Not asked in 2011		13	20.6%
My insurance didn't cover it	7	17.5%	11	17.5%
Not treated with respect	3	7.5%	6	9.5%
Too nervous or afraid	5	12.5%	4	6.3%
Unsure if services were available	1	2.5%	4	6.3%
Don't like doctors	4	10.0%	3	4.8%
Could not get off work	2	5.0%	2	3.2%
Didn't know where to go	1	2.5%	2	3.2%
Office wasn't open when I could go	5	12.5%	2	3.2%
Transportation problems	3	7.5%	2	3.2%
Inconvenient	Not asked in 2011		2	3.2%
It was too far to go	1	2.5%	1	1.6%
Language barrier	0	0	0	0
Had no one to care for the children	1	2.5%	0	0
Other	8	20.0%	6	9.5%

¹Significantly more respondents reported that they delayed seeking healthcare because they could not get an appointment in 2014 than in 2011.

“Other” comments:

- Lack of quality doctors at St. Joe's
- Need a doctor and can only see physician assistants and don't get answers from the doctor as promised

Utilization of Preventative Services (Question 12)

2014 N= 184

Respondents were asked if they had utilized any of the preventative services listed in the past year. “Routine health checkup” was selected by 59.2% of respondents (n=109). Fifty-four percent of respondents (n=100) indicated they received a “Flu shot” and 53.3% of respondents (n=98) had a “Routine blood pressure check.” Respondents could select all that apply, thus the percentages do not equal 100%.

Service	2014	
	Count	Percent
Routine health checkup	109	59.2%
Flu shot	100	54.3%
Routine blood pressure check	98	53.3%
Cholesterol check	88	47.8%
Mammography	69	37.5%
Pap smear	46	25.0%
Immunizations	32	17.4%
Diabetes prevention	23	12.5%
Colonoscopy	22	12.0%
None	20	10.9%
Prostate (PSA)	19	10.3%
Children’s checkup/Well baby	14	7.6%
Other	13	7.1%

“Other” comments:

- Annual post cancer checkup
- Blood panel
- Dermatologist
- Kidney failure in Missoula
- Kids sports physicals
- Labs (3)
- MMR [measles, mumps, and rubella vaccine]
- Pelvic check
- Screenings
- Teeth cleaning
- VA clinic services

Desired Local Healthcare Services (Question 13)

2014 N= 184

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 “Dermatology” services available at 35.3% (n=65) followed by “Arthritis (Rheumatology)” at 26.6% (n=49), then “Pain management” at 26.1% (n=48). Respondents were asked to select all that apply so percentages do not equal 100%.

Service	2014	
	Count	Percent
Dermatology	65	35.3%
Arthritis (Rheumatology)	49	26.6%
Pain management	48	26.1%
Mental health	13	7.1%
Dialysis	8	4.3%
Geriatrics	7	3.8%
Pediatrics	7	3.8%
Other	15	8.2%

“Other” comments:

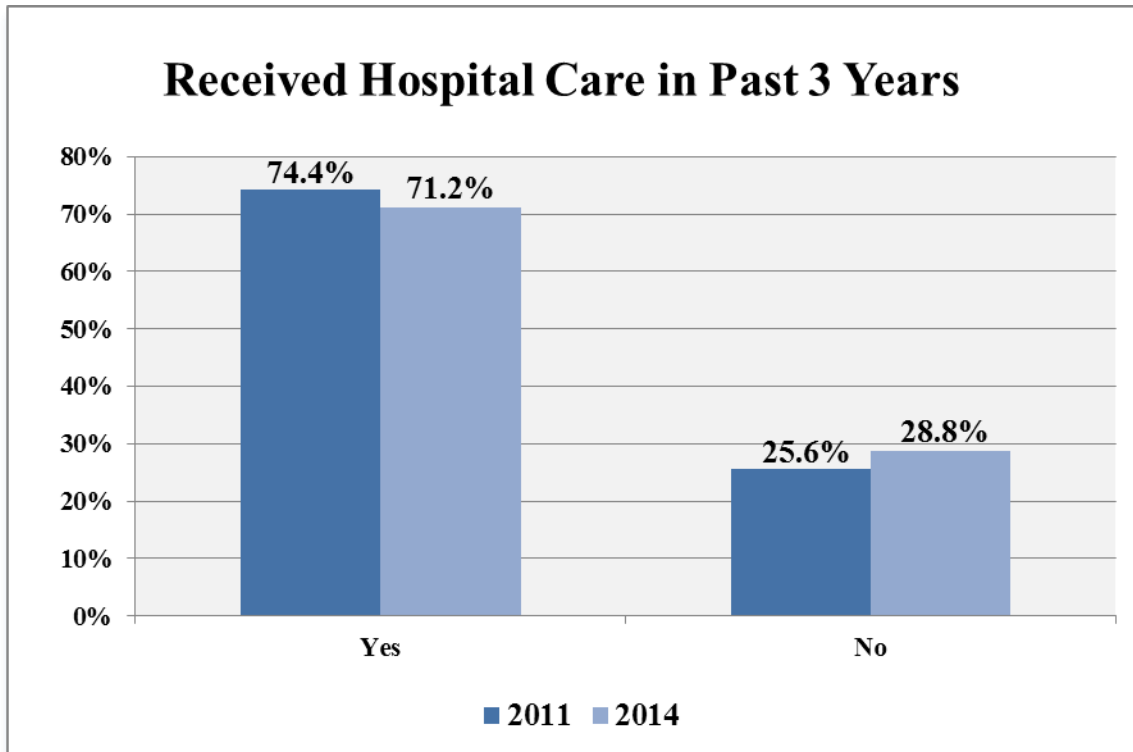
- Affordable prostate and colon exams
- Bone doctor
- Could not change doctors
- Ear doctor
- GI [gastroenterology]
- Migraine management
- Nutrition education
- Open MRI [magnetic resonance imaging]
- Podiatrist (2)

Hospital Care Received in the Past Three Years (Question 14)

2014 N= 177

2011 N= 160

Seventy-one percent of respondents (n=126) reported that they or a member of their family had received hospital care (i.e. hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care) during the previous three years. Twenty-nine percent (n=51) had not received hospital services and seven respondents chose not to answer this question.



Hospital Used Most in the Past Three Years (Question 15)

2014 N= 113

2011 N= 104

Of the 126 respondents who indicated receiving hospital care in the previous three years, 46% (n=52) reported receiving care at Providence St. Joseph Medical Center in Polson. Nineteen percent of respondents (n=21) went to St. Luke Community Healthcare in Ronan and 16.8% of respondents (n=19) utilized services at St. Patrick Hospital in Missoula. Thirteen of the 126 respondents who reported they had been to a hospital in the past three years did not indicate which hospital they had utilized.

Hospital	2011		2014	
	Count	Percent	Count	Percent
Providence St. Joseph Medical Center (Polson)	52	50.0%	52	46.0%
St. Luke Community Healthcare (Ronan)	27	26.0%	21	18.6%
St. Patrick Hospital (Missoula)	10	9.6%	19	16.8%
Kalispell Regional Medical Center (Kalispell)	9	8.7%	8	7.1%
Community Medical Center (Missoula)	4	3.8%	7	6.2%
Clark Fork Valley Hospital (Plains)	Not asked in 2011		1	0.9%
Other	2	1.9%	5	4.4%
TOTAL	104	100%	113	100%

“Other” comments:

- Del Webb hospital (Sun City, AZ)
- Providence Sacred Heart in Spokane, WA
- University of Washington

Reasons for Selecting the Hospital Used (Question 16)

2014 N= 126

2011 N= 119

Of the 126 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 54% (n=68) then “Prior experience with hospital” was selected by 46.8% of the respondents (n=59). Both “Hospital’s reputation for quality” and “Referred by physician” were indicated by 35.7% (n=45) of respondents. Please note that respondents were asked to select the top three answers which influenced their choices; therefore the percentages do not equal 100%.

Reason	2011		2014	
	Count	Percent	Count	Percent
Closest to home	70	58.8%	68	54.0%
Prior experience with hospital	69	58.0%	59	46.8%
Hospital’s reputation for quality¹	27	22.7%	45	35.7%
Referred by physician	55	46.2%	45	35.7%
Emergency, no choice	27	22.7%	33	26.2%
I prefer the hospital I use	Not asked in 2011		24	19.0%
Recommended by family or friends	12	10.1%	16	12.7%
Closest to work	5	4.2%	7	5.6%
Required by insurance plan	4	3.4%	5	4.0%
Cost of care	5	4.2%	4	3.2%
VA/Military requirement	1	0.8%	3	2.4%
Other	12	10.1%	11	8.7%

¹In 2014, statistically more respondents reported selecting a hospital based on quality than in 2011.

“Other” comments:

- Diagnosis too complex for St. Joe’s.
- Free service
- Friendly staff
- It was open
- Only hospital that could do surgery
- Specialty services
- That is where my favorite medical providers are

Cross Tabulation of Hospital and Residence

Analysis was done to examine where respondents utilized hospital services the most in the past three years with where they live by zip code. The chart below shows the results of the cross tabulation. Hospital location is across the top of the table and residents' zip codes are along the side.

LOCATION OF MOST OFTEN UTILIZED HOSPITAL BY RESIDENCE

	Providence St. Joseph Medical Center (Polson)	Community Medical Center (Missoula)	Kalispell Regional Medical Center (Kalispell)	St. Luke Community Healthcare (Ronan)	St. Patrick Hospital (Missoula)	Clark Fork Valley Hospital (Plains)	Other	Total
Polson 59860	46 (60.5%)	46 (60.5%)	2 (2.6%)	10 (13.2%)	9 (11.8%)		4 (5.3%)	76
Ronan 59864			1 (9.1%)	7 (63.6%)	2 (18.2%)			11
Elmo 59915	3 (37.5%)	3 (37.5%)	1 (12.5%)	1 (12.5%)	2 (25%)			8
Big Arm 59910			4 (66.7%)		1 (16.7%)		1 (16.7%)	6
St. Ignatius 59865	1 (25%)	1 (25%)		1 (25%)	2 (50%)			4
Pablo 59855	1 (25%)	1 (25%)		1 (25%)	2 (50%)			4
Charlo 59824	1 (50%)	1 (50%)		1 (50%)				2
Bigfork 59911								0
Hot Springs 59845								0
Other					1 (50%)	1 (50%)		2
TOTAL	52 (46%)	52 (46%)	8 (7.1%)	21 (18.6%)	19 (16.8%)	1 (0.9%)	5 (4.4%)	113

Cross Tabulation of Hospital and Reason Selected

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

LOCATION OF MOST UTILIZED HOSPITAL BY REASONS HOSPITAL SELECTED

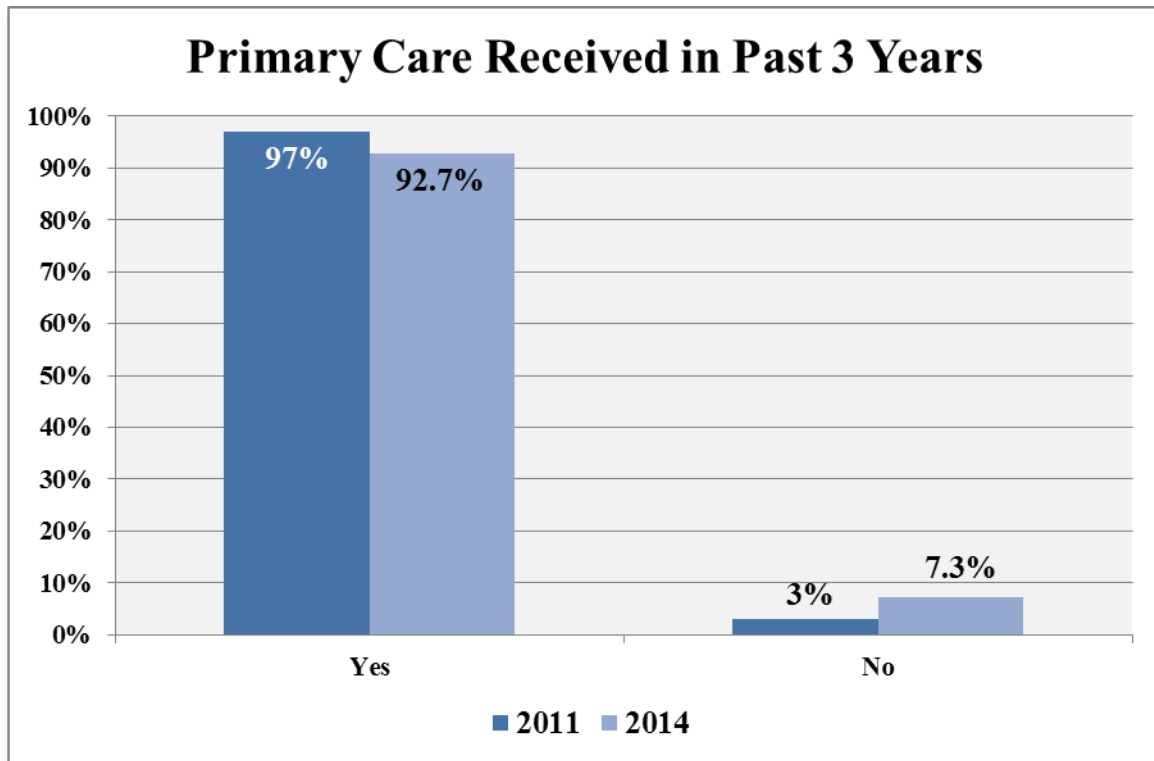
	Providence St. Joseph Medical Center (Polson)	Community Medical Center (Missoula)	Kalispell Regional Medical Center (Kalispell)	St. Luke Community Healthcare (Ronan)	St. Patrick Hospital (Missoula)	Clark Fork Valley Hospital (Plains)	Other	Total
Closest to home	45 (76.3%)	3 (5.1%)		7 (11.9%)	1 (1.7%)		3 (5.1%)	59
Prior experience with hospital	24 (44.4%)	3 (5.6%)	3 (5.6%)	10 (18.5%)	10 (18.5%)	1 (1.9%)	3 (5.6%)	54
Hospital's reputation for quality	12 (30.8%)	2 (5.1%)	5 (12.8%)	6 (15.4%)	10 (25.6%)	1 (2.6%)	3 (7.7%)	39
Referred by physician	10 (26.3%)	2 (5.3%)	7 (18.4%)	6 (15.8%)	11 (28.9%)		2 (5.3%)	38
Emergency, no choice	17 (53.1%)	3 (9.4%)		4 (12.5%)	7 (21.9%)		1 (3.1%)	32
I prefer the hospital I use	11 (47.8%)	1 (4.3%)	1 (4.3%)	4 (17.4%)	4 (17.4%)		2 (8.7%)	23
Recommended by family or friends	6 (40%)	2 (13.3%)	1 (6.7%)	4 (26.7%)	1 (6.7%)		1 (6.7%)	15
Closest to work	6 (85.7%)	1 (14.3%)						7
Required by insurance plan	4 (100%)							4
Cost of care	2 (66.7%)				1 (33.3%)			3
VA/Military requirement			1 (50%)			1 (50%)		2
Other	3 (30%)			3 (30%)	2 (20%)		2 (20%)	10

Primary Care Received in the Past Three Years (Question 17)

2014 N= 178

2011 N= 164

Ninety-three percent of respondents (n=165) 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=13) had not seen a primary care provider and six respondents chose not to answer this question.



Location of Primary Care Provider (Question 18)

2014 N= 151

2011 N= 145

Of the 165 respondents who indicated receiving primary care services in the previous three years, 51.7% (n=78) reported receiving care at St. Joseph Medical Clinic in Polson. Nearly fourteen percent of respondents (n=21) selected “Other” and 13.2% of respondents (n=20) utilized primary care services at St. Luke Community Clinic in Ronan. Fourteen of the 165 respondents who reported they had utilized primary care services in the past three years did not indicate where they received those services.

Clinic	2011		2014	
	Count	Percent	Count	Percent
St. Joseph Medical Clinic (Polson)	74	51.0%	78	51.7%
St. Luke Community Clinic (Ronan)	22	15.2%	20	13.2%
St. Luke Community Clinic (Polson)	18	12.4%	19	12.6%
St. Joseph Medical Clinic (Ronan)	1	0.7%	5	3.3%
Tribal clinics	1	0.7%	3	2.0%
Providence St. Patrick's (Missoula)	Not asked in 2011		3	2.0%
Kalispell Regional Medical Center (Kalispell)	Not asked in 2011		2	1.3%
Polson Health Clinic (Kalispell’s Clinic in Polson)	5	3.4%	Not asked in 2014	
Other	24	16.6%	21	13.9%
TOTAL	145	100%	151	100%

“Other” comments:

- Big Sky
- Community Medical Center in Missoula
- Flathead Community Health
- Garden Wall (4)
- Grant Creek Family Practice
- Kalispell
- KRMC [Kalispell Regional Medical Center] Polson Health (5)
- Westshore Clinic in Kalispell

Reasons for Selection of Primary Care Provider (Question 19)

2014 N= 165

2011 N= 159

Those respondents who indicated they or someone in their household had been seen by a primary care provider within the past three years were asked to indicate why they chose that primary care provider. “Closest to home” (43.6%, n=72) was the most frequently cited factor in primary care provider selection followed closely by “Prior experience with clinic” at 43% (n=71). Twenty-five percent of respondents (n=41) indicated the provider was “Recommended by family or friends.” Respondents were asked to select all that apply so the percentages do not equal 100%.

Reason	2011		2014	
	Count	Percent	Count	Percent
Closest to home	76	47.8%	72	43.6%
Prior experience with clinic	67	42.1%	71	43.0%
Recommended by family or friends	44	27.7%	41	24.8%
Appointment availability	43	27.0%	38	23.0%
Clinic’s reputation for quality	31	19.5%	35	21.2%
I prefer the clinic I use	Not asked in 2011		35	21.2%
Referred by physician or other provider	24	15.1%	23	13.9%
Length of waiting room time	10	6.3%	14	8.5%
Indian Health Services	Not asked in 2011		7	4.2%
Cost of care	6	3.8%	5	3.0%
Required by insurance plan	5	3.1%	5	3.0%
VA/Military requirement	4	2.5%	5	3.0%
Other	20	12.6%	20	12.1%

“Other” comments:

- Bad experiences with the other clinic
- Excellent medical professionals
- History/like using the doctor (9)
- In my Medicare network
- I no longer have a PCP [primary care provider] as I could never get an appointment with him when I needed to
- Personal experiences
- Wanted female primary care doctor
- Worked at St. Lukes

Cross Tabulation of Primary Care and Residence

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

LOCATION OF PRIMARY CARE PROVIDER MOST UTILIZED BY RESIDENCE

	St. Joseph Medical Clinic (Polson)	St. Joseph Medical Clinic (Ronan)	St. Luke Community Clinic (Polson)	St. Luke Community Clinic (Ronan)	Tribal Clinics	Kalispell Regional Medical Center (Kalispell)	St. Patrick's (Missoula)	Other	Tot.
Polson 59860	68 (63.6%)	1 (0.9%)	16 (15%)	8 (7.5%)		1 (0.9%)	1 (0.9%)	12 (11.2%)	107
Ronan 59864	1 (7.1%)	1 (7.1%)	2 (14.3%)	10 (71.4%)					14
Elmo 59915	3 (42.9%)	1 (14.3%)					1 (14.3%)	2 (28.6%)	7
Big Arm 59910	2 (33.3%)		1 (16.7%)			1 (16.7%)		2 (33.3%)	6
St. Ignatius 59865	1 (20%)				1 (20%)		1 (20%)	2 (40%)	5
Pablo 59855	3 (60%)	1 (20%)		1 (20%)					5
Charlo 59824		1 (33.3%)		1 (33.3%)	1 (33.3%)				3
Bigfork 59911									0
Hot Springs 59845									0
Other								3 (100%)	3
TOTAL	78 (52%)	5 (3.3%)	19 (12.7%)	20 (13.3%)	2 (1.3%)	2 (1.3%)	3 (2%)	21 (14%)	150

Cross Tabulation of Clinic and Reason Selected

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

LOCATION OF PRIMARY CARE PROVIDER BY REASONS CLINIC SELECTED

	St. Joseph Medical Clinic (Polson)	St. Joseph Medical Clinic (Ronan)	St. Luke Community Clinic (Polson)	St. Luke Community Clinic (Ronan)	Tribal Clinics	Kalispell Regional Medical Center (Kalispell)	St. Patrick's (Missoula)	Other	Total
Prior experience with clinic	33 (50%)	3 (4.5%)	8 (12.1%)	12 (18.2%)			1 (1.5%)	9 (13.6%)	66
Closest to home	46 (70.8%)	2 (3.1%)	4 (6.2%)	7 (10.8%)	2 (3.1%)	1 (1.5%)		3 (4.6%)	65
Recommended by family or friends	16 (44.4%)	1 (2.8%)	9 (25%)	2 (5.6%)	1 (2.8%)	2 (5.6%)		5 (13.9%)	36
Appointment availability	16 (47.1%)	1 (2.9%)	5 (14.7%)	4 (11.8%)			1 (2.9%)	7 (20.6%)	34
Clinic's reputation for quality	12 (37.5%)	1 (3.1%)	8 (25%)	3 (9.4%)				8 (25%)	32
I prefer the clinic I use	12 (37.5%)	1 (3.1%)	8 (25%)	3 (9.4%)			2 (6.3%)	6 (18.8%)	32
Referred by physician or other provider	11 (55%)	2 (10%)	1 (5%)	3 (15%)		1 (5%)	1 (5%)	1 (5%)	20
Length of waiting room time	5 (41.7%)		2 (16.7%)	1 (8.3%)			1 (8.3%)	3 (25%)	12
Indian Health Services	3 (50%)	1 (16.7%)			2 (33.3%)				6
Cost of care			1 (20%)	1 (20%)				3 (60%)	5
VA/Military requirement	2 (40%)							3 (60%)	5
Required by insurance plan	3 (75%)			1 (25%)					4
Other	8 (44.4%)	1 (5.6%)	3 (16.7%)	1 (5.6%)				5 (27.8%)	18

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

2014 N= 174

2011 N= 160

Eighty-three percent of respondents (n=144) indicated they or a household member had seen a healthcare specialist during the past three years. Seventeen percent (n=30) indicated they had not seen a specialist and ten respondents chose not to answer this question.



Type of Healthcare Specialist Seen (Question 21)

2014 N= 144

2011 N= 125

The respondents (n=144) saw a wide array of healthcare specialists in the past three years. The most frequently indicated specialist was a “Dentist” at 56.9% of respondents (n=82) having utilized their services. “Ophthalmologist (eyes)” was the second most utilized specialist at 43.8% (n=63) and “Dermatologist (skin)” was third at 29.9% (n=43). Respondents were asked to choose all that apply so percentages do not equal 100%.

Healthcare Specialist	2011		2014	
	Count	Percent	Count	Percent
Dentist¹	52	41.6%	82	56.9%
Ophthalmologist (eyes)	Not asked in 2011		63	43.8%
Dermatologist (skin)	37	29.6%	43	29.9%
Cardiologist (heart)	39	31.2%	38	26.4%
Physical therapist	32	25.6%	36	25.0%
Chiropractor ²	15	12.0%	34	23.6%
Orthopedic surgeon	36	28.8%	31	21.5%
Radiologist ³	35	28.0%	25	17.4%
ENT (ear/nose/throat)	17	13.6%	24	16.7%
OB/GYN	19	15.2%	224	16.7%
General surgeon	17	13.6%	20	13.9%
Neurologist	10	8.0%	20	13.9%
Gastroenterologist	13	10.4%	19	13.2%
Oncologist (cancer)	18	14.4%	18	12.5%
Endocrinologist (diabetes) ⁴	1	0.8%	13	9.0%
Neurosurgeon	11	8.8%	11	7.6%
Pulmonologist (lungs)	9	7.2%	11	7.6%
Rheumatologist (arthritis)	10	8.0%	11	7.6%
Pain management	Not asked in 2011		10	6.9%
Dietician ⁵	1	0.8%	9	6.3%
Nephrology (kidney)	3	2.4%	9	6.3%
Urologist	15	12.0%	9	6.3%
Mental health counselor	8	6.4%	8	5.6%
Podiatrist (feet)	4	3.2%	8	5.6%
Allergist	8	6.4%	6	4.2%
Psychiatrist (M.D.)	3	2.4%	4	2.8%
Occupational therapist	5	4.0%	3	2.1%
Social worker	1	0.8%	3	2.1%
Speech therapist	1	0.8%	3	2.1%
Psychologist	5	4.0%	1	0.7%
Geriatrician	2	1.6%	0	0
Pediatrician	2	1.6%	0	0
Substance abuse counselor	1	0.8%	0	0
Other	12	9.6%	11	7.6%

Question 21 continued on following page...

Question 21 continued...

¹Significantly more respondents in 2014 have been to a dentist in the past three years than in 2011.

²In 2014, significantly more respondents reported visiting a chiropractor in the past three years.

³Significantly fewer 2014 respondents have seen a radiologist in the past three years than in 2011.

⁴2014 respondents were significantly more likely to have seen an endocrinologist in the past three years.

⁵Respondents were significantly more likely to have visited a dietician in 2014 than in 2011.

“Other” comments:

- Audiologist (2)
- Custom orthotics
- Doctor at Urgent Care
- ER doctor to stitch my hand
- Hematologist (2)
- Naturopathy
- Plastic surgeon

Location of Healthcare Specialist (Question 22)

2014 N= 144

2011 N= 125

Of the 144 respondents who indicated they saw a healthcare specialist in the past three years, 44.4% (n=64) saw one at St. Joseph Medical Clinic in Polson. Thirty-six percent of respondents (n=52) selected “Other” and Providence St. Patrick’s in Missoula was utilized by 28.5% (n=41) of respondents for specialty care. Respondents could select more than one location; therefore percentages do not equal 100%.

Location	2011		2014	
	Count	Percent	Count	Percent
St. Joseph Medical Clinic (Polson)¹	75	60.0%	64	44.4%
Providence St. Patrick's (Missoula)²	59	47.2%	41	28.5%
Kalispell Regional Medical Center (Kalispell) ³	46	36.8%	32	22.2%
St. Luke Community Clinic (Ronan) ⁴	28	22.4%	19	13.2%
Tribal clinics	Not asked in 2011		7	4.9%
Other⁵	6	4.8%	52	36.1%

¹Significantly fewer respondents visited a specialist at St. Joseph Medical Clinic in Polson in 2014 than in 2011.

²Significantly fewer 2014 respondents visited a specialist at Providence St. Patrick's in Missoula.

³Significantly fewer 2014 respondents saw a specialist at Kalispell Regional Medical Center in Kalispell.

⁴In 2014, significantly fewer respondents visited a specialist at St. Luke Community Clinic in Ronan.

⁵2014 respondents were significantly more likely to visit a specialist at a location not listed as an option on the survey.

“Other” comments:

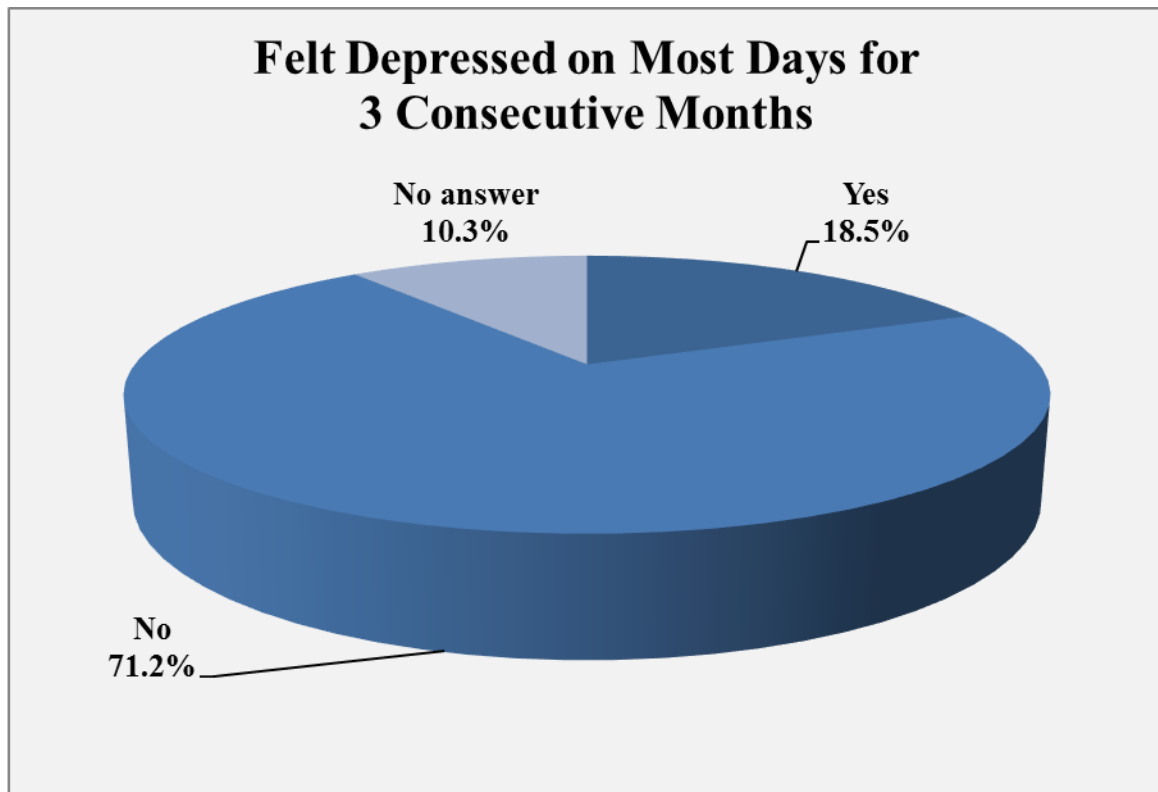
- Bone and Joint in Missoula
- Private office
- Chiropractor’s office
- Rocky Mountain Eye Clinic (2)
- Community Medical Center in Missoula (5)
- Ronan Eye Clinic
- Del Webb hospital (Sun City, AZ)
- Ronan Dentist
- Dental office (2)
- Tamarack Medical Clinic in Kalispell
- Dermatology Associates (2)
- VA in Helena (2)
- Dr. L. Wilson in Missoula
- VA in Kalispell
- Huntsman Cancer Center in Salt Lake City, UT
- VA in Missoula (3)
- Polson Health
- Western Montana Clinic

Survey Findings – Personal Health

Prevalence of Depression (Question 23)

2014 N= 184

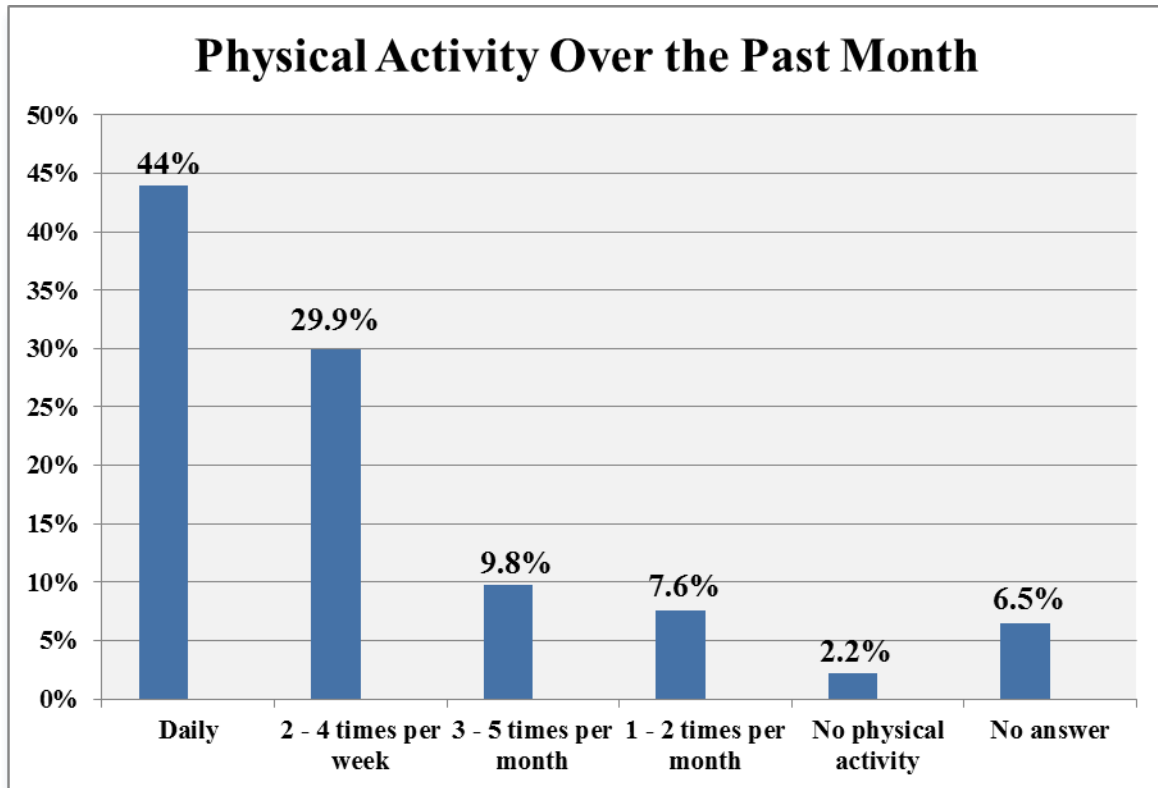
Respondents were asked to indicate if there were periods of at least three consecutive months in the past three years where they felt depressed on most days, although they may have felt okay sometimes. Nineteen percent of respondents (n=34) indicated they had experienced periods of feeling depressed and 71.2% of respondents (n=131) indicated they had not. Ten percent of respondents (n=19) chose not to answer this question.



Physical Activity (Question 24)

2014 N= 184

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Forty-four percent of respondents (n=81) indicated they had physical activity of at least twenty minutes “Daily” over the past month and 29.9% (n=55) indicated they had physical activity “2-4 times per week.” Two percent of respondents (n=4) indicated they had “No physical activity” and 6.5% (n=12) respondents chose not to answer this question.

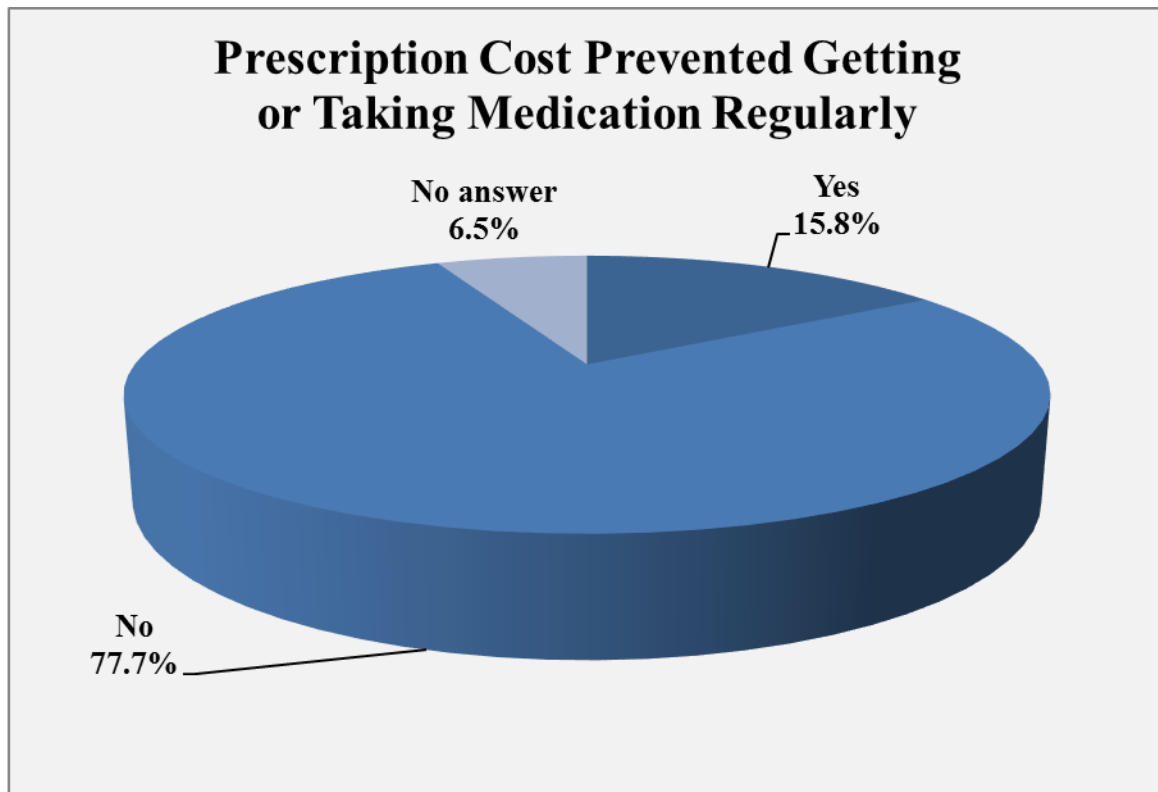


Survey Findings – Cost and Health Insurance

Cost and Prescription Medications (Question 25)

2014 N= 184

Respondents were asked to indicate if medication costs had prohibited them from getting a prescription or taking their medication regularly. Sixteen percent of respondents (n=29) indicated that, in the last year, cost had prohibited them from getting a prescription or taking their medication regularly. Seventy-eight percent of respondents (n=143) indicated that cost had not prohibited them, and seven percent of respondents (n=12) chose not to answer this question.



Medical Insurance (Question 26)

2014 N= 140

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Thirty-three percent (n=46) indicated they have “Medicare” and 25% (n=35) indicated they have “Employer sponsored” coverage while 10% (n=14) indicated “Tribal Health.” Forty-four respondents chose not to answer this question.

Insurance Type	2014	
	Count	Percent
Medicare	46	32.9%
Employer sponsored	35	25.0%
Tribal Health	14	10.0%
None/Pay out of pocket	11	7.9%
Private insurance/private plan	9	6.4%
Health insurance marketplace	7	5.0%
VA/Military	6	4.3%
Health Savings Account	3	2.1%
Medicaid	3	2.1%
Healthy MT Kids	2	1.4%
Agricultural Corp. Paid	0	0
State/other	0	0
Other	4	2.9%
TOTAL	140	100%

“Other” comments:

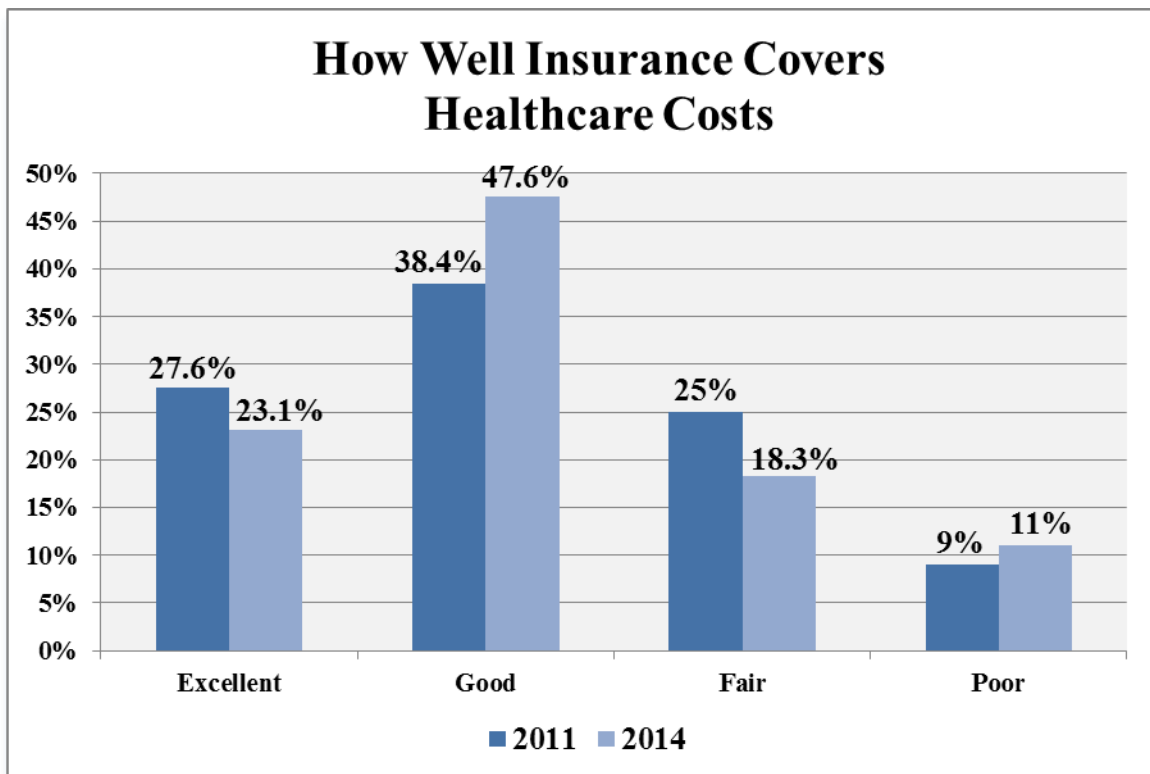
- Assurant
- BC/BS [Blue Cross Blue Shield]
- New West

Insurance and Healthcare Costs (Question 27)

2014 N= 164

2011 N= 156

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Forty-eight percent of respondents (n=78) indicated they felt their insurance covers a “Good” amount of their healthcare costs. Twenty-three percent of respondents (n=38) indicated they felt their insurance is “Excellent” and 18.3% of respondents (n=30) indicated they felt their insurance coverage was “Fair.” Twenty respondents chose not to answer this question.



Barriers to Having Health Insurance (Question 28)

2014 N= 11

2011 N= 9

Those respondents who indicated they did not have medical insurance were asked to indicate why they did not. Sixty-four percent (n=7) 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	2011		2014	
	Count	Percent	Count	Percent
Cannot afford to pay for medical insurance	8	88.9%	7	63.6%
Employer does not offer insurance	2	22.2%	1	9.1%
Choose not to have medical insurance	1	11.1%	1	9.1%
Other	1	11.1%	1	9.1%

“Other” comments:

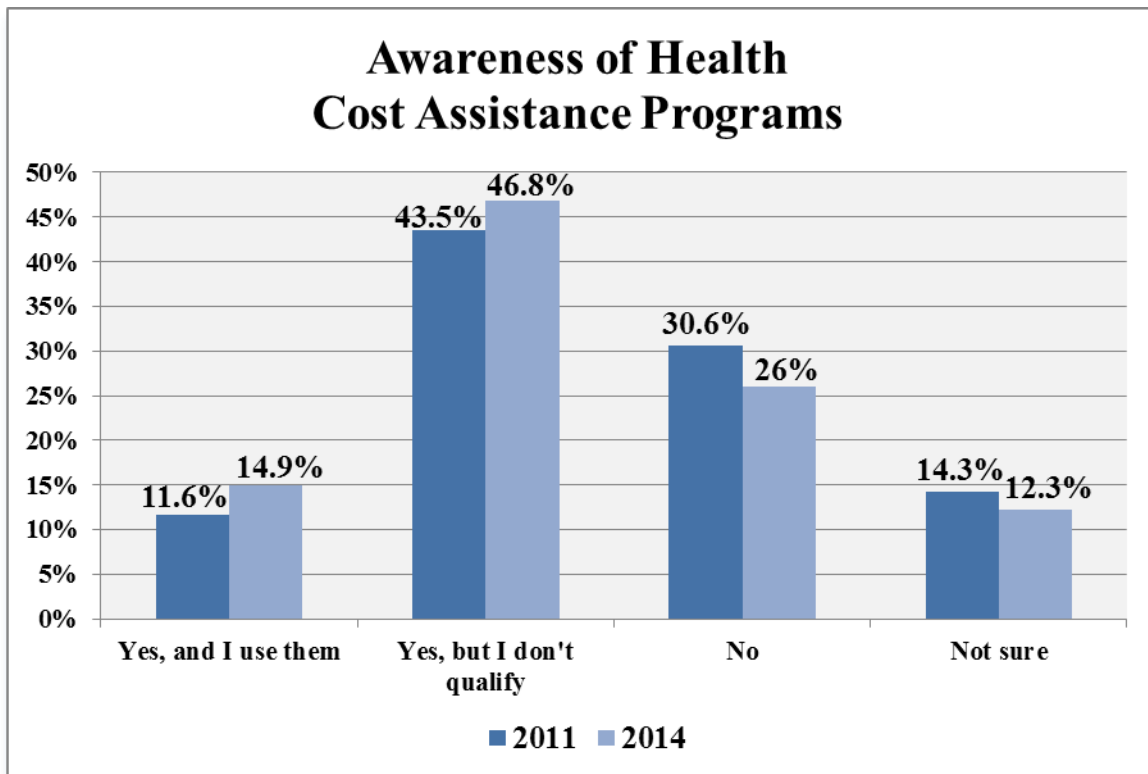
- Just changed jobs
- Lapse in coverage between jobs
- Medishare “people helping others pay medical bills”

Awareness of Health Payment Programs (Question 29)

2014 N= 154

2011 N= 147

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. Forty-seven percent of respondents (n=72) indicated they were aware of these types of programs, but did not qualify to utilize them. Twenty-six percent (n=40) indicated that they were not aware or did not know of these programs and 14.9% of respondents (n=23) indicated they were aware of and utilized health payment assistance programs. Thirty respondents chose not to answer this question.



Overall Quality of Care at Providence St. Joseph Medical Center (Question 30)

2014 N= 184

2011 N= 170

Respondents were asked to rate a variety of aspects of the overall care provided at Providence St. Joseph Medical Center 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 “Laboratory” receiving the top average score of 3.5 out of 4.0. The total average score was 3.2, indicating the overall services of the hospital to be “Excellent” to “Good.”

2014	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Don't know	No Ans.	N	Avg
Laboratory	59	45	3	2	7	46	184	3.5
Assisted living	17	5	2	3	17	111	184	3.3
Physical therapy/ rehabilitation	27	24	4	2	11	82	184	3.3
Radiology	28	37	3	1	11	75	184	3.3
Women's health (OB/GYN)	34	22	7	3	67	11	184	3.3
General surgery	20	15	4	4	14	89	184	3.2
Orthopedics	15	17	5	1	16	92	184	3.2
Emergency room	34	47	13	8	9	56	184	3.0
ENT (ear/nose/throat)	8	14	1	3	20	103	184	3.0
Oncology (cancer treatment)	7	9	4	1	13	101	184	3.0
Cardiology	9	18	3	4	18	103	184	2.9
TOTAL	241	221	45	25				3.2

2011	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Don't know/ No answer	N	Avg
Oncology (cancer treatment)	12	4	0	1	153	170	3.6
Laboratory	51	36	2	1	80	170	3.5
Radiology	40	33	2	0	95	170	3.5
Women's health (OB/GYN)	23	14	1	1	131	170	3.5
Assisted living	6	3	2	0	159	170	3.4
General surgery	13	10	3	1	143	170	3.3
Physical therapy/ rehabilitation	24	22	8	1	115	170	3.3
Emergency room	38	33	10	4	85	170	3.2
ENT (ear/nose/throat)	3	7	1	0	159	170	3.2
Cardiology	12	11	4	2	141	170	3.1
Orthopedics	6	10	3	1	150	170	3.1
TOTAL	228	183	36	12			3.4

VI. Focus Group Methodology

Three focus groups were held in Polson, Montana in October 2013. Focus group participants were identified as people living in Providence St. Joseph Medical Center's service area.

Eighteen people participated in the three focus group interviews. The focus groups were designed to represent various consumer groups of healthcare including senior citizens and local community members. Focus groups were held at the North Lake County Public Library. Each group meeting lasted up to 90 minutes in length and followed the same line of questioning in each session (Appendix F). The questions and discussions at the focus groups were led by Amanda Judisch with the Montana Office of Rural Health.

Focus group notes can be found in Appendix G of this report.

VII. Focus Group Findings

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

- *Major issues in healthcare-* A variety of themes were discussed throughout the focus group meetings. The most common concerns were: high turnover of hospital staff, high numbers of local children with cancer, obesity, low child immunization rates, a need for nutrition education, drug problems in the community, and lack of follow-up with medical care.
- *Opinion of services and quality of care at Providence St. Joseph Medical Center:*

Quality of Care- Participants felt the quality of care provided at the hospital is positive, especially in the clinic. Participants would prefer to see a difference in fees depending on if they saw a PA or an MD for their care. One participant noted, “We have been taking advantage of the walk-in clinic; they get you checked in right away. You don’t have to wait to see a doctor. You might not see your regular doctor, but at least you are able to see someone.”

Number of Services- In general, participants seemed happy with the number of services provided and appreciated the chemotherapy services that are available once a week. However, they felt that some travelling specialists should be available in Polson more often because of high demand. In addition, participants noted some community members may not be aware of many services available at St. Joe’s. One participant in particular stated, “I don’t know of all of the services available, but fortunately I haven’t had to use them.”

Hospital Staff- Participants discussed the hospital staff in terms of style of care and competence. Doctors were viewed well even though they are perceived to be busy and “spread too thin.” A number of participants did express extreme concern for the high turnover of hospital staff, especially in the last few years. Participants were pleased with the PAs, NPs, and most nurses.

Hospital Board and Leadership- The hospital board was not known well by many participants. In general, participants believe the board is too corporate and needs to become more involved in the local community. One participant noted, “If the board is having trouble, that shows that the community has no control over what is going on in the hospital.”

Business Office- Participants stated that billing is handled out-of-state which causes delays and can be frustrating. However, participants spoke highly of the local business office employees and found them to be helpful and cordial.

Condition of Facility and Equipment- Participants seemed happy with the condition of the facility. They described it as clean and beautiful and, overall, were pleased with the equipment available. One participant mentioned, “I’m sure that as a small hospital, you won’t have the newest equipment.”

Financial Health of the Hospital- Participants were unaware of St. Joe’s financial health but many perceived that the hospital is not in good financial standing.

Cost- Participants felt that the cost of all healthcare is expensive but they didn’t believe cost is any higher at St. Joe’s compared to other hospitals. Participants noted they appreciate the reduced-cost “35 deal” for sports physicals for students involved in athletics.

Office/Clinic Staff- Participants spoke highly of clinic staff but noted that the high turnover of office staff hinders their ability to transfer calls to the correct people in the hospital. One participant noted, “I have had trouble working with the people that are not local.”

Availability- Focus group participants felt that the availability of appointments is good as long as people do not request to see a specific provider. One participant stated, “Seeing a regular doctor can be a long wait, but you can get an appointment to see someone [a PA] at least.” Participants were also appreciative of the walk-in clinic.

- *Opinion of local providers-* Participants indicated they use local providers because of convenience and because they know the providers well and trust them, noting “Our doctor has become our family friend. It is nice that way because they know your family history.” Participants expressed frustration over the high turnover rates of physicians.
- *Opinion of Local Services:*

Emergency Room- Participants had both positive and negative experiences with the emergency room noting, “Care at the ER is luck of the draw.”

Ambulance Service- Participants spoke very highly of the privately owned ambulance service and their staff of EMTs.

Healthcare Services for Senior Citizens- Participants mentioned there are numerous services for senior citizens in the area including senior citizen centers, home health organizations, transportation services, assisted living facilities, and the nursing home.

Public/County Health Department- Many participants were unaware of the range of services provided by the county health department. Participants who were more familiar with the health department shared very positive remarks, “They are great. They are under some stress in their department, but they are great. They are diligent and work hard day after day. They are real warriors.”

Healthcare Services for Low-Income Individuals- Participants mentioned several resources available to low-income individuals and families but expressed concern for people ‘in the middle.’ One person noted, “I think it is the people in the middle that fall through the cracks. If people don’t qualify for Medicaid but do not have enough money to buy insurance, they are stuck.”

Nursing Home/Assisted Living Facility- Participants were pleased with the nursing home and assisted living options available in Polson. Participants noted the nursing home is quite small but has improved recently.

Pharmacy- Participants mentioned there are a lot of pharmacies in Polson and that they are impressed with the pharmacists. Several participants mentioned that the pharmacy at St. Joe’s is exceptional and is the least expensive pharmacy in town.

- *What Would Make the Community a Healthier Place to Live-* Participants offered many suggestions for making Polson and the surrounding area a healthier place to live. They focused on the importance of services for the aging population and the importance of improving the community’s perception of the hospital. One participant commented, “You can get some care done here [at St. Joe’s] that is as good as or better than St. Patrick’s hospital, but people around here won’t believe it.” Participants also indicated a need for preventative services and mentioned poverty and lack of insurance to be prominent community health issues.
- *Why people might leave the community for healthcare services-* Generally, participants would leave Polson because of negative perceptions of the hospital or if their provider left to practice elsewhere. Several participants mentioned they have been referred to Missoula or Kalispell for more-specialized services that are beyond St. Joe’s capabilities.
- *Health Services needed in the Community-* Additional services that participants felt are needed is dialysis, training for providers in childhood developmental issues, expanding the hours of certain health events like ‘Women’s Health Day’ after work hours, and continuing preventative care. Participants stressed the importance of retaining local providers and also indicated a need for a pediatrician and a surgeon.

VIII. Summary

One hundred eighty-four surveys were completed in Providence St. Joseph Medical Center's service area for a 26% response rate. Of the 184 returned, 63.6% of the respondents were females, 66.3% were 56 years of age or older, and 50.3% are retired.

Respondents rated the overall quality of care at the hospital as excellent to good, scoring 3.2 out of 4.0 on a scale of 4.0 being excellent and 1.0 being poor.

Over half of the respondents (59.4%) feel the Polson area is a "somewhat healthy" place to live. Significantly fewer respondents rated the Polson area as very healthy or healthy than in 2011.

Respondents indicated their top three health concerns were: alcohol abuse (67.4%), illegal drug abuse (57.1%), and overweight/obesity (33.7%).

When respondents were asked which health related educational programs or classes they would be most interested in, the top choices were: fitness (34.2%), weight loss (30.4%), women's health (30.4%), and health and wellness (28.8%).

Overall, the respondents within Providence St. Joseph Medical Center's service area are seeking hospital care at a rate that is typically seen in rural areas. Area residents recognize the major impact the healthcare sector has on the economic well-being of the area, with 73.4% of respondents identifying local healthcare services as "very important" to the economic well-being of the area.

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

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

Appendix A – Steering Committee Members

Steering Committee – Name and Organization Affiliation

1. Brandy Allison – Clinic Manager, Providence St. Joseph Medical Center
2. Brian Wilson, DPT – Manager of Rehabilitations Services Department & Better Health Improvement Specialist (BHIS), Providence St. Joseph Medical Center
3. Emily Colomeda – Public Health Nurse, Health Services Director, Lake County Health Department
4. Erin Rumelhart – Director of Nursing, Providence St. Joseph Medical Center
5. Garry Pitts, DDS – Director, Confederated Salish and Kootenai Tribes Dental Program
6. Heather Knutson – Mayor, City of Polson
7. Jeremy Mitchell, DO – Family Medicine, Providence St. Joseph Medical Center
8. Ric Smith – Real Estate Agent, Century 21
9. Robert McDonald – Tribal Communications Director, Confederated Salish and Kootenai Tribes

Appendix B – Public Health and Populations Consultation

Public Health and Populations Consultation Worksheet

1. Public Health

- a. Name/Organization
Emily Colomeda – Public Health Nurse, Health Services Director, Lake County Health Department
Garry Pitts, DDS – Director, Confederated Salish and Kootenai Tribes Dental Program
- b. Date of Consultation
First Steering Committee Meeting: March 17, 2014
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Steering Committee
- d. Input and Recommendations from Consultation
 - Access to mental health services is a concern.
 - It would be important to know about both adult and child immunizations.

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

Population: Tribal/American Indian

- a. Name/Organization
Robert McDonald – Tribal Communications Director, Confederated Salish and Kootenai Tribes
Garry Pitts, DDS – Director, Confederated Salish and Kootenai Tribes Dental Program
- b. Date of Consultation
First Steering Committee Meeting: March 17, 2014
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Steering Committee
- d. Input and Recommendations from Consultation
 - There is a substantial presence of alcohol abuse and substance abuse in this community so they should be represented as separate ideas on the survey.
 - Meth and opiates are the most common substances in our area.
 - A DEA [Drug Enforcement Administration] agent shared with me that the number one cause of death for children is no longer accidents. It is prescription drug abuse.
 - Diabetes is a great concern.

Population: Youth

a. Name/Organization

Mary Moberly – Director of Nursing, Providence St. Joseph Medical Center

b. Date of Consultation

First Steering Committee Meeting: March 17, 2014

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

Steering Committee

d. Input and Recommendations from Consultation

- In order to get young families to use and continue to use the hospital, then OB/GYN and pediatric services need to be offered.

Population: Seniors

a. Name/Organization

Jeremy Mitchell, DO – Family Medicine, Providence St. Joseph Medical Center

b. Date of Consultation

First Steering Committee Meeting: March 17, 2014

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

Steering Committee

d. Input and Recommendations from Consultation

- Geriatrics is of interest for Providence St. Joseph Medical Center.

Population: Low-income/Underinsured

a. Name/Organization

Michael Kusiek – Better Health Improvement Specialist, Providence St. Joseph Medical Center

b. Date of Consultation

First Steering Committee Meeting: March 17, 2014

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

Steering Committee

d. Input and Recommendations from Consultation

- People who signed up for insurance through the health insurance marketplaces would recognize the “Health Insurance Marketplace” option in the survey.

Appendix C – Survey Cover Letter

6 13th Ave E P.O. Box 1010,
Polson, MT 59860
T: 406.883.5680
F: 406.883.8960



63351 US Hwy 93,
Ronan, MT 59864
T: 406.676.5680
F: 406.676.5690

June 6, 2014

Dear Resident:

Please participate in our Community Health Needs Assessment survey and have a chance to WIN a \$100 gas card!

This letter and survey concern the future of healthcare in Polson and the surrounding area. By completing the enclosed survey, you will help guide Providence St. Joseph Medical Center in developing comprehensive and affordable healthcare services to our area residents. Your help will be critical in determining the community's perception of local healthcare services and identifying important issues.

Your name was selected at random and your identity and answers will remain anonymous.

However, 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.

Providence St. Joseph Medical Center is participating in the Frontier Medicine Better Health Partnership (FMBHP), which was formed to address the unique healthcare challenges in frontier/rural communities in Montana in order to develop solutions which can be applied nationwide. The Montana Office of Rural Health will be assisting us in completing this survey process. The purpose of the survey is to obtain information from area residents to assist our community in meeting healthcare needs.

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 18, 2014.
Keep the other raffle ticket in a safe place.

The winning raffle ticket number will be announced on Providence St. Joseph's website (montana.providence.org) on **July 25, 2014.**

Your response is very important to Providence St. Joseph Medical Center because your comments will represent others in the area and help guide us in planning responsive and high quality local healthcare services for the future. Even if you do not use healthcare services through Providence St. Joseph Medical Center, 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 much appreciated in responding to this survey and we are offering you this chance to win a \$100 gas card as a thank you for completing the enclosed survey.

All survey responses will go to the National Rural Health Resource Center in Duluth, Minnesota, the organization that is assisting with this project. If you have any questions about the survey, please call the Montana Office of Rural Health at 406-994-6001. Thank you for your assistance. We appreciate your effort.

Sincerely,



James Kiser, CEO
Providence St. Joseph Medical Center

Appendix D – Survey Instrument

Community Health Needs Assessment Survey Polson, 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 to not answer any question that you do not want to answer, and you can stop at any time.

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

- Very healthy Healthy Somewhat healthy Unhealthy Very unhealthy

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

- | | | |
|---|--|---|
| <input type="radio"/> Alcohol abuse | <input type="radio"/> Illegal drug use | <input type="radio"/> Prescription drug abuse |
| <input type="radio"/> Cancer | <input type="radio"/> Lack of access to healthcare | <input type="radio"/> Recreation related accidents/injuries |
| <input type="radio"/> Child abuse/neglect | <input type="radio"/> Lack of dental care | <input type="radio"/> Stroke |
| <input type="radio"/> Depression/anxiety | <input type="radio"/> Lack of exercise | <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"/> Low crime/safe neighborhoods |
| <input type="radio"/> Access to mental health services | <input type="radio"/> Low death and disease rates |
| <input type="radio"/> Affordable housing | <input type="radio"/> Low level of domestic violence |
| <input type="radio"/> Arts and cultural events | <input type="radio"/> Parks and recreation |
| <input type="radio"/> Clean environment | <input type="radio"/> Religious or spiritual values |
| <input type="radio"/> Community involvement | <input type="radio"/> Strong family life |
| <input type="radio"/> Good jobs and a healthy economy | <input type="radio"/> Tolerance for diversity |
| <input type="radio"/> Good schools | <input type="radio"/> Other _____ |
| <input type="radio"/> Healthy behaviors and lifestyles | |

4. How do you rate your knowledge of the health services that are available at Providence St. Joseph Medical Center?

- Excellent Good Fair Poor

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

- Friends/family
- Presentations
- Television
- Healthcare provider
- Public health
- Word of mouth/reputation
- Mailings/newsletter
- Radio
- Website/internet
- Newspaper
- Senior center
- Other _____

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

- Audiology
- Naturopathy
- Senior Center/elder care
- Chiropractor
- Optometry (eyes)
- Tribal Health Services
- Dentist
- Pharmacy
- Other _____
- Mental health
- Public/county health

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

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

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

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

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 receive healthcare services? (Select ONLY 3 that apply)

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

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

- | | | |
|--|--------------------------------------|--|
| <input type="radio"/> Children's checkup/Well baby | <input type="radio"/> Immunizations | <input type="radio"/> Routine blood pressure check |
| <input type="radio"/> Cholesterol check | <input type="radio"/> Mammography | <input type="radio"/> Routine health checkup |
| <input type="radio"/> Colonoscopy | <input type="radio"/> Pap smear | <input type="radio"/> None |
| <input type="radio"/> Diabetes prevention | <input type="radio"/> Prostate (PSA) | <input type="radio"/> Other _____ |
| <input type="radio"/> Flu shot | | |

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

- | | | | |
|--|----------------------------------|---------------------------------------|-----------------------------------|
| <input type="radio"/> Arthritis (Rheumatology) | <input type="radio"/> Dialysis | <input type="radio"/> Mental health | <input type="radio"/> Pediatrics |
| <input type="radio"/> Dermatology | <input type="radio"/> Geriatrics | <input type="radio"/> Pain management | <input type="radio"/> 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 #17)

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

- | | |
|---|---|
| <input type="radio"/> Providence St. Joseph Medical Center (Polson) | <input type="radio"/> St. Patrick Hospital (Missoula) |
| <input type="radio"/> Kalispell Regional Medical Center (Kalispell) | <input type="radio"/> Clark Fork Valley Hospital (Plains) |
| <input type="radio"/> Community Medical Center (Missoula) | <input type="radio"/> Other _____ |
| <input type="radio"/> St. Luke Community Healthcare (Ronan) | |

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

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

17. 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 #20)

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

- | | |
|--|---|
| <input type="radio"/> St. Joseph Medical Clinic (Polson) | <input type="radio"/> Tribal clinics |
| <input type="radio"/> St. Joseph Medical Clinic (Ronan) | <input type="radio"/> Kalispell Regional Medical Center (Kalispell) |
| <input type="radio"/> St. Luke Community Clinic (Polson) | <input type="radio"/> Providence St. Patrick's (Missoula) |
| <input type="radio"/> St. Luke Community Clinic (Ronan) | <input type="radio"/> Other _____ |

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

- | | |
|---|---|
| <input type="radio"/> Appointment availability | <input type="radio"/> Prior experience with clinic |
| <input type="radio"/> Clinic's reputation for quality | <input type="radio"/> Recommended by family or friends |
| <input type="radio"/> Closest to home | <input type="radio"/> Referred by physician or other provider |
| <input type="radio"/> Cost of care | <input type="radio"/> Required by insurance plan |
| <input type="radio"/> I prefer the clinic I use | <input type="radio"/> VA/Military requirement |
| <input type="radio"/> Indian Health Services | <input type="radio"/> Other _____ |
| <input type="radio"/> Length of waiting room time | |

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

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

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

- | | | |
|--|--|--|
| <input type="radio"/> Allergist | <input type="radio"/> Neurologist | <input type="radio"/> Psychiatrist (M.D.) |
| <input type="radio"/> Cardiologist (heart) | <input type="radio"/> Neurosurgeon | <input type="radio"/> Psychologist |
| <input type="radio"/> Chiropractor | <input type="radio"/> Nephrology (kidney) | <input type="radio"/> Pulmonologist (lungs) |
| <input type="radio"/> Dentist | <input type="radio"/> OB/GYN | <input type="radio"/> Radiologist |
| <input type="radio"/> Dermatologist (skin) | <input type="radio"/> Occupational therapist | <input type="radio"/> Rheumatologist (arthritis) |
| <input type="radio"/> Dietician | <input type="radio"/> Oncologist (cancer) | <input type="radio"/> Social worker |
| <input type="radio"/> Endocrinologist (diabetes) | <input type="radio"/> Ophthalmologist (eyes) | <input type="radio"/> Speech therapist |
| <input type="radio"/> ENT (ear/nose/throat) | <input type="radio"/> Orthopedic surgeon | <input type="radio"/> Substance abuse counselor |
| <input type="radio"/> Gastroenterologist | <input type="radio"/> Pain management | <input type="radio"/> Urologist |
| <input type="radio"/> General surgeon | <input type="radio"/> Pediatrician | <input type="radio"/> Other _____ |
| <input type="radio"/> Geriatrician | <input type="radio"/> Physical therapist | |
| <input type="radio"/> Mental health counselor | <input type="radio"/> Podiatrist (feet) | |

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

- St. Joseph Medical Clinic (Polson) Kalispell Regional Medical Center (Kalispell)
 St. Luke Community Clinic (Ronan) Providence St. Patrick's (Missoula)
 Tribal clinics Other _____

23. 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

24. 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

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

- Yes No

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

- Agricultural Corp. Paid Tribal Health VA/Military
 Employer sponsored Medicaid None/Pay out of pocket
 Health insurance marketplace Medicare Other _____
 Health Savings Account Private insurance/private plan
 Healthy MT Kids State/Other

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

- Excellent Good Fair Poor

28. 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 _____

29. 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

30. The following services are available at Providence St. Joseph Medical Center. Please rate the overall quality for each service. (Please mark N/A if you haven't used the service)

	Excellent = 4	Good = 3	Fair = 2	Poor = 1	Haven't Used = N/A	Don't Know = DK
Assisted Living	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Cardiology	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<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"/> N/A	<input type="radio"/> DK
ENT (ear/nose/throat)	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
General surgery	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Laboratory	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Orthopedics	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Oncology (cancer treatment)	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Physical therapy/rehabilitation	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Radiology	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Women's health (OB/GYN)	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK

Demographics

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

31. Where do you currently live by zip code?

- 59860 Polson 59915 Elmo 59910 Big Arm Other _____
- 59864 Ronan 59865 St. Ignatius 59845 Hot Springs
- 59855 Pablo 59824 Charlo 59911 Bigfork

32. What is your gender? Male Female Other _____

33. What age range represents you?

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

34. What is your employment status?

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

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 E – Responses to Other and Comments

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

- Lack of spiritual guidance
- Retired age population

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

- Nutrition education

5. How do you learn about the health services available in our community?

- Billboards
- Drive past the hospital
- Faith based/ quality of doctors
- Personal experience
- Physician
- Previously employed at the hospital
- Self
- Women wellness

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

- Allergist
- Five Valley’s urology clinic
- Massage
- Physical therapy (4)
- Plastic surgeon
- Surgery center

7. In your opinion, what would improve our community’s access to healthcare?

- Availability of timely visits and primary doctors
- Doctor visits
- Lower cost (3)
- Nurse hotline available 24 hours
- Open MRI [magnetic resonance imaging]
- Quality doctors
- Rides to get groceries
- Universal healthcare for all
- Water testing

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

- Fibromyalgia
- Hot tub/swim discounts for elders
- Juicing and organic foods benefits
- Kidney dialysis
- MS [Multiple Sclerosis]
- Prescription drugs: what they do for you and how they may interact with other medications

11. If yes, what were the three most important reasons why you did NOT get or delayed getting healthcare services?

- Lack of quality doctors at St. Joe's
- Need a doctor and can only see physician assistants and don't get answers from the doctor as promised

12. Which of the following preventative services have you used at any facility in the past year?

- Annual post cancer checkup
- Blood panel
- Dermatologist
- Kidney failure in Missoula
- Kids sports physicals
- Labs (3)
- MMR [measles, mumps, and rubella vaccine]
- Pelvic check
- Screenings
- Teeth cleaning
- VA clinic services

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

- Affordable prostate and colon exams
- Bone doctor
- Could not change doctors
- Ear doctor
- GI [gastroenterology]
- Migraine management
- Nutrition education
- Open MRI [magnetic resonance imaging]
- Podiatrist (2)

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

- Del Webb hospital (Sun City, AZ)
- Providence Sacred Heart in Spokane, WA
- University of Washington

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

- Diagnosis too complex for St. Joe's.
- Free service
- Friendly staff
- It was open
- Only hospital that could do surgery
- Specialty services
- That is where my favorite medical providers are

18. Where was that primary healthcare provider located?

- Big Sky
- Community Medical Center in Missoula
- Flathead Community Health
- Garden Wall (4)
- Grant Creek Family Practice
- Kalispell
- KRMC [Kalispell Regional Medical Center] Polson Health (5)
- Westshore Clinic in Kalispell

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

- Bad experiences with the other clinic
- Excellent medical professionals
- History/like using the doctor (9)
- In my Medicare network
- I no longer have a PCP [primary care provider] as I could never get an appointment with him when I needed to
- Personal experiences
- Wanted female primary care doctor
- Worked at St. Lukes

21. What type of healthcare specialist was seen?

- Audiologist (2)
- Custom orthotics
- Doctor at Urgent Care
- ER doctor to stitch my hand
- Hematologist (2)
- Naturopathy
- Plastic surgeon

22. Where was the healthcare specialist seen?

- Bone and Joint in Missoula
- Chiropractor's office
- Community Medical Center in Missoula (5)
- Del Webb hospital (Sun City, AZ)
- Dental office (2)
- Dermatology Associates (2)
- Dr. L. Wilson in Missoula
- Huntsman Cancer Center in Salt Lake City, UT
- Polson Health
- Private office
- Rocky Mountain Eye Clinic (2)
- Ronan Eye Clinic
- Ronan Dentist
- Tamarack Medical Clinic in Kalispell
- VA in Helena (2)
- VA in Kalispell
- VA in Missoula (3)
- Western Montana Clinic

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

- Assurant
- BC/BS [Blue Cross Blue Shield]
- New West

28. If you do NOT have medical insurance, why?

- Just changed jobs
- Lapse in coverage between jobs
- Medishare "people helping others pay medical bills"

31. Where do you currently live, by zip code?

- 59831 (Dixon)

Appendix F – Focus Group Questions

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

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

Appendix G – Focus Group Notes

Focus Group #1

Tuesday October 15, 2013 – 8am-9am – North Lake County Public Library – Polson, MT
6 attendees (2 male, 4 female)

1. What would make this community a healthier place to live?
 - The hospital needs to pay attention to the bad press they get and listen to the community members.
 - The hospital obviously contributes to the health of the community. I would guess that the percentage of people going out of town for care is very high. That does not help the health of community. Maybe not so much physically, but it affects us mentally. I know many people that won't go to the hospital here [in Polson] because their friends or family had a bad experience.
 - My friend who is a doctor won't go [to St. Joe's] because his opinion is not taken seriously when he is bringing up issues.
 - It is the board's job to do some damage control. They [the board] are not making it better.
 - They [the hospital] send out lots of surveys after our visits. It makes them look good, but they aren't doing anything about our feedback.
 - Raise the morale in the hospital. They have a horrible perception here, especially with the 'canning' of employees. If they [St. Joe's employees] lose their job, they go to work in Ronan [at St. Luke's] and their patients follow them there.
 - The hospital could do a big family fun day and people could come meet the board! That might help improve the climate.
 - You can get some care done here [at St. Joe's] that is as good as or better than St. Patrick's hospital, but people around here won't believe it.

2. What do you think are the most important local health care issues?
 - At the hospital they are letting people go "hand over fist" [firing many employees] and they aren't doing it in a very polite manner. It is not a happy place to work up there [at St. Joe's] and it is impacting the people in the community.
 - What makes it [the hospital] an unhappy place to work?
 - They [St. Joe's] are getting rid of older employees. They are asking their employees to leave and escorting them out of the building, the administration is not cutting back.
 - Do they offer a retirement program?
 - I'm not sure... they [St. Joe's] are just letting people go.
 - If anything concerns me throughout the community, it is that there seems to be so many kids that are getting cancer lately. Where is all this [cancer] coming from? Is it from spraying crops? We know our water supply is good. How come no one is looking into this? As parents and grandparents, kids are our future. They have to go somewhere when they get sick, I would think that someone up there [at St. Joe's] would think that's the fifth one [child with cancer] in six months, maybe there is something going on here. Somebody needs to look into that. We have five or six kids who are battling cancer here. Someone needs to figure out the percentage of this and

look at the demographics. In the last year or two we have all these kids battling cancer.

- I didn't realize there were so many kids with cancer here [in Polson].

3. What do you think of the hospital in terms of:

Quality of Care

- In my own personal experience, I've never had any issues. I haven't been treated rudely. I know the waiting time can be a big issue in the emergency room but check-in goes pretty quickly. I know of people that have waited up to two hours to see a doctor.
- We have been taking advantage of the walk-in clinic; they get you checked in right away. You don't have to wait to see a doctor. You might not see your regular doctor, but at least you are able to see someone.
- Overall, the quality of care is good.

Number of Services

- I especially like that we have the chemotherapy clinic here [at St. Joe's] on Tuesdays. The people that use it don't have to travel to Missoula during the winter.
- I wish we still had the dialysis unit. They got rid of it about five to seven years ago. People don't want to travel all the way to Missoula [for dialysis].

Hospital Staff

- I was a patient two years ago [at St. Joe's] and they did a good job.
- The only thing that I can say is that they [staff] come and go. Older people don't like it when the staff changes that often.
- A lot of people don't like having new people even in the front office. It seems like there has been a lot of turnover in the last three years.
- When you call to make an appointment, you aren't given the front desk. They will transfer you to a nurse who you have to talk to before they will even schedule an appointment with the front desk. That can be frustrating.
- As patients check in for doctor's appointments, they [front desk] ask you what you are there for. It is none of their business. The desk person does not need to know. The waiting room is there and it can be embarrassing for patients to tell them what is wrong. You tell them on the phone what is wrong. You shouldn't have to tell them again.

Hospital Board and Leadership

- I don't even know who they [board members] are. They [the board] are not visible in the community.
- I know more about hospital board at St. Lukes than St. Joe's.
- I've had more contact with them [the board] through my business. I feel like they are accessible and available. If I call them [board members] and I have a question, they are good to me.
 - Apparently if you own a business then you know the board, but if you're not a business owner you don't [know the board].

- They [the board] could promote themselves more in the community. That could be a PR [Public Relations] problem.
- The board is not as active now that it is part of the larger [Providence] corporation. In the 1980's, the board was a thousand times more active than it is now. They are holding positions but obviously not doing anything. People in management positions have said that the board doesn't do anything.

Business Office

- They don't do the billing locally. It is done through Seattle.
- I had a billing question the other day and called the hospital. The lady was able to push a button and see my records from back to three years ago. That was impressive.
- I went through cardiac rehab over ten months ago and just got a bill a couple weeks ago. Billing is delayed.
- You can call them [business office] and ask them questions. It is easy to talk to the billing staff. She is very nice, very cordial.

Condition of Facility and Equipment

- It [the facility] is always kept up.
- I think it [the facility] is okay.
- They are always maintaining it [the facility], so that's good.

Financial Health of the Hospital

- I don't think it [St. Joe's financial standing] is in good shape at all. The community members think it is in the "dire straits" especially when they are getting rid of people. That does not embody that the place is doing great when they are letting their employees go.
- We are entwined with the people in our community. When one person is booted from the hospital, everybody knows about it.
- They [the hospital] are not doing themselves any favors up there... they really aren't.

Cost

- It [cost of healthcare] is always too expensive.
- There has to be common billing across the board. The charges are pretty static.
- Sports physicals seem to be more expensive here [in Polson]. I've always taken advantage of the "35" deal. From what I understand, all of it [proceeds] goes to the school's booster club. They [the hospital] offer it [reduced-price sports physicals] two or three times a year. They do an announcement at school. If you don't get the "35" deal, it is \$116 just for the patient visit, plus the actual physical. That seems pretty expensive.

Office/Clinic Staff

- They [clinic staff] are exceptional.
- They [clinic staff] are very good. I have never had a problem with them.
- They [clinic staff] are good.

- I don't like having to call in now to make appointments [with office staff]. They [clinic staff] are all good though. The nurses, doctors, and PAs [Physician Assistants] are all good.
- When I call for an appointment, they [front desk staff] don't really know the names of the people [staff] in the building. I have to spell names out so they can direct my call. This might be caused by the high turnover. Without continuity, it is bad – especially in a town this size.

Availability

- PAs or NPs [Physician Assistants or Nurse Practitioners] are offered if you don't want to wait to see a physician.
 - I've never had a problem getting an appointment with my doctor.
 - I think the longest I have had to wait in the waiting room was an hour.
 - They are pretty good about scheduling.
 - I would like it if someone would tell you if your doctor is tied up when you are waiting in the waiting room. Then you could reschedule your appointment if you knew it was going to take a while to be seen rather than waiting forever and wasting your time.
 - I know a lady that took her baby in for a well-baby checkup at 3:00pm and didn't get back from the doctor until 6:00pm. She tried to reschedule the appointment, but the front desk staff said that they were not trained on how to reschedule appointments yet.
 - They just changed to the new record system [Epic] in the last year.
 - They [the front desk] are able to check us in quickly, but it [Epic] does not facilitate the others' [healthcare providers] job to pull up our records.
4. Are any of the local providers your personal provider or personal provider to your family members? Why?
- Not a problem.

5. What do you think about these local services:

Emergency Room

- I was in there [the ER] last month and it was fine. It took a little long, but what else can you expect during the middle of the night?

Ambulance Service

- It [the ambulance service] is privately owned.
- They [EMTs] were absolutely super. They are 'Johnny on the Spot' [prepared to provide their services]. They [EMTs] know what they are doing. It is probably because they are privately owned and not run through the hospital.
- They [EMTs] are very involved with the community.
 - The hospital does not seem to be very involved in the community. They have had a booth at a jewelry fair, Relay for Life, water events, etc. However, they [St. Joe's] could be more visible in the community.

Health Care Services for Senior Citizens

- There are two Senior Citizen centers in Polson.
- I would never ever recommend Partners in Home Care [a home health organization]; I always recommend Ronan's instead. Partners in Home Care seems to be a very bottom-line organization. The people in Ronan are excellent.
- I know an elderly couple who did not have the resources to go grocery shopping or take care of their house when their health was falling apart. They had appointments at the hospital, but no one was sharing resources with them about getting help.
 - If a person appears to be competent at the time of their appointment, medical staff is not aware whether they need additional help or resources.
- I've seen improvements in the nursing home since the hospital started managing it.

Public/County Health Department

- I thought that just Medicaid people went there [to the health department].
 - No, I go there. It is easy and convenient for me. Everyone is very competent.

Health Care Services for Low-Income Individuals/Families

- There are good services for [low-income] people here [in Polson].
- I think it is the people in the middle that fall through the cracks. If people don't qualify for Medicaid but do not have enough money to buy insurance, they are stuck.

Nursing Home/Assisted Living Facility

- It [nursing home] is really nice. It is run by the hospital. Whoever is in charge oversaw the place very nicely. I know people that live there and they speak very highly of the care.
- I've never heard anything bad [about the nursing home].
- They [nursing home employees] communicate with the families really well.
- The assisted living is really nice here [in Polson].
- I have heard of one person who said their mother had a bad experience [in assisted living in Polson], but it was just one person.

Pharmacy

- We have a ton of pharmacies.
- I get my prescriptions at St. Joe's and they are very good.
- It is unusual to have so many pharmacies in one community.
- If you call the pharmacists with a question, they are great.
- The nurses and doctors are really good about calling the prescriptions in right away.
- They [pharmacists] are very good – all of them are!

6. Why might people leave the community for healthcare?

- People just talk bad about the hospital and that doesn't help the health of the community.

7. What other healthcare services are needed in the community?

- Dialysis. I know it is expensive, but there are a lot of people that I know personally who do not want to go Kalispell or Missoula to receive dialysis, so they just wasted away.
- They [hospital] do the Women's Health Days only during the day and some people cannot miss work for that. It would be good if they offered it during the evening or on the weekends.
- I think we need to concentrate on fixing the services that we already have.

Additional Comments:

- One of their [St. Joe's] problems has been the lack of professionalism at the hospital. I know a number of friends that will never go to this hospital. There is a lack of attention to what happens to the patients in previous visits. In a small town at a small hospital, the bad things are more apparent and you have to address them quickly. That [addressing problems quickly] has never happened here. Nothing ever changes in the hospital besides the personnel. I hope that something comes out of this panel. We are fortunate to have a hospital here. The lack of attention to the details, especially when it comes to complaints, only hurts the hospital. You can't address a problem unless you know about it. There are many people in the community that do say something, but nothing gets done. They [the complaints] aren't taken in a serious, professional manner, so people won't go to the hospital. There are a lot of people that will go to the ER in Ronan instead.
- I've had a problem with the Radiology department. I had a poor mammogram done on me. I thought about sending in a report. I will not come to this hospital again for mammography. Word travels like wildfire here [in Polson]. I know a lot of females that refuse to go to the hospital for mammograms now.
- I had an acute injury last year and was in physical therapy for three months, but I was only seen by the Physical Therapist once during that time. The rest of the time I was treated only by assistants. I think that is unacceptable.

Focus Group #2

Tuesday October 15, 2013 – 12pm-1pm – North Lake County Public Library – Polson, MT
7 attendees (3 male, 4 female)

1. What would make this community a healthier place to live?
 - We need to have more prevention services and classes in order to educate our families.
 - I would like to see the medical community be more in partnership with the schools.
 - We need to be more aware of the aging society in this community. Polson has been a retirement community for a while, so we need to look at what types of problems the aging population is facing.

2. What do you think are the most important local health care issues?
 - We have a huge drug problem here on the reservation. That plays into many health aspects, especially with unplanned pregnancies.
 - We are seeing a lot of young children that have cancer in our small community.
 - The numbers of children ages 3-5 that are showing up with special needs and/or autism are increasing. As a community, we need to be more aware of these developmental issues coming about. We could focus on better prenatal care, discourage teen pregnancy, and focus more on nutrition.
 - SNAP [Supplemental Nutrition Assistance Program; ‘food stamps’] and the Food Bank are limited in their resources. The tribe has educational programs that can help people learn how to cook healthy meals using SNAP. No matter what a person’s income level is, we should all be learning about nutrition.
 - The school has been doing a good job with nutrition and incorporating Farm to School programs. The nutrition classes shouldn’t be limited to Home Economics classes. Kids can learn about how to be healthy in many different ways.
 - We hear a lot about obesity rates, but we are missing that it is a lifestyle change not just dieting. People often go for the fastest meal. It is all about education.

3. What do you think of the hospital in terms of:
Quality of Care
 - The clinic side is great [for quality].
 - I agree that the clinic is great, but I get frustrated with the fact that all I get to see is a PA [Physician Assistant]. It would be nice if the physicians stuck around.
 - The clinic is hit-or-miss. I have gone in half a dozen times and they [PAs] have pulled out some crazy diagnoses. I want to know when I can see the physician. Having to wait to see the physician for three months is ridiculous. It really is the 5,000-dollar-headache.
 - We are paying the same fee to see the PA as we do to see the physician. That is wrong.
 - Both Dr. Smith and Dr. Mitchell are excellent doctors but they are spread pretty thin. Most people are satisfied with the doctors, but not so much with the PAs.

Number of Services

- The number of services is adequate.
- If you need to see a specialist, it is incredibly difficult if it [the condition] is not critical. If you need to see a dermatologist and your skin isn't falling off, you can get a referral to Kalispell or Missoula three months down the road. People might not think that their condition is that big of a deal and they don't want to wait three months, so they don't follow through and then the problem becomes a huge one later on.

Hospital Staff

- They [doctors] are spread too thin.
- There has been a lot of turnover [of hospital staff] in the last couple of years. There has been a tremendous amount of changes in the last few years. I used to be a volunteer up there [at St. Joe's] a few times a week and now they have the volunteers doing hardly anything. The volunteers feel kind of left out and useless.
- When I have had outpatient surgeries, I had excellent care. I have had visits to the ER and Dr. Bontadelli was great.
- The ER doctors are great.
- I spent a day and a half in the hospital recently and they [nurses] were very attentive and great.

Hospital Board and Leadership

- I don't know who they [board members] are.
- My husband is on the hospital board. He is a member of the community and is not a medical provider. Any time that he expresses an opinion that is not a part of the majority, they tell him that he is not a doctor so he wouldn't know. The trained medical providers think they can make the decisions for the community. There is a real blindness on the part of the board to the input of the nonmedical staff. The board does not control a lot. Things [decisions for the hospital] happen and it is reported to them [the board] after-the-fact.
- I'm frustrated with the amount of turnover in the nonmedical staff in the hospital. It seems to me that there is a vendetta against the long term staff members who have been there for a while and are getting ready to retire. Consequently, that is being reflected in the overall hospital staff. The employees are not quite as cheerful as they used to be.
- If the board is having trouble, that shows that the community has no control over what is going on in the hospital.
- The hospital is too corporate. Once they went over to Providence, they stopped caring about Polson.
- There is a rumor that St. Joe's won't be here in five years. That rumor isn't true, but it isn't what the hospital wants to hear.
- Providence seems to be taking over.
- I don't go to the hospital that often, but I have noticed that they made it more corporate.
- The previous CEO, John, was really involved in the community. I don't know the CEO now.

Business Office

- It [billing] is all done out-of-state. They do billing out of Renton, Washington.
- The insurance that I carry is probably the best in the country, so I rarely have any problems.
- They are going through a tough time since they have gone through the computer change [Epic].
- If they [business office staff] know the answer to your questions, they will answer it, but they have to be educated.
- I needed an MRI and wanted to know how much it would cost. They [staff] said they had no idea and gave me a customer service number in Arizona. You already feel ill and feel like you have no control. How am I supposed to make medical decisions when the people here cannot help me? It is very discouraging.
- I had an issue with a bill that shouldn't have been an issue at all. I called the local number and they connected me to someone not in Polson. It took me probably six months to get the billing straightened out. The gal I needed to talk to in Polson would never call me back. I went to HR [Human Resources] to finally get the bill straightened out.

Condition of Facility and Equipment

- The hospital is clean. It is nice.
- The volunteer group has bought quite a bit of equipment for the hospital.

Financial Health of the Hospital

- I have no idea.
- I am not aware.
- All I speak to is what you hear about. Kalispell is bringing in some special surgical center. The prediction is that it will take a huge bite out of St. Joe's bottom line. Ultimately St. Joe's will be left with emergent care and services that are not profitable. This is just what I have heard.
- I understand that the CEO has said that [St. Joe's] is millions of dollars in the red. That doesn't sound good to the community.
- I hear that a lot of the problems come from them implementing Epic. They are seeing fewer patients than what they were seeing before using Epic. Usually computer systems should make things run smoother, not slow things down so much.

Cost

- [Costs of] All services are high.
- The hospital volunteers were required to get a free blood test for Tuberculosis and Measles. My friend was one of the first to do it and she got a bill for \$175 just for having her blood drawn. She gave it to personnel in the hospital and told them that she shouldn't be billed for it since she is a volunteer. It still hasn't been taken care of.
- I think that all medical costs are way too high.

Office/Clinic Staff

- Seeing a PA first [before seeing a physician] in theory is a good idea, but they need to look at how often these patients are returning for follow-up. They need to look more closely at how this system is affecting patient outcomes.
- I followed my doctor after he left [St. Joe's].

Availability

- Availability depends on who you see [for appointments].
- If you are already going to that doctor and you are on their case load, you can probably get in quickly.
- There is a walk-in clinic here.
- If you really need to see someone, you could walk into the walk-in clinic. It is harder to get in to see a "real" doctor [rather than PAs or NPs].
- When you call into the healthcare team, how does that person who answers know who you should see? Is she [the person who answers your call] qualified? I feel like I get dumped into a black hole. There are some real communication issues there. It is hit-or-miss if they will get back to you. They do not have a protocol for getting back to you.
 - You have to be proactive on following up with your own medical care rather than relying on them [healthcare team] to call you back.

4. Are any of the local providers your personal provider or personal provider to your family members? Why? (*Not Discussed*)

5. What do you think about these local services:

Emergency Room

- I had a horrible experience with the Emergency Room several years ago. I complained and they cleaned up the personnel right away. If I complained about something now, nothing would happen to fix it.
 - It is not possible to talk to people that can really get something done.
- Care at the ER is luck of the draw.
- I have only had one experience [with the ER] and it was good.
- I didn't get the sense of urgency here [at St. Joe's]. It was a lackadaisical process.

Ambulance Service

- I have never had to use them [the ambulance service].
- I see them [ambulances] all around town. They seem to run a lot.
- I had to use them for my husband when he had a heart attack. The ambulance services are excellent.

Health Care Services for Senior Citizens

- I don't know of anything that we [community of Polson] have that is special for seniors.
- If they [senior citizens] need anything that is specialized, they need to go out of town. There is a lack of specialists. St. Joe's has them but they only come once a month.
 - If there is an established need, why wouldn't they [specialists] come more?

Public/County Health Department

- They [health department] offer flu shots.
- They [health department] have some of the same problems as the hospital with turnover.
- I send people there [health department] for immunizations. As a community, I don't think that we realize what services the health department provides. It would be nice if we could expand that.
- They [health department] could get the word out about their services better.

Health Care Services for Low-Income Individuals/Families

- With 'ObamaCare,' we are kind of on the cusp of what is going to be taken care of. Right now I think a lot of low-income people just go to the Emergency Room for care.

Nursing Home/Assisted Living Facility

- The nursing home is almost inadequate. They are really small.
- Polson Rehabilitation is a dismal place.
- St. Joseph's Assisted Living is really nice. That is an exceptional place.
- It [St. Joseph's Assisted Living] is very high-end. That is a very positive note for the community. I know several people that live there and they love it.
- There are several homes [assisted living] around town that keep eight people or less.

Pharmacy

- We have a lot of pharmacies.
- We have too many pharmacies.
- I use the one at St. Joe's and I am very happy with them.
 - Me too!
- They [pharmacists at St. Joe's] are very accommodating.

6. Why might people leave the community for healthcare?

- I was sent to Kalispell Regional by a local doctor.
- It seems like we get sent to Kalispell or Missoula. They [St. Joe's] send you away even if you have a broken leg in the ER.
- My husband had a burst appendix and they [St. Joe's] didn't have a surgeon on hand so they put him in an ambulance and sent him to Kalispell. That makes it [St. Joe's] seem like a walk-in clinic.

7. What other healthcare services are needed in the community?

- We are working with transportation and St. Joe's to provide rides. A lot of people don't know about the service, but we are able to give rides to people that need to get to the hospital or clinic. We are covering the entire reservation. For the elderly, it is a free ride. For people under the age of 65, it is two dollars each way. It is available for everyone, not just tribal members.
- They have a chemotherapy clinic here on Tuesdays, so that is good.
- They don't do dialysis here anymore and they used to. They should look at that market before another hospital does. I think that it closed down because of financial issues.

- I would like to see that every healthcare provider that sees kids under the age of 8 to be trained with development issues. A lot of kids do not receive services until they are enrolled in the school system. It takes a lot of community resources to get the kids on track. The medical staff could be more engaged in the early childhood piece and be able to educate the parents at well-checks.

Focus Group #3

Tuesday October 15, 2013 – 5pm-6pm – North Lake County Public Library – Polson, MT
5 attendees (2 male, 3 female)

1. What would make this community a healthier place to live?
 - I think there is a lot of poverty at the school. This [poverty] impacts healthy homes, diets, injuries, and illnesses that aren't cared for.
 - I notice that a lack of insurance seems to be a big issue. Maybe 'ObamaCare' will make insurance better. I know people wait for the 'Women 4 Wellness' at Salish Kootenai College once a year just to get health screenings.
 - There are a lot of people caught in the middle where they make too much money to receive aid but not enough to buy good insurance.
 - I think that the walking and riding path in the community is used a lot and helps the community.
 - Our food service in our school district is serving local foods now and more fresh fruits and vegetables. The food is healthier.

2. What do you think are the most important local health care issues?
 - I see a lot of lack of follow-up with the medical field. A lot of kids go into the walk-in clinic and see a physician that ends up leaving a short time later. The clinic hasn't been able to follow state guidelines with immunizations all the time.
 - Unfortunately, we get a good doctor and then they are gone. The turnover for doctors is very high.
 - The doctor that I had did well, but the aftercare at the hospital was very poor. I was crashing so fast that they had to transfer me out of there. Afterwards I went to the administration and the head of the nursing said they were not equipped to handle the type of trauma that I had. The nurses did not treat my family well.
 - I have nothing bad to say about the doctors, but aftercare is poor.
 - I have heard that a lot of kids are not immunized because their parents are worried about autism. It has become a huge trend to not become immunized in the schools.

3. What do you think of the hospital in terms of:
Quality of Care
 - My reactions to the hospital have been very positive so far.
 - I have had surgery up here [at St. Joe's] and the surgical crew was phenomenal. The anesthesiologists were outstanding. I was not in the hospital for aftercare so I do not have experience with aftercare there [at St. Joe's].
 - My kids are involved in athletics and are very prone to injuries. We have had several outpatient surgeries. I know many of the doctors now and all of our outpatient surgeries have been fantastic. However, my family has been in the hospital three times and I can tell you horror stories about our experiences. I got more of a small town care-about-you feeling at St. Pat's in Missoula than at St. Joe's. The whole picture of care is being missed here.

Number of Services

- I think the number of services are great.
- I don't know of all of the services available, but fortunately I haven't had to use them.
- I think that one of the high points in our facility is the traveling specialists that come in. We have a phenomenal oncology group that comes through. The orthopedic surgeons that come to Polson are fantastic. St. Joe's physical therapy is outstanding and they do good outreach. They are now using the pool for physical therapy.
- I had surgery on my knee on a Thursday and then on Friday I got physical therapy all set up.
- The physical therapy guys have a lot of heart. They know what they are doing and push your limits.
- The oncology folks were amazing.

Hospital Staff

- Staff was able to set up a surgical appointment with St. Luke's really quick.
- We have had such a high turnover of staff lately. You used to trust those nurses with your life and they were your neighbors. Now you walk in and you have to rebuild trust. We don't know who they [hospital staff] are.
- There was one nurse who was very compassionate. A lot of other nurses did not seem to care. The nurses at St. Pat's involved my family in my care more.
- Most nurses have been pretty good. There was only one that I wanted to 'slug.'
- Last winter, my friend had a knee replacement and everyone was professional.
- The clinic nurses are extremely professional and caring. They do their darnedest.
- Staff just switched over to a new computer system [Epic] and that has been hard.
- My nurse will call me when I forget to schedule my gynecology appointment.
- Staff members are usually willing to ship you to Missoula when they know it's out of their league.
- If the staff is doing their rotations at St. Joe's and they are not local, it's hard to follow-up with them.
- We have a lot of PAs and NPs [Physician Assistants and Nurse Practitioners]. Some of them are amazing.
- The clinic has been great. You usually can get in within ten to fifteen minutes. It used to take much longer than that.

Hospital Board and Leadership

- I've seen the board members' pictures on the wall.
- I don't know board members personally.
- I don't know who is on the board.
- We know some of the people [on the board].
- They [the board] need to get more locally involved rather than relying so much on Portland. They hire people from Washington and get rid of the people that have worked here forever.

Business Office

- All of the billing comes from Renton, Washington.

Condition of Facility and Equipment

- As far as I have dealt with the hospital, it has been great.
- The food in the cafeteria is fabulous and inexpensive!
- The chest pump that St. Joe's put in was really old. St. Pat's staff laughed when they saw my outdated chest pump.
- The cardiac rehab has great equipment.
- The hospital is beautiful.
- I'm sure that as a small hospital, you won't have the newest equipment.

Financial Health of the Hospital

- They charge enough.
- I don't know about the financial health [of St. Joe's].

Cost

- I don't have much of a cost comparison. I don't know.
- Looking at my bills, the cost was pretty comparable to Missoula. They are both a part of Providence so I'm sure they match up.
- A couple of years ago they were charging a room fee in the clinic. It was \$75 just for a room. They dropped that policy pretty quickly though because people were mad.

Office/Clinic Staff

- A few years ago I went to the ER, and my leg wouldn't heal. I went to the head of the business office about the billing and they cleared it all up. Kim McClain is phenomenal.
- I have had trouble working with the people that are not local.

Availability

- With the walk-in clinic, you can get in anytime within reason.
- Seeing a regular doctor can be a long wait, but you can get an appointment to see someone [a PA] at least.

4. Are any of the local providers your personal provider or personal provider to your family members? Why?

- I like the convenience of being close.
- Our doctor has become our family friend. It is nice that way because they know your family history.
- It is nice going to a doctor that knows your name. It is kind of what you expect in a small town.
- I know the doctors and trust them.
- We have had some great doctors. The turnover of doctors is so high. They get worked to death. As a community, we suffer because of that.
- I used to work at the hospital and it makes me sad to hear that they are not embracing their patients. Our doctors used to be a stable group and worked independently. Now physicians are employees and I think that has changed a lot about healthcare delivery. Now doctors have quotas and are working on computers. They aren't actually looking at their patients as much. Healthcare is becoming too automated.

5. What do you think about these local services:

Emergency Room (*Not discussed*)

Ambulance Service

- I used it [the ambulance] and I thought that it was great. An excellent EMT was able to tell me what was going on and why they were moving me. When they handed me over to St. Pat's they came in to the hospital and helped get me set up. Those guys [EMTs] were fantastic. It was Polson's ambulance... critical transport.
- I had excellent luck with them [the ambulance service].
- We live ten blocks from the hospital and when my husband was sick, it was \$800 to take him from the house to the hospital. That was eleven years ago.

Health Care Services for Senior Citizens

- I don't know if they even have home health anymore which would be a real pity.
- Hospice is much needed.
- We have a couple of taxis now and the tribe has a shuttle to get people around. If someone can't drive they can make appointments to go to the clinics. They also offer rides through the Senior Center. Many people do not know about these services. A lot of people think that the services are only for tribal members, but it is open to everyone.

Public/County Health Department

- Round of applause. They are great. They are under some stress in their department, but they are great. They are diligent and work hard day after day. They are real warriors.

Health Care Services for Low-Income Individuals/Families

- There are never enough services for them [low income individuals/families].
- The county health department will give immunizations without charging.
- Our school board sees that it is very important to have healthcare in the schools. There is a lot of education, counseling, and classes. School nurses are a good point for the kids. A lot of the parents just tell their kids to go see the school nurse who then tell the parents that they [parents] need to make the appointments.
- The schools have a new school-to-home coordinator and she does an outstanding job. She has been a phenomenal help to the school.

Nursing Home/Assisted Living Facility

- We have quite a few nice assisted living facilities.

Pharmacy

- One of the cheapest pharmacies in town is at the hospital.
- We have four or five pharmacies here [in Polson].

6. Why might people leave the community for healthcare? (*Not discussed*)

7. What other healthcare services are needed in the community?

- The biggest thing is to have doctors stay here. The hospital should hire locally. They need to have a little more control locally. Otherwise, you are just a number when you leave the hospital.
- If the doctors are just an employee, they are just going to do what they have to do. The care flows down from the doctors. If nurses see that then they are going to act just like doctors too. This is a small town; we need to know each other's names. The staff needs to treat you like they care. It is a hospital and you expect someone to care for you there.
- I would like to see them [St. Joe's] continue preventative care. This month is breast cancer awareness month and they do activities for that. They do PSA [prostate] screenings too.
- We really need a pediatrician here [St. Joe's].
- We also need a surgeon here [St. Joe's]. We don't have one. People go to Ronan for surgery.
- The hospital used to be the hub of the town. People were vested in it and now that has sort of been taken away. We are now a satellite of a bigger network.

Appendix H – Secondary Data County Profile

Lake County

Secondary Data Analysis
September 26, 2012



Office of Rural Health
Area Health
Education Center

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

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

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

*Chronic Lower Respiratory Disease

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

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

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

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

³American Diabetes Association (2012)

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

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

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

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

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

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

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

⁵US Census Bureau (2010)

Lake County

Secondary Data Analysis
September 26, 2012

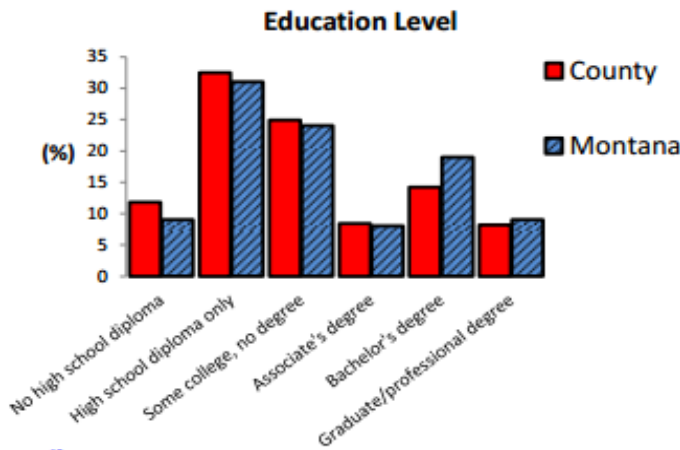
Socioeconomic Measures ¹ (%)	County	Montana	Nation ^{7,8,9}
Median Income ¹	\$34,732	\$43,000	\$51,914
Unemployment Rate ⁷	8.9%	6.3%	7.7%
Persons Below Poverty Level ¹	18.0%	14.0%	13.8%
Uninsured Adults (Age <65) ¹	21.4%	19.0%	18.2%
Uninsured Children (Age <18) ⁹	N/A	11.0%	10.0%

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

⁷Center for Disease Control and Prevention (CDC), Health Insurance Coverage (2011)

²Montana Dept of Labor and Industry, Research & Analysis Bureau. Local Area Unemployment Statistics (LAUS). Non-Seasonally Adjusted Unemployment Rate. (Retrieved April 2012)

⁹Montana KIDS COUNT (2009)



²⁰Indicators Northwest, Imp. Graph (2011)



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

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

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

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

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

Screening ¹	County	Montana
<i>Cervical Cancer (Pap Test in past 3 yrs)¹</i>	77.2%	83.0%
<i>Breast Cancer (Mammogram in past 2 yrs)¹</i>	67.3%	71.9%
<i>Blood Stool¹</i>	19.3%	25.3%
<i>Sigmoidoscopy or Colonoscopy¹</i>	53.1%	54.3%
Diabetic Screening⁵ <i>Percent of Medicare enrollees who received HbA1c screening</i>	80.0%	79.0%

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

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

Mortality ^{1,2,12}	County	Montana	Nation ^{2,13}
<i>Suicide Rate per 100,000 population¹</i>	23.4	20.3	12.0
<i>Unintentional Injury Death Rate per 100,000 population¹</i>	100.0	58.8	38.4
<i>Percent Motor Vehicle Crashes Involving Alcohol¹</i>	17.3%	10.0%	32.0%
<i>Pneumonia/Influenza Mortality per 100,000 population¹</i>	27.7	19.0	17.5
<i>Diabetes Mellitus²</i>	19.1	27.1	21.8

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

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

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

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

Maternal Child Health ¹	County	Montana	Nation ^{14,15}
<i>Infant Mortality (death within 1st year) Rate per 1,000 live births¹</i>	5.9	6.1	6.7
<i>Entrance into Prenatal care in 1st Trimester Percent of Live Births¹</i>	76.7%	83.9%	69.0%
<i>Birth Rate⁹ Babies born per 1,000 people</i>	14.6	12.8	13.5
<i>Low Birth Weight (<2500 grams) Percent of live births¹</i>	8.9%	7.3%	8.3%
<i>Neonatal Mortality (under 28 days of age) Rate per 1,000 live births¹</i>	4.0	3.3	4.5
<i>Post Neonatal Mortality (28 through 364 days of age) Rate per 1,000 live births¹</i>	2.1 (Region 5)	2.7	2.2
<i>Pre-Term Birth (<37 completed weeks gestation) Percent of Live Births¹</i>	12.9%	10.1%	12.5%

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

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

⁹Montana KIDS COUNT (2009)

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

Economic Impact Assessment

Demographic Trends and Economic Impacts: **A Report for St. Joseph Medical Center**

William Connell

Brad Eldredge Ph.D.

Research and Analysis Bureau

Montana Department of Labor and Industry

Introduction

This report responds to requests by MHA for information on Lake County's demographics and the economic impact of the hospital sector in Lake County. Section I looks at the demographic profile of Lake County. Section II presents the results of an input-output analysis of the impact of St. Joseph Medical Center on the county's economy.

Section I Age Demographics

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

Figure 1: Age Distribution of Lake County Residents

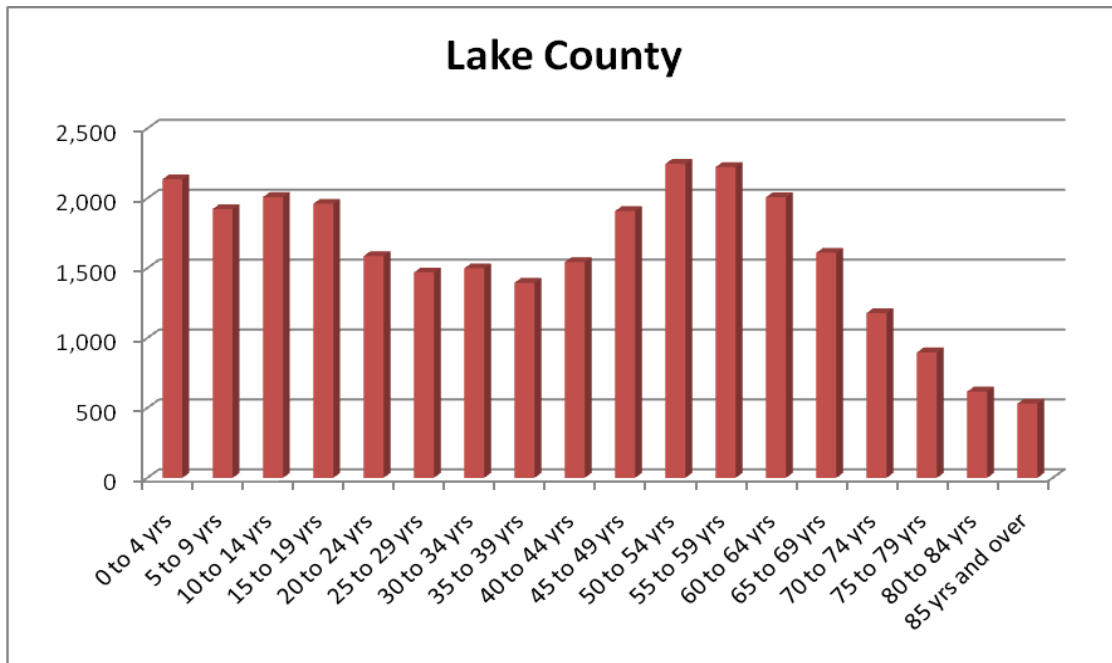


Figure 2: Percent of the population by age groups, Lake County vs. Montana

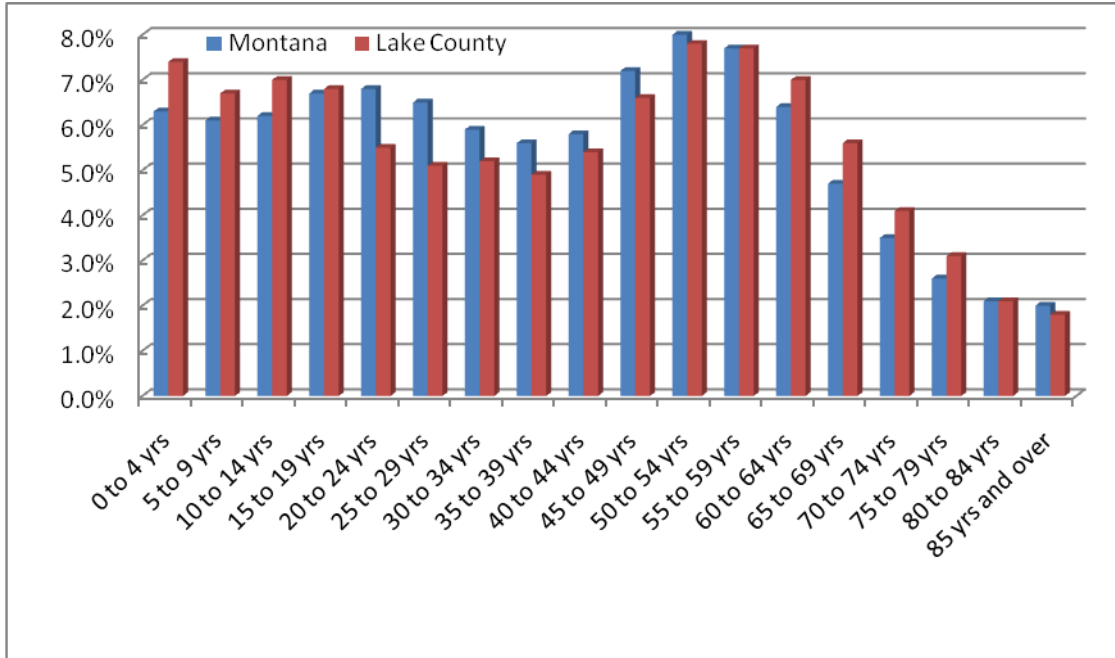


Figure 2 shows how Lake County’s population distribution compares to Montana’s. A careful examination of Figure 2 and the underlying data reveals that, compared with the State as a whole, Lake County has a higher percentage of people under 15 years old (21.1 percent vs. 18.6 percent) and a higher percentage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

Section II Economic Impacts

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

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

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

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

Hospital Employment Multiplier = 1.43

Hospital Employee Compensation Multiplier = 1.25

Hospital Output Multiplier = 1.44

What do these numbers mean? The employment multiplier of 1.43 can be interpreted to mean that for every job at St. Joseph's Medical Center, another .43 jobs are supported in Lake County. Another way to look at this is that if St. Joseph's Medical Center suddenly went away, about 95 additional non-hospital jobs would also be lost in the county (based on 2010 hospital employment of 221). The employee compensation multiplier of 1.25 simply states that for every dollar in wages and benefits paid to the hospital's employees, another 25 cents of wages and benefits are created in other local jobs in Lake County. Put another way, if St. Joseph Medical Center suddenly went away, about \$2,780,596 in additional annual wages would be lost from other jobs in the county. Finally, the output multiplier indicates that for every dollar of goods and services produced by St. Joseph Medical Center, output in the county increases by another 44 cents.

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

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

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

Summary of the Community Benefit Plan

Completion Date	<ul style="list-style-type: none"> ▪ 12/2014
Service Area/Ministry	<ul style="list-style-type: none"> ▪ Western Montana Region, Providence St. Joseph Medical Center
Sponsor	<ul style="list-style-type: none"> ▪ James Kiser, CEO
Planning/Mission Dyad	<ul style="list-style-type: none"> ▪ Karen Myers, Regional Director of Mission Integration ▪ Merry Hutton, Regional Manager of Community Benefit ▪ Brian Wilson, Better Health Improvement Specialist, Manager of Rehabilitation Services, Providence St. Joseph Medical Center
Workgroup Participants	<ul style="list-style-type: none"> ▪ See appendix A
Brief Description of How the Community Benefit Plan Was Developed	<ul style="list-style-type: none"> ▪ In March 2014, a diverse group of community members (Steering committee, see appendix A) representing various organizations and populations within the community (e.g. public health, elderly, uninsured) came together first to discuss health concerns in the community and offer their perspective in designing the survey instrument prior to data collection. ▪ Through the Frontier Medicine Better Health Partnership (FMBHP) Medicare innovation grant, Providence St. Joseph Medical Center was able to partner with the Montana Office of Rural Health (MORH) and National Rural Health Resource Center (NRHRC) to facilitate development and distribution of surveys which were mailed out to the residents in Providence St. Joseph Medical Center’s service area in June 2014. Additional paper surveys were available at the county library, county public health office and the hospital lobby. An online version was also distributed via email campaign and Providence St. Joseph Medical Center’s Facebook page to capture the broadest audience possible. Finally, five focus group sessions were held at a variety of locations such as a local senior citizen center, public library and at a local, tribal owned power company’s meeting hall. ▪ The Steering Committee and the Mission and Values Sub-Committee of the Providence St. Joseph Medical Center Board and the administrative team met as one group once and individually on numerous occasions for results review and discussion of the data. ▪ From the survey data, community input, recommendations from the steering committee and Mission and Values sub-committee, the Providence St. Joseph administrative team distilled four key items to focus community benefit efforts over the next three years. This was then developed into a community health implementation plan.

<p>Service Area Definition</p>	<ul style="list-style-type: none"> ▪ Providence St. Joseph Medical Center is located at the heart of Lake County Montana and serves patients from every corner of the county. The primary patient base is from the town of Polson, MT where the hospital is located, but also serves patients from Big Fork to the NE, Rollins to the NW, Hot Springs to the W and Arlee to the S.
<p>Targeted Subpopulations (As of 2014)</p>	<ul style="list-style-type: none"> ▪ Providence St. Joseph Medical Center lies in the northern half of the Flathead Indian Reservation, home to 5,000 members of the Confederated Salish and Kootenai Tribes and an estimated 5,000 American Indians from about 30 Tribal nations. ▪ 18 percent of the Lake County population falls below the federal poverty line compared to 14.5 percent nationally reaffirming our mission of serving the poor. ▪ 16 percent of the Lake County population is > 65 years of age and is anticipated to double in the next 10 years compared to 12.9 percent of the population nationally indicating the need to focus on the needs of the elderly in our community.
<p>Major Issues/Needs Identified Within the Community</p>	<ul style="list-style-type: none"> ▪ Substance abuse – One in five babies born at Providence St. Joseph Medical Center are drug affected, 88 percent of those babies are born to Native American mothers. Survey and focus group data indicate that substance abuse is of major concern and impact on the community at large. ▪ Access to health care services – Access to both primary care and specialty care are limited due to the remoteness of the community, appointment availability and financial concerns such as insurance or ability to pay for services. ▪ Access to mental health services – Community concern regarding mental health is on the rise, 18.5 percent of residents report being depressed and the State of Montana has the highest rate of suicide in the nation. ▪ Healthy behaviors – Impression of community health is falling, obesity is a top-three health concern, motor vehicle accidents are the leading cause of death in children in Lake County, and unintentional injuries are a top-three cause of death.
<p>How Providence is Addressing the Major Issues/Needs (projects/programs)</p>	<ul style="list-style-type: none"> ▪ Substance abuse - The Obstetrical nursing staff and nursing leadership are currently engaged and will continue to strengthen relations and participation with the Best Beginnings Children’s Partnership which addresses the needs of pregnant mothers and children from 0-8 years old. Providence St. Joseph Medical Center primary care providers utilize a uniform process in helping patients manage chronic pain with evidence based medicine approaches, common sense prescribing practices and a collaborative approach with their patients. ▪ Access to healthcare services – Providence St. Joseph Medical center is establishing a relationship with Missoula Surgical Associates to provide regular access to high quality to surgical services at our facility. A new primary care provider will ease the burden of appointment delays. A walk-in clinic has been established with an average wait time of 12 minutes. The hospital staffs financial counselors to facilitate insurance enrollment, establish qualification for charity care and/or help patients establish payment plans.

	<p>Providence St. Joseph Medical Center is currently #2 in the state for rates of charity care.</p> <ul style="list-style-type: none"> ▪ Access to Mental Health Services – Providence St. Joseph Medical Center has donated land and will continue to partner with: Western Montana Mental Health, the Confederated Salish and Kootenai Tribes and the Lake County Sheriff’s Office to ease the way for a mental health crisis stabilization center. Other efforts include pursuing affiliations that will allow access to licensed clinical social workers and other mental health professionals in the primary care setting. Establishment of contract with Western Montana Mental Health Services to meeting the needs of the patients with acute mental health crises. One full time LCSW in patient centered medical home being funded by a grant through the Montana Mental Health Trust. Telepsych services will be available to help with acute mental health crises. ▪ Healthy Behaviors – Providence St. Joseph Medical Center nursing and provider staff will continue and grow relationships with the public school system to offer education to school aged students on water safety, DUI and career path development. The successful Diabetes Prevention Program will continue to be offered. The Patient Centered Medical Home will continue to expand efforts to deliver coordinated care in the management of chronic diseases.
<p>Why Providence Selected These Projects/Programs</p>	<ul style="list-style-type: none"> ▪ Mission – In serving the poor and vulnerable; targeting drug use which has a large impact on our community and disproportionately affects the impoverished. The poor and vulnerable also have difficulty with insurance and/or payment and thereby are more likely to delay or not receive appropriate care in a timely manner. ▪ Relationships – Providence St. Joseph Medical Center will be more effective in meeting community needs when we join forces with community members and organizations working towards common goals. ▪ Compassion – In educating and fostering development of our youth through partnerships and direct efforts we are promoting a healthier future for our community. ▪ Respect and Excellence – Providence St. Joseph Medical Center will continue to strive to demonstrate the utmost respect and excellence in care for all fellow community members of all heritages and cultures.
<p>How Others in the Community Are Addressing the Major Issues/Needs</p>	<ul style="list-style-type: none"> ▪ Best Beginnings Children’s Partnership is a full community partnership that was designed to “create a comprehensive, coordinated early childhood system (prenatal-8 years old) that provides a collaborative structure leading to a strong partnership to best meet and respect the needs of our diverse families” in Lake County. Best Beginnings is comprised of many community healthcare professionals and early childhood educators. One area of emphasis in Lake County has been drug-affected children and expecting mothers. ▪ Lake County Public Health is actively pursuing programs to reduce and prevent tobacco use, promote immunizations, communicable disease testing, special needs children case management, WIC and child safety. ▪ Polson Public Schools regularly addresses the major issues/needs through regular health curriculum taught by the school nurses or health teachers. Additionally there are school counselors available for temporary or low impact

	<p>concerns, as well as mental health professionals in each school who meet regularly with kids with ongoing mental or emotional concerns.</p> <ul style="list-style-type: none"> ▪ Confederated Salish and Kootenai Tribes are always striving to improve access health care services, reduce the burden of substance abuse on individuals and the community, facilitate healthy behaviors to reduce the incidence of obesity and diabetes and among other initiatives, coordinates internal payment programs with available external insurance programs to minimize the financial burden on patients. ▪ Local law enforcement services have assembled a drug taskforce team consisting of three members, from city, county and tribe respectively to address the ongoing impact of drugs on this community. ▪ There are a number of agencies in the community that address the mental health needs of community members. Funding sources and populations served for these agencies are variable including private insurance, county, state and federal funding as well as grant supplemented. ▪ St. Luke Community Hospital is another community based organization working towards meeting the health care needs of the community. ▪ Area VI Agency on Aging offers a wide array of services targeting the health and well-being of the senior citizens in our community. ▪ Polson Pastoral Association informally acts as an early identifier of individuals not coping well with health and wellness and refers them to appropriate services accordingly. ▪ There is a wide variety of other health related resources such as social work, case management, financial assistance, housing and health aides also available to community members. Some of these services stand alone and others are integrated into above groups/organizations.
<p>Major Issues/Needs that Are Not Addressed by Providence but by Others in the Community (include the reasons for not addressing these issues/needs)</p>	<ul style="list-style-type: none"> ▪ The crime rates per capita in Lake County are high, however most of the serious crimes occur within the family unit. There are local resources, primarily law enforcement from multiple agencies that are working to reduce the burden of violence in this community. ▪ Transportation is continually reported as a major barrier in receiving timely and appropriate health care services in this community. The Confederated Salish and Kootenai Tribes operate a free or low-fare bus that has a wide service area to all community members. St. Joseph Medical Center will continue to refer patients to this service as it is needed.
<p>Outcome Indicators or Goals of the Community Benefit Plan</p>	<ul style="list-style-type: none"> ▪ Substance Abuse – Reduction in drug effected pregnancies by 10 percent from the rolling-year average of 21 percent down to 19 percent of pregnancies being drug affected. Robust and seamless referral systems in place to help pregnant mothers get access to services they desire/need. ▪ Access to Healthcare Services – 75 percent improvement in clinic average of 3rd next available appointment for a primary care provider visit. Improved clinic space to allow for expansion in providers that can see patients. Regular, high quality surgical services will be available to the community through the hospital. Referral processes will be seamless and efficient. ▪ Access to Mental Health Services – Success will be marked by completion of the mental health stabilization center. Internal and External mental health

referral process will be seamless and efficient.

- **Healthy Behaviors** – Continual development of relationships with community partners as well as continued support of internal programs such as the patient centered medical home and the diabetes prevention program to reduce the burden of obesity and diabetes on this community.

Appendix A:

Steering Committee

Brandy Allison – Clinic Manager, Providence St. Joseph Medical Center

Brian Wilson, PT, OCS – Manager of Rehabilitations Services Department & Better Health Improvement Specialist (BHIS), Providence St. Joseph Medical Center

Emily Colomeda, RN, MPH – Public Health Nurse, Health Services Director, Lake County Health Department

Erin Rumelhart, RN – Director of Nursing, Providence St. Joseph Medical Center

Dr. Garry Pitts, DDS – Director, Confederated Salish and Kootenai Tribes Dental Program

Heather Knutson – Mayor, City of Polson

Dr. Jeremy Mitchell, DO – Family Medicine, Providence St. Joseph Medical Center

Ric Smith – Real Estate Agent, Century 21

Robert McDonald – Tribal Communications Director, Confederated Salish and Kootenai Tribes

St. Joseph Medical Center Mission and Values Sub-committee members

Dr. Adam Smith, DO – Chief Medical Officer, Providence St. Joseph Medical Center

Brodie Moll – Chief Executive Officer, Mission Mountain Enterprises

Caroline McDonald – Director, Best Beginnings Children's Partnership

Caryl Cox – Hospital and School district board member

Duane Lutke – Director, Area VI Agency on Aging

Erin Rumelhart, RN – Director of Nursing, Providence St. Joseph Medical Center

Gale Decker – Lake County Commissioner

Jackie Cripe – Business owner and chair of the committee

James Kiser – Chief Executive Officer, Providence St. Joseph Medical Center

John Payne – Chaplain, St. Joseph Medical Center

Karen Myers - Regional Director of Mission Integration, Providence Health and Services, Western Montana Region.

Landon Godfrey, Pharm. D. – Chief of Hospital Operations, Providence St. Joseph Medical Center

Merry Hutton - Regional Manager of Community Benefit, Providence Health and Services, Western Montana Region.

Shiloh McCreedy, RN – Discharge Planner, Providence St. Joseph Medical Center

Tammy Walston – Manager, Area VI Agency on Aging

Vincent River Ph.D. – Psychologist, Polson, MT