



# Community Health Needs Assessment 2017

Providence St. Joseph Medical Center  
Polson, Montana

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Providence St. Joseph Medical Center  
6 13<sup>th</sup> Avenue East  
Polson, Montana 59860

## Executive summary

### 2017 Community Health Needs Assessment

Providence St. Joseph Hospital

#### Creating healthier communities, together

As health care continues to evolve, Providence is responding with dedication to its Mission and a desire to *create healthier communities, together*. Partnering with many organizations, we are committed to addressing the most pressing needs in communities we serve. This assessment helps us develop collaborative solutions and guides our community benefit investments, not only for our own programs but also for our many partners. The Community Health Needs Assessment (CHNA) is conducted as part of our tradition of care to discern the needs of those we serve and create partnerships that respond effectively. In addition, it meets requirements outlined in section 501(r)(3) of the IRS Code.

The goals of this assessment are to:

- Engage public health and community stakeholders, including those who are low-income, minorities, and other underserved populations
- Assess and understand the community's health issues and needs
- Understand the health behaviors, risk factors and social determinants that have an impact on health
- Identify community resources and collaborative opportunities with community partners
- Establish findings, including prioritized health needs, that can be used to develop and implement a 2017-2019 community health improvement plan

#### Defining the community

For purposes of this CHNA, the primary service area for St. Joseph Hospital is addressed by this document and subsequent community health improvement plan.

#### Gathering community health data and input

Data for the 2017 CHNA was gathered through a collection of primary and secondary sources pertinent to the county. The Mission and Community Needs Committee of the Board began the process of reviewing and discussing data from the 2014 Providence St. Joseph Health needs assessment and new data in June 2017. Subsequent meetings in September and November 2017 incorporated the online survey results,

included outcomes from focus groups for final development of the CHNA and set priorities for the Community Health Improvement Plan (CHIP). In developing the final list of needs, we considered input from the community, mission alignment and resources of the hospital, existing community resources and programs, magnitude of the problem or issue, and opportunity for collaboration.

## Identified community health needs in 2017

Prioritized health Issue	Rationale/contributing factors
<b>Social determinants of health and well-being</b>	<ul style="list-style-type: none"> <li>▪ Median household income in Lake County is \$38,732 (20 percent lower than state median income).</li> <li>▪ 4,320 residents (15 percent) of Lake County experience food insecurity; 70 percent of students are eligible for free/reduced price lunch.</li> <li>▪ 31.5 percent of Lake County households are cost-burdened for housing.</li> <li>▪ Teen birth rate in Lake County is 40 percent higher than the state rate.</li> <li>▪ Inequities in American Indian health and well-being include: Median age of death for American Indian males is 56, compared to 75 for white men; median age of death for American Indian females is 62, compared to 82 for white women. The obesity rate for American Indians is 43 percent, compared to 27 percent for the population as a whole.</li> </ul>
<b>Mental health</b>	<ul style="list-style-type: none"> <li>▪ More than 1 in 5 Lake County adults report inadequate social or emotional support.</li> <li>▪ Access to mental health providers in Lake County is 45 percent lower than in Montana.</li> </ul>
<b>Access to care</b>	<ul style="list-style-type: none"> <li>▪ 24 percent of American Indians could not see a doctor due to cost, compared to 15 percent for the population as a whole.</li> <li>▪ Pneumonia vaccine rate for American Indian adults age 65 and older was 34 percent compared to 68 percent for the population as a whole.</li> <li>▪ Premature death occurs at a higher rate in Lake County, at 25 percent higher than the national rate, and 14 percent higher than in Montana.</li> </ul>
<b>Substance abuse</b>	<ul style="list-style-type: none"> <li>▪ Drug overdose: Western Montana's age-adjusted mortality rate by drug overdose is 15.4 per 100,000, 15 percent higher than national average.</li> <li>▪ Lake County's age-adjusted percentage of adults who drink excessively is about 21 percent, more than 4 percent higher than the national average.</li> </ul>

## Identifying top health priorities, together

Community participants providing invaluable input into this assessment include:

- Boys and Girls Club of Lake County
- Representatives from Salish Kootenai College
- Lake County commissioner(s)
- Lake County Sheriff's Department
- Lake County Health Department
- Lake County Food Pantry
- Early Head Start

- Non-profit organizations (food bank, domestic violence shelter)
- Law enforcement
- Tribal government
- State legislator

## Measuring our success: Results from our 2014 CHNA

### **Prioritized need #1: Access to mental health**

Providence St. Joseph Medical Center secured a contract with the Western Montana Mental Health Center to provide mental health assessments in the Emergency Department. This assessment creates a referral for patients to receive services in an outpatient setting. A grant was secured from the Mental Health Trust to employ a licensed clinical social worker in the primary care practice. The hospital also donated land for a six-bed mental health crisis stabilization center next to the hospital.

### **Prioritized need #2: Access to health care services**

Access to surgical services in the Polson community was addressed by hiring a general surgeon for the hospital. The hospital also created a walk-in clinic, improved clinic space and hired another primary care provider to increase access to primary care services. Enrollment and application support for the Affordable Care Act and newly expanded Medicaid increased the number of Lake County residents with health insurance.

### **Prioritized need #3: Substance abuse**

Through a collaboration with Best Beginnings, the hospital sought to reduce the impact of drug-affected pregnancies. A new referral system was implemented to help pregnant mothers access the services they need.

### **Prioritized need #4: Healthy behaviors**

Hospital staff, in partnership with area schools, provided education at area schools on DUI prevention and water safety. The primary care clinic expanded its scope as a patient-centered medical home by increasing efforts to meet the needs of diabetic patients through more effective care coordination.

# Introduction

## Creating healthier communities, together

As health care continues to evolve, Providence is responding with a rededication to our Mission and a desire to *create healthier communities, together*. Working with other non-profit partners, we conduct a formal community health needs assessment every three years to learn about the greatest needs and assets in our community. A strong focus is placed on those who are medically underserved, low income and minorities.

This assessment helps us develop collaborative solutions to fulfill unmet needs while continuing to strengthen local resources. It guides our community benefit investments – not only for our own programs, but also for many partners – so that together we can help improve the health of entire populations. Through strategic programs and donations, health education, charity care, medical research and more, Providence Health & Services provided \$1.2 billion in community benefit across Alaska, California, Montana, Oregon and Washington during 2016.

## Serving Lake County

In 2016 the western Montana region provided \$36 million in community benefit in response to unmet needs and to improve the health and well-being of those we serve in Lake County.

Our region includes:

- Two hospitals:
  - Providence St. Patrick Hospital
  - One critical access hospital:

**Providence St. Joseph Medical Center** located in Polson, Mont., offers a wide array of specialties, including:

- 24-hour Emergency Department
- Obstetrics and gynecology, family practice, orthopedics, general surgery, rehabilitation, laboratory services, diagnostic imaging, full-service pharmacy, nutrition, social services, dermatology, outpatient infusion, and other services
- 22 licensed and operational beds and a medical staff of 26 local providers
- Specialty services that include cardiologists from the International Heart Institute of Montana; oncologists from Montana Cancer Specialists; audiologists from Missoula Vibrant Hearing; surgeons from Missoula Bone and Joint; ear, nose and throat specialists from Rocky Mountain ENT; and other specialties such as urology, neurology, endocrinology and nephrology
- Walk-in clinic in Polson available seven days a week; Ronan Clinic that offers OB/GYN and family practice services five days a week

With 233 employees, an annual payroll of \$19,125,371 and paid benefits of \$4,781,342, estimates are that Providence St. Joseph Medical Center has a minimum \$60 million annual economic impact on the local community.

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## **About us**

Providence Health & Services is a not-for-profit Catholic health care ministry committed to providing for the needs of the communities it serves – especially for those who are poor and vulnerable. Providence's combined scope of services includes 34 hospitals, 475 physician clinics, senior services, supportive housing, and many other health and educational services. The health system and its affiliates employs more than 76,000 people across five states – Alaska, California, Montana, Oregon and Washington – with its system office located in Renton, Wash. Our community health activities are rooted in the charitable work begun by the Sisters of Providence 160 years ago when they answered a call for help from a new pioneer community in the Pacific Northwest.

### **Our Mission**

“As people of Providence, we reveal God’s love for all, especially the poor and vulnerable, through our compassionate service.”

### **Our core values**

Respect, Compassion, Justice, Excellence, Stewardship

### **Our vision**

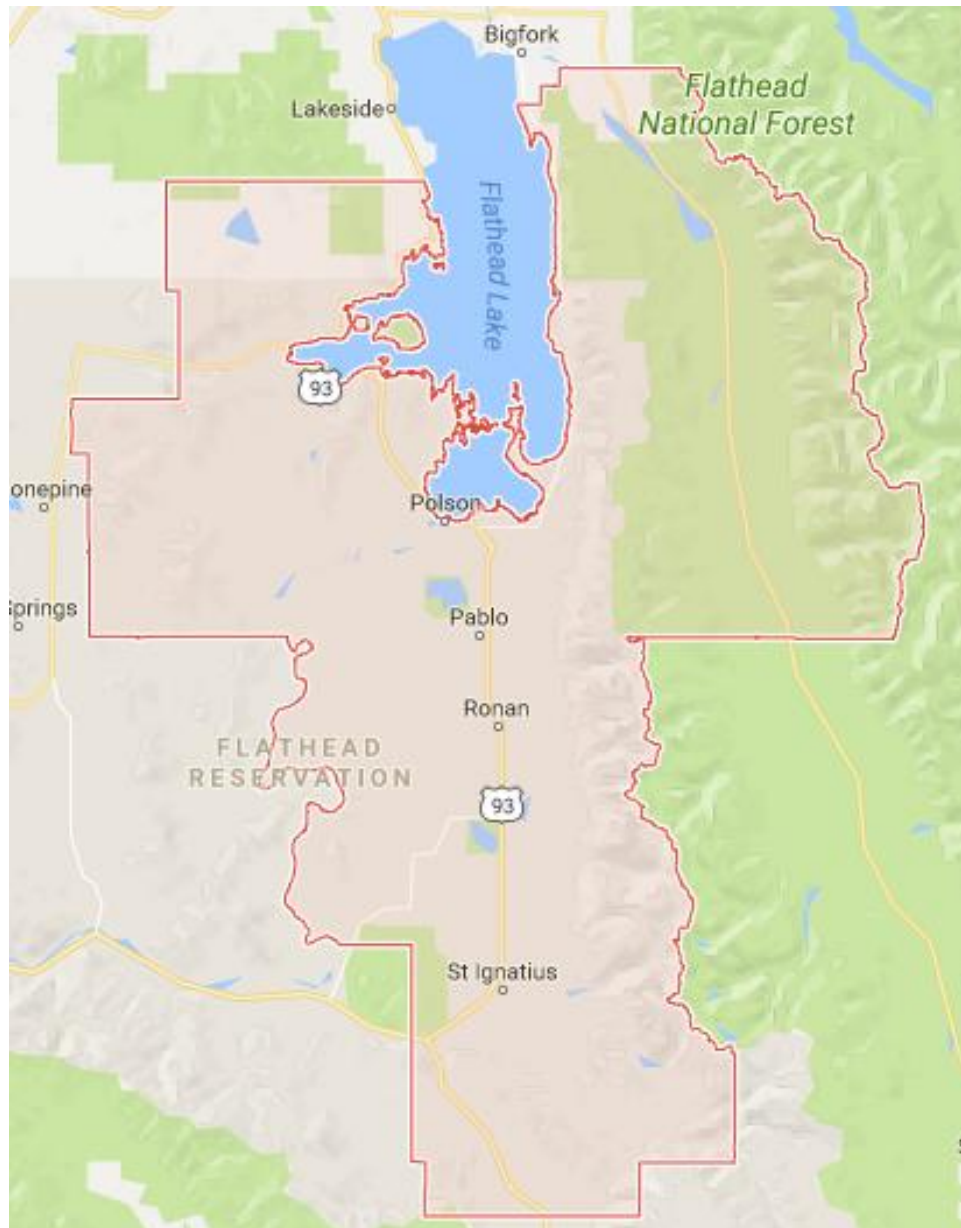
Simplify health for everyone

### **Our promise**

Together, we answer the call of every person we serve: Know me, Care for me, Ease my way. ®



# Description of community



## Community profile

Lake County is a predominantly rural county in Montana, with two designated cities: Polson and Ronan. The total area of the county is 1,654 square miles; 10 percent of that area is covered by bodies of water, with the largest being Flathead Lake. Post-white settlement, the economy traditionally has been rooted in agriculture, ranching and forestry, although in recent years, those industries have declined in prominence, with construction, retail and tourism becoming more dominant.<sup>1</sup>

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<sup>1</sup> Charlo Senior Center. (n.d.). *Lake county growth policy: Population & economics*. MT.

Two-thirds of Lake County is within the Flathead Indian Reservation, which is home to the Confederated Salish and Kootenai tribes. The reservation initially was created in 1855 by the Treaty of Hellgate, with land set aside solely for Indian use. Congress modified the agreement in 1904, allotting some of the reservation land to tribal members but declaring the remaining land as “surplus” open to homesteading by non-Indians. Today, 1 in 3 residents of the Flathead Reservation are Indian<sup>2</sup>.

Salish Kootenai College is located in Pablo, Mont., and has about 800 students. As of fall 2017, more than half of these students were in an associate’s degree program; one-quarter were in a bachelor’s program, with the remainder participating in a certificate program or were undeclared.

### **Population and age demographics**

Total population is 29,157<sup>3</sup>, with an annual growth rate of 8.45 percent from 2000 to 2010, more than a full percentage point below the state’s growth rate of 9.67 percent in the same time period. The population consists of:

- 25 percent youth (0-17 years)
- 36 percent young adults (18-34 years)
- 38 percent older adults (35-64 years)
- 19 percent seniors (65 years and older)

### **Ethnicity**

Among Lake County residents in the American Community Survey five-year estimates, 69 percent were white, <1 percent were Asian, 4 percent were Hispanic or Latino, 24 percent were Alaska Native or American Indian, <1 percent were African American or black, <1 percent were Native Hawaiian or other Pacific Islander, and 6 percent were of two or more races.

### **Income levels and housing**

According to the ACS Survey of five-year estimates, the median household income for Lake County is \$51,045 – just 77 percent of the national median family income of \$66,011 and 83 percent of the state’s median income of \$61,271. The unemployment rate of 4.8 percent is slightly below the national unemployment rate of 5.1 percent.

### **Health care and coverage**

The share of Lake County residents (under age 65) who are uninsured is 23 percent (based on the 2015 U.S. Census Small Area Health Insurance Estimates), down from 28.5 percent in 2013 before the Affordable Care Act health insurance marketplaces went into full effect. Lake County’s uninsured rate is significantly higher than Montana’s uninsured rate of 14 percent.

Montana’s expanded Medicaid program went into effect in 2016, which has served to further reduce the uninsured rate. As of June 2017, enrollment in Medicaid and CHIP in Montana was 73 percent higher than in 2013 (Medicaid.gov).

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<sup>2</sup> Helena Independent Record. (2011, March 11). Census shows growth at 4 Montana reservations.

<sup>3</sup> U.S. Census Bureau American Community Survey 2011-15 5-year estimates

Beyond the high rate of uninsured people in Lake County, the area also is challenged by significantly less access to primary care than in the rest of Montana and the U.S. In Lake County there are only 62 primary care physicians per 100,000 people, compared to 82 per 100,000 people in the rest of Montana and 88 per 100,000 people nationally. About 23 percent of Lake County residents report lacking a consistent source of primary care; all of Lake County is designated as a health professional shortage area.

### Health and well-being

In Lake County, 40 percent of people over age 20 self report to be overweight and 28 percent self-report to be obese. These rates are similar to the national averages of 36 percent (overweight) and 28 percent (obese), although they are higher than the state overall. Historically, Montana's rate of obesity is lower than the national average, ranking the fourth lowest.

Residents of Lake County self-report a similar rate of having fair or poor general health as compared to state and national rates. About 15 percent of Lake County residents report "fair" or "poor" general health, compared to rates of 14 percent (state) and 16 percent (nationally).

Western Montana faces many challenges related to mental health, substance abuse and suicide, all of which are reflected in statistics for Lake County. Lake County's rate of suicide is more than double the national average, at 27.1 deaths by suicide per 100,000 people. Access to mental health services is difficult due to many Montanans living in rural areas, often at great distances from population centers. The average Montanan's income is lower than the national average, making mental health treatment a luxury for many people, rather than part of basic, comprehensive health care. In western Montana's poorest counties, more than half of household incomes are below 200 percent of the federal poverty guidelines. A person living in poverty has increased risk of mental illness and suicide attempts<sup>4</sup>, creating a dire cycle of those who most need mental health treatment being the least able to access it.

These factors, combined with a regional culture that places high value on gun ownership for hunting and self-defense, means most Montanans have ready access to the most lethal means of suicide: guns. The Violence Policy Center reports that higher rates of gun ownership correlates with higher rates of suicide<sup>5</sup>. As a result, Montana's suicide rate consistently ranks in the top three states and is nearly double the national average. Of suicides in our state in a 14-month period, 63 percent were completed with a firearm<sup>6</sup>.

Drug and alcohol abuse present another significant challenge to Montanans. Low incomes and mental illness correlate to substance abuse and related deaths. Western Montana's rates of heavy alcohol use and death by drug overdose are both higher than the national average. Similar to access to mental health services, access to substance

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<sup>4</sup> Author Unknown. (2015). Poverty, Mental Illness and Suicide Linked. *Psych Central*. Retrieved on December 19, 2016, from <http://psychcentral.com/news/2011/04/04/poor-mental-illness-and-suicide-linked/25013.html>

<sup>5</sup> Violence Policy Center. (n.d.). Guns and Suicide. Retrieved December 19, 2016, from <https://www.vpc.org/revealing-the-impacts-of-gun-violence/suicide/>

<sup>6</sup> 2016 Suicide Mortality Review Team Report (Rep.). (2016). MT.

treatment is insufficient, particularly for people who are uninsured or covered through state programs. About 21 percent of Lake County residents self-report heavy alcohol consumption, compared to 17 percent of Americans overall.

Findings from the most recent community health needs assessment for the western Montana service area confirm these challenges. Lack of access to services is partially due to financial pressures faced by mental health providers related to reimbursement rates, including:

- Payment models that restrict reimbursement to specific services
- Workforce shortages that prevent providers from meeting licensing requirements or providing services
- Lack of psychiatrists and other prescribers

While treatment for mental illness and substance disorders is challenging in general in western Montana, there is a particular dearth of services for the youngest Montanans. Access to both outpatient and inpatient services for adolescents ages 12 to 18 is insufficient. Even fewer providers and services treat children younger than age 12, despite many children in Montana needing psychiatric care. This results in the youngest, most vulnerable Montanans receiving treatment only once a crisis has occurred; often services are provided only in care settings that provide no therapeutic support, such as a hospital's general medical unit.

# Process, participants and health indicators

## Assessment process

Every three years, Providence St. Joseph Medical Center conducts a Community Health Needs Assessment (CHNA) for Lake County. The CHNA is conducted as part of our tradition of care to discern the needs of those we serve and to create partnerships that respond effectively. In addition, it meets requirements outlined in section 501(r)(3) of the IRS Code. The goals of this assessment are to:

- Engage public health and community stakeholders that include low-income, minority and other underserved populations
- Assess and understand the community's health issues and needs
- Understand the health behaviors, risk factors and social determinants that have an impact on health
- Identify community resources and collaboration opportunities with community partners
- Establish findings, including prioritized health needs, that can be used to develop and implement a 2017-2019 community health improvement plan

The following individuals reviewed the data collected and helped prioritize the top health needs for 2017-2019:

## Mission and Community Needs Committee of the Board

Name	Title	Organization/sector
Brody Moll	Member	Retired/community
Caroline McDonald	Manager	Wrapped in Hope/early childhood
Caryl Cox	Member	Retired
Gale Decker	Commissioner	Lake County
Jim Manley	Judge	Lake County District
Tracie McDonald	Dean of students	Salish Kootenai College/education
Vincent River	Psychologist	Private practice/mental health
Tammy Walston	Manager	Lake County Council on Aging
Rich Forbis	Manager	Providence St. Joseph Medical Center
Landon Godfrey	Director	Providence St. Joseph Medical Center
Shiloh McCready	Social worker	Providence St. Joseph Medical Center
John Payne	Pastor	Providence St. Joseph Medical Center
Erin Rumelhart	Director	Providence St. Joseph Medical Center
Adam Smith	Physician	Providence St. Joseph Medical Center
William Beck	Physician	Providence St. Joseph Medical Center
Karen Myers	Director	Providence St. Patrick Hospital
James Kiser	President	Providence St. Joseph Medical Center
Merry Hutton	Director	Providence St. Patrick Hospital

## Focus groups/ participants/community stakeholder interviews

Name	Title	Organization/Sector
Anna Whiting Sorrell	Director	CSKT Tribal Health
Kournie Gopher	Dental clinic	CSKT Tribal Health
Gloria Quiver	Lead patient advocate	CSKT Tribal Health
Leslie Caye	Community health	CSKT Tribal Health
Shonda Bolen	Human resources	CSKT Tribal Health
Clint Hoxie	Provider/optical	CSKT Tribal Health
Jackie Pierre	Dental clinic	CSKT Tribal Health
Aaron Sparks	Staff	CSKT Tribal Health
Renee' Running Rabbit	Licensed addiction counselor	CSKT Tribal Health
Raeleen Whitesell	Optical technician	CSKT Tribal Health
Emily Colomeda	Director	Lake County Health Department
DeeAnn Richardson	Director	Safe Harbor Domestic Violence Shelter
Rose Marie Smith	Volunteer	Polson Loaves and Fishes Food Pantry
Ben Woods	Undersheriff	Lake County Sheriff's Office
Bryan River	Staff	Polson Loaves and Fishes Food Pantry
Dan Saloman	Representative	State Senate District 47
Whitney Danz	Program manager	DHRD Project Launch
Aric Cooksley	Executive director	Boys and Girls Club

### Community health needs discussion/focus group – Oct. 6, 2017

#### St. Joseph Medical Center, Polson, Mont.

A group of seven community members convened to discuss community needs and concerns. Representatives of the following organizations attended:

- Non-profit organizations (food bank, domestic violence shelter)
- Law enforcement
- Tribal government
- County health department
- State legislator

Discussion was structured to address the following:

- Problems/concerns
- Barriers
- Assets/resources
- Solutions

Among the participants, there was agreement that the most significant problems facing the community are related to drug and alcohol abuse and untreated mental health issues. These problems include:

- Domestic violence
- Overburdened legal system
- Overcrowded jails
- Overburdened foster care system

- High rate of suicide
- Elder abuse

Discussion also centered on the lack of jobs that pay a living wage and subsequent problems, including:

- Poverty
- Food insecurity
- Overcrowded housing; multiple families housed together
- Homeless population that includes people who “couch surf” but have no residence of their own
- People released from incarceration who have difficulty finding housing

### **Community health needs discussion/focus group – Oct. 6, 2017**

#### **Confederated Salish and Kootenai Tribal (CSKT) Health, Polson, Mont.**

Employees of CSKT Health, including medical providers, counselors and leadership, met to discuss issues facing native Montanans in Lake County. These problems include:

- High rates of alcohol and drug abuse in youth and adults
- High rate of suicide
- Limited mental health providers
- High rate of children in foster care, often due to substance abuse
- Increase in crime rates
- Health problems, including:
  - STIs, HIV and Hepatitis C
  - Diabetes
  - Obesity
- Food insecurity
- High housing costs

The Flathead Reservation is made up of many smaller communities, all of which have different strengths and challenges, and are spread over a large geographic area. Because of this diversity, the tribe cannot be treated as a single group of people.

## Data collection

### Primary data

A community survey was made available online and administered in hard copy through the community by the Mission and Community Needs Committee members and Providence St. Joseph Medical Center staff. The top health concerns are listed below, and a copy of the full survey can be found in Appendix 1.

Top health concerns	2014	2017
	184 respondents	223 respondents
Alcohol and drug abuse	67.4%	97%
Stress/depression/suicide	12.5%	87%
Underage alcohol/drug abuse	21.7%	86%
Smoking/tobacco use	9.2%	78%
Child abuse/neglect	7.6%	77%
Poor nutrition/obesity	33.7%	61%
Teen pregnancy	Not asked	59%
Sexually transmitted diseases	Not asked	57%
Spouse/partner abuse	Not asked	55%
Juvenile delinquency	Not asked	51%
Unemployment	Not asked	50%
Lack of safe and affordable housing	Not asked	41%

### Community and stakeholder input

Key stakeholder interviews (focus groups) were conducted with community leaders. These leaders were identified by the Mission and Community Needs Committee of the Board based on their ability to represent the broad interests of the community. These individuals generally had special knowledge or expertise in public health and those who represent and/or serve vulnerable populations. The interview results can be found in Appendix 1.

### Secondary data

Secondary data was collected from the following major sources;

- County health rankings
  - Aggregated from the following national data sources: Behavioral Risk Factor Surveillance System (BRFSS), National Center for Health Statistics, U.S. Census Bureau's Small Area Health Insurance Estimates
- Montana Vital Statistics Unit
- Community Commons

The secondary data includes state and national measures to present a community



profile, birth and death characteristics, access to health care, chronic diseases, social issues and other demographic characteristics. Results of the secondary data can be found in Appendix 2.

### **Health indicators and trends**

For an overview of the findings, see the priority health issues and baseline data in the following section or see the following appendices for supporting data and interview results.

Appendix 1: Health indicators and trends (primary and secondary data)

Appendix 2: Partners in the community health needs assessment

Appendix 3: 2017-2019 Community Health Improvement Plan

# Identified priority health needs

This section describes the significant priority health needs that were identified during the CHNA. This section also describes the process and criteria used to prioritize the needs. Potential resources in the community to address the significant health needs also are described in the section.

## Prioritization process and criteria

The Mission and Community Needs Committee of the Board began the process of reviewing and discussing data from the 2014 Providence St. Joseph Health Needs Assessment, as well as new data, in June 2017. Subsequent meetings in September and November 2017 incorporated the online survey results and outcomes from focus groups for the final development of the CHNA and CHIP. In developing the final list of needs, we considered: Input from the community, Mission alignment and resources of the hospital, existing community resources and programs, magnitude of the problem or issue, and opportunity for collaboration.

## Priority health issues and baseline data

### Prioritized need #1: Substance abuse

Drug addiction/overdose in youth and adults and lack of access to treatment and supportive services were identified as significant problems in the community.

Data points	2014	2017
Alcohol impaired driving deaths	55%	45%
County health rankings		
Lake County’s age-adjusted percentage of adults who drink excessively is about 21%, more than 4% higher than national average	18.4 Lake County	
Western Montana’s age-adjusted mortality rate by drug overdose is 15.4 per 100,000, 15% higher than national average.		
Community Commons		

## Prioritized need #2: Access to mental health services

High suicide rates, lack of access to services, and inadequate social support systems all were reported by the key stakeholder group as of great concern.

Data points	2014	2017
Average number of unhealthy days reported in last 30 days County health rankings	4.0	4.0
Depression screening in primary care Providence only	n/a	51%
Suicide rates in Lake County Montana Mortality Report	85	n/a
Suicide injury death/rate per 100,000 males ages 11-17 (2005-2014) <i>American Indian</i>		23.48
<i>White</i>		9.60
Suicide injury death/rate per 100,000 females ages 11-17 (2005-2014) <i>American Indian</i>		28.95
<i>White</i>		4.19

## Prioritized need #3: Social determinants of health and well-being

(Includes culture, employment, housing, income and other related determinants of health)

Social determinants of health play a significant role in health. This includes culture barriers, homelessness/housing issues, low incomes and underemployment, and cost of child care – all of which were referenced by the key stakeholder group as affecting the health status of the community.

Data points	2014	2017
Food insecurity County health rankings	18%	15%
Limited access to healthy food County health rankings	8%	8%
Diabetes prevalence County health rankings	9%	11%
Obesity rates County health rankings	27%	28%
Severe housing problems County health rankings	17%	20%

#### Prioritized need #4: Access to health care services

Difficulty in scheduling and getting timely appointments were among the concerns raised in community surveys as barriers to accessing primary care. A lack of coordination of care and knowledge of resources in the community also were of concern.

<b>Data points</b>	<b>2014</b>	<b>2017</b>
<b>Uninsured adults</b> County health rankings	34%	31%
<b>Uninsured children</b> County health rankings	17%	12%
<b>Mammography screenings</b> County health rankings	67.2%	65%
<b>Diabetes monitoring</b> County health rankings	80%	84%
<b>Children in poverty</b> County health rankings	31%	29%

# Addressing identified needs

This section describes how Providence will develop and adopt an implementation strategy (i.e. Community Health Improvement Plan) to address the prioritized community needs.

## Plan development

Providence will consider the prioritized health needs identified through this CHNA and will develop a strategy to address each need. Strategies will be documented in a Community Health Improvement Plan (CHIP). The CHIP will describe how Providence plans to address the community's health needs. If Providence does not intend to address a need during this plan cycle, the CHIP will explain why<sup>7</sup>.

The CHIP will describe the actions Providence intends to take to address health needs and the anticipated impact of these actions. Providence also will identify the resources the hospital plans to commit to address the health need. The CHIP also will describe any planned collaboration between Providence and other facilities or organizations to address the health need.

The improvement plan will be approved by the Providence Community Ministry Board by March 20, 2018. When approved, the CHIP will be attached to this CHNA report in Appendix IV.

## Providence prioritized needs

Providence prioritized needs
<ol style="list-style-type: none"><li>1. Substance abuse</li><li>2. Access to mental health services</li><li>3. Social determinants of health and well-being</li><li>4. Access to health care services</li></ol>

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<sup>7</sup>Reasons may include: resource constraints, other facilities or organizations in the community addressing the need, a relative lack of expertise or competency to address the need, the need being a relatively low priority, and/or a lack of identified effective interventions to address the need.

# Evaluation of impact from 2014's Community Health Improvement Plan

This section evaluates the impact of actions that were taken to address the significant health needs identified in the prior CHNA and associated implementation strategy (i.e. CHIP).

Following the prior CHNA in 2014, Providence collaborated with community partners to develop a community health improvement plan (CHIP) to address the needs identified below. The top health issues for the 2014 CHNA/CHIP were:

1. Substance abuse
2. Access to health care services
3. Access to mental health services
4. Healthy behaviors

The following is an overview, evaluating the CHIP efforts and their impact on the identified needs.

Measuring our success: Results from our 2014 CHNA/CHIP

## Prioritized need #1: Substance abuse

Data point	Previous CHNA	Current CHNA
Babies born at SJMC who are drug affected	20% (2014)	23% (2016)

Through a collaboration with Best Beginnings – a community program that creates coordinated early childhood care ages prenatal to 8 years old – the hospital sought to reduce the impact of drug-affected pregnancies. Key findings in 2016 include:

- Although the percentage of women testing positive for drug use at delivery has not gone down, the overall use of methamphetamines and opiates has decreased significantly.
- The overall number/percentage of infants being transferred to the Neonatal Intensive Care Unit (NICU) for Neonatal Abstinence Syndrome (NAS) treatment has declined.
- In 2016, 13 percent of the drug-affected deliveries were transferred to another facility for NAS treatment. Conversely, during the first half of 2017, only 9 percent were transferred for NAS. This positively represents one of the original program goals as outlined by Wrapped in Hope, a community program that addresses perinatal drug use in the region. An additional program goal was to improve overall health outcomes for mom and baby by increasing prenatal care engagement. In 2016, about 46 percent of moms testing positive for drugs at delivery had six or fewer prenatal exams. In 2017, this percentage had dropped to 34 percent, potentially indicating that more moms struggling with drug use while pregnant were seeking prenatal care earlier in their pregnancies - thus increasing their likelihood for positive health outcomes and potential recovery.

## Prioritized need #2: Access to health care services

Data point	Previous CHNA	Current CHNA
Uninsured (all) County health rankings	28%	25%

Access to surgical services in the Polson community was addressed by the hospital's hiring a general surgeon. The hospital also created a walk-in clinic, improved clinic space and hired another primary care provider to increase access to primary care services. Enrollment and application support for ACA and newly-expanded Medicaid increased the number of Lake County residents with health insurance.

Providence St. Joseph Health provided \$2,750,526 in financial assistance or charity care to low-income patients who needed care between 2014 and 2016.

## Prioritized need #3: Access to mental health

Data point	Previous CHNA	Current CHNA
Donated land for six-bed mental health crisis shelter	*proposed	completed
Hired one licensed clinical social worker (LCSW) for primary care	*proposed	completed

- Lake House: Eight-bed crisis stabilization center was established in conjunction with Western Montana Mental Health Center, Confederated Salish and Kootenai Tribes and Lake County Sheriff's Office. SJMC donated land for the project.
- Mental health care in primary care: LCSWs and other mental health professionals now provide care in the primary care setting, improving access and decreasing stigma.
- Partnership with Western Montana Mental Health Center: Contracted with WMMHC to better meet the needs of patients in acute mental health crisis. The hospital provides \$25,000 per annum for this service, which is considered a subsidized health service.
- Tele-psychiatric services now are available in the primary care setting

## Prioritized need #4: Healthy behaviors

Data point	Previous CHNA	Current CHNA
Diabetes monitoring County health rankings	80%	84%

The primary care clinic expanded its scope as a patient-centered medical home through increased efforts to meet the needs of diabetic patients through more effective care coordination.

# Potential resources to address needs identified through the CHNA

This section inventories community partners that are addressing the identified needs in the CHNA. This table begins to outline our strategy of creating healthier communities together.

Providence and partners cannot address the significant community health needs independently. Improving community health requires collaboration across community stakeholders. Below is a list of community resources potentially available to address identified community needs

Organization or program	Description	Associated community need
Best Beginnings Children's Partnership	Designed to create comprehensive, coordinated early childhood system care (ages prenatal to 8 years old) and consists of multiple community partners	Drug-affected children and expecting mothers
Lake County Public Health Department	Provides programming to reduce and prevent tobacco use and to promote immunizations, communicable disease testing, special needs children case management, WIC and child safety	At-risk children and families
Polson Public School System	Regularly addresses major issues/needs through implementation of health curriculum. School counselors are available for temporary or low-impact concerns, as well as mental health professional in each schools who meet regularly with kids with ongoing mental or emotional concerns.	Mental health and substance use prevention support services
Confederated Salish and Kootenai Tribes	Provide a wide array of direct services such as primary care, mental health and dental care. The tribes have ongoing initiatives aimed at reducing the burden of chronic diseases, such as diabetes, and have prevention services to address obesity and substance use.	Mental health substance abuse/treatment obesity prevention
Local law enforcement	Provides leadership for the county drug task force, which consists of representatives from the city, county and tribe.	Substance use
St. Luke Community Hospital	Provides inpatient and outpatient health care and long-term care.	Access to primary care
Area VI Agency on Aging	Services such as the Care Transitions Program are targeted to support senior citizens in the community.	Community support services
Polson Pastoral Association	Provides triage and navigation services to community members needing assistance.	Community support services

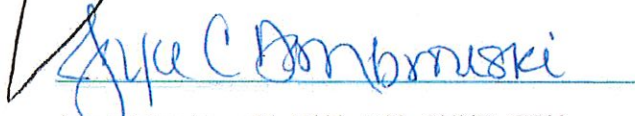


## 2017 CHNA approval

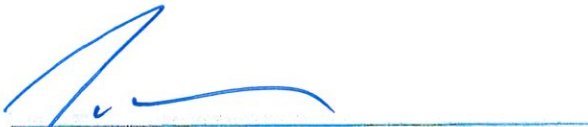
This CHNA was adopted Nov. 30, 2017 by the Mission and Community Needs Committee of the Board. The final report was made widely available<sup>1</sup> on December 11, 2017.



James Kiser, President  
Providence St. Joseph Medical Center



Joyce Dombrowski, MHA, RN, CENP, CPH  
Chief Executive  
Western Montana Service Area



Joel Gilbertson  
Senior Vice President, Community Partnerships  
Providence Health and Services

### CHNA/CHIP contact:

Merry Hutton, MPA  
Regional Director Community Benefit and Care Transitions  
500 West Broadway  
Missoula, Montana 59802

Contact to request a copy, provide comments or view electronic copies of current and previous community health needs assessments: <https://montana.providence.org/hospitals/st-joseph/community-support/community-health-needs-assessments/>

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<sup>1</sup> Per § 1.501(r)-3 IRS Requirements

# Appendix I

## Health indicators and trends

Data Source	Page
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Survey.....	7
County Health Rankings Data 2014 vs. 2017.....	28
County Health Rankings: Selected Trend Graphs.....	31

**CSKT Tribal Health Focus Group  
CHNA 2017**

October 6, 2017 12:00 pm – 1:30 pm  
Conference Room

**Problems/Concerns**

- Mental health
  - High suicide rate
- Alcohol and drug use
  - Youth and adults
  - Caregivers use substances, so kids don't have positive role models
  - Not enough treatment providers
- Limited providers for mental health treatment; lots of counselors, but not enough providers who are specialists
- Lake House is voluntary, so someone who has partially detoxed often leaves and begins using again
- High rate of children in foster care
  - Often related to substance abuse
- Increase in crime rates
- STIs/HIV/Hep C have all increased
  - People on a course of antibiotics can't abstain for recommended amount of time
- Diabetes
- Obesity
- Food insecurity
- Housing is expensive
  - Houses that are used to manufacture meth have to be vacated and cleaned

**Barriers**

- No treatment programs for youth with addiction problems
- Confusion about which resource should be used/is responsible
- Coordination between SJMC and Tribal Health (ambulatory, discharge planning)
- No tribal fitness center in Polson or Ronan
- Due to geographic differences, tribe can't be talked about as a single group
- Poor communication among healthcare providers
- Disparity in resources among different communities
  - Seven different school districts
- Limited transportation, not regular and reliable
- Long wait list for inpatient treatment
  - Insufficient follow-up care and accountability
- Foster kids in Lake County/Tribe don't get seem resources as in Missoula

## Resources

- Lots of counselors
- New IOP for adults
  - High need, but low participation
- Lake House works well for people with only mental health problems, rather than co-occurring disorders
- Family support for children in foster care
- Walking path from Polson to Ronan
- Three tribal fitness centers
- Moving to EHR
  - Will allow documentation of social determinants
- Food pantry/Bread Basket in Ronan; commodity program through tribe
  - Summer food programs in some communities
- Boys and Girls Club in Polson and Ronan
  - After school program, includes snack and transportation
- Aquatics center in Polson
- Strong cultural base with two culture committees; language restoration programs
- SKC is a top tribal college in the country
- Competing dialysis programs
  - New program Kidney Keepers
- Tribal Housing Authority
- School-based services; Altacare/CSCT
- Good dental program

## Solutions

- Cultural shift in personal responsibility
  - Healthcare providers can't do everything for patients
- Single payer healthcare system
- Alcohol and drug treatment providers in school system
- Inpatient treatment for mental health and addiction issues
- Improved transitions of care/care coordination

**SJMC Focus Group  
CHNA 2017**

October 6, 2017 10:00 am – 11:30 am  
O'Maley Conference Room

**Problems/Concerns**

- Drug addiction
- Food
- Medical help
  - Single parents/grandparents with low income
- Mental health
  - Cycle where people lose children due to uncontrolled mental health problems/addiction issues
- Domestic violence
  - Cycle of DV; is swept under the rug, is not taken seriously
  - 3 overdose suicide attempts at the DV shelter in past 3 months
  - Hopelessness
- Stats for domestic assault are very; multiple instances each day
  - Alleged perpetrators are not held accountable
  - Jail overcrowding/overburdened system
- Lots of overlap in issues
- Root cause of all of these issues is trauma
- Suicide/mental health
  - Across demographics and ages
- Low-income housing
  - Overcrowded housing, multiple families
  - Homeless population is not visible
- People recently released from prison trying to find housing
- Employment; jobs don't pay living wage
  - No large industries left
- Division between Tribal/non-tribal population
- Elder abuse
  - Unwilling to report abuse, especially when perpetrators are children/grandchildren
- Family structure problems

**Barriers**

- Limited treatment facilities for addiction
  - Need CD eval for treatment; long wait list for eval – once per week for a couple of hours
- Geographic limitations; transportation difficulties
- Warm Springs

- Lake House has been a “nightmare”; people are released without a plan of care; does not meet expectations or needs
  - No one knows the rules/protocols when they call Lake House
- Law enforcement is understaffed
  - DV shelter gets grants for training; LE can never send anyone
- Insufficient jail capacity
  - Antiquated jail design
- CASA
- Overburdened foster care system
  - Kinship placements are burdened; great-grandparents having to care for infants; low-income
- All resources are struggling to meet need
- Going into school breaks, kids are anxious because they lose structure and regular meals
- Transportation
  - Flathead Transit – limited hours, small fee, limited services, call 24-hours in advance, younger than 18 have to ride with parent
- Lack of employment
  - Once people finish at the college, they have to leave to get jobs
- Limited services by agencies
  - If you are a non-tribal, single, homeless woman with no children, there are no resources
- Lack of childcare options
- Unaffordable health insurance
- Children are exposed
- Insufficient physical space at court house
- Hard to recruit people to work in public health due to low wages

## Resources

- Drug court
  - Jay Brewer with drug court available for evals
- Food pantry
  - Backpack program
  - Community supports program
  - Send food to Ronan weekly
  - 350 unduplicated families served monthly
- Lake House
- Flathead Transit
- WIC program
  - Supplemental; limited to ages 0-5
- Safe Harbor
  - Resource Roundtable – monthly meeting to discuss concerns, solutions
- Helping Hands – funded by churches; emergency costs
  - Run out of money by 15<sup>th</sup> of month
- Agency on Aging

- Boys and Girls Club
- Tribal re-entry program following prison
- SKC College
- Tribes
- Grants
  - Often short-term
- Job Corps
- Three engaged governing bodies
- Young Child Wellness Council

## **Solutions**

- Crisis intervention training for law enforcement
- More collaboration to make money go farther
  - Need to have hard discussions regarding tribal/non-tribal issues; county and tribal government have differences in funding and protocol (e.g., public meetings vs. closed door meetings)
  - “Gracious space” model
  - Start with issues that everyone agrees on
- Increased mental health training
- Application assistance for food stamps/6-month renewal
- Chemical dependency treatment
  - Day treatment
  - Residential
- Improved services within jail – mental health, spiritual
  - Continuity in services post-release
- Disrupt cycle of abuse/trauma
  - Services and organizations need to be trauma-informed
- Improve delivery of services/expand at Lake House
- Everything comes down to money
- Train people for skilled jobs
  - Collaboration with SKC
- Nonprofit board members who are informed and engaged

**SJMC 9-6-17**

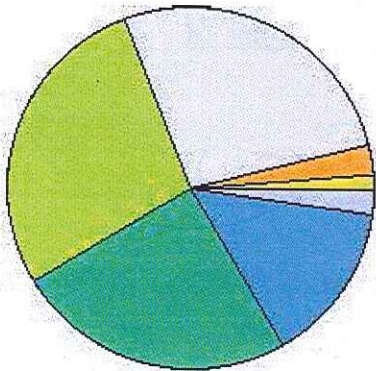
**Survey Title:** Community Health Needs Assessment - St. Joseph Medical Center/Lake County\*

**Survey Properties:**

**Total Respondents:** 322

**Responses By Question Analysis:**

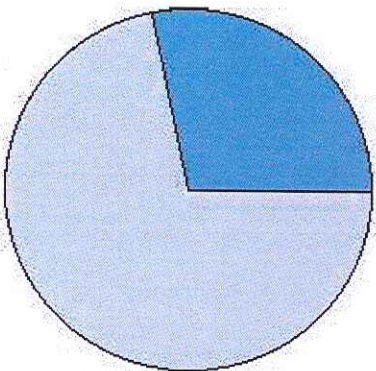
**1. Age**



25 years or younger
25 - 34 years
35 - 44 years
45 - 54 years
55 - 64 years
65 - 74 years
75+ years

	Response Total	Response Percent
25 years or younger	5	2%
25 - 34 years	32	14%
35 - 44 years	55	25%
45 - 54 years	62	28%
55 - 64 years	60	27%
65 - 74 years	6	3%
75+ years	3	1%
<b>Total Respondents (skipped this question)</b>	<b>223</b>	<b>99</b>

**2. Sex**



Female
Male
Other

	Response Total	Response Percent
Female	160	72%
Male	63	28%
Other	0	0%
<b>Total Respondents (skipped this question)</b>	<b>223</b>	<b>99</b>

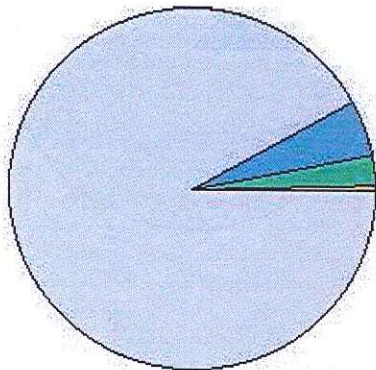
**3. Zip Code**



**4.** Including yourself, how many people in the following age groups live in your household?

	0	1	2	3	4	5	6	Response Total	Response Average
Under age 5	72.5% (58)	13.75% (11)	11.25% (9)	2.5% (2)	0% (0)	0% (0)	0% (0)	80	0.44
5 - 12 years	49% (49)	23% (23)	23% (23)	5% (5)	0% (0)	0% (0)	0% (0)	100	0.84
13 - 18 years	46.15% (48)	33.65% (35)	15.38% (16)	3.85% (4)	0.96% (1)	0% (0)	0% (0)	104	0.8
19 - 25 years	68.06% (49)	23.61% (17)	8.33% (6)	0% (0)	0% (0)	0% (0)	0% (0)	72	0.4
26 - 39 years	36.89% (38)	34.95% (36)	28.16% (29)	0% (0)	0% (0)	0% (0)	0% (0)	103	0.91
40 - 55 years	29.1% (39)	34.33% (46)	36.57% (49)	0% (0)	0% (0)	0% (0)	0% (0)	134	1.07
56 - 64 years	43.01% (40)	36.56% (34)	20.43% (19)	0% (0)	0% (0)	0% (0)	0% (0)	93	0.77
65 - 74 years	73.13% (49)	23.88% (16)	2.99% (2)	0% (0)	0% (0)	0% (0)	0% (0)	67	0.3
Age 75+	87.93% (51)	8.62% (5)	3.45% (2)	0% (0)	0% (0)	0% (0)	0% (0)	58	0.16
<b>Total Respondents</b>								<b>222</b>	

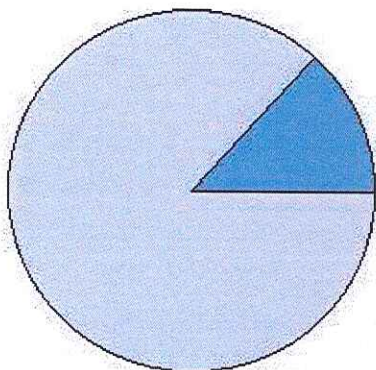
**5.** What is your current employment status?



- Employed full-time
- Employed part-time
- Retired
- Disabled
- Homemaker
- Student
- Not employed

	Response Total	Response Percent
Employed full-time	203	92%
Employed part-time	11	5%
Retired	6	3%
Disabled	0	0%
Homemaker	0	0%
Student	1	0%
Not employed	0	0%
<b>Total Respondents</b>	<b>221</b>	
<b>(skipped this question)</b>	<b>101</b>	

**6.** Do you have a primary care provider?

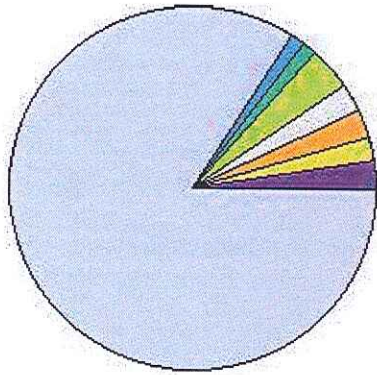


- Yes
- No

	Response Total	Response Percent
Yes	182	87%
No	28	13%
<b>Total Respondents</b>	<b>210</b>	

**7.** What kind of health coverage do you have?

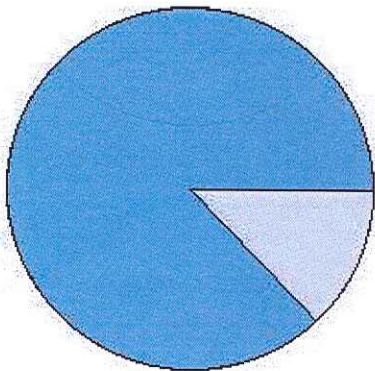
	Response Total	Response Percent
Employer-based insurance	199	94%
Individual insurance (Including	3	1%



	through ACA/Obamacare)		
■	Medicaid	3	1%
■	Medicare	9	4%
■	Medicare Supplement	6	3%
■	Veteran's Administration	6	3%
■	IHS	5	2%
■	No insurance or coverage	0	0%
■	I don't know if I have health coverage	0	0%
■	Other, please specify	6	3%

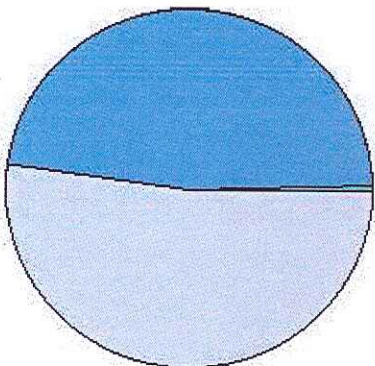
**Total Respondents** 212  
**(skipped this question)** 110

8. If you have health coverage, do you have trouble seeing a provider when you are sick or hurt?



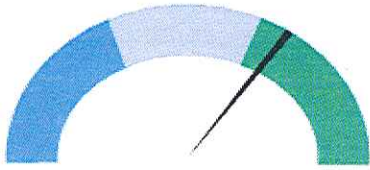
	Response Total	Response Percent
Yes	27	13%
No	182	87%
N/A - I don't have health coverage	0	0%
<b>Total Respondents (skipped this question)</b>	<b>209</b>	<b>113</b>

9. Does your insurance determine where you get health care?



	Response Total	Response Percent
Yes	108	52%
No	98	47%
N/A - I don't have health coverage	1	0%
<b>Total Respondents (skipped this question)</b>	<b>207</b>	<b>115</b>

**10.** If you have health coverage, how well do you understand your health care coverage?



**Response  
Average**

**3.49**

**Total Respondents 212**

**11.** In the past 12 months, have you decided to not use any of the following services because of out-of-pocket costs?

	<b>Yes</b>	<b>No</b>	<b>Does not apply</b>	<b>Response Total</b>	
Medical services	38.05% (78)	59.51% (122)	2.44% (5)	<b>205</b>	n/a n/a
Substance abuse treatment services	1.01% (2)	38.19% (76)	60.8% (121)	<b>199</b>	n/a n/a
Mental health services	7.04% (14)	39.2% (78)	53.77% (107)	<b>199</b>	n/a n/a
Dental care	39.42% (82)	56.25% (117)	4.33% (9)	<b>208</b>	n/a n/a
Eye/vision care	20.59% (42)	72.06% (147)	7.35% (15)	<b>204</b>	n/a n/a
Preventive care (e.g. mammograms, routine screenings)	11.44% (23)	80.1% (161)	8.46% (17)	<b>201</b>	n/a n/a
Well-baby/well- child care (including immunizations)	1.52% (3)	47.47% (94)	51.01% (101)	<b>198</b>	n/a n/a
Prescription drugs	18% (36)	71.5% (143)	10.5% (21)	<b>200</b>	n/a n/a
			<b>Total Respondents</b>	<b>212</b>	

**12.** Do any of the following prevent you or any member of your household from getting health care?

	<b>Yes</b>	<b>No</b>	<b>Does not apply</b>	<b>Response Total</b>	
Co-payments or out-of-pocket expenses	46.63% (97)	50.96% (106)	2.4% (5)	<b>208</b>	n/a n/a
Service not covered by insurance	43.2% (89)	50.49% (104)	6.31% (13)	<b>206</b>	n/a n/a
Inconvenient office hours	18.91% (38)	75.12% (151)	5.97% (12)	<b>201</b>	n/a n/a
Lack of transportation	0% (0)	90.26% (176)	9.74% (19)	<b>195</b>	n/a n/a
Deductible is too high	44.93% (93)	50.72% (105)	4.35% (9)	<b>207</b>	n/a n/a
Provider does not accept Medicare or Medicaid	1.01% (2)	58.29% (116)	40.7% (81)	<b>199</b>	n/a n/a
No appointment available or wait is too long	18.41% (37)	75.12% (151)	6.47% (13)	<b>201</b>	n/a n/a
Language or	0% (0)	75.25% (149)	24.75% (49)	<b>198</b>	n/a n/a

cultural differences

Lack of privacy or confidentiality	4.55% (9)	82.32% (163)	13.13% (26)	198	n/a n/a
			<b>Total Respondents</b>	<b>209</b>	

**13.** Other than reasons in question #12, what prevents you or a member of your household from getting health care?

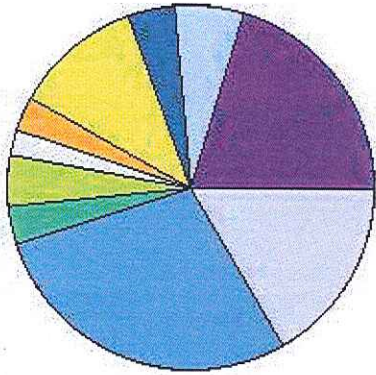
1. None
2. no
3. Cost of care.
4. Too expensive  
No confidence in medical professionals. We have experienced:
  - not being able to see a doctor and only being able to get an appt with a PA;
  - Feeling like the medical professional is not really invested in the patient and finding out the problem, but rather trying to get through their patients in 10 minutes or less;
  - No follow through after appointments or interest in long term doctor-patient relationship;
  - additional testing costs are prohibitive and maybe not necessary
6. high cost of care is a MAJOR problem with a high deductible.
7. my wife is not covered because of the expense of Obummercare
8. We are unable to afford insurance for all of our family members.
9. Nurses, or people answering phones not getting messages to the physician in a timely fashion, or nurses not listening when a there has been a reaction to a medication, instead of informing the doctor so a remedy can be arrived at.
10. none
11. NO LOCAL SPECIALIST  
Mostly such a high deductible and no coverage for dental. I don't understand why dental coverage (especially prevention) is not covered. Your teeth are part of your body, insurance should cover all your medical needs.....I know I can buy dental coverage separate, but that is ridiculous and too costly. Let's think holistically please!
13. na
14. NOTHING
15. None
16. none
17. none
18. Frustration with some health professionals that don't believe what their patient says or aren't interested.
19. Expense. Even with insurance everything costs way too much.
20. Bottom line is cost.
21. na
22. Insanely high deductible
23. Not identifying a primary provider
24. Overall cost is a barrier. Even though I pay large fees for insurance, nearly \$1000.00 per month for a family plan, which is split 40/60 with my employer (I pay 60%) the insurance does not seem to cover simple office visits, resulting in co-pays or complete office visit being billed. What is the purpose of expensive insurance if it still does not cover the cost of medical services? Emergency care as well is not covered, and access to appointments past work hours is not always available. As a single mom, if I need to bring my children for medical care, I need to take time away from work, which is counter-productive.

25. None
26. Nothing
27. My health insurance premiums are so high, we don't have any money to pay other health bills.
28. Travel to medical care means taking time off from work. Also it is difficult to get appointments after work. We have to take a half day of sick leave for an hour appointment and that is hard to set up.
29. We get health care though Tribal health can't afford Health Insurance,I pay in to my Medicaid each month and we are going to wait till that kicks in for the both of us,almost there!
30. Difficulty understanding what is covered and finding a provider in a new place. Not having recommendations about who is good.
31. No
32. Health insurance is too expensive per month to cover my husband so he is uninsured and cant afford regular doctor/health visits.
33. My insurance will deny coverage for something my PCP ordered.
34. N/A
35. time
36. Cost. Its very expensive even for a full time working person.
37. none
38. out of pocket expense. a family of 1 income and a fixed budget doesn't allow for another expense without losing a home or transportation to work.
39. We have coverage
40. Some Specialty providers are more that 50 miles away
41. nothing
42. nothing
43. none
44. A lack of general information about walk in clinics. Considering the hours are so limited, it's the only option aside from emergency care many times. There have been times that the online information available is so confusing or lacking (hours, location, entrances, general procedures, when you should just go to the emergency room/schedule an appointment instead) that I would rather just deal with whatever the ailment is.
45. None
46. does not hear well and cannot understand the directions
47. Generally its a cost matter-- have to decide between paying this bill or that bill -- high fuel costs, high electric bills, food costs. Have to set priorities on what you can afford. Minimum cost for any office call to Dr. is \$110.00. Hard to cover with high deductibles.
48. mostly time and money
49. work schedule
50. nothing

**Total Respondents      50**

**14.** In the past year, in which of the following health care specialty areas have you received services?

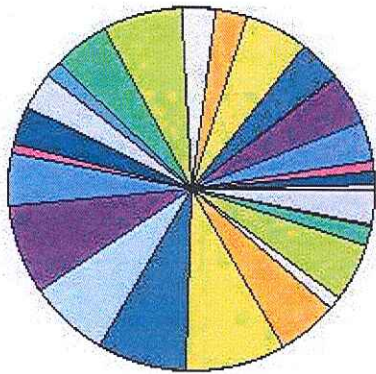
	Response Total	Response Percent
<input type="checkbox"/> Orthopedics (treats bone diseases or broken bones)	44	21%
<input type="checkbox"/> Obstetrics/Gynecology (for treatment of pregnancy or well-woman care)	75	35%
<input type="checkbox"/> Podiatry (Problems with the feet)	9	4%



Cardiology (Heart diseases)	12	6%
Oncology (Cancers)	6	3%
Renal (Kidney disease)	8	4%
Ear, nose and throat	30	14%
Rheumatology (arthritis, rheumatoid arthritis)	11	5%
Allergies	16	8%
Other, please specify	54	25%

**Total Respondents** 212  
**(skipped this question)** 110

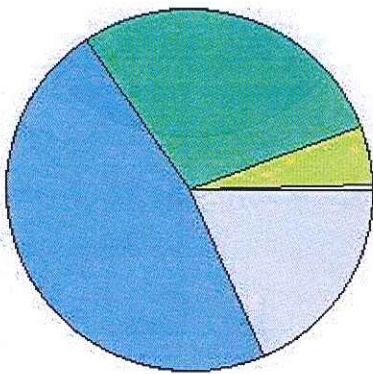
**15.** Which of the following quality of life and health issues do you believe are serious problems in your community?



	<b>Response Total</b>	<b>Response Percent</b>
Alzheimers	71	33%
Tuberculosis	4	2%
Hepatitis	40	19%
Sexually-transmitted diseases/infections	121	57%
HIV/AIDS	27	13%
Teen pregnancy	126	59%
Alcohol/drug abuse	205	97%
Underage alcohol/drug abuse	183	86%
Smoking/tobacco use	166	78%
Stress/depression/suicide	184	87%
Juvenile delinquency	109	51%
Gangs	19	9%
Gambling	80	38%
High crime rates	78	37%
Farm/occupation/car accidents	34	16%
Spouse/partner abuse	117	55%
Child abuse/neglect	163	77%
Elder abuse/neglect	70	33%
Lack of affordable quality day care	65	31%
Poor nutrition	130	61%
Lack of safe and affordable housing	87	41%
Poor water quality	4	2%
Unemployment	105	50%
Lack of quality jobs	82	39%
Poor local leadership	22	10%
Lack of recreational opportunities	27	13%
Other, please specify	11	5%
<b>Total Respondents</b>	<b>212</b>	
<b>(skipped this question)</b>		<b>110</b>



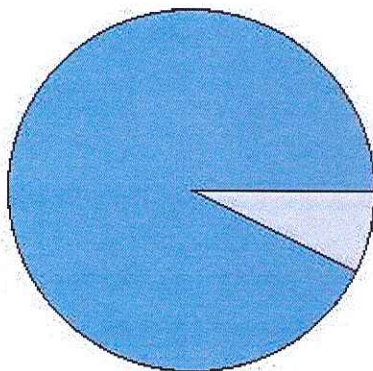
**16.** How would you rate your overall health?



- Excellent
- Very good
- Good
- Fair
- Poor

	Response Total	Response Percent
Excellent	38	18%
Very good	97	47%
Good	59	29%
Fair	11	5%
Poor	1	0%
<b>Total Respondents (skipped this question)</b>	<b>206</b>	<b>116</b>

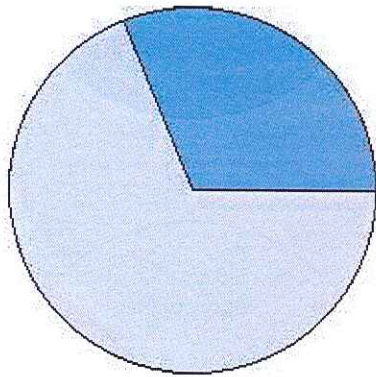
**17.** In the past six months, have you regularly smoked cigarettes, e-cigarettes or used chewing tobacco?



- Yes
- No

	Response Total	Response Percent
Yes	15	7%
No	189	93%
<b>Total Respondents</b>	<b>204</b>	

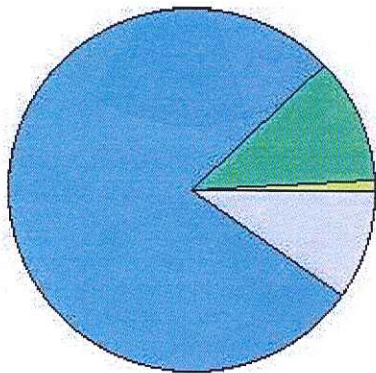
**18.** Do you exercise (run, walk, aerobics, etc.) regularly?



- Yes
- No

	Response Total	Response Percent
Yes	139	69%
No	63	31%
<b>Total Respondents</b>	<b>202</b>	

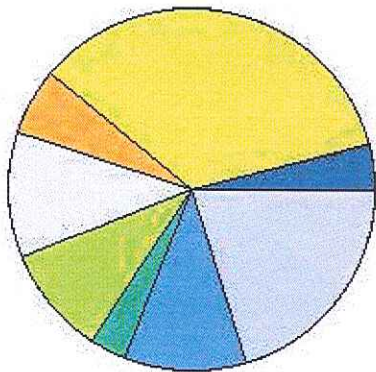
**19.** How often do you eat a healthy diet?



- All of the time
- Most of the time
- Less than half of the time
- Rarely

	Response Total	Response Percent
All of the time	20	10%
Most of the time	160	78%
Less than half of the time	23	11%
Rarely	2	1%
<b>Total Respondents (skipped this question)</b>	<b>205</b>	<b>117</b>

**20.** Which of the following dietary concerns are important to you and your household?



- Low saturated fats
- Food safety
- Having enough food to eat
- Low salt
- Low cholesterol
- Food allergies
- Eating enough fruits and vegetables
- Other, please specify

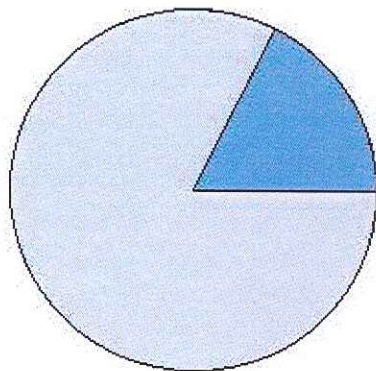
	Response Total	Response Percent
Low saturated fats	88	43%
Food safety	47	23%
Having enough food to eat	14	7%
Low salt	42	20%
Low cholesterol	49	24%
Food allergies	26	13%
Eating enough fruits and vegetables	152	74%
Other, please specify	18	9%
<b>Total Respondents (skipped this question)</b>	<b>206</b>	<b>116</b>

none

**21.** If you have any of the following health conditions, please indicate how many miles you travel for health care for your condition:

	<b>0-5 miles</b>	<b>6-10 miles</b>	<b>11-30 miles</b>	<b>More than 30 miles</b>	<b>Response Total</b>		
High blood pressure	66.1% (39)	16.95% (10)	8.47% (5)	8.47% (5)	<b>59</b>	n/a	n/a
High cholesterol	71.74% (33)	8.7% (4)	8.7% (4)	10.87% (5)	<b>46</b>	n/a	n/a
Cancer	60.87% (14)	4.35% (1)	4.35% (1)	30.43% (7)	<b>23</b>	n/a	n/a
Diabetes	75% (18)	4.17% (1)	12.5% (3)	8.33% (2)	<b>24</b>	n/a	n/a
Vision problem	50.54% (47)	22.58% (21)	12.9% (12)	13.98% (13)	<b>93</b>	n/a	n/a
Hearing problem	50% (17)	5.88% (2)	5.88% (2)	38.24% (13)	<b>34</b>	n/a	n/a
Dental problem	57.14% (56)	28.57% (28)	5.1% (5)	9.18% (9)	<b>98</b>	n/a	n/a
Depression	64.52% (20)	22.58% (7)	3.23% (1)	9.68% (3)	<b>31</b>	n/a	n/a
Asthma	80.65% (25)	9.68% (3)	0% (0)	9.68% (3)	<b>31</b>	n/a	n/a
Heart disease	54.17% (13)	8.33% (2)	0% (0)	37.5% (9)	<b>24</b>	n/a	n/a
					<b>Total Respondents</b>	<b>141</b>	

**22.** In the past year, have you seen a health care provider (for a routine check-up, injury or illness)?



Yes  
 No

	<b>Response Total</b>	<b>Response Percent</b>
Yes	<b>163</b>	<b>82%</b>
No	<b>35</b>	<b>18%</b>
	<b>Total Respondents</b>	<b>198</b>

**23.** In the past year, have you or a member of your household used any of the following health care services?

	<b>Yes</b>	<b>No</b>	<b>Not sure</b>	<b>Response Total</b>		
Emergency room	33.33% (58)	66.67% (116)	0% (0)	<b>174</b>	n/a	n/a
Outpatient/doctor's office	87.76% (172)	12.24% (24)	0% (0)	<b>196</b>	n/a	n/a
Inpatient	27.16% (44)	71.6% (116)	1.23% (2)	<b>162</b>	n/a	n/a
Chiropractor	32.3% (52)	67.7% (109)	0% (0)	<b>161</b>	n/a	n/a
Dental	86.84% (165)	13.16% (25)	0% (0)	<b>190</b>	n/a	n/a
Eye/vision	81.62% (151)	18.38% (34)	0% (0)	<b>185</b>	n/a	n/a
Hearing	19.21% (29)	80.13% (121)	0.66% (1)	<b>151</b>	n/a	n/a
Pharmacy	92.27% (179)	7.73% (15)	0% (0)	<b>194</b>	n/a	n/a
Mental health treatment/counseling	13.46% (21)	86.54% (135)	0% (0)	<b>156</b>	n/a	n/a
Nursing home/skilled nursing	0.67% (1)	97.33% (146)	2% (3)	<b>150</b>	n/a	n/a
In-home care (e.g. home health, hospice/end-of-life, respite care)	0.67% (1)	97.32% (145)	2.01% (3)	<b>149</b>	n/a	n/a

Alcohol/drug treatment	0.68% (1)	97.3% (144)	2.03% (3)	<b>148</b>	<b>n/a n/a</b>
Health, wellness or nutrition education	14.1% (22)	84.62% (132)	1.28% (2)	<b>156</b>	<b>n/a n/a</b>
Support group	2.04% (3)	96.6% (142)	1.36% (2)	<b>147</b>	<b>n/a n/a</b>
Meals on Wheels	0% (0)	97.96% (144)	2.04% (3)	<b>147</b>	<b>n/a n/a</b>
Emergency food or clothing assistance	0.68% (1)	97.28% (143)	2.04% (3)	<b>147</b>	<b>n/a n/a</b>
Assistance to pay medical bills (services, prescriptions, devices)	8.11% (12)	89.86% (133)	2.03% (3)	<b>148</b>	<b>n/a n/a</b>
<b>Total Respondents</b>				<b>204</b>	

**24.** If you or a member of your household needed these services, would you know where to go?

	<b>Yes</b>	<b>No</b>	<b>Not sure</b>	<b>Response Total</b>	
Emergency room	98.99% (197)	0.5% (1)	0.5% (1)	<b>199</b>	<b>n/a n/a</b>
Outpatient/doctor's office	97.49% (194)	2.01% (4)	0.5% (1)	<b>199</b>	<b>n/a n/a</b>
Inpatient	92.86% (182)	4.59% (9)	2.55% (5)	<b>196</b>	<b>n/a n/a</b>
Chiropractor	85.86% (164)	8.9% (17)	5.24% (10)	<b>191</b>	<b>n/a n/a</b>
Dental	99.5% (198)	0% (0)	0.5% (1)	<b>199</b>	<b>n/a n/a</b>
Eye/vision	95.96% (190)	2.53% (5)	1.52% (3)	<b>198</b>	<b>n/a n/a</b>
Hearing	75.38% (147)	20.51% (40)	4.1% (8)	<b>195</b>	<b>n/a n/a</b>
Pharmacy	99.49% (197)	0% (0)	0.51% (1)	<b>198</b>	<b>n/a n/a</b>
Mental health treatment/counseling	68.91% (133)	25.91% (50)	5.18% (10)	<b>193</b>	<b>n/a n/a</b>
Nursing home/skilled nursing	71.88% (138)	22.4% (43)	5.73% (11)	<b>192</b>	<b>n/a n/a</b>
In-home care (e.g. home health, hospice/end-of-life, respite care)	62.69% (121)	29.02% (56)	8.29% (16)	<b>193</b>	<b>n/a n/a</b>
Alcohol/drug treatment	47.92% (92)	40.1% (77)	11.98% (23)	<b>192</b>	<b>n/a n/a</b>
Health, wellness or nutrition education	65.98% (128)	27.84% (54)	6.19% (12)	<b>194</b>	<b>n/a n/a</b>
Support group	47.15% (91)	42.49% (82)	10.36% (20)	<b>193</b>	<b>n/a n/a</b>
Meals on Wheels	41.36% (79)	49.21% (94)	9.42% (18)	<b>191</b>	<b>n/a n/a</b>
Emergency food or clothing assistance	43.98% (84)	46.07% (88)	9.95% (19)	<b>191</b>	<b>n/a n/a</b>
Assistance to pay medical bills (services, prescriptions, devices)	46.6% (89)	42.41% (81)	10.99% (21)	<b>191</b>	<b>n/a n/a</b>
<b>Total Respondents</b>				<b>201</b>	

**25.** What health-related services does our community need that are not currently available?

- I am blessed with great insurance and a well balanced life so I don't know of anything needed for me.
- I'm sure that there are many areas of need for those without my resources. And those needs will grow if the health care bill currently being considered will pass.
  - More mental health counselors.

- Drug & alcohol treatment.
3. Dialysis affects a few people I know and services are an hours drive away.
  4. Community health resources do not collaborate together. For example, on call physicians do not alternate call weekends.
  5. Mental Health Services. Doctor examination rooms at local hospital so that we can have timely access.
  6. n/a
  7. none
  8. It is not healthy and it needs to start at home. Schools can only do so much to educate students, they have to live it at home also.
  9. Smoking cessation, nutrition/wellness training, weight loss
  10. Quality doctors that will diagnose illnesses correctly without having to go to another hospital.
  11. Some families need transportation and don't utilize the DHRD bus for whatever reason
  12. In school medical services
  13. We need more affordable health care. The deductible is too high for most people to pay so they end up not going to the doctor.
  14. None
  15. more assistance from Tribal Health Services for education and support of families for treatment of lice
  16. A gym that isn't gross
  17. mental health, substance abuse services
  18. Don't know
  19. Mandatory in treatment drug rehabilitation services
  20. In-school Teen support group for addicted guardians/family members. In school education about substance use and abuse. In school education regarding life coping skills. Life coping skills education for recovering addicts. Mental health services for recovering addicts.
  21. From friends, I have heard that they have to continually drive to Kalispell for dialysis every other day. That becomes extremely expensive and is very dangerous in winter with bad roads and deer. I think they need more local service here.
  22. The services provided by the county health department are very much appreciated.
  23. More comprehensive information on where people can go for different services. It seems like there are so many different healthcare facilities/buildings/organizations. It would be nice to have an easily accessible directory of resources and services.
  - 24.
  25. More local access to specialists.
  26. Dermatology on a regular bases.
  27. Better access to mental health and substance abuse services
  28. More doctors available. When trying to schedule an appointment it is always weeks to months out. Getting an appointment with the eye doctor is a 3 month wait, the dentist is 2 months, a regular doctor is 3 weeks or more.
  29. Unsure
  30. its good
  31. We need an ER that has a staff that is better at dealing with Pediatric Patients.
  32. Better mental Health and suicide awareness. Drug & alcohol rehab center
  33. This community needs a treatment facility for drug and alcohol addiction.
  34. This is a hard question to answer because I do not know what is already being provided. My major concerns in this community are drugs/alcohol abuse, mental health issues (our high rate of suicide), child abuse/neglect and obesity.

35. Affordable mental health care.  
Effective drug treatment programs.
36. wrap around services for our students- access to Pro Bono mental health services
37. Scheduling routine checkups is very hard the wait is very long
38. think they are all offered
39. drug and alcohol classes
40. WE'RE GOOD
41. I think everything is available here.
42. Cost effective healthcare
43. accessibility affordability
44. I would like to see health care services visit schools to talk about services.
45. More mental health rehabilitation treatment centers
46. Enough health-care providers--we need more doctors!
47. More access to doctors in a timely fashion
48. none
49. more help for substance abuse and prevention
50. ??????
51. Work with insurance companies to incentivize healthy behavior.
52. Have health providers that have appointments more available. Waiting for months for an opening for a well-check is ridiculous!
53. MENTAL HEALTH!!
54. I don't know .
55. not sure
56. Affordable health care/insurance
57. Access to mental health and alcohol/drug rehab facility/program
58. The first thing that comes to mind is more options for drug/alcohol addiction. I'm sure there are some services available, but the need for treatment in our community is very high.
59. VA facility would be nice
60. none
61. Better health insurance options.  
Access to positive nutritional education, access to mental-health services WHEN THEY ARE NEEDED- not months later, access to places that can encourage healthy activity throughout the year. Although
62. we have the Aquatic Center, which is only a pool, the cost is so high that many families are not able to participate in programs. There is limited access to anything else for families to do together to stay active and healthy.
63. I can't think of any services that aren't available if you are willing to wait, like getting appointments with visiting specialists.
64. Lower costs. More mental health, and teen mental health.
65. Seems reasonably good, but I would go away from the community for any serious issue.  
Reasonable priced Assisted Living for the Elderly
66. More available Meals on Wheels  
Agriculture and Skilled trade education for ages 20-35
67. Affordable health insurance and affordable quality medical care
68. Nutrition based on traditional diets of the tribes here; mental, physical, emotional support that is culturally competent for the Salish and Kootenai tribes and led by members of the tribe.

69. trauma counseling/therapy for children, drug and alcohol abuse programs, suicide prevention,
70. Cardiology
71. Increased access to Urgent mental health and substance abuse treatment. I believe a lack of access to these services directly correlates to the crime rate in our community.
72. not enough mental health offices that are easily accessible
73. Inpatient mental health services - specifically for youth
74. Full time Dermatology, Ophthalmology, Rheumatology
75. More drug/alcohol prevention and mental health and healthy eating
76. dermatology
77. inpatient 30-90 days drug treatment centers
78. We've got what we need as far as services for this community but people need to hear the word of things that cost money versus the ones that are free service. And for the places that provide these service they have to let everybody know or be aware of their availability because people have different schedules and lifestyle and priorities in life.
79. Dermatology
80. More drug and alcohol counseling and in patient services.
81. Drug and alcohol inpatient services
82. Breast feeding and new mom support groups.
83. bus that travels to patients
84. More wellness check opportunities that come to the job-site.
85. proper nutrition education
86. More office space in local hospital.
87. Nuclear medicine
88. parent awareness or education for cooking and proper nutrition. Less convent foods that are not healthy. More exercise education.
89. Services for children with developmental disabilities, ie: Autism, Aspergers, Down Syndrome, and other birth defects
90. Grandparent assistance/foster parent assistance with healthcare for those children who are placed with family or foster parents after being removed from a home for drug related activity.  
Follow up care with parents who are reunited with children after a temporary removal regarding drug activity.
91. drug recovery center
92. Public transportation, meals on wheels, educational assistance to the public as to where to go for help, etc.
93. Treatment & therapy options for a rampant meth epidemic.
94. 1. More mental health services  
2. More addiction/alcohol/drug rehab services  
3. Cardiology
95. Addiction counseling
96. Mental health specialist that diagnose and treat, and easier access to such care. Long intake forms are a barrier to community members in need of this kind of care. The ER is not an effective or useful method in accessing quality mental health care. Mental health offices seem to use uninviting language to those seeking help.  
  
Work on improving the state of LTC facilities, too many patients per caregiver. Demanding work for low pay, result in ever increasing lack of continuity of care due to the constant turnover in workers. As result community members who use this service suffer and receive less quality care.  
  
We need more access to specialty doctors. There are things that due to long wait times in other towns that even have the specialists, that those who already have limited or unreliable transportation will just ignore. It's too much of a hassle and cost to travel to just get a "second opinion."
- 97.

98. I want to see more full rounded gyms with weight loss programs like (summit in kalispell)  
We need diabetes awareness and clinics for this
99. Drunk tank, detox and short term sober living until people can get into rehab
100. Addictioins treatment
101. more drug rehab services
102. focus on mental health and drug abuse
103. More drug & alcohol rehab centers.  
Addiction services for all people, not just those on government dole. You know addiction goes across
104. all income levels. And not an absitinece program. That won't work for those already addicted.  
Consideration for harm reduction or alternative, prescribed medication is most realistic.
105. We have excellent services.
106. ?
107. alzheimer inpatient care low cost personal care in the home
108. Special Needs Care Services
109. An alcohol and drug rehab center
110. Drug alcohol rehab. Don't know if there is anything, but there is a huge problem.
111. house calls  
by actually letting CPS do their job - taking children from bad (drug/alcohol addicted) parents. The
112. community does not need handouts, that only brings more depraved people here. There needs to  
more LOCAL care for its current population. Take care of them first before you bring more here to  
take care - fix the easy abilty to get drugs, focus on getting rid of the dealers
113. In-patient treatment facility for youth
114. More Dr. on staff to be able to get into appt. quicker -- Not be scheduled with Physicians asst. but  
with Dr.'s.
115. not sure
116. more teenage pregnancy support
117. Drug and Alcohol facilities for adults and children. Also, mental health facilities for both.

**Total Respondents 117**

- 26.** What one thing could be done to improve the overall health and quality of life in our community?
1. Residential drug treatment.
  2. Drug & alcohol treatment.
  3. Incorporate some free or low cost excersie programs for seniors.
  4. One common medical record.
  5. Availability to get appointments with primary care providers in a week or less. It is common for me to  
wait 3 weeks.
  6. Better and more dietary health and nutrition counseling
  7. More winter recreational opportunities
  8. awareness
  9. better paying jobs
  10. Not sure...
  11. Stop smoking
  12. Less drugs and alcohol.



13. In home or smaller community, more personal prevention support
14. Medical services for kiddos who have family members that aren't able to get them to the dr. office
15. Create more opportunity for community based activities and events that promote health/wellness/exercise
16. Tougher laws on drug and alcohol abuse and more treatment centers for them.
17. More hiking paths
18. More recreational opportunities.
19. free --- gym to exercise
20. A conscious effort by the tribe and the local government to remove the drug epidemic that is spiraling out of control in our community.
21. Focus on substance abuse education, mental health and positive life coping skills with children in the school setting.
22. Suicide is an enormous problem in our community. There needs to be more community focus on it, in outreach, prevention, discussion. I don't know exactly what needs to be done, but what we are doing right now is not working.
23. More community events throughout the year (not just the summer)
24. parenting classes.
25. The one thing that would make a significant difference in our community would be to find a way to get the overwhelming drug problem under control.
26. Lower the cost!
27. Better access to mental health and substance abuse services
28. Universal Health Care, I have a \$6000 deductible. This is basically catastrophic health care.  
The medical facilities need to work better between organizations. We've found that information sharing between providers in the Kalispell Regional Network doesn't always occur with Providence providers.
29. Outrageously high insurance deductibles detract from quality health. People can't afford to come in when they have a medical issue.
30. drug abuse
31. Provide more support for low income households for child care, parenting classes, and especially drug and alcohol treatment when kids are involved.
32. Help the young and elderly by providing better services. Education being one. Hold parents accountable for neglecting their children's needs!
33. I believe that all people need access to health care. I feel sometimes that it is so expensive and out of pocket, that I don't go.
34. Cut down, or end the drug problem and collaborate more with the schools to assist in areas of mental health and disease prevention. It needs to be addresses at a very early age to students and parents.
35. Parenting classes for at-risk families.
36. Parenting classes, a teen center (safe place for teens to gather )
37. Make it not that expensive
38. Better insurance or lower doctor fees
39. Get rid of drugs.
40. Getting rid of meth in our community would be wonderful
41. make it a dry reservation
42. WE NEED TO PASS LAWS TO KEEP DANGEROUS CHEMICALS OUT OF OUR FOOD. AS LONG AS WE ALLOW COMPANIES TO PUT PRESERVATIVES THAT ARE NOT GOOD FOR US WE ARE GOING TO CONTINUE TO BE A SICK NATION. when WE ALLOW THE government TO FORCE US TO PUT CHLORINE, WHICH IS A DEADLY POISON INTO OUR DRINKING WATER HOW CAN WE EXPECT TO HAVE A HEALTHY NATION?

43. Less expensive gyms for older people
44. nutrition
45. Crack down on drug use
46. education
47. Accountability
48. More treatment centers
49. Later office/appointment hours;
50. Reduce drug/alcohol abuse, which leads to a myriad of other health and social issues.
51. See above
52. More affordable housing
53. Mentors working with youth to show them alternate life style choices, get them involved with community work and away from drugs and alcohol
54. get rid of drugs
55. ???????
56. Recreation department partnered with park department.
57. Single payer health insurance
58. Low cost or free exercise groups.
59. Continue bringing in specialist and listing them in the paper. That helps us see what's available.
60. Drug prevention practices, I understand it is a very big concern.
61. Less alcohol, drugs and abuse.
62. lower drug and alcohol use
63. Affordable health care/insurance
64. Addiction services. Counseling/services available for people with addictions other than jail.
65. More diabetes education is needed and healthier food options for students.
66. Again, I'll have to go with more of a focus on the drug problem in our area. It will help cut back on the crime, babies born with drugs in their system, and families being torn apart. Also, more parenting classes and family support.
67. Get Drugs illegal drugs under control
68. better insurance
69. More help for teens, youth, and persons in need. Access to Mental Health care would be a plus. We have WAY TOO MANY suicides in this community, and WAY TOO LITTLE help for those who are struggling with their own personal mental well-being.
70. Somehow encourage tribal members to get health care for their children who so desperately need it.
71. I think if the consequences for expecting mothers on drugs was more severe, that would be beneficial. I wish all agencies would talk better, as far as law enforcement and health providers.
- 72.
73. Education on parenting
74. Pray, pray, pray
75. Encourage each Head Start kitchen to prepare and deliver meals to the elderly in their neighborhood. Have the agriculture site school areas supply the organic food to the kitchens and a local food market.
76. Making healthcare affordable so everyone has access to preventative and restorative services
77. Empowering native children and adults - employing them in schools, addressing racism, enforcing Indian Education for All, distributing resources in ways that are empowering, supporting the unique mental and physical health needs of the native population.

78. community to realize the crisis that Lake County is in due to drug and alcohol abuse and how it is negatively affecting the children in our community.
79. Better public transportation
80. GET RID IF INSURANCE COMPANYS, AND HAVE SOCIALIZED HEALTH HEALTH COVERAGE
81. Education regarding drug (Rx and illicit) use and its effects on the community
82. reduce drug use in community.
83. Having more community outreach programs
84. Consolidate the two local hospitals under Providence.
85. Drug abuse prevention and counselling, inpatient treatment  
Youth should be more involve in activities in the community that promote wellness and good health.
86. There should be a great support group like parents or professionals that should encourage youth to engage and to be an active member of our community in different aspect and interests.
87. less costly and more available services for drug/alcohol abuse and more services for the homeless
88. the same as 25
89. more marketing for low income family resources
90. Substance abuse reduction.
91. bus that travels to patients to give health care.
92. Educate new parents on the responsibilities of adequately educating their own children. Education in terms of knowledge and the application of a healthy diet and lifestyle.
93. Educate young parents about nutrition.
- 94.
95. Good paying jobs.
96. Bigger hospital with private rooms and the ability to care for patients rather than sending them to Kalispell or Missoula.
97. The community drug problem needs to be addressed.
98. SEX EDUCATION and BETTER DRUG CONTROL, we have too many young women giving birth to Meth babies
99. more walking paths
100. Drug crime reinforcement, so that violators are not led to think that they will not be prosecuted. Too many people are getting away with drug use/selling, and nothing is done.
101. better control of drugs in our community
102. As stated above
103. Drugs and alcohol cessation/rehab  
encourage people to work and get off disabilities  
Improving access to mental health care. Psychological problems are not going to decrease but
104. continue to increase. Increasing mental health care providers who prescribe and treat and will work with patients instead of releasing them from service due to missed or late appointments is a failure to the the patient and the community, as these types of patients take time to work with.  
Easy to access and understand information for the general public would improve many things. As someone who is trained in literacy, I have no idea how anyone who struggles with language would
105. get medical help when I struggle to get it myself. This is especially pertinent here on the Flathead Reservation where cultural differences may lead our demographics to have more English Language Learners.
106. Awareness
107. On demand short term sober living housing until person can get into rehab program.
108. Many of those in the Polson/Ronan area could begin to take responsibility for their health issues by knowing what their medications are and what they are used for, what their health issues are and

being advocates for themselves when visiting their primary care provider or when coming to the ED or Walk-In clinic.

109. Addictions and Mental Health treatment, preventative education starting at a young age
110. Get rid of the drugs being made and sold on the streets, would help with all the thefts, violence.
111. better mental health counseling  
Workable solutions for folks that have drug addictions with children in the home. Let's not breakup families unless it's life threatening to someone under 18. Let's not take a punitive reaction. We need to take a good look at what ideal is, take a hard look at what realistic is, and set up walkable paths to meet our goal.
112. Because of our long grey winters, maybe more indoor community health activities.
113. I wish I knew. teenagers need more places that they can go and not be in continual trouble.
114. pharmacy assistance for the elderly nutrition teaching
115. Improved community relations and community building experiences to reduce amount of exposure to drugs and crime in our city.
116. MOre avaiability of health food
117. Get people off drugs and alcohol. People (of working age) who just laze about at home could get off their butts and be responsible citizens.
118. safe places for youth to go
119. Get rid of the drug dealers. It is too easy to get drugs here
120. public assistance tied to employment. employment training
121. Help to prevent teen pregnancies. Help prevent all the drug abuse. Encourage more participation in High school activities to keep kids busy.
122. reduce drug abuse
123. We could us e an urgent care facility to take some of the pressure off of the Walk-In Clinic. We need Primary Care Physicians to see more than 10 patients per day. Not add another Provider
- 124.

**Total Respondents 124**

## County Health Rankings Data 2014 vs. 2017: Lake County and State of Montana

2017 data for Lake County is improved from 2014

2017 data for Lake County is worse than 2014

<i>Health Outcomes*</i>	2014		2017	
	Lake County	Montana	Lake County	Montana
<b>Length of Life</b>				
Premature Death	8,685	7,341	8,200	7,100
<b>Quality of Life</b>				
Poor or fair health	15%	14%	16%	14%
Poor physical health days	4.0	3.5	4.1	3.9
Poor mental health days	4.0	3.3	4.0	3.6
Low Birthweight	8.6%	7.2%	9%	7%
<b>Additional Health Outcomes</b>				
Premature age-adjusted mortality	365.1	-	400	-
Child mortality	87.1	-	60	-
Infant mortality	7.9	-	9	-
Frequent physical distress	-	-	13%	-
Frequent mental distress	-	-	13%	-
Diabetes prevalence	9%	-	11%	-
HIV prevalence	21	-	38	-
<b>Health Factors</b>				
Adult smoking	23%	18%	19%	19%
Adult obesity	27%	20%	28%	25%
Food environment index	6.7	7.0	7.0	7.2
Physical inactivity	24%	23%	23%	20%
Access to exercise opportunities	33%	61%	46%	67%
Excessive drinking	19%	19%	18%	22%
Alcohol-impaired driving deaths	55%	47%	45%	46%
Sexually-transmitted infections	546	341	523.8	413
Teen births	54	36	50	32
<b>Additional Health Behaviors</b>				
Food insecurity	18%	-	15%	-
Limited access to healthy foods	8%	-	8%	-
Drug overdose deaths	19	-	25	-
Motor vehicle crash deaths	37	-	24	-
Insufficient sleep	-	-	30%	-
<b>Clinical Care</b>				
Uninsured	28%	22%	25%	17%
Primary care physicians	1316:1	1345:1	1620:1	1310:1
Dentists	1610:1	1535:1	1400:1	1480:1
Mental health providers	1208:1	774:1	550:1	410:1
Preventable hospital stays	50	52	42	40
Diabetes monitoring	80%	82%	84%	81%
Mammography screening	67.2%	64.2%	65%	62%

<i>Health Outcomes*</i>	2014		2017	
	Lake County	Montana	Lake County	Montana
<b>Additional Clinical Care</b>				
Uninsured adults	34%	-	31%	-
Uninsured children	17%	-	12%	-
Health care costs	\$7,633	-	\$7,865	-
Other primary care providers	1610:1	-	1227:1	-
<b>Social and Economic Factors</b>				
High school graduation	88%	82%	88%	85%
Some college	59.5%	67.1%	58%	68%
Unemployment	8.9%	6.0%	4.9%	4.1%
Children in poverty	31%	21%	29%	19%
Income inequality	-	-	4.9	4.4
Children in single-parent households	40%	28%	38%	29%
Social associations	-	-	10.7	14.1
Violent crime	385	266	438	283
Injury deaths	121	88	113	91
<b>Additional Social and Economic Factors</b>				
Disconnected youth	-	-	26%	-
Median household income	\$33,021	-	\$39,400	-
Children eligible for free or reduced price lunch	47%	-	70%	-
Residential segregation - black/white	-	-	-	-
Residential segregation - non-white/white	-	-	27	-
Homicides	5	-	-	-
Firearm fatalities	-	-	28	-
<b>Physical Environment</b>				
Air pollution - particulate matter	11.3	10.9	6.4	6.2
Drinking water violations	26%	13%	Yes	-
Severe housing problems	17%	15%	20%	15%
Driving alone to work	71%	75%	71%	75%
Long commute - driving alone	24%	15%	20%	16%

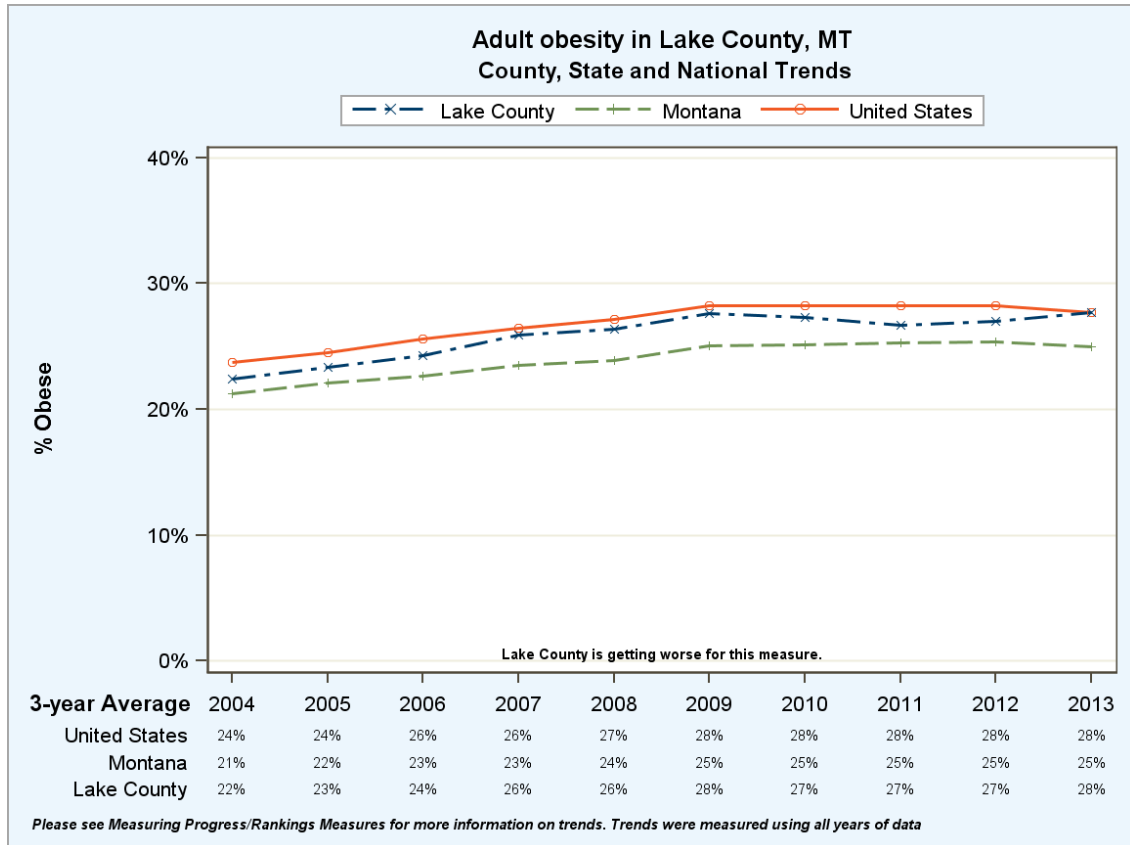
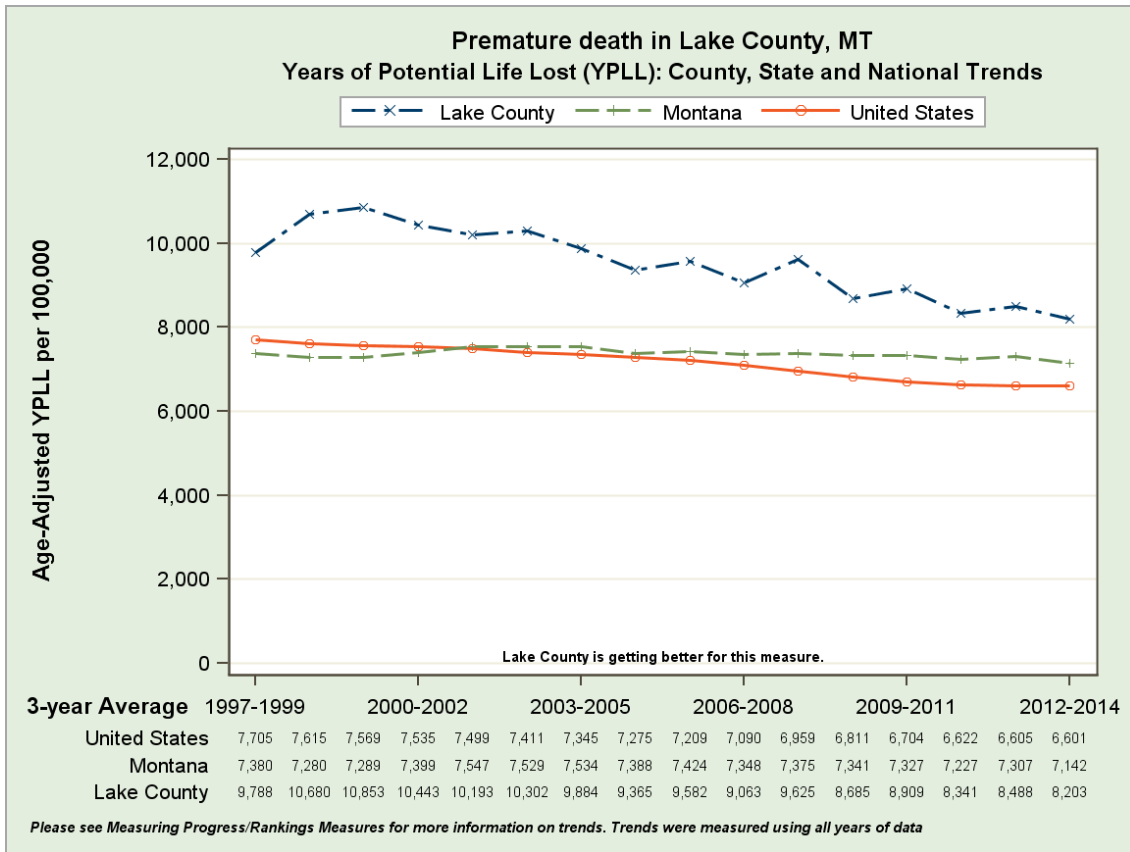
\*Refer to "Measure Description" from County Health Rankings for measure details

## County Health Rankings Measure Descriptions

HEALTH OUTCOMES	
Premature death	Years of potential life lost before age 75 per 100,000 population
Poor or fair health	% of adults reporting fair or poor health
Poor physical health days	Average # of physically unhealthy days reported in past 30 days
Poor mental health days	Average # of mentally unhealthy days reported in past 30 days
Low birthweight	% of live births with low birthweight (< 2500 grams)
HEALTH FACTORS	
HEALTH BEHAVIORS	
Adult smoking	% of adults who are current smokers
Adult obesity	% of adults that report a BMI $\geq$ 30
Food environment index	Index of factors that contribute to a healthy food environment, (0-10)
Physical inactivity	% of adults aged 20 and over reporting no leisure-time physical activity
Access to exercise opportunities	% of population with adequate access to locations for physical activity
Excessive drinking	% of adults reporting binge or heavy drinking
Alcohol-impaired driving deaths	% of driving deaths with alcohol involvement
Sexually transmitted infections	# of newly diagnosed chlamydia cases per 100,000 population
Teen births	# of births per 1,000 female population ages 15-19
CLINICAL CARE	
Uninsured	% of population under age 65 without health insurance
Primary care physicians	Ratio of population to primary care physicians
Dentists	Ratio of population to dentists
Mental health providers	Ratio of population to mental health providers
Preventable hospital stays	# of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees
Diabetes monitoring	% of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring
Mammography screening	% of female Medicare enrollees ages 67-69 that receive mammography screening
SOCIAL AND ECONOMIC FACTORS	
High school graduation	% of ninth-grade cohort that graduates in four years
Some college	% of adults ages 25-44 with some post-secondary education
Unemployment	% of population aged 16 and older unemployed but seeking work
Children in poverty	% of children under age 18 in poverty
Income inequality	Ratio of household income at the 80th percentile to income at the 20th percentile
Children in single-parent households	% of children that live in a household headed by a single parent
Social associations	# of membership associations per 10,000 population
Violent crime	# of reported violent crime offenses per 100,000 population
Injury deaths	# of deaths due to injury per 100,000 population
PHYSICAL ENVIRONMENT	
Air pollution – particulate matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)
Drinking water violations	Indicator of the presence of health-related drinking water violations. Yes - indicates the presence of a violation, No - indicates no violation.
Severe housing problems	% of households with overcrowding, high housing costs, or lack of kitchen or plumbing facilities
Driving alone to work	% of workforce that drives alone to work
Long commute – driving alone	Among workers who commute in their car alone, % commuting > 30 minutes

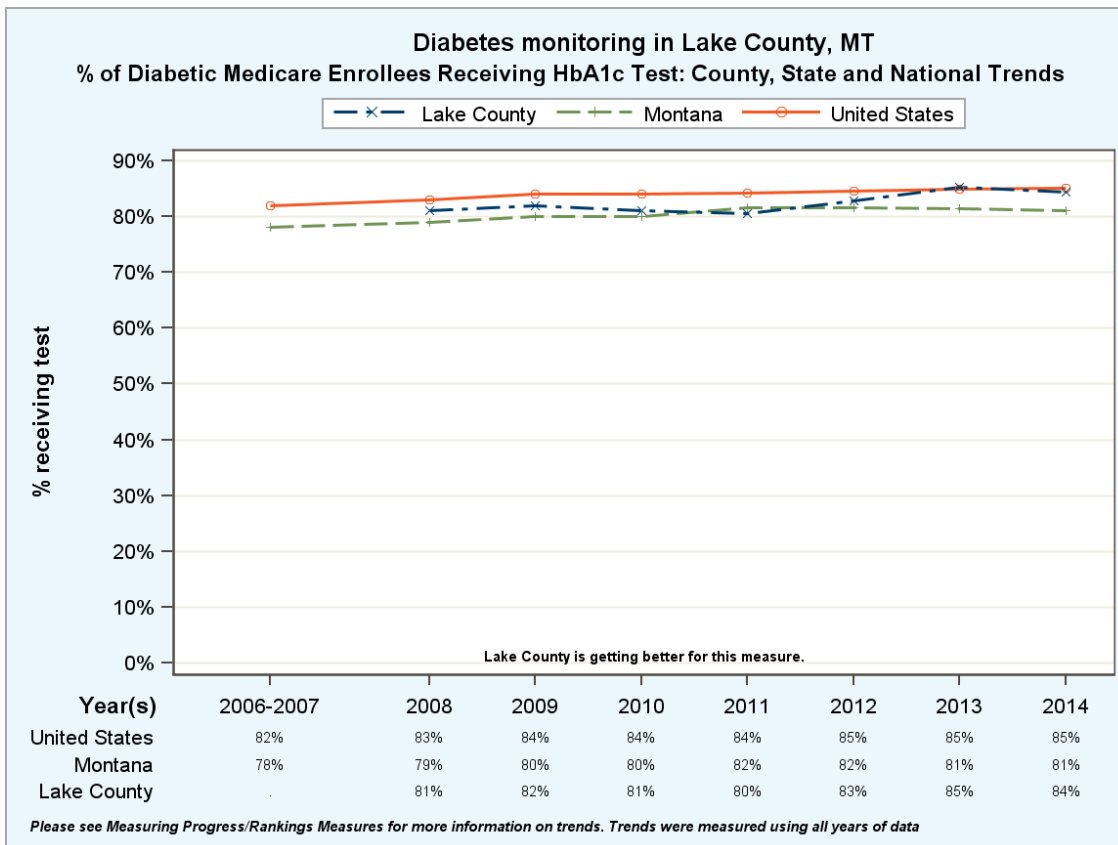
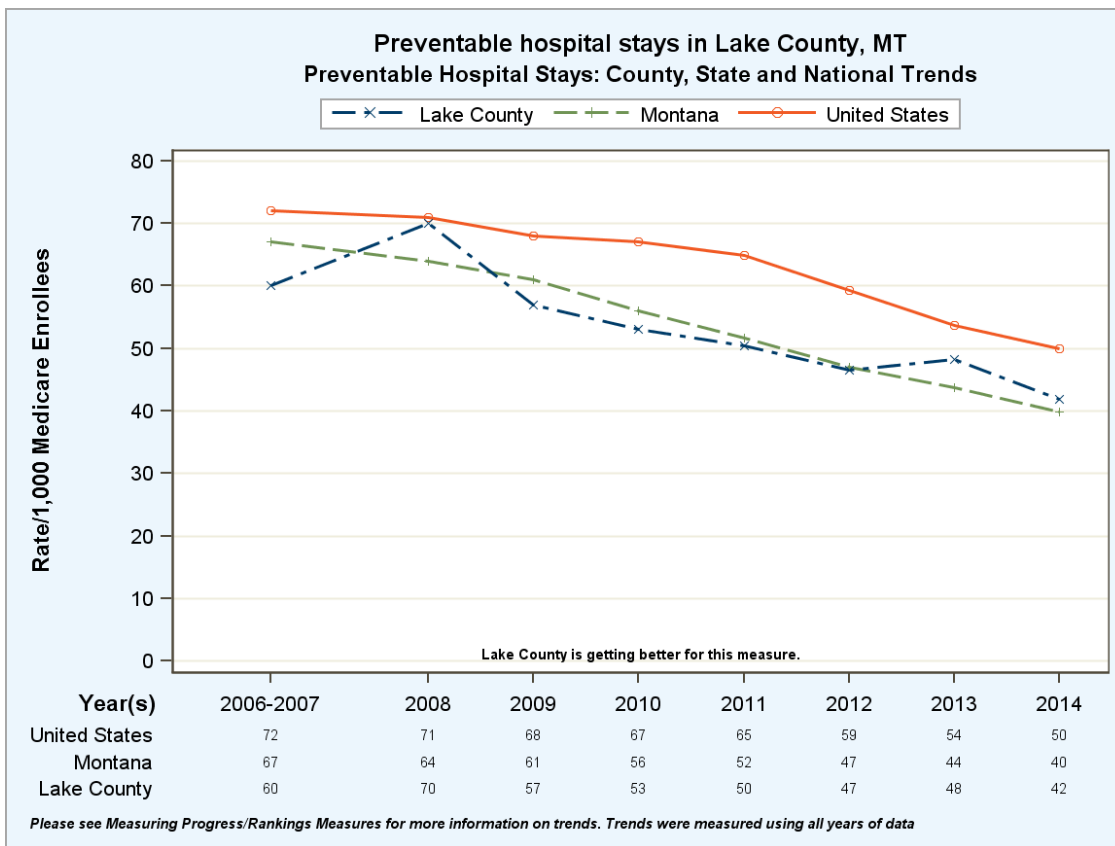
Visit [Countyhealthrankings.org](http://Countyhealthrankings.org) for additional measure details and sources of data

## County Health Rankings: Selected Trend Graphs

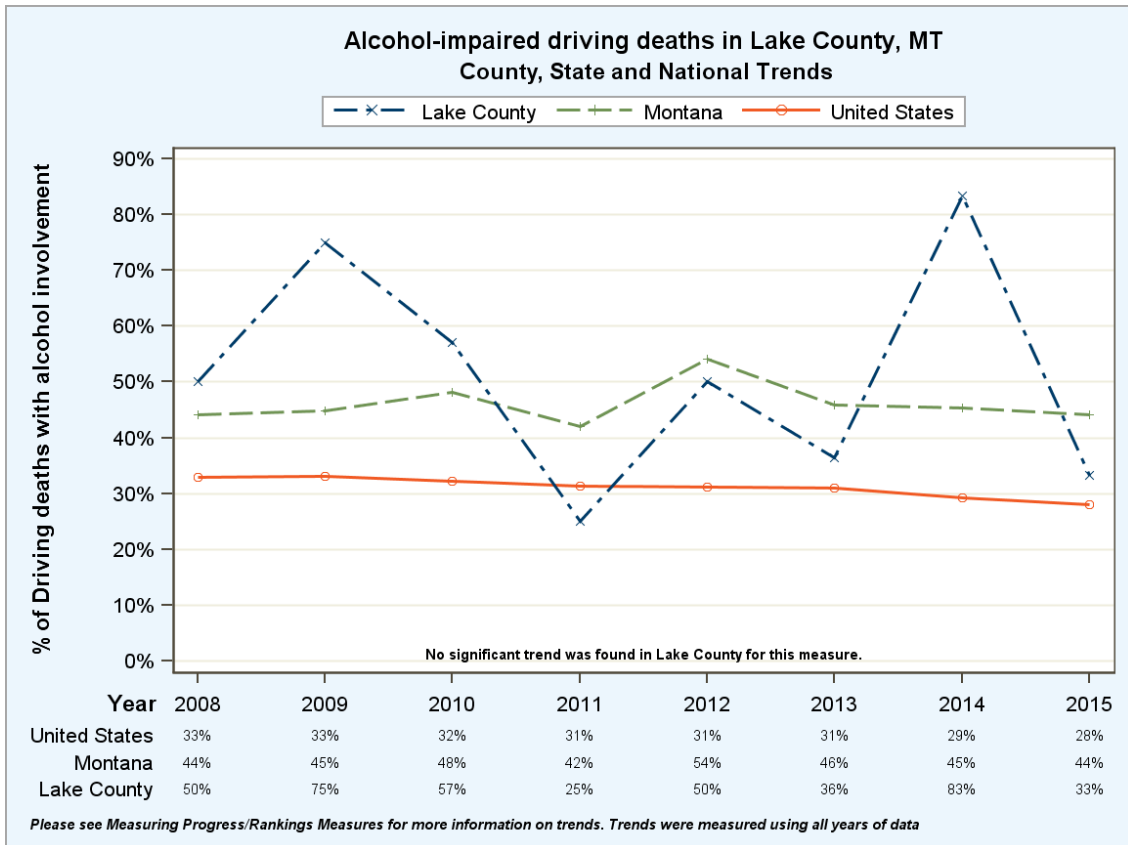
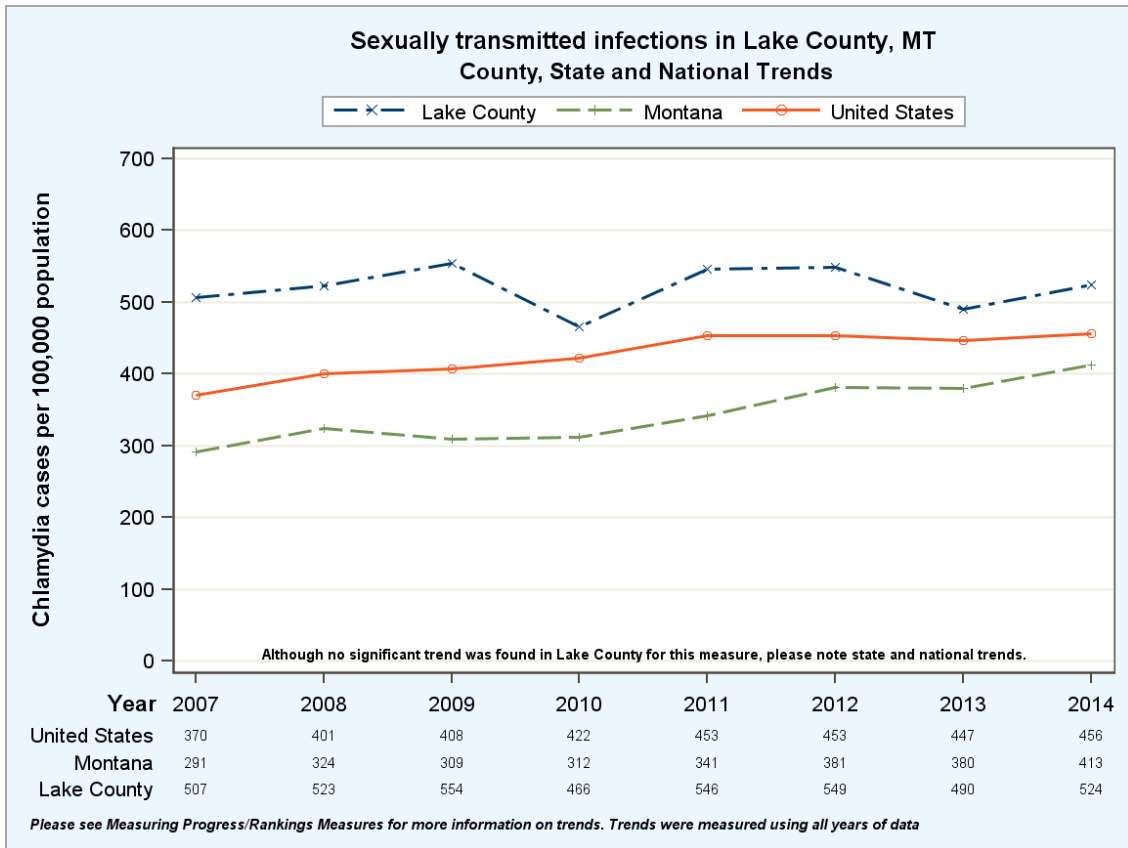




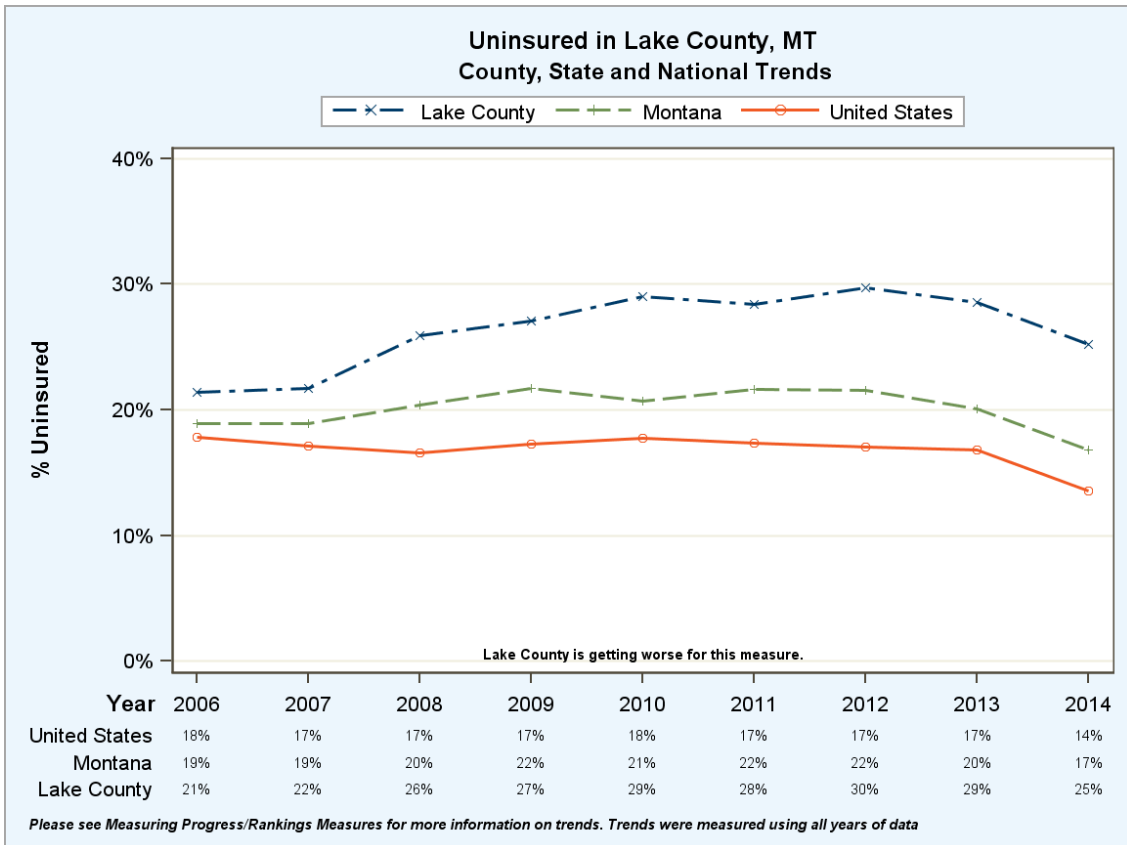
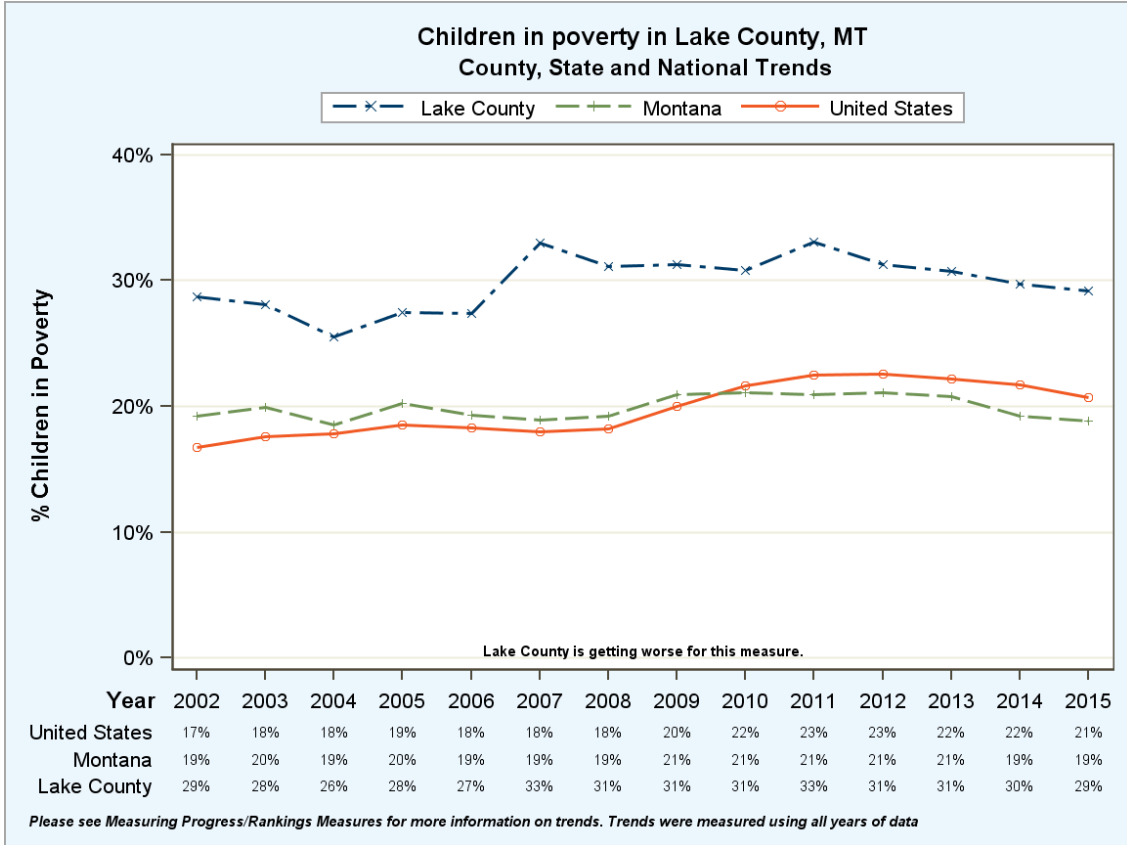
## County Health Rankings: Selected Trend Graphs



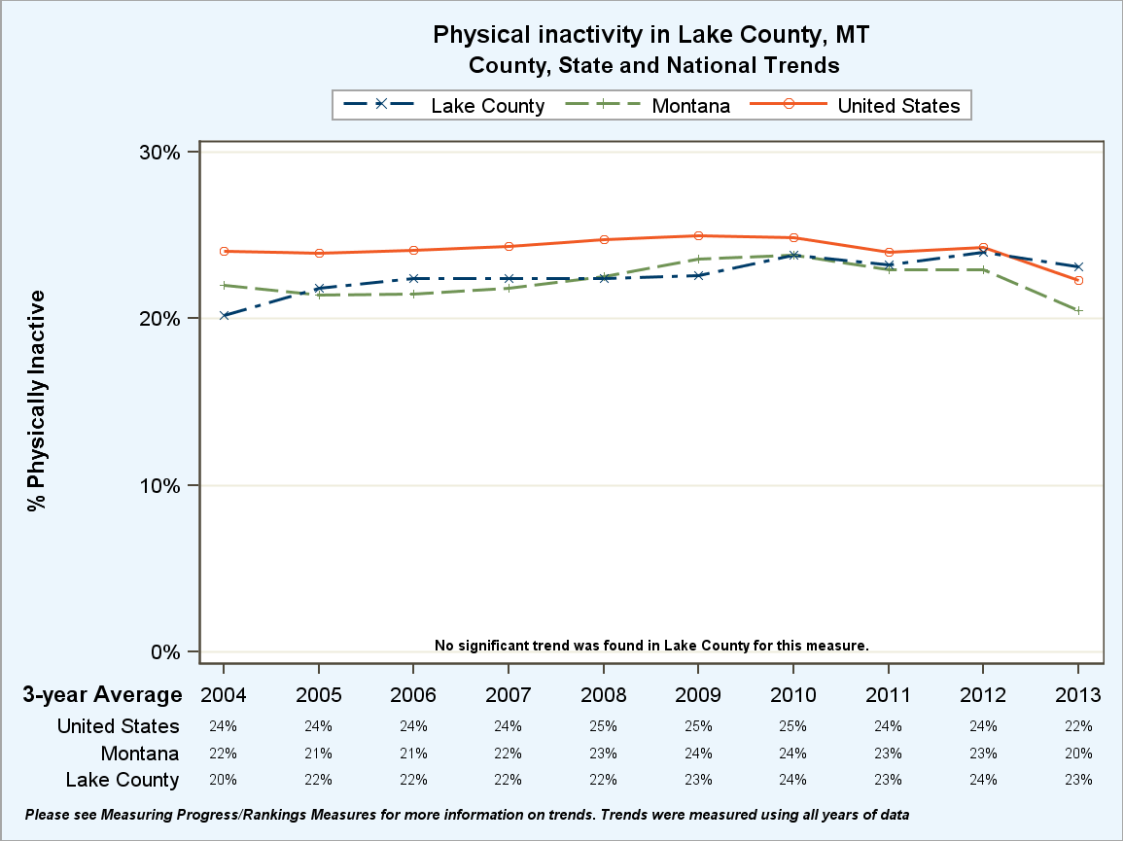
## County Health Rankings: Selected Trend Graphs



## County Health Rankings: Selected Trend Graphs



# County Health Rankings: Selected Trend Graphs



## Appendix II – Partners in the Community Health Needs Assessment

### Community participants in 2017 CHNA

Name	Title	Organization/sector
Brody Moll	Member	Retired/community
Caroline McDonald	Manager	Wrapped in Hope/early childhood
Caryl Cox	Member	Retired
<b>Gale Decker</b>	Commissioner	Lake County
Jim Manley	Judge	Lake County District
Tracie McDonald	Dean of students	Salish Kootenai College/education
Vincent River	Psychologist	Private practice/mental health
Tammy Walston	Manager	Lake County Council on Aging
Rich Forbis	Community outreach coordinator	Providence St. Joseph Medical Center
Landon Godfrey	Director	Providence St. Joseph Medical Center
Shiloh McCreedy	Social worker	Providence St. Joseph Medical Center
John Payne	Pastor	Providence St. Joseph Medical Center
Erin Rumelhart	Director	Providence St. Joseph Medical Center
Adam Smith	Physician	Providence St. Joseph Medical Center
William Beck	Physician	Providence St. Joseph Medical Center
Karen Myers	Director	Providence St. Patrick Hospital
James Kiser	President	Providence St. Joseph Medical Center
Merry Hutton	Director	Providence St. Patrick Hospital

Name	Title	Organization/sector
Anna Whiting Sorrell	Director	CSKT Tribal Health
Kourtnie Gopher	Dental clinic	CSKT Tribal Health
Gloria Quiver	Lead patient advocate	CSKT Tribal Health
Leslie Caye	Community health	CSKT Tribal Health
Shonda Bolen	Human resources	CSKT Tribal Health
Clint Hoxie	Provider/optical	CSKT Tribal Health
Jackie Pierre	Dental clinic	CSKT Tribal Health
Aaron Sparks	Staff	CSKT Tribal Health
Renee' Running Rabbit	Licensed addiction counselor	CSKT Tribal Health
Raeleen Whitesell	Optical technician	CSKT Tribal Health
Emily Colomeda	Director	Lake County Health Department
DeeAnn Richardson	Director	Safe Harbor Domestic Violence Shelter
Rose Marie Smith	Volunteer	Polson Loaves and Fishes Food Pantry
Ben Woods	Undersheriff	Lake County Sheriff's Office
Bryan River	Staff	Polson Loaves and Fishes Food Pantry
Dan Saloman	Representative	State Senate District 47
Whitney Danz	Program manager	DHRD Project Launch
Aric Cooksley	Executive director	Boys and Girls Club

## **Appendix III – Community Health Improvement Plan**

When completed in March 2018, the CHIP will be attached in this appendix.



# Community Health Improvement Plan: 2017-2019

**Providence St. Patrick Hospital**  
Missoula, Montana

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## Executive summary

### 2017-2019 Community Health Improvement Plan

#### Creating healthier communities, together

As health care continues to evolve and systems of care become more complex, Providence is responding with dedication to its Mission and a core strategy to *create healthier communities, together*. Partnering with many community organizations, we are committed to addressing the most pressing health needs in our community. Providence is part of a much larger community partnership, which includes hospitals, social service agencies and other health care providers to produce a shared county needs assessment.

### Summary of prioritized needs and associated action plans

#### Social Determinates of Health and Well-being

- Affordable housing
- Climate Change/Wildfire Impact
- Homelessness
- Food Insecurity
- Obesity Prevention (youth and adult)

#### Mental Health

- Suicide Prevention
- Access to mental health services for youth and adults

#### Access to Care

- Primary Care
- Trauma/adverse experience prevention

#### Substance Abuse

- Substance Abuse Treatment
- Prevention

## Introduction

### CREATING HEALTHIER COMMUNITIES, TOGETHER

As health care continues to evolve, Providence is responding with dedication to its Mission and a core strategy to *create healthier communities, together*. Partnering with others of goodwill, we conduct a formal community health needs assessment to learn about the greatest needs and assets from the perspective of some of the most marginalized groups of people in communities we serve. This assessment helps us develop collaborative solutions to fulfill unmet needs while continuing to strengthen local resources. It guides our community benefit investments, not only for our own programs but also for many partners, toward improving the health of entire populations. Through strategic programs and donations, health education, charity care, medical research and more, Providence Health & Services provided \$1.6 billion in community benefit across Alaska, California, Montana, Oregon, Texas and Washington during 2017.

### Serving Montana

The Montana service area of Providence Health & Services, the third largest not-for-profit health system in the United States. During 2017, our region provided over \$19 million in community benefit in response to unmet needs and improve the health and well-being of those we serve in Western Montana. Our region includes:

- One Providence hospital in Missoula County recognized nationally for quality care
  - One critical access hospital in Lake County
  - Providence Medical Group: a network of primary care and urgent care, and specialty physicians located in clinics throughout western Montana.
  - One joint venture home health provider:
    - Partners in Home Care
-

## **About us**

Providence Health & Services is a not-for-profit Catholic health care ministry committed to providing for the needs of the communities it serves – especially for those who are poor and vulnerable. Providence's combined scope of services includes 34 hospitals, 475 physician clinics, senior services, supportive housing and many other health and educational services. The health system and its affiliates employs more than 76,000 people across five states – Alaska, California, Montana, Oregon, Texas and Washington – with its system office located in Renton, Washington. Our community health activities are rooted in the charitable work the Sisters of Providence started nearly 160 years ago when they answered a call for help from a new pioneer community in the West.

### **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.

### **Vision**

Health for a Better World

### **Our Promise**

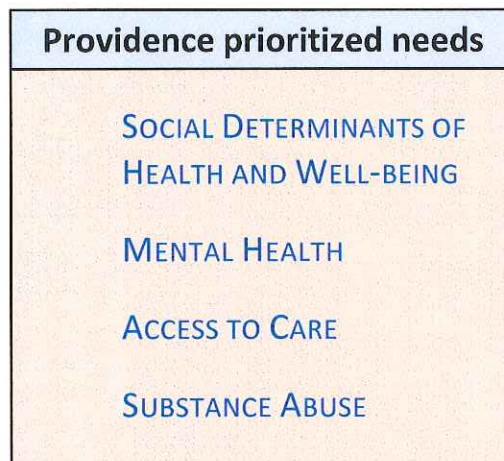
"Know me, Care for me, Ease my way."

### **Values**

Compassion, Dignity, Justice, Excellence, Integrity

## Purpose of this plan

In 2017, Providence St. Patrick Hospital conducted a community health needs assessment. This community health improvement plan is designed to address key health needs identified in that assessment. The prioritized needs were chosen based on community health data and identifiable gaps in available care and services. In the course of our collaborative work, we determined that emphasis on these needs would have the greatest impact on the community's overall health with significant opportunities for collaboration. These are:



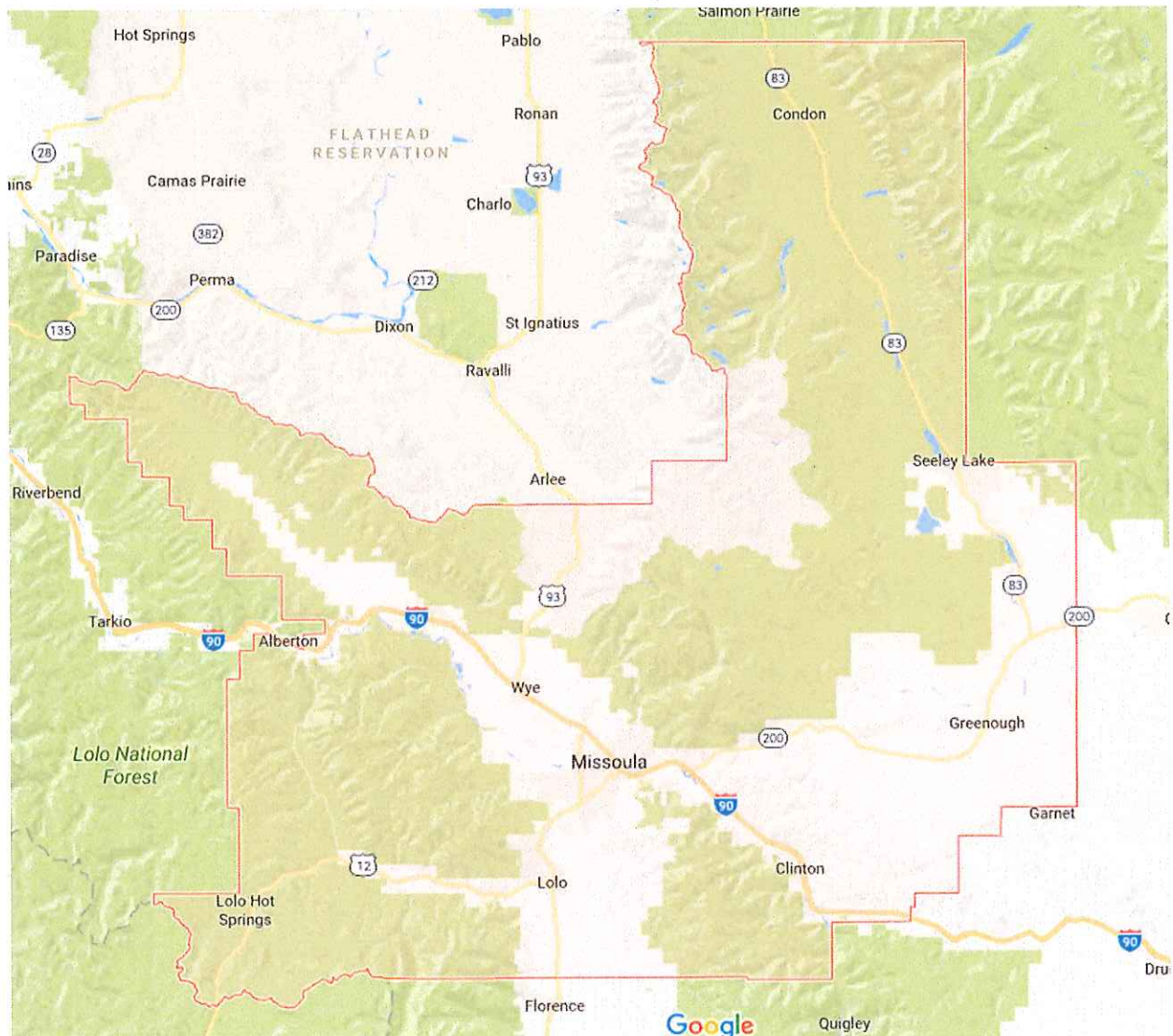
### Our overall goal for this plan

As we work to create healthier communities, together, the goal of this improvement plan is to measurably improve the health of individuals and families living in the areas served by Providence St. Patrick Hospital. The plan's target population includes the community as a whole, and specific population groups including minorities and other underserved demographics.

This plan includes components of education, prevention, disease management and treatment, and features collaboration with other agencies, services and care providers. It will be facilitated by the hospital, through our mission services with assistance from key staff in various departments, community collaborative partners.

This plan is intended to serve as a guiding document for community investment, community building and development, and community health efforts through 2019. It will be reviewed and updated annually or as needed to recognize new partners, initiatives, and metrics as they are available, and to align with other strategic documents for both the hospital and other partners. Importantly, this plan is not intended to be an exhaustive inventory of all of Providence's efforts to address these needs. Rather, this document highlights those efforts that are measurable and community based.

## Community Profile



Missoula County covers an area of roughly 2,600 square miles in western Montana. The county is mountainous, with more than 1,975 miles of rivers and streams and five valleys that sit about 3,200 feet above sea level. The area is home to abundant wildlife. The first inhabitants of the Missoula area were American Indians from the Salish tribe. The first white settlement was established in 1860. (Missoula County Community and Planning Services).

The socio-cultural environment of Missoula County is predominantly white Anglo-Saxon with representation of American Indian, Eastern European, and Hmong cultures. Missoula County does include a small area of the Flathead Reservation, home of the Confederated Salish and Kootenai Tribes. However, that area is sparsely populated, and the county's American Indian population is primarily urban and living in or near the city of Missoula. The urban Indian population is made up of many tribes, most of whom are

still connected with their home reservations. The Hmong community settled in the county in one main wave of immigration in the 1970s. The Eastern European community comes primarily from immigrants from Belarus, who arrived in the 1980s. Both immigrant groups maintain their language and cultural traditions. (Missoula County Rural Initiatives)

The presence of the University of Montana, as an educational institution and as an employer, means that the city of Missoula in particular is focused on education. The University of Montana is a four-year, mostly non-residential university with graduate programs. UM spring 2017 enrollment stood at 11,615. Missoula is also home to Missoula College, which offers 40 technical and occupational programs; enrollment in Missoula College is 1,609 students<sup>1</sup>.

## POPULATION AND AGE DEMOGRAPHICS

Total population of Missoula County is 116,130, with an annual growth rate of about 1.88 percent in 2016. The American Community Survey 2011-2015 five-year estimates of the population comprised:

- 20% percent youth (0-17 years)
- 30% percent young adults (18-34 years)
- 37% percent older adults (35-64 years)
- 13% percent seniors (65 years and older)

## ETHNICITY

Among Missoula residents in the ACS five-year estimates, 92% were White, 1.25% Asian, 3% were Hispanic or Latino, 3% were Alaska Native or American Indian, <1% were African American or Black, <1% were Native Hawaiian or other Pacific Islander, and 3% were of two or more races.

## INCOME LEVELS AND HOUSING

In the 2011-2015 ACS five-year estimates, the median household income for Missoula County was \$65,463, and the unemployment rate was 3.8%<sup>2</sup>. Missoula County's median household income is 6.6% higher than Montana's median household income, and less than 1% lower than the national median household income.

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<sup>1</sup> Bauer, T. (2017, March 2). University of Montana enrollment drops, but officials optimistic. *Missoulian* [Missoula]. Retrieved from <http://missoulian.com>

<sup>2</sup> US Department of Labor, Bureau of Labor Statistics. 2017 - June

Despite the median household income being on par with the national average, housing is an ongoing challenge due to high costs. 37% of households in Missoula County are designated as “cost-burdened” for housing costs, defined as than 30% of income going toward housing costs.

#### HEALTH CARE AND COVERAGE

The share of Missoula County residents (under age 65) who are uninsured was 12% based on the 2015 U.S. Census Small Area Health Insurance Estimates, down from 19% in 2013 before the Affordable Care Act Health Insurance Marketplaces went into full effect. Both Missoula County’s and Montana’s uninsured rates are higher than the national rate of 13%.

Montana’s expanded Medicaid program went into effect in 2016, which has served to further reduce the uninsured rate. As of June 2017, enrollment in Medicaid and CHIP in Montana was 73% higher than in 2013 (Medicaid.gov).

While Missoula County’s rate of Primary Care Physicians (PCPs) per 100,000 is much higher than the state and national averages (107 vs. 82 and 88, respectively), a large percentage of Missoulians self-report to lack a consistent source of primary care, at 30%.

#### HEALTH AND WELLBEING

In Missoula County, 35% people over age 20 self-report to be overweight and 22% self-report to be obese. These rates are slightly lower than the national averages of 36% and 28%, respectively. Historically, Montana’s rate of obesity is lower than the national average, ranking the fourth lowest.

Missoulians self-report lower rates of having fair or poor general health as compared to the state and national rates, with 11% of residents of Missoula County reporting “fair” or “poor” general health, as compared to rates of 14% and 16% at the state and national levels, respectively.

While physical health measures are typically positive for this region, Western Montana faces many challenges related to mental health, substance abuse and suicide. Access to mental health services is difficult due to many Montanans living in rural areas, often at great distances from population centers. The average Montanan’s income is lower than the national average, making mental health treatment a luxury for many people, rather than a part of basic, comprehensive health care. In Western Montana’s poorest counties, more than half of household incomes are below 200% of the federal poverty guidelines. A person living in poverty has increased risk of

mental illness and suicide attempts<sup>3</sup>, creating a dire cycle of those who most need mental health treatment being the least able to access it.

These factors, combined with a regional culture that places high value on gun ownership for hunting and self-defense, means that most Montanans have ready access to the most lethal means of suicide: guns. The Violence Policy Center reports that higher rates of gun ownership correlates with higher rates of suicide<sup>4</sup>. As a result, Montana's suicide rate consistently ranks in the top three states, and is nearly double the national average.

Drug and alcohol abuse present another significant challenge to Montanans. Low incomes and mental illness correlate to substance abuse and related deaths. Western Montana's rate of heavy alcohol use and death by drug overdose are both higher than the national average; similar to access to mental health services, however, access to substance treatment is insufficient, particularly for people who are uninsured or covered through state programs.

The findings of the most recent community health needs assessment for the Western Montana service area confirms these challenges. Lack of access to services is partially due to financial pressures faced by mental health providers related to reimbursement rates, including:

- Payment models that restrict reimbursement to the provision of specific services
- Workforce shortages that prevent them from meeting licensing requirements or providing services
- Lack of psychiatrists and other prescribers

While treatment for mental illness and substance disorders is challenging in general in Western Montana, there is a particular dearth of services for the youngest Montanans. Access to both outpatient and inpatient services for adolescents ages 12-18 is insufficient. Even fewer providers and services treat children younger than age 12, despite many children in Montana needing psychiatric care. This results in the youngest, most vulnerable Montanans receiving treatment

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<sup>3</sup> Author Unknown. (2015). Poverty, Mental Illness and Suicide Linked. *Psych Central*. Retrieved on December 19, 2016, from <http://psychcentral.com/news/2011/04/04/poor-mental-illness-and-suicide-linked/25013.html>

<sup>4</sup> Violence Policy Center. (n.d.). Guns and Suicide. Retrieved December 19, 2016, from <https://www.vpc.org/revealing-the-impacts-of-gun-violence/suicide/>



only once a crisis stage has been reached, and often in care settings that provide no therapeutic support, such as a hospital's general medical unit.

**PRIORITY HEALTH NEED: #1**

**Mental Health**

This section outlines Providence’s plan to address unmet mental health needs in our community with measurable and achievable goal(s) over a three-year period.

**Community needs addressed**

- Suicide prevention and community education for adults and youth
- Access to crisis and restorative mental health services for adults and youth

**Goal(s)**

- Improve access to timely and affordable acute and ambulatory mental health treatment for community members
- Reduce the number of suicides attempted and completed
- Reduce the stigma of mental illness

**Objective(s)**

- Improve the integration of mental health services into primary care settings
- Improve the community response to individuals in mental health crisis

**Action plan and proposed measurement**

Action Plan	Proposed Measurement
Conduct community trainings for QPR (Question, Persuade, Refer), CIT (crisis intervention training), adult mental health first aid and youth mental health first aid.	Number of community members trained; including law enforcement and mental and physical health providers.
Increase telepsychiatry services and ensure that all primary care practices have licensed therapist co-located within.	Number of telepsychiatry services/visits provided.  % of primary care patients screened for depression and/or anxiety.  Pre-post decrease in average PHQ-9 score of patients who complete therapy plan.
Collaborate with and support area schools on implementation of mental health and substance use education and prevention.	Number of students to complete program and provide support to pilot appropriate school based intervention(s).

Increase post discharge linkages to community resources from acute (hospitalization, emergency department) care settings.	Phone call follow up post discharge (inpatient and ED) and community resource support for individuals will be increased. 100% of all PACT team patients will have phone call followup back to the WMMHC team on presentation in the ED/IP.
Increase the capacity of the youth diversion program to meet the needs of youth in crisis.	Number of children and families to access the service.
Collaborate with and support community partners such as Project Tomorrow to reduce suicides.	Implementation of community wide stigma reduction campaign.
Train targeted SPH staff to recognize the signs of human trafficking and how to appropriately refer to community resources.	100% of targeted staff will complete healthstream training.

**Partners in collaboration**

Western Montana Mental Health Center, Missoula City/County Health Department, Law Enforcement, Project Tomorrow Suicide Prevention Collaborative, Missoula County schools, University of Montana, United Way of Missoula County, Partnership Health Center, Community Medical Center, Western Montana Clinic, NAMI (National Alliance of Mental Illness), State of Montana-Addictive and Mental Disorders Division, Providence Medical Group, Western Service Area Authority, Winds of Change Mental Health Services, Three Rivers Mental Health Services

## PRIORITY HEALTH NEED: #2

### Social Determinants of Health

This section outlines Providence’s plan to address unmet social determinants of health and well-being needs in our community with measurable and achievable goals over a three-year period.

#### Community needs addressed

- Affordable Housing
- Homelessness
- Obesity Prevention
- Climate change/Impact of wildfires
- Food insecurity

#### Goal(s)

- Through community partnerships we will strive to enhance the physical and social environment(s) that will increase the health and well being our community.

#### Objectives

- Increase access to healthy and affordable food options
- Reduce rates of obesity in children and adults
- Reduce the burden of homelessness to improve health outcomes for this population
- Improve access to safe, supportive and affordable housing
- Reduce the burden of climate change and wildfire smoke

#### Action plan & Proposed Measurement

Action Plan	Measurement
Collaborate with stakeholder agencies to address the lack of affordable housing; including the availability of supportive housing for frequent utilizers of systems. Engage in expert to expert collaboration amongst community wide efforts such as Housing as Healthcare, Invest Health and Coordinated Entry System.	Complete community wide housing resource assessment.  Assess options for data sharing and outcome measurement across service sectors
Collaborate with Homeless Shelter and other primary care providers to address over utilization of acute and emergency services by homeless or housing insecure residents.	Reduced acute hospitalizations and emergency room visits.

Partner with other agencies to implement obesity prevention activities throughout community.	Reduced rates of obesity and diabetes in adults and children through structured activity based programs such as CATCH.  Increase walkable spaces in the community through trails, sidewalks and wayfinding.
Increase access to healthier food through community partnerships such as Garden City Harvest, Missoula Food Bank	Number of residents accessing fresh food prescriptions, SNAP, community gardens will increase.
Partner with Climate Smart Missoula, City of Missoula and others to advance the community wide goal of “Zero Waste”	Continue to support and enhance Providence’s Green for Good program to advance this community wide goal.  Collaborate with and provide support to Climate smart Missoula to reduce the burden of wildfire smoke through the distribution of Hepa filters for vulnerable populations.
Collaborate and support programs that meet the unique health and well being needs of children who experience neglect and maltreatment.	Number of children served in FirstSTEP program with strong linkages to follow up support. Assess the opportunity to join the CONNECT online Referral System
Address Housing insecurity for kids who age out of foster care.	Participate on Coordinated Entry System Participate on four ‘mini connects’ which is a community wide event to support homeless individuals in areas of housing, employment, & access to care.

**Partners in Collaboration**

Montana Healthcare Foundation, City of Missoula, Housing Authority, Missoula Parks and Recreation, Partnership Health Center, Missoula Food Bank, Missoula City County Health Department, United Way, Community Food and Agriculture Coalition of Missoula County, Missoula County

## **PRIORITY HEALTH NEED: #3**

### **Access to Care**

This section outlines Providence’s plan to address unmet access to healthcare services in our community with measurable and achievable goals over a three-year period.

#### **Community needs addressed**

- Access to community resources
- Enrollment and utilization of health care insurance and services
- Chronic disease burden will be reduced, particularly within communities of color

#### **Goal(s)**

- Improve the experience of vulnerable populations in accessing healthcare services

#### **Objectives**

- Increase knowledge of and access to community resources
- Increase enrollment and utilization of health care insurance
- Increase awareness about primary care services available

#### **Action plan**

<b>Action Plan</b>	<b>Measurement</b>
Collaborate with agencies such as Missoula Aging Services and Human Resource Council to increase community knowledge of resources.	Number of residents who call the 211 system or the resource center to find support.
Provide enrollment assistance for community members for health insurance; including MCD, part D, Disability and ACA	Number of residents receiving enrollment assistance. Uninsured rate in county is reduced.
Provide access to low cost medication through the Medication Assistance Program.	Number of patients with chronic conditions served.
Expand Express Care into Missoula County	Site is open and number of patients served

#### **Partners in collaboration**

Montana Medicaid, Cover Montana, Human Resource Council, Missoula Aging Services, Missoula Indian Services, YWCA, Partnership Health Center, Missoula County, Providence Medical Group.

PRIORITY HEALTH NEED: #4

**Substance Abuse**

This section outlines Providence’s plan to address unmet substance abuse needs in our community with measurable and achievable goals over a three-year period.

**Community needs addressed**

- Limited access to substance use treatment and support services for youth and adults.
- Limited or lack of knowledge for substance abuse services

**Goal(s)**

- Provide community with access to substance abuse treatment and support services to achieve optimal health and recovery.

**Objectives**

- Increase awareness to existing substance abuse treatment and support services
- Increase awareness of and access to prevention programs

**Action plan**

Action Plan	Measurement
Collaborate with Recovery Center/addiction services to promote treatment and support services.	Increased number of persons served at the Western Montana addiction services.
Promote the Missoula Forum for Youth to increase substance abuse/use education in the community	Number of school age children completing education programs.
Implement Eat, Sleep and Console program in SPH Family Maternity Center.	Number of women and infants provided support and treatment for substance use.

**Partners in collaboration**

Western Montana Addiction Services/Western Montana Mental Health Services, Missoula Forum for Youth, MUSAP (), Alanon, Missoula Neonatal Abstinence Syndrom Coalition, Partnership Health Center

## Healthier Communities Together

As outlined , Providence is working to address each of the identified needs in a variety of ways over the next three years. That said, it is important to note that some of this work will be completed in more indirect ways than others. To address needs in specific neighborhoods, we will seek out opportunities to support local jurisdictions and community organizations focused on access to safe parks, pedestrian and bicycle friendly transportation, and other components of the built environment that lead to improved health outcomes.

Improving community health requires collaboration across community stakeholders. This plan will be reviewed and updated over the next three years to ensure alignment with other community plans and Providence strategic priorities. Below is a list of community partners engaged in the development of the community health improvement plan.

Missoula County Health Department

Missoula Urban Indian Center

University of Montana (Rural Institute on Disabilities, Neural Injury Center, Department of Counselor Education, Sociology Department)

Partnership Health Center

Missoula Aging Services

Neighborworks Montana

Missoula Housing Authority

Missoula Economic Partnership

Community Medical Center

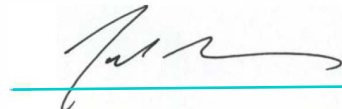


## Plan approval



Joey Dombrowski, MHA, RN, CENP, CPH  
Chief Executive, Western Montana Service Area

This plan was adopted on May 8, 2018



Joel Gilbertson  
Senior Vice President, Community Partnerships, Providence Health and Services

CHNA/CHIP contact:

Merry Hutton  
Regional Director Community Benefit and Care Transitions  
500 West Broadway  
Missoula, MT 59802