

2023

COMMUNITY HEALTH NEEDS ASSESSMENT

Providence St. Patrick Hospital

Missoula, Montana



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MESSAGE TO THE COMMUNITY AND ACKNOWLEDGEMENTS

As a not-for-profit Catholic health care ministry, Providence St. Patrick Hospital embraces its responsibilities to respond to our community's needs. The Community Health Needs Assessment (CHNA) process is crucial to how our community tells us what those needs are. A healthy community relies on many people and many resources. When the Sisters of Providence began our tradition of caring over 160 years ago, our ministry greatly depended on partnering with others in the community who were committed to doing good, and we continue those partnerships today.

Providence's vision of "Health for a Better World" starts with our commitment to understanding and serving the needs of the community, especially those who are poor and vulnerable. With each investment we make and partnership we develop, we find ways to best address and prioritize our region's most challenging needs as identified through our CHNA. In 2022, driven by our Mission to care for our community, Providence Montana, which includes Providence St. Patrick Hospital, Providence Medical Group, as well as in Providence St. Joseph Medical Center in Lake County, invested more than \$22 million in Community Benefit¹ in our communities. Together with our partners, we are building communities that promote and transform health and well-being.

With input and guidance from many of our community partners we complete a CHNA every three years to identify the greatest unmet needs in our community. The objectives of the CHNA are to understand the greatest needs in the community, determine how Providence St. Patrick Hospital can respond to those needs in partnership with other community organizations, and develop implementation strategies that will lead to health improvement. We are grateful for the time our community partners and community members spent sharing their thoughts and ideas about the most significant needs in Missoula County. These conversations allow us to create a rich, meaningful assessment of our community's strengths and needs.

In the coming years, we will focus our efforts on supporting and growing programs that address access to mental health care, homelessness, substance use/misuse, and access to health care services.

Our ultimate goal is to identify solutions that transform the health of our communities and collectively with our partners achieve Health for a Better World. We invite you to learn more about how we are working to meet community needs and help people live their healthiest lives.

Sincerely,

Kirk Bodlovic
Interim Chief Executive and Chief Operating Officer
Providence Montana

¹ Per federal reporting and guidelines from the Catholic Health Association.

EXECUTIVE SUMMARY

Understanding and Responding to Community Needs

The Community Health Needs Assessment (CHNA) is an opportunity for Providence St. Patrick Hospital to engage the community every three years with the goal of better understanding community strengths and needs. At Providence, this process informs our partnerships, programs, and investments. Improving the health of our communities is fundamental to our Mission and deeply rooted in our heritage and purpose.

The 2023 CHNA was approved by the Montana Service Area Community Mission Board on October 24, 2023 and made publicly available by December 28, 2023.

Gathering Community Health Data and Community Input

Through a mixed-methods approach, using quantitative and qualitative data, we collected information from the following sources: American Community Survey, Behavioral Risk Factor Surveillance System, local public health data, and hospital-level data. To actively engage the community, we conducted listening sessions that included people who are from diverse communities, who have lived experience with substance use disorders, have low-incomes, and/or are medically underserved. We also conducted 10 key informant interviews with representatives from organizations that serve these populations, specifically seeking to gain deeper understanding of community strengths and opportunities. Some key findings include the following:

- Key informants found addressing behavioral health challenges and improving access to care, specifically for mental health and substance use/misuse to be the primary need in Missoula County
- Populations most affected by housing instability and homelessness include older adults, young adults ages 18-24, and American Indians
- Barriers to access to timely health care services include transportation, Medicaid redetermination and the potential loss of insurance, and the cost of care
- Community members most affected by racism and discrimination include people who identify as transgender, American Indians, and individuals experiencing behavioral health challenges and homelessness

While care was taken to select and gather data that would tell the story of the hospital's service area, it is important to recognize the limitations and gaps in information that naturally occur.

Identifying Top Health Priorities

Through a collaborative process engaging the Providence St. Patrick Hospital CHNA Committee of the Montana Service Area Community Mission Board, the following priority areas were identified (listed by order of priority):

MENTAL HEALTH

Mental health programs include the prevention, screening, assessment, and treatment of mental disorders and behavioral conditions. Mental health is an important part of overall health and well-being. Mental health includes our emotional, psychological, and social well-being. In Missoula County, key informants emphasized the need for mental health and substance use/misuse treatment services, more crisis services and case management.

HOMELESSNESS

Homelessness is defined as any individual or family who lacks a fixed, regular, and adequate nighttime residence; an individual or family who will imminently lose their primary nighttime residence; and any individual or family who is fleeing, or is attempting to flee, domestic violence, has no other residence, and lacks the resources or support networks to obtain other permanent housing. Health and homelessness are inextricably linked. Health problems can cause a person's homelessness as well as be exacerbated by the experience. Housing is key to addressing the health needs of people experiencing homelessness. Key informants in Missoula County identified the financial pressure from the area's high cost of living as a contributing factor to housing instability. People who experience chronic homelessness need more opportunities for permanent supportive housing.

SUBSTANCE USE/MISUSE

Substance use/misuse, occurs when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and inability to meet major responsibilities at work, school, or home. Substance use/misuse includes the use of illegal drugs and the inappropriate use of legal substances, such as alcohol, prescription drugs and tobacco. Key informants noted the need for medical detox and more access to naloxone, as well as peer support services.

ACCESS TO CARE

Access to care goes beyond medical care, and includes dental, vision, primary care, transportation, culturally appropriate care, and care coordination. People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Community members and key informants shared there is a need for more in-home primary care and support services for older adults and people with disabilities.

Providence St. Patrick Hospital will develop a three-year Community Health Improvement Plan (CHIP) to respond to these prioritized needs in collaboration with community partners considering resources and community strengths and capacity. The 2024-2026 CHIP will be approved and made publicly available no later than May 15, 2024.

Measuring Our Success: Results from the 2020 CHNA and 2021-2023 CHIP

This report evaluates the impact of the 2021-2023 CHIP. Providence St. Patrick Hospital responded to community needs by making investments of direct funding, time, and resources to internal and external programs dedicated to addressing the previously prioritized needs using evidence-based and leading practices. In addition, we invited written comments on the 2020 CHNA and 2021-2023 CHIP, made

widely available to the public through posting on our website and distribution to community partners. No written comments were received on the 2020 CHNA and 2021-2023 CHIP. The 2020 CHNA and 2021-2023 CHIP priorities were the following:

Priority 1: Access to Mental Health Services

Access to mental health and behavioral health services, including for children and adolescents, regardless of payer source or ability to pay for services, as well as rapid access for people experiencing a mental health crisis.

Priority 2: Safe and Affordable Housing

Safe and affordable housing allows households to pay for other nondiscretionary expenses that are integral to good health, like healthy food, health care, and education.

Priority 3: Access to Substance Abuse Disorder Treatment Services

Access to both outpatient and inpatient alcohol and drug treatment and detox, regardless of payer source or ability to pay, as well as expanded treatment models, such as medication-assisted treatment and peer support programs.

Priority 4: Addressing Homelessness

Collaborate with community partners to work toward ending homelessness, including housing retention support services for people housed following a period of homelessness.

A few of the key outcomes from the previous CHIP are listed below:

- Integrated mental health care in the primary care setting
- Increased regional coordination for acute mental health services, including expansion of inpatient adolescent mental health unit, support of the community’s Mobile Support Team, and collaboration in development of Crisis Receiving Center
- Launch of first hospital-based medical-legal partnership (MLP) with Montana Legal Services Association
- Participation in community collaborations in support of reducing homelessness, including the At-Risk Housing Coalition, the Coordinated Entry System, and FUSE (Frequent Users Systems Engagement)

INTRODUCTION

Who We Are

Our Mission As expressions of God’s healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.

Our Vision Health for a Better World.

Our Values Compassion — Dignity — Justice — Excellence — Integrity

Providence St. Patrick Hospital is a regional tertiary care hospital founded in 1873 and located in Missoula, Montana. The hospital has 253 licensed beds and employs more than 2,200 employee caregivers, over 200 of whom are Providence Medical Group providers.

Major programs and services offered to the community include the Providence Heart Institute, Montana Cancer Center, da Vinci Surgical System, a Level II trauma center, inpatient adult and adolescent neurobehavioral health and many specialty areas of medicine.

For more information on the resources invested to improve the health and quality of life for the communities we serve, please refer to our Annual Report to our Communities:

<https://www.providence.org/about/annual-report>.

OVERVIEW OF CHNA FRAMEWORK AND PROCESS

Equity Framework

Our vision, Health for a Better World, is driven by a belief that health is a human right. Every person deserves the chance to live their healthiest life. At Providence, we recognize that long-standing inequities and systemic injustices exist in the world. This has led to health disparities among communities that have been marginalized because of their race, ethnicity, gender, sexual orientation, age, ability, religion or socioeconomic status. Our health equity statement can be found online: <https://www.providence.org/about/health-equity>.

The CHNA is an important tool we use to better understand health disparities and inequities within the communities we serve, as well as the community strengths and assets. Through the literature and our community partners, we know that racism and discrimination have detrimental effects on community health and well-being. We recognize that racism and discrimination prevent equitable access to opportunities and the ability of all community members to thrive. We name racism as contributing to the inequitable access to all the determinants of health that help people live their best lives, such as safe housing, nutritious food, responsive health care, and more.

To ensure that equity is foundational to our CHNA, we have developed an equity framework that outlines the best practices that each of our hospitals will implement when completing a CHNA. These practices include, but are not limited to the following:



Approach

- Explicitly name our commitment to equity
- Take an asset-based approach, highlighting community strengths
- Use people first and non-stigmatizing language



Community Engagement

- Actively seek input from the communities we serve using multiple methods
- Implement equitable practices for community participation
- Report findings back to communities



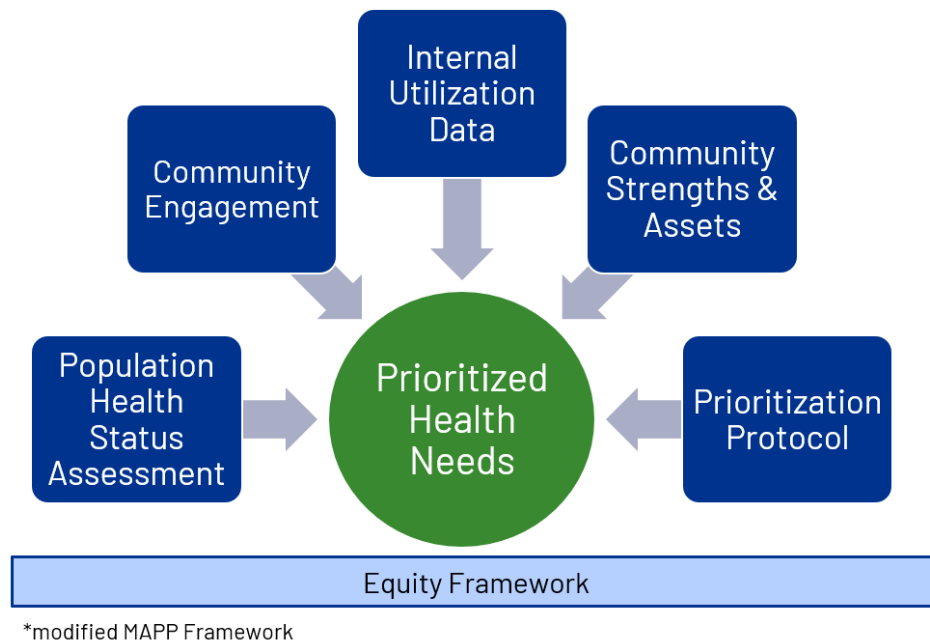
Quantitative Data

- Report data at the census tract level to address masking of needs at county level
- Disaggregate data when responsible and appropriate
- Acknowledge inherent bias in data and screening tools

Much of the Providence Montana service area falls within the Flathead Indian Reservation, which is the ancestral home of the Bitterroot, Salish, Kootenai and Pend d'Oreille tribes, organized as the Confederated Salish and Kootenai Tribes of the Flathead Nation (CSKT). CSKT's tribal government is based in Lake County. In Missoula County, All Nations Health delivers care as an Urban Indian Health Program, offering medical and behavioral health services to more than 2,000 people. In the course of this assessment, we interviewed professionals familiar with the historical experience and strengths and needs of the American Indian population of western Montana.

CHNA Framework

The equity framework is foundational to our overall CHNA framework, a modified version of the Mobilizing for Action through Planning and Partnerships (MAPP) developed by the National Association of County and City Health Officials (NACCHO). The modified MAPP framework takes a mixed-methods approach to prioritize health needs, considering population health data, community input, internal utilization data, community strengths and assets, and a prioritization protocol.



Data Sources

In gathering information on the communities served by Providence St. Patrick Hospital, we looked not only at the health conditions of the population, but also at socioeconomic factors, the physical environment, and health behaviors. In addition, we recognize that there are often geographic areas where the conditions for supporting health are poorer than nearby areas. Whenever possible and reliable, data are reported at census tract level. These smaller geographic areas allow us to better understand the neighborhood level needs of our communities and better address inequities within and across communities.

We reviewed data from the following sources:

Primary Data Sources	Secondary Data Sources
<ul style="list-style-type: none">• Key informant interviews• Community listening sessions• Internal hospital utilization data	<ul style="list-style-type: none">• American Community Survey• Behavioral Risk Factor Surveillance System (BRFSS)• U.S. Census Bureau• Montana Index for Health Communities• County Health Rankings• Other recent needs assessments (Missoula County Community Needs Assessment, City of Missoula Community Needs Assessment, Missoula County Health Assessment, Missoula Aging Services Community Assessment Survey for Older Adults)

Data Limitations and Information Gaps

While care was taken to select and gather data that would tell the story of the hospital’s service area, it is important to recognize the limitations and gaps in information that naturally occur, including the following:

- While most indicators are relatively consistent from year to year, other indicators are changing quickly (such as percentage of people uninsured) and the most recent data available are not a good reflection of the current state.
- Reporting data at the county level can mask inequities within communities. This can also be true when reporting data by race, which can mask what is happening within racial and ethnic subgroups. Therefore, when appropriate and available, we disaggregated the data by geography and race.
- Data that are gathered through interviews and surveys may be biased depending on who is willing to respond to the questions and whether they are representative of the population as a whole.
- The accuracy of data gathered through interviews and surveys depends on how consistently the questions are interpreted across all respondents and how honest people are in providing their answers.

Process for Gathering Comments on Previous CHNA and Summary of Comments Received

Written comments were solicited on the 2020 CHNA and 2021-2023 CHIP reports, which were made widely available to the public via posting on the internet in December 2020 (CHNA) and May 2021 (CHIP), as well as through various channels with our community-based organization partners.

No comments were received for the previous CHNA or CHIP documents.

OUR COMMUNITY

Hospital Service Area and Community Served

Providence St. Patrick Hospital in Missoula, Montana serves as a regional care center in western Montana. Based on the availability of data and geographic access to the facility, Missoula County serves as the boundary for the hospital service area.



Figure 1. Map of Western Montana with Missoula County highlighted in yellow

Aside from Missoula, population centers within Missoula County include the towns of Bonner, Clinton, Condon, Frenchtown, Huson, Lolo, Milltown and Seeley Lake. With a population of 121,041², Missoula County is the third most populous county in Montana; the population has grown by 2.6% since the 2020 CHNA.

Providence Need Index

To facilitate identifying health disparities and social inequities by place, we designated a “high need” service area and a “broader” service area, which together make up the Missoula County Service Area. Based on work done by the Public Health Alliance of Southern California and their [Healthy Places Index](#)

² U.S. Census Bureau. QuickFacts Population Estimates, July 1, 2022

(HPI) tool, we identified the high need service area based on income, education, English proficiency, and life expectancy.³

For this analysis, census tracts with more people below 200% Federal Poverty Level (FPL), more people without a high school diploma, more limited English households, and a lower life expectancy at birth were identified as “high need.” The mean value of nearest neighbors was used to insert missing data for variables by way of the Neighborhood Summary Statistics geoprocessing tool in ArcGIS Pro 3.1. All variables were weighted equally. The census tracts were assigned a score between 0 and 100 where 0 represents the census tract with the lowest need and 100 represents the highest need, according to the criteria. Census tracts that scored higher than the average were classified as a high need service area and are depicted in green. In the Providence St. Patrick Hospital service area, 11 of 29 census tracts (38%) scored above the average of 50.6, indicating a high need.

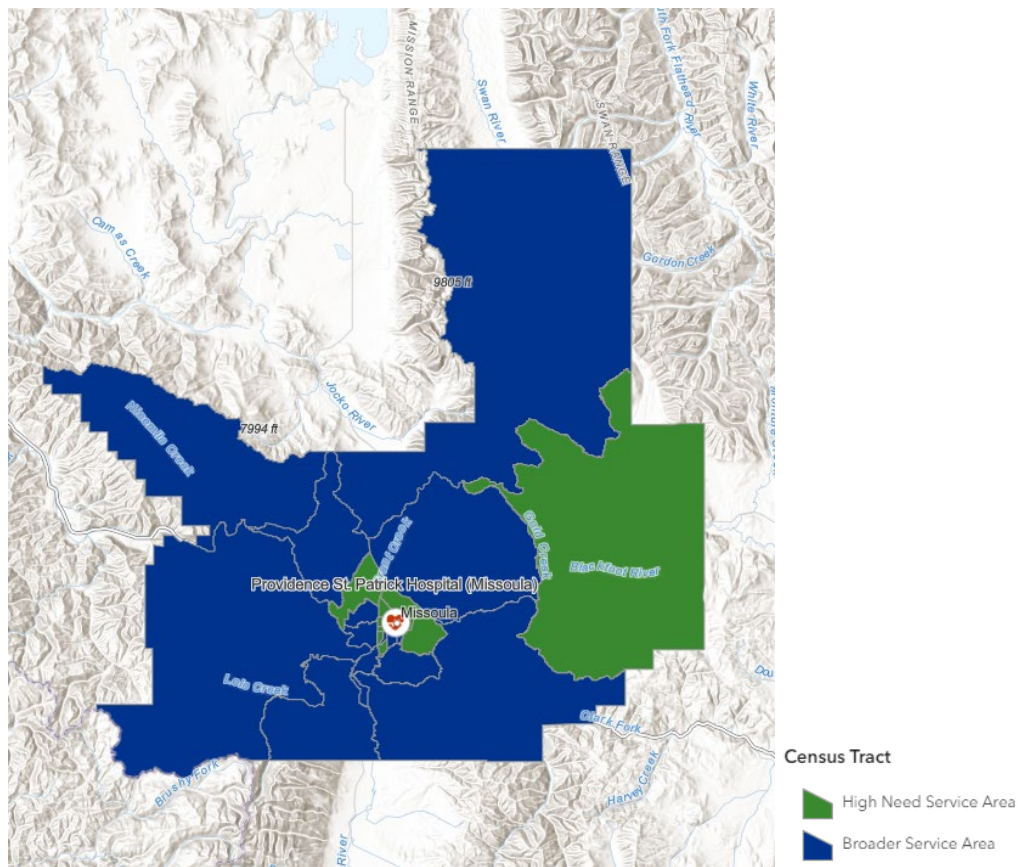


Figure 2. Providence St. Patrick Hospital Service Area

³ The following variables were used for the PNI analysis: Population below 200% the Federal Poverty Level (American Community Survey, 2021); Percent of population with at least a high school education (American Community Survey, 2021); Percent of population, ages 5 Years and older in [Limited English Households](#) (American Community Survey, 2021); Life expectancy at birth (estimates based on CDC, 2010 – 2015 data)

Community Demographics

The graphs below provide demographic and socioeconomic information about the service area and how the high need area compares to the broader service area. We have developed a dashboard that maps each CHNA indicator at the census tract level. The dashboard can be found here:

[Missoula County Datahub 2023 CHNA \(arcgis.com\)](#)

The following population demographics are from the 2021 American Community Survey 5-Year Estimates.

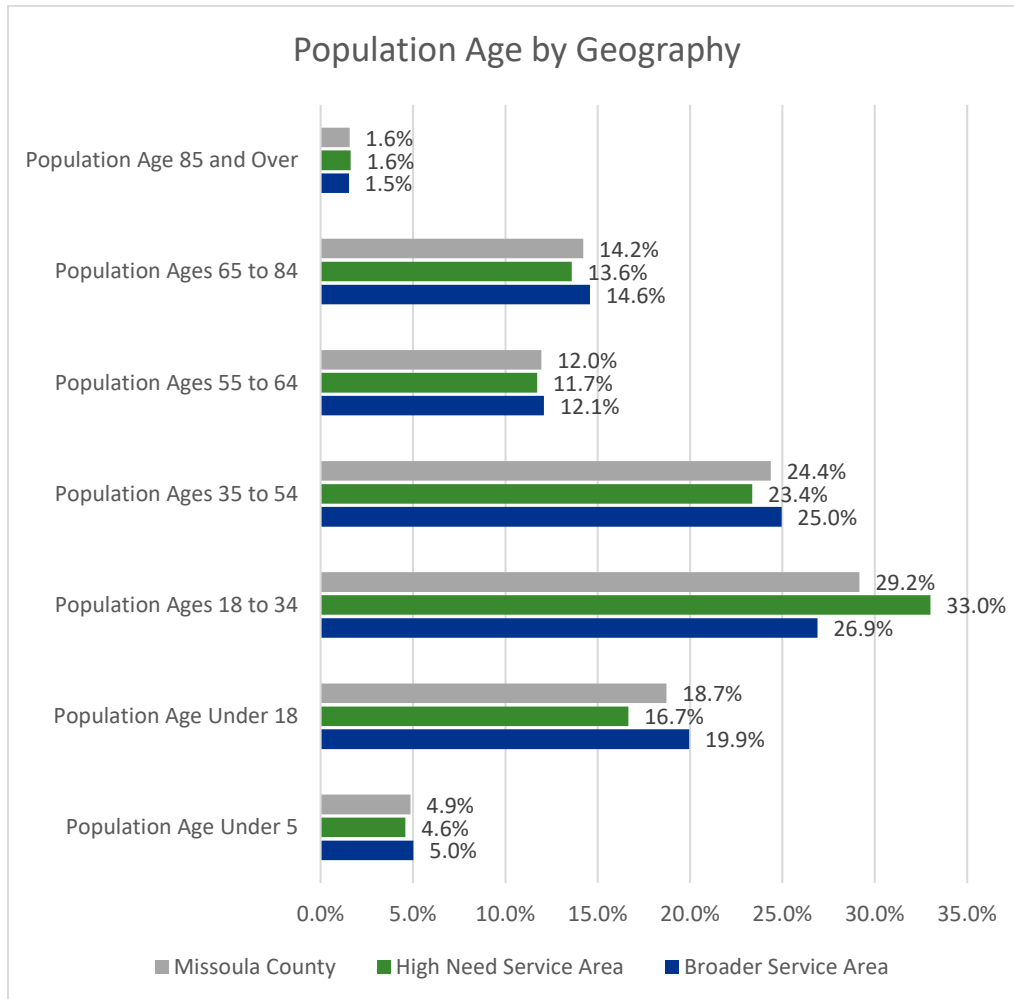


Figure 3: Population Age Groups by Geography

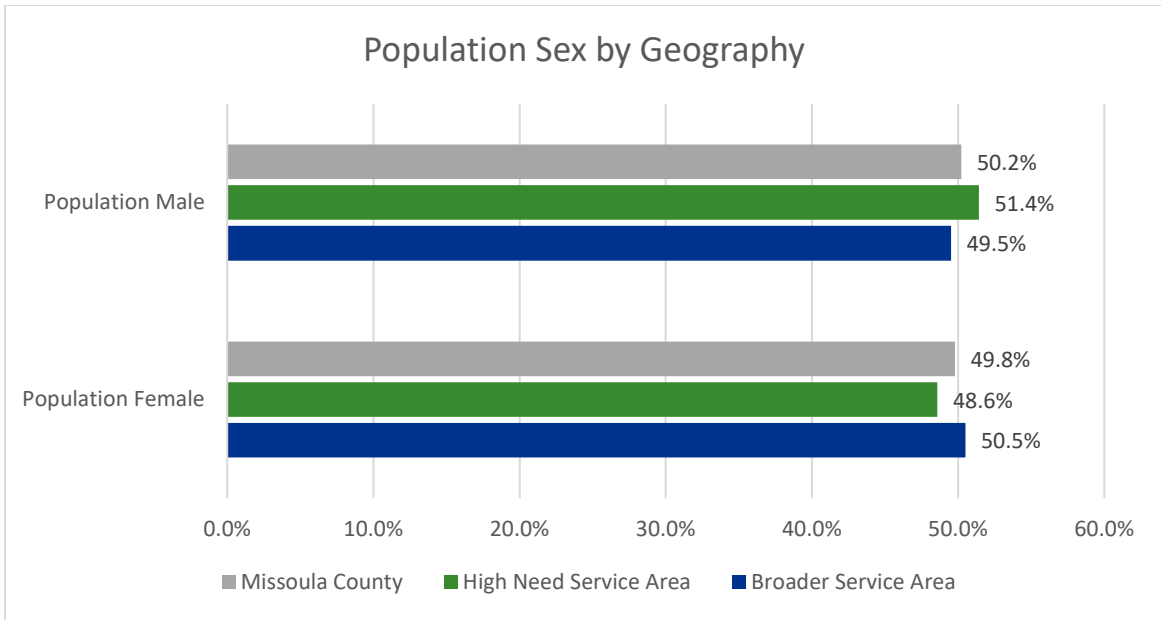


Figure 4: Population Sex by Geography

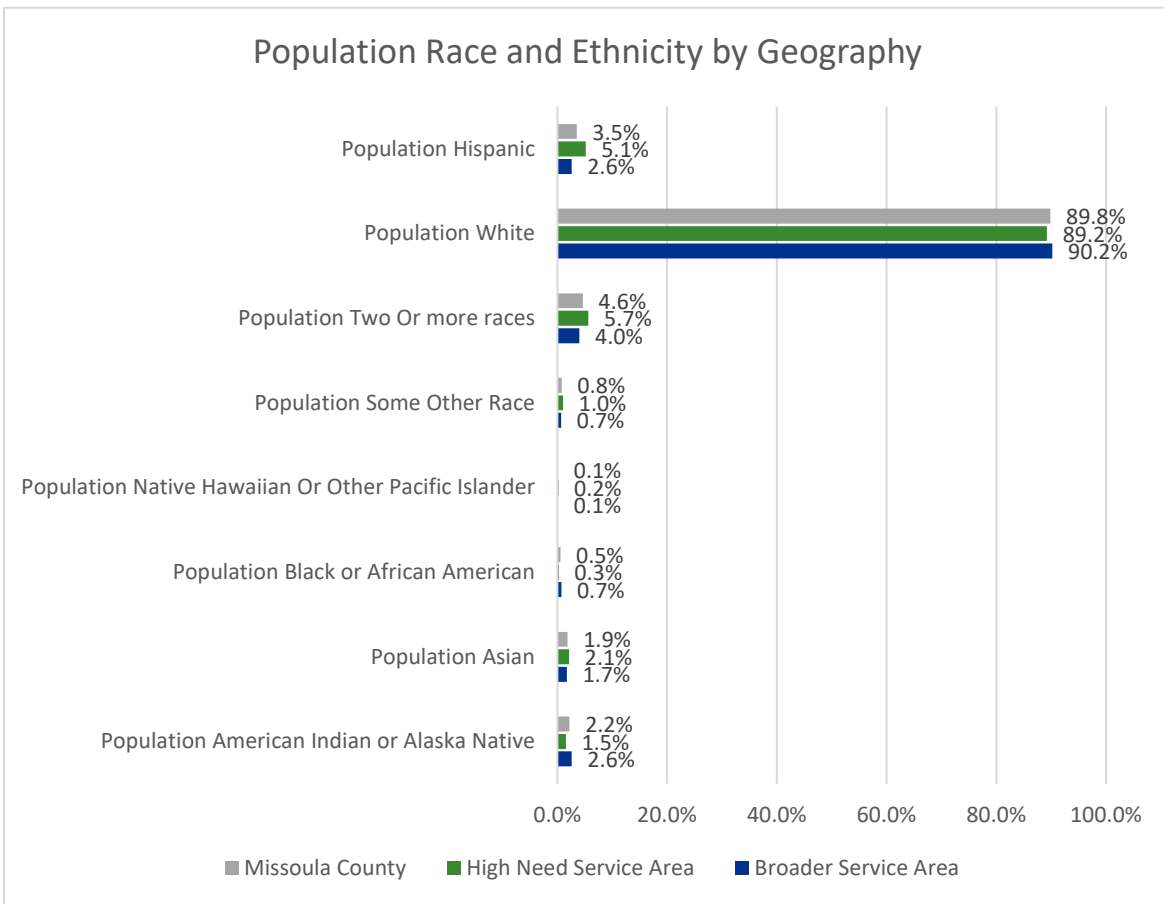


Figure 5: Population Race and Ethnicity by Geography

In Missoula County, people ages 18-34 have the most representation in the High Need Area, with nearly one in three (33%) of people in the High Need Area in that age group. People identifying as Hispanic or Two or More Races are disproportionately represented in the high need service area, comprising 5.1% and 5.7% of the high need service area respectively, compared to 3.5% and 4.6% of the total population, respectively. White people are slightly more likely to live in the broader service area, comprising 90.2% of the broader service area compared to 89.8% of the total population. Population by sex is nearly equally distributed across the service areas, with males slightly over-represented in the high need and females in the broader service areas.

HEALTH PROFESSIONAL SHORTAGE AREA

Missoula County is a designated Health Resources and Services Administration (HRSA) Health Professional Shortage Area (HPSA) for low-income populations for primary, dental, and mental health care. Surrounding counties in the greater Providence Montana service area all have HPSA designations.

See [Appendix 1](#) for additional details on HPSA and Medically Underserved Areas and Medically Underserved Populations.

HEALTH INDICATORS

Missoula County Data Hub

Please refer to the [Missoula County Data Hub 2023](#) to review each of the following health indicators mapped at the census tract level:

<https://experience.arcgis.com/experience/92f5b9f3e3eb4d818295cdefc2f3126f/>

The hub provides data on each indicator in the Missoula County, high need and broader need service areas, and Montana, as well as information about the importance of each indicator.

27 indicators can be viewed by census tract at the above link, including:

- Service area (High Need Service Area vs. Broader Service Area)
- Poverty, income, and housing data
- Demographic data, including education, language, employment, and veteran status
- Health data, including chronic disease, mental health, and substance use disorder

The following table reflects select health indicators of interest for Lake County; rows in green indicate the Lake County measure is better than the state measure; rows in red indicators where Lake County has worse measures than the broader state measures.

Table 1. Select health indicators⁴ for Missoula County and state of Montana

Selected Indicator	Missoula County	Montana	Need Area
High School Education	96.3% <i>(High Need 94.8%, Broader Need Area 97.2%)</i>	94.4%	Education
Uninsured	6.4% <i>(High Need 7.6%, Broader Need Area 6.3%)</i>	8.6%	Access
COPD	5.2%	5.6%	Chronic Disease
Diabetes	7.1%	7.7%	Chronic Disease
Severe Housing Cost Burden	23.0%	19.3%	Housing Instability
Binge Drinking	23.0%	21.8%	Substance Use/Misuse
Coronary Heart Disease	5.1%	2.8%	Chronic Disease
Depression	24.8%	23.4%	Mental Health

See [Appendix 1](#) for additional Population Health Data

⁴ Source for severe housing cost burden, population uninsured, and households receiving SNAP: American Community Survey (ACS), 2021, 5-year estimate

Source for binge drinking, depression, coronary heart disease, and frequent mental health: Behavioral Risk Factor Surveillance System Survey (BRFSS), 2020

Hospital Utilization Data

In addition to public health surveillance data, our hospitals can provide timely information regarding access to care and disease burden across the service area. Avoidable Emergency Department (AED) use is reported as a percentage of all Emergency Department visits over a given period, which are identified based on an algorithm developed by Providence's Population Health Care Management team based on NYU and Medi-Cal definitions. AED use serves as a proxy for inadequate access to or engagement in primary care. We review and stratify utilization data by a several factors including self-reported race and ethnicity, patient origin ZIP Code, age, and sex. This detail helps us identify disparities to better improve our outreach and partnerships.

In 2022, our data showed the following key insights:

- 27.3% of ED visits were considered avoidable; this represents a decrease of 4.5 percentage points from the prior CHNA (31.8% in 2019)
- There was a higher percentage of AED visits for patients aged 18-39 years (29.4%) and aged 40-64 years (29%) compared to the total patient population (27.3%)
- 9.3% of all ED visits were behavioral health-related and half of those were from patients aged 18-39 years; 13.9% of ED visits for patients aged 18-39 years were behavioral health-related, higher than any other age group
- The most common diagnoses for all avoidable ED visits in 2022 were Substance Use Disorders, Skin Infection and Bronchitis and Other Upper Respiratory Disease; these diagnoses were the most common avoidable ED visit diagnoses in the prior CHNA, as well

For additional information regarding these findings, please contact Hollie Timmons at hollie.timmons@providence.org.

Montana Index for Healthy Communities

The Montana Index for Healthy Communities (IHC) is a health and social needs index that quantifies social, economic, and health care-related factors that influence the health of Montanans. The IHC shows the health care and socio-economic domains (such as provider supply or housing & transportation) with the most need, as well as the geographic areas that could benefit most from investments in these social drivers of health (SDOH).

Highest need areas in common for Missoula include:

- Income
- Treated Prevalence
- Provider Supply
- Food Access

See [Appendix 1](#) for need areas with highest score for Missoula / Providence St. Patrick Hospital and definitions of need areas.

County Health Rankings

The County Health Rankings are based on a model of population health that emphasizes the many social, economic, physical, clinical and other factors that influence how long and how well we live. Countyhealthrankings.org helps counties understand what influences how healthy their residents are and the factors that could determine how long they will live. The Rankings measure the current health of each county and show the differences in health and opportunity by place. They then assess the future health of communities with measures that look at factors such as children living in poverty, access to nutritious foods, smoking rates, obesity rates, and teen births. Finally, selected measures and strategies highlight the intersection of racism, discrimination and disinvestment to support actions toward equity.

⁵

Review measures for Missoula County at [Countyhealthrankings.org](https://www.countyhealthrankings.org):

<https://www.countyhealthrankings.org/explore-health-rankings/montana/missoula?year=2023>

In 2023, measures in Missoula County that show improvement include Alcohol-Impaired Driving Deaths, Uninsured, PCPs, Dentists, Preventable Hospital Stays, Flu Vaccinations, Uninsured Adults, Uninsured Children, Children In Poverty. Measures that worsened are Sexually Transmitted Infections and Mammography Screening. No significant change was measured for Premature Death, Unemployment and Air Pollution.

See [Appendix 1](#) to view the Missoula County Snapshot for 2023.

⁵ University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2023. www.countyhealthrankings.org.

COMMUNITY INPUT

Summary of Community Input

To better understand the unique perspectives, opinions, experiences, and knowledge of community members, representatives from Providence St. Patrick Hospital conducted ten key informant interviews with representatives from community-based organizations and three listening sessions with community members. All community input was collected between May and June 2023.

During these interviews and listening sessions, community members and nonprofit and government key informants discussed the issues and opportunities of the people, neighborhoods, and cities of the service area. Below is a high-level summary of the findings of these sessions.

See [Appendix 2](#) for methodology, participant details, and in-depth findings.

Community-Defined Health and Strengths

Listening session participants were asked to describe their vision of a healthy community and key informants were asked to highlight community strengths. These questions are important for understanding what matters to community members and leveraging what is already going well:

Vision for a Healthy Community	Community Strengths
<ul style="list-style-type: none">• There are community-building activities• Community members help one another• Everyone can afford housing• Resources are available to meet basic needs• Health and well-being resources are accessible• Everyone has opportunities	<ul style="list-style-type: none">• Community members are committed to improving Missoula County• Community members share their culture and contribute their collective wisdom• Organizations work collaboratively to serve the community

Community Needs

HIGH PRIORITY UNMET HEALTH-RELATED NEEDS

Behavioral health challenges and access to care (mental health and substance use/misuse)

Key informants and community members shared Missoula County needs more mental health and substance use/misuse treatment services to meet the growing need. They said there is a need for more crisis services, case management, and peer support services. Community members also would like to see a medical detox and more access to naloxone.

The pandemic exacerbated behavioral health challenges, leading to more people seeking help and stressing an already inadequate system. This contributed to provider burnout and workforce challenges, affecting access. Increased social isolation and financial pressures put stress on families. Key informants shared the pandemic was especially traumatic for American Indians, as they were restricted

from ceremonies and honoring their deceased. Certain populations may have additional challenges accessing behavioral health services and/or have specific support needs: people with Medicaid coverage, LGBTQIA+ identifying individuals, American Indians, people involved in the criminal legal system, older adults, and school-aged children.

Community members spoke to stigma being a key barrier to addressing behavioral health challenges, with people with behavioral health issues treated with less compassion in health care settings. Additional funding for behavioral health is needed, particularly as pandemic funding is ending.

Homelessness and housing instability

Most key informants and community members identified housing as a big issue in Missoula County and a foundational need. The high cost of living has put a lot of financial pressure on individuals and families. Key informants shared they are seeing workers leave more urban areas and move to Missoula, contributing to more growth and increased housing costs. Key informants noted a need for more permanent supportive housing using a Housing First approach for people with behavioral health needs. They would also like to see more community education around homelessness to address stigma and more adequate funding to address the complexity of the issue. Community members and key informants spoke to the importance of providing additional support for and inclusion of people living unhoused, including providing basic hygiene services. Community members would like to see more legal protections from rent increases and rental application fees. American Indians, older adults, and young adults ages 18-24 may be particularly affected by housing instability and homelessness. Climate change and extreme weather are also important to acknowledge when addressing housing needs, particularly air quality in homes.

MEDIUM PRIORITY UNMET HEALTH-RELATED NEEDS

Access to health care services

Key informants spoke to a variety of barriers that prevent individuals from accessing timely care: transportation, Medicaid redetermination and the potential loss of insurance, and the cost of care. They shared more care navigation would help address these barriers. Community members and key informants shared there is a need for more in-home primary care and support services for older adults and people with disabilities. Key informants shared individuals identifying as trans+ may lack access to needed health care services. Community members shared more primary care services located in the community for people experiencing homelessness are needed. They also shared more patient education around nutrition could be beneficial.

Key informants would like to see more provider education related to Diversity, Equity, and Inclusion (DEI) and cultural practices, particularly to ensure more culturally responsive care for American Indians. Importantly, patients should feel heard and respected and like their culture is valued. This will also support building trust and stronger relationships between providers and patients.

The pandemic contributed to long wait times for appointments as people seek postponed services, increased provider burnout and suicide, divisiveness in the community related to mask wearing and vaccines, and worsened health disparities, particularly for American Indians. Positively, the pandemic did increase the use of telehealth services, which improved access for some populations.

Racism and discrimination

Key informants spoke to racism and discrimination as affecting many other needs. They were particularly concerned about individuals identifying as trans+ and a lack of access to needed health services. Racism and discrimination also affect the care American Indians receive, with their pain and concerns being taken less seriously and patients feeling talked down to. Key informants would like to see healthcare providers engage in education on American Indian cultural practices and DEI education, in general. The COVID-19 pandemic highlighted health inequities, with American Indians experiencing disparate health outcomes. Colonialism is at the root of many health-related needs because it separated American Indians from traditional ways of being and practicing ceremonies, which contributes to behavioral health challenges. It also separated communities from traditional food systems and affects generational wealth building, keeping people in poverty. Community members also discussed concern for discrimination and stigma towards people with behavioral health challenges and experiencing homelessness.

Economic insecurity

Inflation and cost of living has put a lot of pressure on individuals and families, contributing to more stress and increased behavioral health support needs. American Indians may be disproportionately affected by economic insecurity in Missoula County due to colonialism, racism, and intergenerational trauma. The pandemic also contributed to lost jobs and wages and may have made accessing some support services more difficult.

Food insecurity and chronic diseases

Food insecurity is a challenge in some communities in Missoula County, particularly in rural areas where there is a lack of healthy, affordable food. Some communities may have had grocery stores close as a result of the COVID-19 pandemic and others may only have food available in convenience stores. American Indians may experience higher rates of food insecurity due to high cost of food on reservations and forced separation from traditional food systems. Older adults may have difficulty accessing food due to transportation barriers.

Poor access to nutritious, healthy, and affordable food contributes to chronic diseases, including obesity, diabetes, and heart disease. This is a specific concern for American Indians.

Resource awareness

Community members discussed a need for more awareness of community resources and services. They suggested having a centralized resource center and more outreach

regarding resources, particularly to people living unhoused. Some resources and services shut down due to COVID-19.

Recreation and connection

Community members discussed wanting more opportunities for recreation and connection at a free community center, walkable outdoor areas, and more social events. Many connections were broken during the pandemic and the community would like to rebuild some of that.

SIGNIFICANT HEALTH NEEDS

Identification and Prioritization of Significant Health Needs

The Providence Montana Service Area Community Mission Board ad hoc CHNA committee reviewed the quantitative data and community input and met July 31, 2023 to discuss the findings. The committee voted by online poll to prioritize need areas for the 2023 CHNA, with each participant selecting their three highest priority need areas. The full list of need areas for the voting process is below; bolded need areas indicate those that were identified as high and medium-priority needs through the [Community Input](#) process:

Access	Education	Housing Instability	Substance
Chronic Disease	Environmental Justice	Mental Health	Use/Misuse
COVID-19	Equity	Obesity	
Disasters	Food Insecurity	Physical Activity	
Economic Security	Homelessness	Safety	

The following criteria were used in the prioritization process:

- Worsening trend over time
- Disproportionate impact on low income and/or Black, Brown, Indigenous, and People of Color (BBIPOC) communities
- Providence service area/high need service area rates worse than state average and/or national benchmarks
- Opportunity to impact: organizational commitment, partnership, severity, and/or scale of need
- Alignment with existing System priorities

The need areas in order of highest number of votes include Mental Health, Homelessness, Substance Use/Misuse, Access, Chronic Disease and Housing Instability.

2023 Priority Needs

The list below summarizes the significant health needs identified through the 2023 Community Health Needs Assessment process listed in order of priority:

MENTAL HEALTH

Mental health programs include the prevention, screening, assessment, and treatment of mental disorders and behavioral conditions. Mental health is an important part of overall health and well-being. Mental health includes our emotional, psychological, and social well-being. In Missoula County, key informants emphasized the need for mental health and substance use/misuse treatment services, more crisis services and case management.

HOMELESSNESS

Homelessness is defined as any individual or family who lacks a fixed, regular, and adequate nighttime residence; an individual or family who will imminently lose their primary nighttime residence; and any individual or family who is fleeing, or is attempting to flee, domestic violence, has no other residence, and lacks the resources or support networks to obtain other permanent housing. Health and homelessness are inextricably linked. Health problems can cause a person's homelessness as well as be exacerbated by the experience. Housing is key to addressing the health needs of people experiencing homelessness. Key informants in Missoula County identified the financial pressure from the area's high cost of living as a contributing factor to housing instability. People who experience chronic homelessness need more opportunities for permanent supportive housing.

SUBSTANCE USE/MISUSE

Substance use/misuse, occurs when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and inability to meet major responsibilities at work, school, or home. Substance use/misuse includes the use of illegal drugs and the inappropriate use of legal substances, such as alcohol, prescription drugs and tobacco. Key informants noted the need for medical detox and more access to naloxone, as well as peer support services.

ACCESS TO CARE

Access to care goes beyond medical care, and includes dental, vision, primary care, transportation, culturally appropriate care, and care coordination. People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Community members and key informants shared there is a need for more in-home primary care and support services for older adults and people with disabilities.

Alignment with Other Community Health Needs Assessments

To ensure alignment with local public health improvement processes and identified needs, we reviewed the needs of other publicly available sources that engaged the community in setting priorities, including Missoula County Community Needs Assessment (2022), Missoula Aging Services: Community Assessment Survey for Older Adults® (2022), City of Missoula Office of Housing and Community Development Community Needs Assessment Report (2021) as well as preliminary survey results from the 2023 Missoula County Community Health Assessment. The CHNA committee reviewed these CHNA reports to confirm alignment with government and non-profit organizations serving Missoula County. The following table provides an overview of the priorities identified by the organizations. The findings of these assessments are consistent with community input received in our CHNA process as well as with quantitative data.

MISSOULA COUNTY COMMUNITY NEEDS ASSESSMENT (2022)

Top community facility needs:

1. Mental health center
2. Childcare center

Top community priorities:

3. Increase the supply of affordable housing
4. Improve existing infrastructure (roads, sidewalks, water, sewer, broadband, etc.)

[Link to document](#)

MISSOULA AGING SERVICES: COMMUNITY ASSESSMENT SURVEY FOR OLDER ADULTS® (2022)

Area VII (Missoula and Ravalli counties) highest need areas for Community Livability:

- Housing
- Independent Living
- Mental Health
- Employment

[Link to document](#)

CITY OF MISSOULA OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT COMMUNITY NEEDS ASSESSMENT REPORT (2021)

Key findings: Lack of affordable housing for both rent and purchase

[Link to document](#)

MISSOULA COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT (2023)

Out of 777 responses, health topics with the highest votes as a “major problem” in the community in order are Mental Health, Substance Use Disorder and Substance Abuse, Drugs & Alcohol. Of the 791 responses regarding social determinants of health in the community, the areas with the most votes for “Not a Strength” are Availability of Housing Options, Housing Security and Quality of Housing Options.

The completed Community Health Assessment will be posted for the public on Missoula County Health Department's website; status updates can be viewed [here](#).

Potential Resources Available to Address Significant Health Needs

Understanding the potential resources to address significant health needs is fundamental to determining current state capacity and gaps. The organized health care delivery systems include the Missoula City-County Health Department, including Missoula County's federally-qualified health center Partnership Health Center, All Nations Health Center, and Community Medical Center, as well as medical groups. In addition, there are numerous social service non-profit agencies, faith-based organizations, and private and public-school systems that contribute resources to address these identified needs. For a list of potentially available resources available to address significant health needs see Appendix 3.

See [Appendix 3](#) for a full list of resources potentially available to address the significant health needs

EVALUATION OF 2021-2023 CHIP

The 2020 CHNA and 2021-2023 CHIP priorities were the following: Access to Mental Health Services, Safe and Affordable Housing, Access to Substance Abuse Disorder Treatment Services and Addressing Homelessness. This report evaluates the impact of the 2021-2023 Community Health Improvement Plan (CHIP). Providence St. Patrick Hospital responded to community needs by making investments of direct funding, time, and resources to internal and external programs dedicated to addressing the previously prioritized needs using evidence-based and leading practices.

Table 1. Outcomes from 2021-2023 CHIP

Priority Need	Program or Service	Results/Outcomes
Access to Mental Health Services	Integrated mental health care in primary care setting	5% improvement in rate of patients with depression treatment response; integrated behavioral health provider service expanded to additional specialty care
Access to Mental Health Services	Advocacy for continued mental health services via telehealth and telepsychiatry in response to effects of COVID-19 pandemic	Rapid expansion of behavioral health telehealth sessions in response to COVID-19 pandemic
Access to Mental Health Services	Increased regional coordination for acute mental health services	Adolescent neurobehavioral inpatient program expanded in 2020; support of community's launch of Mobile Support Team; collaborative development of Crisis Receiving Center with the Strategic Alliance for Improved Behavioral Health; participation in biweekly community Crisis Intervention Team meetings
Safe and Affordable Housing	Community partnerships in support of housing stability	Medical-Legal Partnership with Montana Legal Service Association launched in May 2020; 40% of initial reason for patient referral to program related to housing Community Solutions Built for Zero initiative/technical assistance launched in May 2022
Safe and Affordable Housing	Participation in community initiatives to increase affordable housing options	Consistent, ongoing hospital participation in At Risk Housing Coalition; increase in community's housing stock since 2020 as well as temporary and emergency shelter
Access to Substance Abuse Disorder Treatment Services	Community partnerships in support of substance use disorder services	Collaborative development of Crisis Receiving Center with the Strategic Alliance for Improved Behavioral Health

Access to Substance Abuse Disorder Treatment Services	Outpatient substance use treatment access	Standardized alcohol use screening tool at annual exams implemented in all Providence Medical Group clinics in 2023; 3 Missoula-area PMG providers provide integrated medication assisted treatment
Addressing Homelessness	Collaboration in community-wide diversion/resource prioritization	Participation in Coordinated Entry System and FUSE (Frequent Users Systems Engagement) to connect people experiencing homelessness or housing instability with support and resources; 30 newly-built permanent supportive housing units opened to people experiencing chronic homelessness in September 2023


Addressing Identified Needs

The Community Health Improvement Plan developed for the Providence St. Patrick Hospital service area will consider the prioritized health needs identified in this CHNA and develop strategies to address needs considering resources, community capacity, and core competencies. Those strategies will be documented in the CHIP, describing how Providence St. Patrick Hospital plans to address the health needs. If the hospital does not intend to address a need or plans to have limited response to the identified need, the CHIP will explain why. The CHIP will not only describe the actions Providence St. Patrick Hospital intends to take, but also the anticipated impact of these actions and the resources the hospital plans to commit to address the health need.

Because partnership is important when addressing health needs, the CHIP will describe any planned collaboration between Providence St. Patrick Hospital and community-based organizations in addressing the health need. The CHIP will be approved and made publicly available no later than May 15, 2024.

2023 CHNA GOVERNANCE APPROVAL


This Community Health Needs Assessment was adopted by the Montana Service Area Community Mission Board⁶ on October 24, 2023. The final report was made widely available by December 28, 2023.


Kirk Bodlovic
Interim Chief Executive and Chief Operating Officer, Montana Service Area
Providence

10-24-2023
Date


Mark Williams
Chair, Providence Montana Service Area Community Mission Board

11/16/23
Date


Joel Gilbertson
Chief Executive, Central Division
Providence

11/20/23
Date

CHNA/CHIP Contact:

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⁶ See [Appendix 4: Providence Montana Service Area Community Mission Board and Executive Team Representatives](#)

APPENDICES

Appendix 1: Quantitative Data

POPULATION LEVEL DATA

Please refer to the [Missoula County Data Hub 2023](#) to review each of the following health indicators mapped at the census tract level:

<https://experience.arcgis.com/experience/92f5b9f3e3eb4d818295cdefc2f3126f/>

Missoula County Demographics

The following population demographics are from the 2021 American Community Survey 5-Year Estimates.

Indicator	Missoula County	Broader Service Area	High Need Service Area
Population by Age Groups			
Total Population	117,379	73,806	43,573
Population Age Under 5	4.9% (5,712)	5.0% (3,710)	4.6% (2,002)
Population Age Under 18	18.7% (21,982)	19.9% (14,723)	16.7% (7,259)
Population Ages 18 to 34	29.2% (34,236)	26.9% (19,849)	33.0% (14,387)
Population Ages 35 to 54	24.4% (28,597)	25.0% (18,415)	23.4% (10,182)
Population Ages 55 to 64	12.0% (14,032)	12.1% (8,925)	11.7% (5,107)
Population Ages 65 to 84	14.2% (16,691)	14.6% (10,764)	13.6% (5,927)
Population Age 85 and Over	1.6% (1,841)	1.5% (1,130)	1.6% (711)
Population by Gender			
Female	49.8% (58,431)	50.5% (37,265)	48.6% (21,166)
Male	50.2% (58,948)	49.5% (36,541)	51.4% (22,407)
Population by Race			
American Indian and Alaska Native	2.2% (2,595)	2.6% (1,925)	1.5% (670)
Asian Population	1.9% (2,186)	1.7% (1,266)	2.1% (920)
Black or African American Population	0.5% (630)	0.7% (520)	0.3% (110)
Native Hawaiian And Other Pacific Islander Population	0.1% (134)	0.1% (56)	0.2% (78)
Other Race Population	0.8% (936)	0.7% (486)	1.0% (450)
Two or more Races Population	4.6% (5,433)	4.0% (2,968)	5.7% (2,465)
White Population	89.8% (105,465)	90.2% (66,585)	89.2% (38,880)
Population by Ethnicity			
Hispanic Population	3.5% (4,150)	2.6% (1,907)	5.1% (2,243)

Table 1_Apx 1. Additional Selected Health Indicators from Missoula County Data Hub

Health Indicator⁷	Montana	Missoula County	Missoula County High Need Area	Missoula County Broader Need Area
Population Below 200% Federal Poverty Level	31.1%	30.0%	39.6%	29.3%
Population with at Least a High School Education	94.4%	96.3%	94.8%	97.2%
Household Median Income	\$60,456	\$61,344	\$51,348	\$65,204
Percent of Labor Force Unemployed	4.1%	4.7%	5.4%	4.2%
Percent of Households Receiving SNAP Benefits	9.0%	9.1%	11.7%	7.7%

⁷ 2021 American Community Survey, 5-Year Estimate

Montana Index for Healthy Communities

The Montana Index for Healthy Communities (IHC) is a health and social needs index that quantifies social, economic, and health care-related factors that influence the health of Montanans. It was developed by Montana Health Research and Education Foundations and Cynosure Health. Many health outcomes are associated with non-clinical factors, such as access to housing or healthy food. A social needs index like the IHC can identify opportunities to improve health through investing both within and beyond the health care delivery system.

The IHC shows the health care and socio-economic domains (such as provider supply or housing & transportation) with the most need, as well as the geographic areas that could benefit most from investments in these social drivers of health (SDOH). With insights from the index, hospitals and their partners can imagine new ways to collaborate and support the communities with the greatest need.

Higher scores indicate higher levels of need (closer to 100) and lower scores indicate lower need (closer to zero). The IHC includes the most recent data available for each metric as of June 2022.

Highest need areas by index score: Missoula / Providence St. Patrick Hospital

Overall IHC Score: 45

Income (60)

Indicator of overall levels of poverty within the community.

Treated Prevalence (59)

Measure of the conditions for which patients are seeking care, especially for conditions that may be undertreated due to lack of access to care, such as mental health or substance use disorders.

Provider Supply (56)

Indicator of the number of clinicians serving the community.






Food Access (56)










Indicator of availability of healthy food options.

County Health Rankings

Table 2_Apx 1. County Health Rankings County Snapshot 2023: Missoula County

County Snapshot 2023: [Missoula County](#)

	Areas to Explore	Areas of Strength	Trends Available
Health Outcomes			
Length of Life			
Premature Death	 5,900	7,500	7,300
Quality of Life			
Poor or Fair Health	10%	12%	12%
Poor Physical Health Days	3.0	3.3	3.0
Poor Mental Health Days	4.5	4.5	4.4
Low Birthweight	7%	8%	8%
<i>Additional Health Outcomes (not included in overall ranking)</i>			
Life Expectancy	79.8	78.4	78.5
Premature Age-Adjusted Mortality	290	350	360
Child Mortality	40	50	50
Infant Mortality	4	5	6
Frequent Physical Distress	9%	10%	9%
Frequent Mental Distress	13%	14%	14%
Diabetes Prevalence	7%	8%	9%
HIV Prevalence	119	75	380
Health Factors			
Health Behaviors			
Adult Smoking	14%	18%	16%
Adult Obesity	26%	29%	32%
Food Environment Index	8.4	7.7	7.0
Physical Inactivity	14%	18%	22%
Access to Exercise Opportunities	91%	73%	84%
Excessive Drinking	25%	24%	19%
Alcohol-Impaired Driving Deaths	 34%	46%	27%
Sexually Transmitted Infections	 372.9	386.7	481.3
Teen Births	10	20	19
<i>Additional Health Behaviors (not included in overall ranking)</i>			
Food Insecurity	10%	9%	12%
Limited Access to Healthy Foods	5%	7%	6%
Drug Overdose Deaths	14	13	23
Insufficient Sleep	27%	30%	33%
Clinical Care			
Uninsured	 10%	11%	10%
Primary Care Physicians	 940:1	1,210:1	1,310:1

Dentists	 1,110:1	1,350:1	1,380:1
Mental Health Providers	180:1	280:1	340:1
Preventable Hospital Stays	 1,623	1,926	2,809
Mammography Screening	 39%	38%	37%
Flu Vaccinations	 55%	45%	51%
<i>Additional Clinical Care (not included in overall ranking)</i>			
Uninsured Adults	 11%	12%	12%
Uninsured Children	 6%	7%	5%
Other Primary Care Providers	560:1	680:1	810:1
Social & Economic Factors			
High School Completion	96%	94%	89%
Some College	77%	69%	67%
Unemployment	 3.4%	3.4%	5.4%
Children in Poverty	 13%	15%	17%
Income Inequality	4.6	4.4	4.9
Children in Single-Parent Households	19%	20%	25%
Social Associations	11.5	13.8	9.1
Injury Deaths	80	94	76
<i>Additional Social & Economic Factors (not included in overall ranking)</i>			
High School Graduation	85%	85%	87%
Disconnected Youth	6%	8%	7%
Reading Scores	3.3	3.1	3.1
Math Scores	3.2	3.0	3.0
School Segregation	0.05	0.26	0.25
School Funding Adequacy	 \$2,247	\$2,692	\$1,062
Gender Pay Gap	0.85	0.77	0.81
Median Household Income	\$65,700	\$63,400	\$69,700
Living Wage	\$45.64	\$44.83	\$45.00
Children Eligible for Free or Reduced Price Lunch			53%
Residential Segregation - Black/White	85	80	63
Child Care Cost Burden	29%	36%	27%
Child Care Centers	8	4	7
Homicides	3	4	6
Suicides	23	26	14
Firearm Fatalities	18	20	12
Motor Vehicle Crash Deaths	13	17	12
Juvenile Arrests	42	38	24
Voter Turnout	75.1%	73.3%	67.9%
Census Participation	70.6%		65.2%
Physical Environment			
	Missoula County	Montana	United States

Air Pollution - Particulate Matter



8.5

4.6

7.4

Drinking Water Violations

Yes

Severe Housing Problems

18%

14%

17%

Driving Alone to Work

73%

74%

73%

Long Commute - Driving Alone

14%

18%

37%

Additional Physical Environment (not included in overall ranking)

Traffic Volume

349

193

505

Homeownership

58%

69%

65%

Severe Housing Cost Burden

14%

12%

14%

Broadband Access

91%

85%

87%

Missoula County Montana United States

Note: Blank values reflect unreliable or missing data.

HEALTH PROFESSIONAL SHORTAGE AREA

The Federal Health Resources and Services Administration (HRSA) designates Health Professional Shortage Areas (HPSAs) as areas with a shortage of primary medical care, dental care, or mental health providers. They are designated according to geography (i.e., service area), demographics (i.e., low-income population), or institutions (i.e., comprehensive health centers).

Missoula County is a designated Health Resources and Services Administration (HRSA) Health Professional Shortage Area (HPSA) for low-income populations for primary, dental and mental health care. Surrounding counties in the greater Providence Montana service area all have HPSA designations.

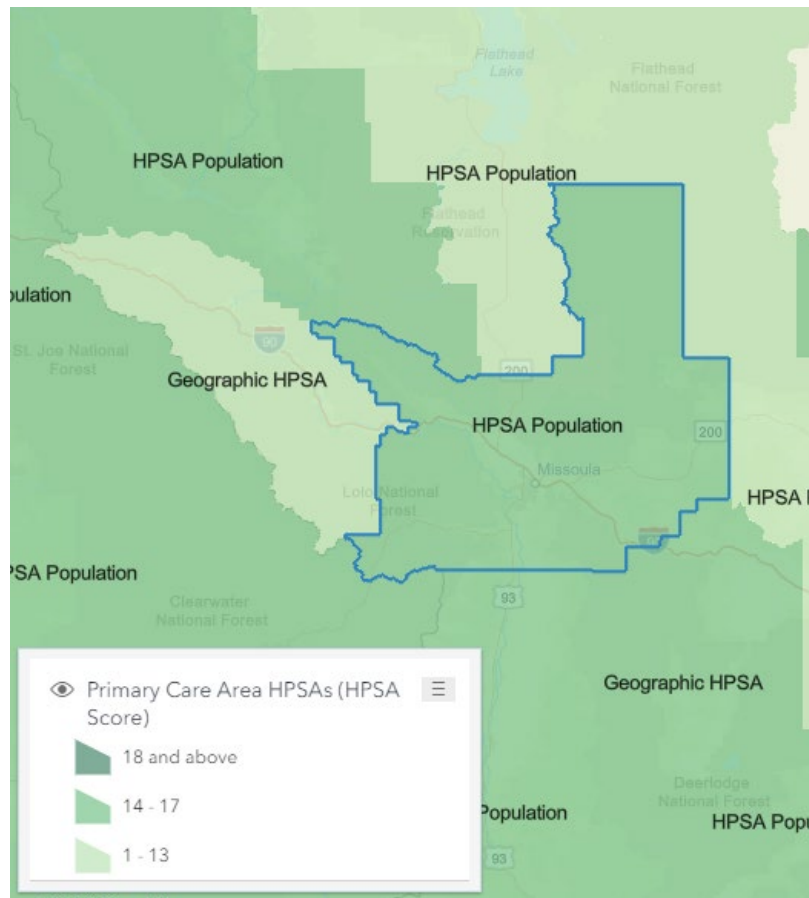


Figure 1_Apx 1. Primary Care Area HPSA

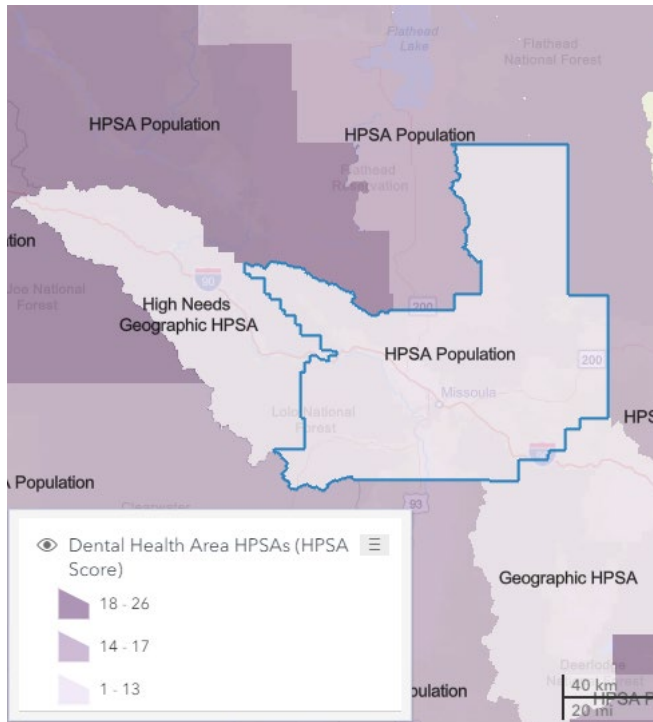


Figure 2_Apx 1. Dental Health Area HPSA

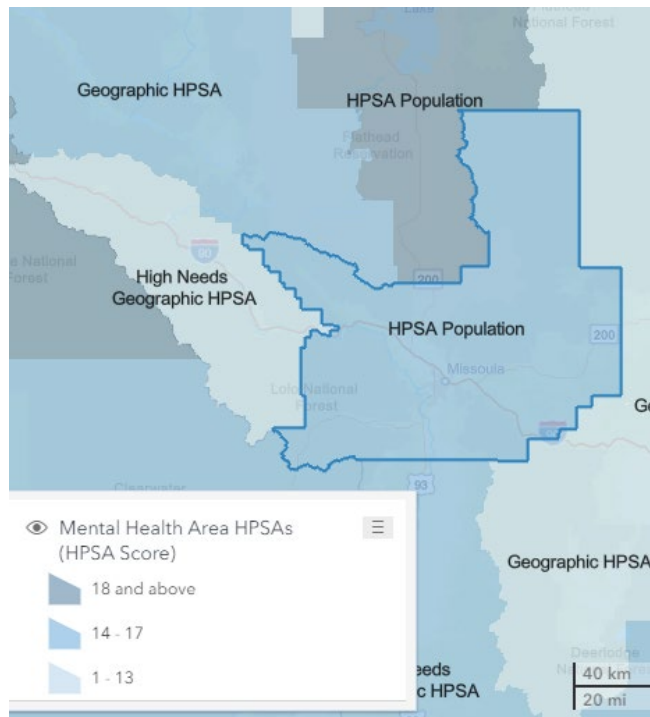


Figure 3_Apx 1. Mental Health Area HPSA

MEDICALLY UNDERSERVED AREA/ MEDICAL PROFESSIONAL SHORTAGE AREA

Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) are defined by the Federal Government to include areas or populations that demonstrate a shortage of health care services. This designation process was originally established to assist the government in allocating the Community Health Center Fund to the areas of greatest need. MUAs are identified by calculating a composite index of need indicators compiled and with national averages to determine an area's level of medical "under service." MUPs are identified based on documentation of unusual local conditions that result in access barriers to medical services. MUAs and MUPs are permanently set and no renewal process is necessary. The following map depicts the MUAs in and around Missoula County. Missoula County is a MUA by Governor's Exception. The service area does not have any MUPs.



Figure 4_Apx 1. Medically Underserved Area

Appendix 2: Community Input

METHODOLOGY

Participants

The hospital completed three listening sessions that included a total of 23 participants. The sessions took place in May 2023.

Table_Apx 1: Community Input

Community Input Type	Population	Community Partner	Location	Date	Language
Listening Session	People with lived experience with addiction; people in recovery from substance misuse	Crosswinds Recovery Center	Crosswinds Recovery Center	5/31/23	English
Listening Session	Adults ages 65+, general community member, service provider	Missoula Aging Services	Missoula Aging Services	5/31/23	English
Listening Session	People experiencing food insecurity; people experiencing homelessness; adults ages 65+	Missoula Food Bank & Community Center	Missoula Food Bank & Community Center	5/31/23	English

The hospital completed ten key informant interviews that included a total of eleven participants. The interviews took place between May and June 2023.

The goal was to engage representatives from social service agencies, health care, education, housing, and government, among others, to ensure a wide range of perspectives. The hospital included the Executive Director from All Nations Health Center and the Director of Innovations from Missoula City-County Health Department’s Partnership Health Center as key informants to ensure the input from a state, local, tribal, or regional governmental public health department.

Table_Apx 2. Key Community Key informant Participants

Organization	Name	Title	Sector
Montana Food Bank Network	Gayle Carlson	President and CEO	Food Access
City of Missoula, Police Department	Theresa Williams	CIT Program Manager	Behavioral health

City of Missoula, Houselessness Programs	Samantha Hilliard	Coordinated Entry Specialist	Housing/homelessness
Missoula Aging Services	Shelli Fortune; Kate Cotnoir	In Home Services Director; Information and Assistance Director	Area Agency on Aging
Partnership Health Center, Missoula City-Council Health Department	Rebecca Goe	Director of Innovations	Health care
Climate Smart Missoula	Amy Cilimburg	Executive Director	Public Health
Western Montana Area Health Education Center, University of Montana	Chelsea Bellon	Health Equity & Community Engagement Specialist	Health care / Education
Family Medicine Residency of Western Montana, University of Montana	Drew Babcock	American Indian Outreach & Project Coordinator	Health care / Education
District XI Human Resource Council	Ruth Burke	Executive Director	Public Health
All Nations Health Center	Skye McGinty	Executive Director	Health care

Facilitation Guides

For the listening sessions, participants were asked an icebreaker and three questions:

- Community members’ definitions of health and well-being
- The community needs
- The community strengths

For the key informant interviews, Providence developed a facilitation guide that was used across all hospitals completing their 2023 CHNAs:

- The community served by the key informant’s organization
- The community strengths
- Prioritization and discussion of unmet health related needs in the community, including social determinants of health
- Suggestions for how to leverage community strengths to address community needs
- Successful community health initiatives and programs
- Opportunities for collaboration between organizations to address health equity

Training

The facilitation guides provided instructions on how to conduct a key informant interview and listening session, including basic language on framing the purpose of the sessions. Facilitators participated in trainings on how to successfully facilitate a key informant interview and listening session and were provided question guides.

Data Collection

Key informant interviews were conducted virtually, and information was collected in one of two ways: 1) recorded with the participant's permission or 2) a note taker documented the conversation. Two note takers documented the listening session conversations.

Analysis

Qualitative data analysis was conducted by Providence using Atlas.ti, a qualitative data analysis software. The data were coded into themes, which allows the grouping of similar ideas across the interviews, while preserving the individual voice.

If applicable, the recorded interviews were sent to a third party for transcription, or the notes were typed and reviewed. The key informant names were removed from the files and assigned a number to reduce the potential for coding bias. The files were imported into Atlas.ti. The analyst used a standard list of codes, or common topics that are mentioned multiple times. These codes represent themes from the dataset and help organize the notes into smaller pieces of information that can be rearranged to tell a story. The analyst developed a definition for each code which explained what information would be included in that code. The analyst coded eight domains relating to the topics of the questions: 1) name, title, and organization of key informant, 2) population served by organization, 3) greatest community strength and opportunities to leverage these strengths 4) unmet health-related needs, 5) disproportionately affected population, 6) effects of COVID-19, 7) successful programs and initiatives, and 8) opportunities to work together.

The analyst then coded the information line by line. All information was coded, and new codes were created as necessary. All quotations, or other discrete information from the notes, were coded with a domain and a theme. Codes were then refined to better represent the information. Codes with only one or two quotations were coded as "other," and similar codes were groups together into the same category. The analyst reviewed the code definitions and revised as necessary to best represent the information included in the code.

The analyst determined the frequency each code was applied to the dataset, highlighting which codes were mentioned most frequently. Codes for unmet health-related needs were cross-referenced with the domains to better understand the populations most affected by a certain unmet health-related need. The analyst documented patterns from the dataset related to the frequency of codes and codes that were typically used together.

This process was repeated for the listening sessions using a merged set of notes. The analyst coded three domains related to the topics of the questions: 1) vision, 2) needs, and 3) strengths.

Limitations

While key informants and listening sessions participants were intentionally recruited from a variety of types of organizations, there may be some selection bias as to who was selected as a key informant. Multiple interviewers may affect the consistency in how the questions were asked. Multiple note-takers may affect the consistency and quality of notes across the different sessions.

Some listening sessions were conducted virtually, which may have created barriers for some people to participate. Virtual sessions can also make facilitating conversation between participants more challenging.

The analysis was completed by only one analyst and is therefore subject to influence by the analyst's unique identities and experiences.

FINDINGS FROM COMMUNITY LISTENING SESSIONS

Vision of a Healthy Community

Listening session participants were asked to share their vision of a healthy community. The following themes emerged:

There are community-building activities: Healthy communities have opportunities for recreation and socialization at parks, playgrounds, and indoor spaces. Community members noted these community-building activities should be intergenerational, substance free, and inclusive of families with children.

Community members help one another: In a healthy community people are willing to come together and help one another. Problems are viewed as collective issues, rather than the responsibility of individuals. Being involved in the community and caring for one another is important.

Everyone can afford housing: In a healthy community there is adequate affordable housing and housing is affordable for everyone. This means there are protections, like rental caps, to ensure people can afford to live in Missoula. People with low or fixed incomes can afford housing. There is also sober and transitional housing for families, and homelessness is addressed.

Resources are available to meet basic needs: In a healthy community there are resources and information available to support people, particularly people living unhoused. These resources should meet needs related to childcare, food access, and transportation.

Health and well-being resources are accessible: In a healthy community, members can access medical services and behavioral health care. Participants noted the importance of mobile health clinics for people living in rural areas and sufficient behavioral health services for individuals and families.

Everyone has opportunities: People can access educational opportunities and job training to meet their economic needs. There is more income equality and opportunities for all people to afford to live in Missoula.

Community Needs

High priority community needs identified from listening sessions

Mental health and substance use/misuse: Community members shared Missoula County needs more mental health and substance use/misuse treatment services to meet the need. Specifically, there is a

need for more case management and peer support for people with behavioral health needs. To address substance use/misuse challenges, there is a need for medical detox with follow-up care and broader access to naloxone. Community members noted seeing an increase in substance use/misuse in the community with the substances becoming more dangerous. To address mental health needs, they shared they would like to see more mental health crisis stabilization. The need for mental health services is only increasing. Ensuring people are aware of current resources, like the Mobile Support Team and the Crisis Intervention Team is important. Working with law enforcement to include a Social Worker or other professional in responding to behavioral health crises is also important.

There is a need for substance use disorder (SUD) treatment for young people under the age of 18 years, as well as positive role models. In-home companionship to address social isolation and loneliness is needed for older adults and people living with a disability.

Stigma is a key barrier to addressing behavioral health challenges. Community members shared less compassion is given to people with substance use disorders in hospitals. They want to see providers treat all patients as human beings.

Access to health care services: Community members identified three gaps in health care services. They shared a need for more primary care services for people experiencing homelessness located within the community, such as street-based medicine or co-locating medical care at community-based organizations. They also shared a need for more nutrition education, specifically for children and older adults. Participants also spoke to a need for in-home support services, including primary care, for older adults and people with disabilities. They noted the importance of having medical care, personal care, and companionship come to people in their homes.

Resource awareness: Community members discussed a need for more awareness of community resources and services. They suggested having a centralized resource center and more outreach regarding resources, particularly to people living unhoused. More collaboration between organizations to make resources more available and placing resource officers in schools would be helpful. Some resources and services shut down due to COVID-19.

Recreation and connection: Community members discussed wanting more opportunities for recreation and connection. They would like a community center that's free to access with gym equipment, more walkable areas of Missoula, and more social opportunities with people in their neighborhood. Many connections were broken during the pandemic and the community would like to rebuild some of that.

Medium priority community needs identified from listening sessions

Homelessness and housing instability: Community participants were primarily concerned with providing support services to people experiencing homelessness, as housing is a foundational need. One participant said, "It all goes back to housing." Community members would like to see more outreach to people living unhoused, as well as basic hygiene services such as showers, haircuts, etc. They would like to see more inclusion of people living unhoused. Participants also noted the importance of legal protections from rent increases and rental application fees. One participant experiencing houselessness noted, "It feels like we're being pushed out of Missoula."

Discrimination and stigma: Community members would like to see more community inclusiveness in general, but particularly for people living unhoused. They were concerned about discrimination and

stigma towards people with behavioral health challenges and people experiencing homelessness. This discrimination affects the care patients receive in healthcare settings as well as their comfort level seeking support services.

FINDINGS FROM KEY INFORMANT INTERVIEWS

Community Strengths

The interviewer asked key informants to share one of the strengths they see in the community and discuss how we can leverage these community strengths to address community needs. This is an important question because all communities have strengths. While a CHNA is primarily used to identify gaps in services and challenges, we also want to ensure that we highlight and leverage the community strengths that already exist. The following strengths emerged as themes:

Community members are committed to improving Missoula County: Key informants shared they see community members coming together to solve problems and meet the needs of Missoula County.

“We have a community that is willing to come to the table and problem solve. People will easily come together.”—Key Informant

Community members advocate for and collaborate on solutions. Additionally, people are compassionate and generous, giving of their time and resources to make social change. The Native urban community is strongly connected to one another and there are meaningful relationships between tribes.

To leverage this strength, key informants suggested supporting grassroots and community-led efforts without creating additional barriers. Additionally, giving American Indians ownership of initiatives to address their own health needs is important. To help highlight this strength, celebrate community successes, and use media to communicate what is happening.

Community members contribute their culture and collective wisdom: Missoula County has a diversity of cultures and lived experiences and community members want to learn from others and make a more inclusive community. Culture is a protective factor that should be viewed as a strength, particularly when addressing behavioral health needs. Health care professionals and students are committed to making changes in healthcare to better support diverse communities.

To leverage this strength of culture and collective wisdom, key informants emphasized the importance of including diverse voices in all conversations. They suggested more conscious efforts around how American Indians are included in decision making, particularly in addressing community needs. Communities have a lot of wisdom about what they need and should be listened to.

“Nothing about us without us.’ It shouldn’t be top-down decision-making. We need to listen to communities that are impacted first and foremost.”—Key Informant

To understand how populations are disparately affected, leverage data.

Organizations work collaboratively to serve the community: There are many nonprofit organizations in Missoula County that coordinate services to meet community needs. Key informants were impressed by the collaboration of community-based organizations that come together to solve complex problems.

“Collaboration is a strength; the community comes together to solve big, complex problems.”—Key Informant

Partnerships to meet urgent needs during the COVID-19 pandemic are one example of strong collaboration. Additionally, homeless providers meet weekly to strategize on winter shelters. All Nations acts as a hub of Native health and wellness, creating partnerships between Native organizations and with allies of the Native community.

This strength can be leveraged by continuing to create opportunities to build trust and transparency between organizations serving the same clients. For example, more collaboration within the behavioral health sector.

“Behavioral health service providers could be more effective as one voice than multiple voices.”—Key Informant

More sharing of resources and cost sharing for services, including overhead, could also be beneficial.

High Priority Unmet Health-Related Needs

Key informants were asked to identify their top five health-related needs in the community. Two needs were prioritized by most key informants and with high priority. Four additional needs were categorized as medium priority. Key informants were most concerned about the following health-related needs:

- Homelessness and housing instability
- Behavioral health challenges and access to care (mental health and substance use/misuse)

Homelessness and housing instability

Most key informants spoke to housing as a big issue in Missoula and the primary need. Inflation and high cost of living has put a lot of financial pressure on individuals and families. Key informants shared they are seeing workers leave more urban areas and move to Missoula, contributing to more growth and increased housing costs, particularly due to increased remote work options.

Housing is a key need because it is connected to physical health and behavioral health. They shared housing instability and homelessness contribute to a lot of stress and living unhoused negatively affects physical health.

“Houselessness is a community health issue. In and of itself, being unhoused is a health risk.”—Key Informant

To address housing instability and homelessness in Missoula County, there are a variety of needs:

- Permanent supportive housing and a Housing First approach: Particularly for people with behavioral health needs, there is a strong need for more permanent supportive housing using a Housing First approach.
- Support for people living unhoused: More support, using a trauma-informed approach, is needed to provide services and support to people living unhoused.
- More community education around the complex nature of homelessness: Stigma and shame related to living unhoused prevent people from accessing services and prevent the community

from adequately addressing the need.

“The shame that people feel from being unhoused or from using substances is what keeps them from accessing services.”—Key Informant

- More adequate funding to address the complex issue of homelessness: Addressing homelessness is a complex challenge that requires strategic funding and adequate staffing. More staff members at the state and city level are needed to address housing issues, ensure services are serving people most in need, and increasing funding streams.

Climate change and extreme weather are also important to acknowledge when addressing housing needs. Improving air quality in homes and providing support for people living unhoused to access clean air during times of poor air quality is also crucial.

Key informants shared housing needs of specific populations:

- American Indians: American Indians are overrepresented in the unhoused population due to historical trauma and racism.
- Older adults: There is an increase in the aging population, 60 years and older, living unhoused as people get kicked out of their long-term housing due to inability to afford the rising cost of living.
- Young adults ages 18 to 24: There is an increase in homelessness in the young adult population.

Flexible funding during the pandemic allowed for new housing programs to start quickly, such as the Temporary Safe Outdoor Space. That funding was useful to help organizations work towards a common goal.

“The pandemic forced us to come together and move toward a common goal.”—Key Informant

Behavioral health challenges and access to care (mental health and substance use/misuse)

Key informants shared there is a lack of mental health and substance use/misuse treatment services to meet the need. They shared services for people with higher levels of behavioral health needs are particularly lacking.

Addressing behavioral health needs is critical because of its connection to other needs. Unmet behavioral health needs are connected to homelessness and involvement in the criminal legal system. Mental health conditions can also be affected by environmental concerns, as extreme heat and climate change contribute to climate anxiety.

Participants spoke to needing more of the following services:

- Crisis services: Most crisis services are accessed through the Emergency Department (ED), which can create barriers for people who may be afraid to seek care there.
- Case management services
- Housing for people with a behavioral health condition, prioritizing a Housing First approach

Certain populations may have additional challenges accessing behavioral health services and/or have specific support needs:

- People with Medicaid coverage: Substance use disorder (SUD) treatment services for people with Medicaid are lacking.
- LGBTQIA+ identifying individuals: This population may be disproportionately affected by behavioral health challenges and feel unsafe accessing crisis services in the ED.
- American Indians: Colonialism separated American Indians from their traditional ways of being and ceremonies, which are central to well-being. Racism, intergenerational trauma, and abuse have all contributed to increased SUDs and mental health concerns.
- People involved in the criminal legal system: Key informants spoke to behavioral health challenges contributing to people entering the criminal legal system and noted the importance of identifying and supporting people before entering the system, ensuring that law enforcement is not the safety net.
- Older adults: The COVID-19 pandemic has contributed to more isolation for older adults.

“[Older adults] are much more isolated that they even were before...the pandemic just cut everything off and a lot of connections were broken that are difficult to rebuild.”—Key Informant

- School-aged children: A lack of behavioral health support for school-aged children makes accessing services more difficult.

Stigma and shame are barriers that prevent people from accessing SUD treatment services.

The pandemic exacerbated behavioral health challenges. Key informants spoke to a substantial increase in the rate of people experiencing a mental health disorder since the start of the pandemic. This could be linked to a de-stigmatization of mental health challenges, leading more people to seek help, and stressing an already inadequate system.

“We have more of a demand for behavioral health services than we ever did before.”—Key Informant

Other reasons for the increase in behavioral health needs could be linked to increased social isolation and increased financial pressures putting stress on families. Key informants shared the pandemic was especially traumatic for American Indians, as they were restricted from ceremonies and honoring their deceased.

Increased behavioral health demand has contributed to provider burnout. They shared concern for increased rates of death by suicide for health care providers during the pandemic. Some behavioral health providers moved into private practice or excluded certain patient groups, like people insured with Medicaid. Providers leaving the workforce or opting to limit the patients they see affect community access.

Key informants spoke to the need for additional funding for behavioral health. During the COVID-19 pandemic, there were additional funding streams through pandemic grants that helped address behavioral health needs, but those are now ending and there is a need for investment of public money to maintain some of those services.

Medium Priority Unmet Health-Related Needs

Four additional needs were often prioritized by key informants:

- Access to health care services
- Racism and discrimination
- Economic insecurity
- Food insecurity and chronic diseases

Access to health care services

Key informants spoke to a variety of barriers that prevent individuals from accessing timely care:

- **Transportation:** This is a huge barrier for people, particularly those living in rural areas. Key informants spoke to people delaying care due to lack of transportation.
- **Medicaid redetermination:** The current Medicaid redetermination process may be a potential barrier for people keeping their health insurance. Particularly of concern are people with barriers to understanding and completing the necessary paperwork to re-enroll.
- **Cost of care:** Even people with insurance may hesitate to access care due to concerns about cost.

A variety of services are needed to improve community access to care:

- **Care navigation and support:** Key informants spoke to the importance of having navigators help people understand the health care system, particularly individuals who may not be familiar with the Westernized medical approach.
- **More home-based primary care options:** For people with dementia or older adults living alone, more in-home care is needed. There is also a need for companionship for these individuals that may not be able to access outside resources.
- **Provider education related to DEI and cultural practices:** Key informants shared many providers lack an understanding of the cultural practices and traditions of the American Indian patients they serve. They may lack understanding of the diversity of American Indians, noting a need for them to ask questions of and listen to their patients to understand their beliefs, including healing practices and traditions. DEI education also needs to be standard for everyone in health care because not all providers may understand how racism and socioeconomic barriers impact health. Patients want to see their culture being valued and want to feel heard and understood. Instead, some patients feel talked down to.
- **More care and attention given to medical appointments:** Patients want to build relationships and trust with their provider. A longer appointment, plus more care and attention given to the appointment, will help patients feel valued and less rushed.

Barriers to care and gaps in services may particularly affect certain groups and populations:

- **American Indians:** Key informants shared wanting to see increased provider education related to American Indian cultural practices, noting that providers need to take time to understand American Indian patients' beliefs, healing practices, and traditions. Racism may also affect the care American Indian patients receive, with their pain or concerns not being taken as seriously. Additionally, the COVID-19 pandemic harmed American Indians' trust in healthcare systems, particularly due to historical mistreatment of American Indians in medical institutions. There are not enough resources allocated to Indian Health Services to meet the pressing needs.

- Individuals identifying as trans+: Policies have impacted access to health services for the trans+ community.

The pandemic contributed to some challenges related to access to care. Some people postponed health services at the height of the pandemic and are now seeking services, contributing to long wait times. Providers experienced hateful acts and may be experiencing burnout. Key informants shared concern for higher rates of death by suicide for providers.

The pandemic created divisions within the community, with some people unwilling to wear masks and get vaccinated against COVID-19. This caused fatigue as people worked to keep the community safe and healthy.

American Indians have been disproportionately affected by the pandemic with a high mortality rate. Many American Indian families live in multi-generational households, making following quarantining guidance difficult. Public health guidance may not have accounted for the importance of caring for elders and being in community. The pandemic only worsened health disparities in the American Indian community.

Positively, the pandemic did increase the use of telehealth services, which improved access for some populations.

“The best thing that came about from the pandemic is telehealth; now it’s just part of what we do. It has opened a lot of doors for people who would not have had access to services.”—Key Informant

Racism and discrimination

Key informants spoke to racism and discrimination as affecting other needs, like access to health care, behavioral health, and food insecurity.

They shared that policies have impacted access to health services for individuals identifying as trans+.

For American Indians, racism and discrimination affect the care these patients receive. Providers may not take American Indians’ pain or concerns as seriously. Additionally, the COVID-19 pandemic harmed American Indians’ trust in healthcare systems, particularly due to historical mistreatment of American Indians in medical institutions. Key informants spoke to the importance of healthcare providers being educated on American Indian cultural practices, ensuring that providers take the time to understand American Indian patients’ beliefs, healing practices, and traditions.

More broadly, DEI education needs to be standard for everyone in healthcare to ensure that healthcare professionals understand how systemic racism and socioeconomic barriers impact health. Additionally, these DEI efforts need to create pathways to support the knowledge that American Indians share with hospitals and providers. American Indians need to see their culture being valued and they need to feel heard and understood. Many American Indian community members feel talked down to and do not see their culture being valued or listened to in Western medicine.

American Indians have been disproportionately affected by the pandemic with a high mortality rate. Many American Indian families live in multi-generational households, making following quarantining

guidance difficult. Public health guidance may not have accounted for the importance of caring for elders and being in community. The pandemic only worsened health disparities in the American Indian community.

Colonialism is at the root of many health-related needs because it separated American Indians from traditional ways of being and practicing ceremonies, which contributes to substance use/misuse and mental health challenges. It also separated communities from traditional food systems which contributes to a number of disparate health outcomes. Colonialism contributed to intergenerational trauma and affects generational wealth building, keeping people in poverty.

Economic insecurity

Inflation and cost of living has put a lot of pressure on individuals and families, contributing to more stress and increased behavioral health support needs. The pandemic also contributed to more people working remotely, meaning more people were able to move to Missoula, contributing to increased cost of living.

American Indians may be disproportionately affected by economic insecurity in Missoula County due to colonialism and racism. Intergenerational abuse and trauma keep people in poverty.

The pandemic also contributed to lost jobs and wages, affecting people's economic security. Additionally, the pandemic may have made accessing some support services more difficult. With loss of older family members and the need for isolation, caregivers for elders and children were also diminished.

Food insecurity and chronic diseases

Food security is connected to overall health and well-being. Key informants shared the importance of screening patients for food insecurity and then following up to ensure folks have access to nutritious and affordable food. Poor access to nutritious, healthy, and affordable food contributes to poor health outcomes, including chronic diseases.

There is limited access to healthy food for some communities in Missoula County. Due to COVID-19, some grocery stores in rural communities shut down and have not reopened, limiting access to healthy food in some communities. Small, rural communities lack a steady supply of healthy, affordable food. The only food might be available at a convenience store.

American Indians may experience higher rates of food insecurity than other populations. The cost of food on reservations is even higher. There is a need to incorporate traditional food into all aspects of life because traditional foods heal Native bodies. Colonialism separated American Indians from their traditional food systems, which contributes to high rates of chronic diseases, including obesity, diabetes, heart disease, and more.

Older adults may have transportation barriers to accessing healthy, affordable food.

Appendix 3: Community Resources Available to Address Significant Health Needs

Providence St. Patrick Hospital cannot address all of the significant community health needs by working alone. Improving community health requires collaboration across community key informants and with community engagement. Below outlines a list of community resources potentially available to address identified community needs.

Table_Apx 3. Community Resources Available to Address Significant Health Needs

Organization Type	Organization or Program	Description of services offered	Street Address (including city and zip)	Significant Health Need Addressed
Agency on Aging	Missoula Aging Services	Promotes independence, dignity and health of older adults in Missoula and Ravalli Counties	337 Stephens Ave Missoula, MT 59801	Access to Services
Community-Based Health Services	Open Aid Alliance	Testing, harm reduction, peer support, mental health	715 Ronan St, Missoula, MT 59801	Access to Care
Domestic Violence Shelter	YWCA	Domestic and sexual violence services, including emergency shelter	1800 S 3 rd St W, Missoula, MT 59801	Domestic Violence; Emergency Housing
Emergency Food Assistance	Missoula Food Bank & Community Center	Emergency food assistance and child nutrition programs	1720 Wyoming St Missoula, MT 59801	Food Insecurity
Federally-Qualified Health Center	Partnership Health Center	Medical, mental health, dental services; satellite clinics include rural clinic, Healthcare for the Homeless clinic in the Poverello Center, and clinic at Lowell Elementary School	401 Railroad, Missoula, MT 59802	Access to Care
General	Human Resource Council	Rent and utility subsidies; housing support for youth	1801 S Higgins Ave, Missoula, MT 59801	Housing Instability
General	Findhelp.org	Centralized online resource; searchable by zipcode	https://www.findhelp.org/	General

Hospital	Community Medical Center	Primary medical care services, emergency medical services	2827 Fort Missoula Rd Missoula, MT 59804	Access to Care
Independent Living Services	Summit Independent Living Center	Services and advocacy for people living with mental or physical impairments	700 SW Higgins Ave, Suite 101 Missoula, MT 59801	Mental Health; Disabilities
Legal Aid	Montana Legal Services Association	Legal information, advice, and other services free of charge for low-income people, including issues like domestic violence, housing, public benefits, finances	1535 Liberty Ln, #110D Missoula, MT 59808	Legal, Individual and Community Advocacy
Mental Health; Substance Use / Misuse	Western Montana Mental Health Services	Outpatient and inpatient substance use treatment	1315 Wyoming St, Missoula, MT	Mental Health; Substance Use / Misuse
Not-for-profit Organization	Salvation Army	Resources for people who are homeless, including housing assistance	355 S Russell St Missoula, MT 59801	Homelessness; Housing Instability
Not-for-profit Organization	Homeward	Affordable, sustainable housing	1535 Liberty Ln, #116A Missoula, MT 59808	Affordable Housing
Public Housing	Missoula Housing Authority	Affordable housing and subsidized housing	1235 34th St Missoula, MT 59801	Affordable Housing
Shelter for Families	Family Promise	Shelter, meals and moral support for homeless families with children	1800 S 3 rd St W, Missoula, MT 59801	Emergency Housing
Urban Indian Health Program	All Nations Health Center	Medical and mental health services	830 W Central, Missoula, MT 59801	Access to Care

Appendix 4: Providence Montana Service Area Community Mission Board and Executive Team Representatives

Table_Apx 4. Providence Montana Service Area Community Mission Board Members and Executive Team Representatives⁸

Name	Title	Organization	Sector
Kirk Bodlovic (Providence executive team, CHNA ad hoc committee)	Interim chief executive and chief operating officer	Providence Montana	Hospital
Bruce Bollen, MD	Physician	Missoula Anesthesiology	Healthcare
Damian Chase-Begay (CHNA ad hoc committee)	Health Officer	Missoula City-County Health Department	Public Health
Ben Davis (CHNA ad hoc committee)	Executive Director	Friends of the Children Western Montana	Community-based Organization
Reed Humphrey, PhD	Dean for College of Health	University of Montana	Education
Josh Maki	Chief Administrative Officer	S&K Technologies	Business
Dale Mayer, PhD RN	Retired Assistant Professor, Montana State University College of Nursing	Retired	Education
Skye McGinty	Executive Director	All Nations Health Center	Healthcare
James McKay, MD (Providence executive team)	Chief Medical Officer	Providence Montana	Hospital
Karen Myers (Providence executive team, CHNA ad hoc committee)	Chief Mission Officer	Providence Montana	Hospital
Krissy Peterson (Providence executive team)	Chief Nursing Officer	Providence Montana	Hospital
Kaia Peterson	Executive Director	NeighborWorks Montana	Community-based Organization
Marc Racicot	Former Montana Governor	Retired	General
Mark Williams, Chair (CHNA ad hoc committee)	Attorney	Williams Law Firm	Legal

⁸ CHNA ad hoc committee members indicated with **bold** text