

# Sanders County, Montana

## Frontier Medicine Better Health Partnership Community Health Needs Assessment Report

Survey conducted by:  
Clark Fork Valley Hospital  
Plains, Montana

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

June 2014



*Innovating  
Healthcare  
Delivery*



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RURAL HEALTH  
RESOURCE CENTER**



**Clark Fork Valley Hospital**  
**Community Health Services Development**  
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**Clark Fork Valley Hospital  
Community Survey & Focus Groups  
Summary Report  
June 2014**

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**I. Introduction**

Clark Fork Valley Hospital is a 16-bed Critical Access Hospital based in Plains, Montana and is a public non-profit organization. Clark Fork Valley Hospital has a service area of just over twenty seven hundred square miles and provides medical services to the Sanders County population of approximately 11,034 people. Clark Fork Valley Hospital participated in a Community Health Needs Assessment (CHNA) conducted by the Montana Office of Rural Health and the National Rural Health Resource Center (NRHRC) in Duluth, Minnesota. The CHNA was funded by the Frontier Medicine Better Health Partnership (FMBHP) Project. Community involvement in steering committee meetings and focus groups enhance community engagement in the assessment process.

In the spring of 2014, Clark Fork Valley Hospital's service area was surveyed about its healthcare system. This report shows the results of the survey in both narrative and chart formats. A copy of the survey instrument is included at the end of this report (Appendix D). Readers are invited to familiarize themselves with the survey instrument and the subsequent findings. The narrative report touches on the highlights while the charts present data for virtually every question asked. Please note: we are able to compare some of the 2014 survey data with data from previous surveys conducted in 2011 and 2007. If any statistical significance exists, it will be reported. The significance level was set at 0.05.

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**II. Health Assessment Process**

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

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**III. Survey Methodology**

**Survey Instrument**

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

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

## **Sampling**

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

Additionally, two focus groups and one key informant group interview were held to identify the motives of local residents when selecting healthcare providers and to discover reasons why people may leave the Plains area to seek healthcare services. It was intended that this research would help determine the awareness of local programs and services, as well as the level of satisfaction with local services, providers, and facilities.

## **Information Gaps**

### **Data**

It is a difficult task to define the health of rural and frontier communities in Montana due to the large geographic size, economic and environmental diversity, and low population density. Obtaining reliable, localized health status indicators for rural communities continues to be a challenge in Montana.

There are many standard health indices used to rank and monitor health in an urban setting that do not translate as accurately in rural and frontier areas. In the absence of sufficient health indices for rural and frontier communities in Montana, utilizing what is available is done with an understanding of access to care in rural and frontier Montana communities and barriers of disease surveillance in this setting.

The low population density of rural and frontier communities require regional reporting of many major health indices including chronic disease burden and behavior health indices. The Montana BRFSS [Behavioral Risk Factor Surveillance System], through a cooperative agreement with the Center for Disease Control (CDC), is used to identify regional trends in health-related behaviors. The fact that many health indices for rural and frontier counties are reported regionally makes it impossible to set the target population aside from the five more-developed Montana counties.

### **Limitations in Survey Methodology**

A common approach to survey research is the mailed survey. However, this approach is not without limitations. There is always the concern of non-response as it may affect the representativeness of the sample, thus a mixture of different data collection methodologies is recommended. Conducting community focus groups and key informant interviews in addition to the random sample survey allows for a more robust sample and, ultimately, these efforts help to increase the community response rate. Partnering with local community organizations such as

public health, community health centers, and senior centers, just to name a few, helps to reach segments of the population that might not otherwise respond to a survey or attend a focus group.

### Survey Implementation

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

One hundred ninety-seven surveys were returned out of 800. Of those 800 surveys, 42 were returned undeliverable for a 26% response rate. From this point on, the total number of surveys will be out of 758. Based upon the sample size, we can be 95% confident that the responses to the survey questions are representative of the service area population, plus or minus 6.01%.

### IV. Survey Respondent Demographics

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A total of 758 surveys were distributed amongst Clark Fork Valley Hospital’s service area. One hundred and ninety-seven were completed for a 26% response rate. The following tables indicate the demographic characteristics of the survey respondents. Information on location, gender, age, and employment is included. Percentages indicated on the tables and graphs are based upon the total number of responses for each individual question, as some respondents did not answer all questions.

#### Place of Residence (Question 32)

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

		2007		2011		2014	
Area	Zip code	Count	Percent	Count	Percent	Count	Percent
<b>Plains</b>	59859	<b>90</b>	<b>44.6%</b>	<b>73</b>	<b>38.4%</b>	<b>78</b>	<b>39.8%</b>
<b>Thompson Falls</b>	59873	<b>50</b>	<b>24.8%</b>	<b>60</b>	<b>31.6%</b>	<b>67</b>	<b>34.0%</b>
<b>Hot Springs</b>	59845	<b>30</b>	<b>14.8%</b>	<b>25</b>	<b>13.2%</b>	<b>16</b>	<b>8.1%</b>
<b>Trout Creek</b>	59874	10	4.9%	16	8.4%	<b>16</b>	<b>8.1%</b>
Paradise	59856	Not Asked in 2007		6	3.2%	6	3.0%
St. Regis	59866	3	1.5%	2	1.0%	4	2.0%
Superior	59872	3	1.5%	3	1.6%	4	2.0%
Noxon	59853	1	0.5%	3	1.6%	3	1.5%
Heron	59844	2	1.0%	2	1.0%	2	1.0%
Other		1	0.5%	0	0	1	0.5%
<b>TOTAL</b>		<b>N/A*</b>	<b>N/A*</b>	<b>190</b>	<b>100%</b>	<b>197</b>	<b>100%</b>

\*In 2007, Paradise was not a survey option. Therefore, the 2007 values in the table above do not total 100%.

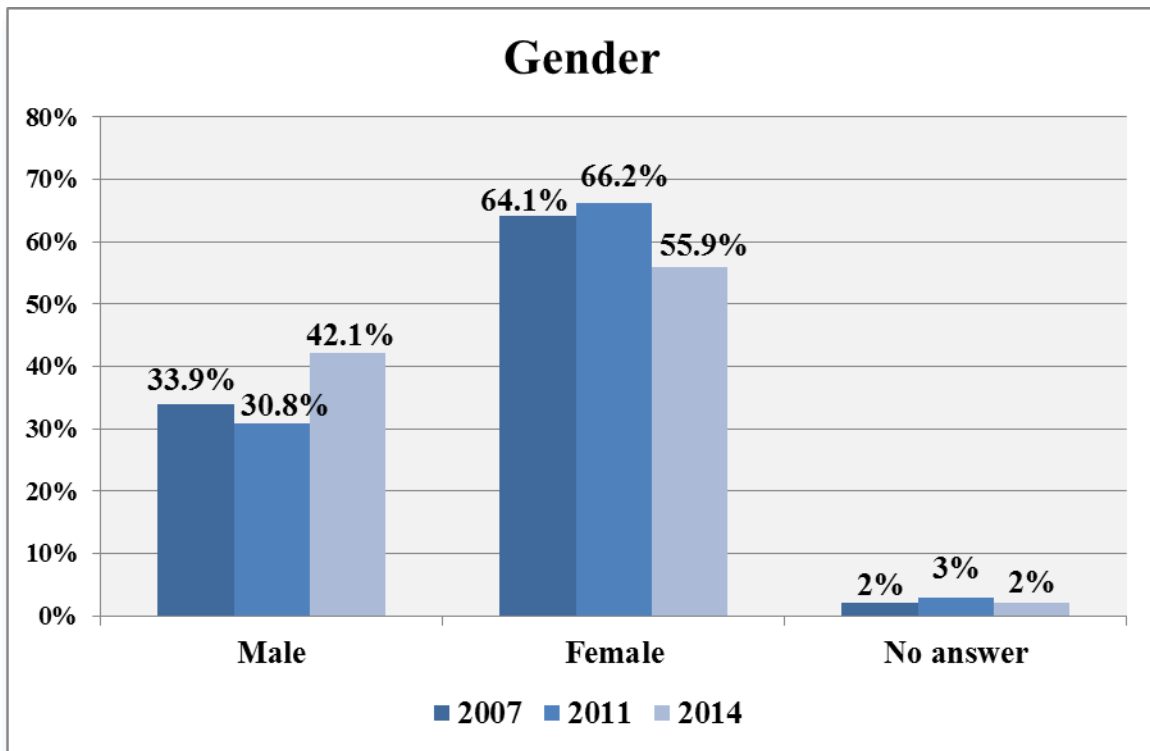
### Gender (Question 33)

2014 N= 197

2011 N= 195

2007 N= 192

Of the 197 surveys returned, 55.9% (n=110) of survey respondents were female, 42.1% (n=83) were male, and 2% (n=4) chose not to answer this question. The survey was distributed to a random sample consisting of 50% women and 50% men. It is not unusual for survey respondents to be predominantly female, particularly when the survey is healthcare-oriented since women are frequently the healthcare decision makers for families.





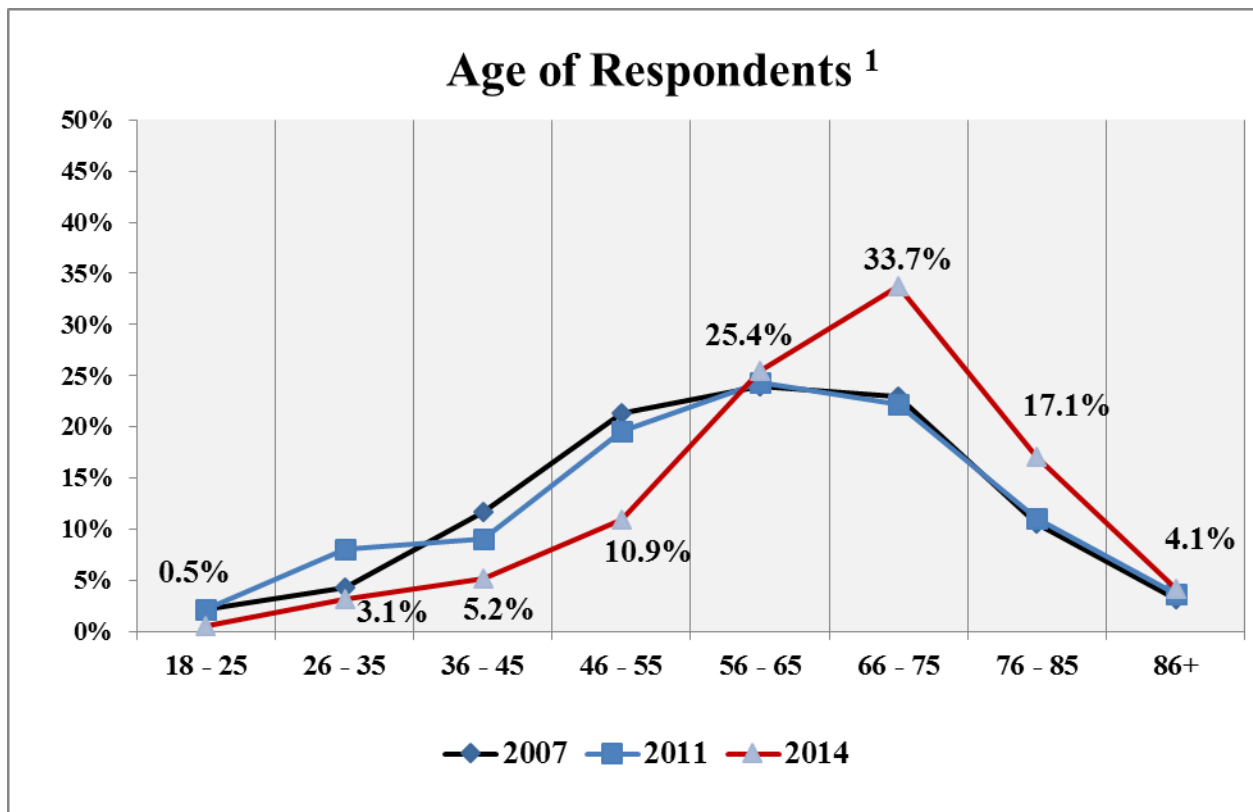
### Age of Respondents (Question 34)

2014 N= 193

2011 N= 189

2007 N= 188

Thirty-four percent of respondents (n=65) were between the ages of 66-75. Twenty-five percent of respondents (n=49) were between the ages of 56-65 and 17.1% of respondents (n=33) were between the ages of 76-85. This statistic is comparable to other Critical Access Hospital (CAH) demographics. The increasing percentage of aging residents in rural communities is a trend which is seen throughout Montana and will likely have a significant impact on the need for healthcare services during the next 10-20 years. However, it is important to note that the survey was targeted to adults and therefore, no respondents are under age 18. Older residents are also more invested in healthcare decision making and therefore, are more likely to respond to healthcare surveys, as reflected by this graph.



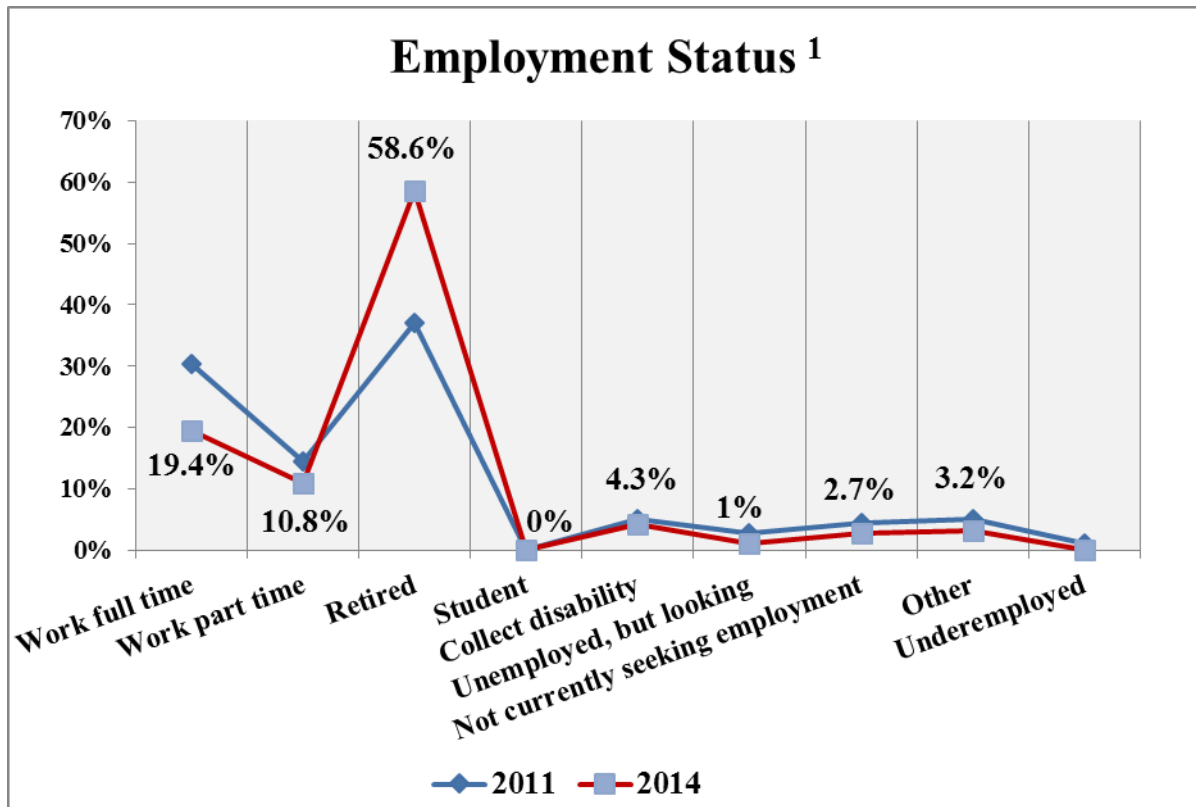
<sup>1</sup> Respondents in 2014 were more likely to be over age 65.

### Employment Status (Question 35)

2014 N= 186

2011 N= 181

Fifty-nine percent (n=109) of respondents reported being retired while 19.4% (n=36) work full time. Eleven percent of respondents (n=20) indicated they work part time. Respondents could check all that apply so percentages do not equal 100%. Eleven respondents chose not to answer this question.



<sup>1</sup> In 2014, respondents were more likely to be retired than in 2011.

“Other” comments:

- Housewife
- Disabled Veteran
- Rancher/Farmer

## V. Survey Findings – Community Health

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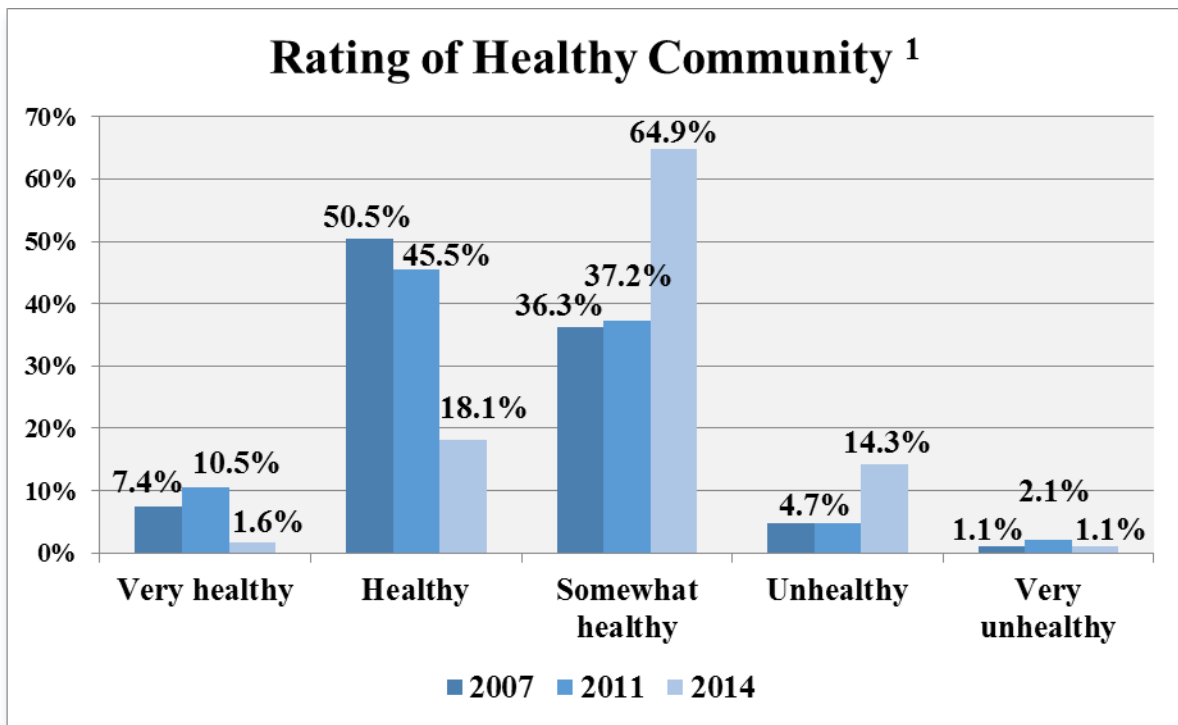
### Impression of Community (Question 1)

2014 N= 182

2011 N= 191

2007 N= 190

Respondents were asked to indicate how they would rate the general health of their community. Sixty-five percent of respondents (n=118) rated their community as “Somewhat healthy.” Eighteen percent of respondents (n=33) felt their community was “Healthy” and 14.3% (n=26) felt their community was “Unhealthy.” Fifteen respondents chose not to respond to this question.



<sup>1</sup> There has been a significant decrease in the number of respondents who rated the health of the community as very healthy or healthy (2014: 19.7%; 2011: 46.0%; 2007: 57.9%)

## Health Concerns for Community (Question 2)

2014 N= 197

2011 N= 195

2007 N= 192

Respondents were asked what they felt the three most serious health concerns were in their community. The number one health concern identified by respondents was “Alcohol abuse/substance abuse” at 62.9% (n=124). “Cancer” was also a high priority at 39.1% (n=77) then “Overweight/obesity” at 37.6% (n=74). Respondents were asked to pick their top three serious health concerns so percentages do not equal 100%.

Health Concern	2007		2011		2014	
	Count	Percent	Count	Percent	Count	Percent
Alcohol abuse/substance abuse	122	63.5%	128	65.6%	124	62.9%
Cancer	81	42.2%	83	42.6%	77	39.1%
Overweight/obesity <sup>1</sup>	47	24.5%	55	28.2%	74	37.6%
Heart Disease	46	24.0%	38	19.5%	37	18.8%
Lack of access to healthcare	18	9.4%	22	11.3%	31	15.7%
Diabetes	26	13.5%	28	14.4%	30	15.2%
Tobacco use	36	18.8%	39	20.0%	29	14.7%
Lack of exercise	18	9.4%	34	17.4%	28	14.2%
Mental health issues <sup>2</sup>	12	6.3%	7	3.6%	26	13.2%
Depression/anxiety <sup>3</sup>	Not asked in 2007		35	17.9%	20	10.2%
Domestic violence	27	14.1%	21	10.8%	20	10.2%
Child abuse/neglect	14	7.3%	16	8.2%	16	8.1%
Lack of dental care	20	10.4%	22	11.3%	13	6.6%
Motor vehicle accidents <sup>4</sup>	14	7.3%	22	11.3%	7	3.6%
Stroke	7	3.6%	11	5.6%	6	3.0%
Recreation related accidents/injuries	Not asked in 2007		5	2.6%	2	1.0%
Work related accidents/injuries <sup>5</sup>	Not asked in 2007		9	4.6%	1	0.5%
Other	6	3.1%	10	5.1%	5	2.5%

<sup>1</sup> In 2014, significantly more respondents felt obesity was a serious health concern than in 2007.

<sup>2</sup> Mental health issues were indicated significantly more often in 2014 than in 2007 and 2011.

<sup>3</sup> In 2011, significantly more respondents indicated that depression/anxiety was a serious health concern than in 2014.

<sup>4</sup> Respondents selected motor vehicle accidents significantly more often in 2011 than in 2014.

<sup>5</sup> Work related accidents/injuries were indicated significantly more often in 2011 than in 2014.

“Other” comments:

- Health problems of many aging seniors
- Lack of healthcare quality
- Lack of healthcare
- Poor diet
- No doctor, won't send lab work or tests to other doctors

### Components of a Healthy Community (Question 3)

2014 N= 197

2011 N= 195

2007 N= 192

Respondents were asked to identify the three most important things for a healthy community. Fifty-nine percent of respondents (n=117) indicated that “Access to healthcare and other services” is most important for a healthy community. “Good jobs and a healthy economy” was the second most indicated component at 52.8% (n=104) and third was “Healthy behaviors and lifestyles” at 35.5% (n=70). Respondents were asked to identify their top three choices, thus the percentages do not add up to 100%.

Important Component	2007		2011		2014	
	Count	Percent	Count	Percent	Count	Percent
Access to healthcare and other services	106	55.2%	113	57.9%	117	59.4%
Good jobs and a healthy economy <sup>1</sup>	62	32.3%	109	55.9%	104	52.8%
Healthy behaviors and lifestyles	69	35.9%	61	31.3%	70	35.5%
Strong family life	59	30.7%	57	29.2%	57	28.9%
Religious or spiritual values	60	31.3%	51	26.2%	43	21.8%
Good schools <sup>2</sup>	25	13.0%	48	24.6%	32	16.2%
Access to aging services	Not asked in 2007		Not asked in 2011		29	14.7%
Clean environment	30	15.6%	35	17.9%	27	13.7%
Low crime/safe neighborhoods <sup>3</sup>	40	20.8%	44	22.6%	21	10.7%
Affordable housing	35	18.2%	27	13.8%	20	10.2%
Community involvement	13	6.8%	22	11.3%	12	6.1%
Tolerance for diversity	5	2.6%	12	6.2%	9	4.6%
Low level of domestic violence	9	4.7%	11	5.6%	7	3.6%
Low death and disease rates	Not asked in 2007		14	7.2%	7	3.6%
Parks and recreation	6	3.1%	11	5.6%	6	3.0%
Arts and cultural events	3	1.6%	6	3.1%	4	2.0%
Other	3	1.6%	1	0.5%	3	1.5%

<sup>1</sup> Significantly fewer respondents felt that good jobs and a healthy economy is a component of a health community in 2007 than in 2011 and 2014.

<sup>2</sup> Good schools were selected significantly more often in 2011 than in 2007.

<sup>3</sup> Significantly fewer people cited low crime/safe neighborhoods in 2014 than in 2007 and 2011.

“Other” comments:

- Good qualified doctors
- Too many laws and regulations
- Well-paying jobs

## Survey Findings – Awareness of Services

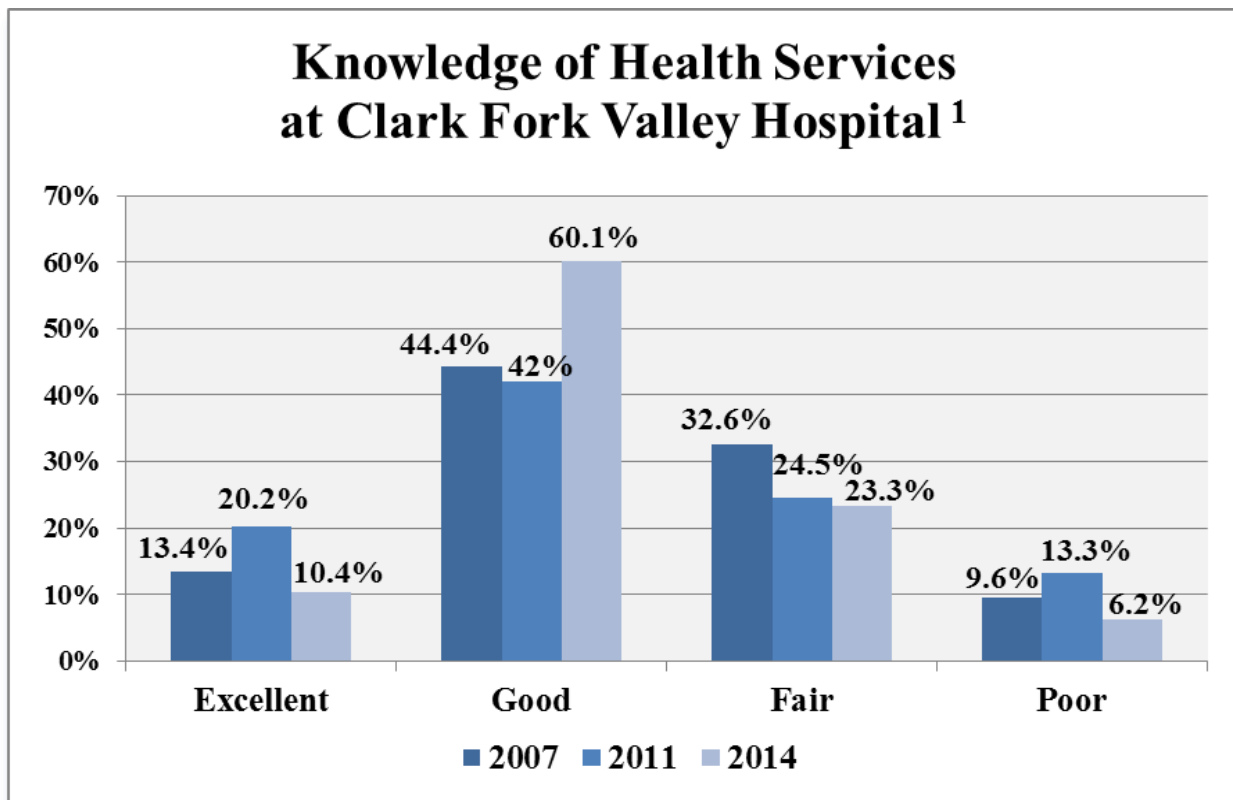
### Awareness of Hospital Services (Question 4)

2014 N= 193

2011 N= 188

2007 N= 187

Respondents were asked to rate their knowledge of the health services available at Clark Fork Valley Hospital. Sixty percent (n=116) of respondents rated their knowledge of health services as “Good.” Twenty-three percent (n=45) rated their knowledge as “Fair” and 10.4% of respondents (n=20) rated their knowledge as “Excellent.” Four respondents chose not to answer this question.

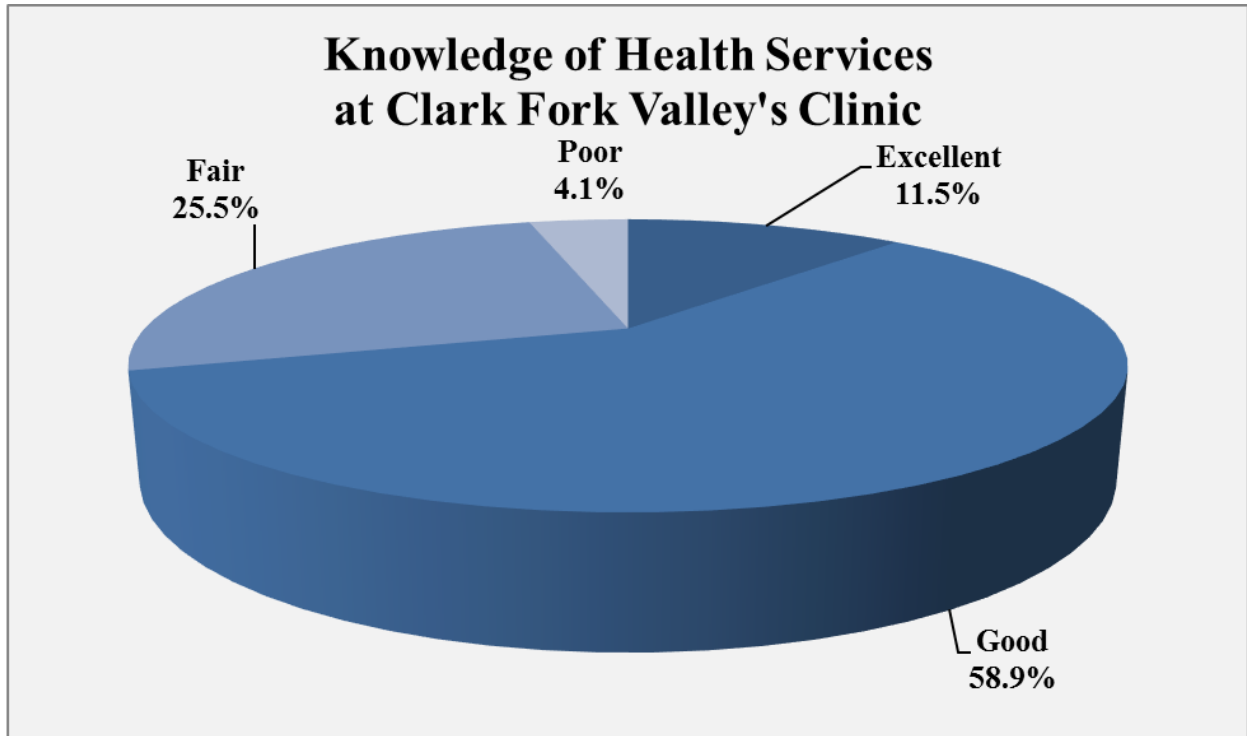


<sup>1</sup> Significantly more respondents rated their knowledge of Clark Fork Valley Hospital as excellent in 2011 than in 2014 and 2007.

### Awareness of Clinic Services (Question 5)

2014 N= 192

Respondents were asked to rate their knowledge of the health services available at Clark Fork Valley Hospital's Clinic. Fifty-nine percent (n=113) of respondents rated their knowledge of health services as "Good." Twenty-six percent (n=49) rated their knowledge as "Fair" and 11.5% of respondents (n=22) rated their knowledge as "Excellent." Five respondents chose not to answer this question.



## How Respondents Learn of Healthcare Services (Question 6)

2014 N= 197

2011 N= 195

2007 N= 192

The most frequent method of learning about available services was “Friends/family” at 70.1% (n=138). “Word of mouth/reputation” was the second most frequent response at 67% (n=132) and “Healthcare provider” was reported at 57.9% (n=114). Respondents could select more than one method so percentages do not equal 100%.

Method	2007		2011		2014	
	Count	Percent	Count	Percent	Count	Percent
<b>Friends/family<sup>1</sup></b>	Not asked in 2007		<b>95</b>	<b>48.7%</b>	<b>138</b>	<b>70.1%</b>
<b>Word of mouth/reputation</b>	<b>116</b>	<b>60.4%</b>	<b>130</b>	<b>66.7%</b>	<b>132</b>	<b>67.0%</b>
<b>Healthcare provider<sup>2</sup></b>	<b>82</b>	<b>42.7%</b>	<b>77</b>	<b>39.5%</b>	<b>114</b>	<b>57.9%</b>
Newspaper <sup>3</sup>	<b>69</b>	<b>35.9%</b>	47	24.1%	58	29.4%
Mailings/newsletter	Not asked in 2007		Not asked in 2011		33	16.8%
Senior center	Not asked in 2007		Not asked in 2011		22	11.2%
Internet search <sup>4</sup>	4	2.1%	17	8.7%	16	8.1%
Television	Not asked in 2007		Not asked in 2011		12	6.1%
Public health	Not asked in 2007		7	3.6%	7	3.6%
Social media (Facebook, etc.)	Not asked in 2007		Not asked in 2011		4	2.0%
Presentations	4	2.1%	6	3.1%	3	1.5%
Radio	Not asked in 2007		Not asked in 2011		1	0.5%
Other	8	4.2%	13	6.7%	7	3.6%

<sup>1</sup> Significantly more respondents learned about healthcare services from friends and family in 2014 than in 2011.

<sup>2</sup> In 2014, significantly more people learned about community healthcare services from their healthcare provider than in 2011.

<sup>3</sup> In 2007, respondents were more likely to learn of healthcare services in the newspaper than in 2011 and 2014.

<sup>4</sup> Significantly fewer respondents used the internet to learn of healthcare services in 2007 than in 2011 and 2014.

“Other” comments:

- Job (4)
- Military
- Personal experience (2)
- EMS [Emergency Medical Services]



## Cross Tabulation of Service Knowledge and Learning about Services

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

### KNOWLEDGE RATING OF CLARK FORK VALLEY HOSPITAL SERVICES BY HOW RESPONDENTS LEARN ABOUT HEALTHCARE SERVICES

	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>Total</b>
<b>Friends/family</b>	12 (8.8%)	89 (65.4%)	27 (19.9%)	8 (5.9%)	<b>136</b>
<b>Word of mouth/reputation</b>	14 (10.8%)	78 (60%)	31 (23.8%)	7 (5.4%)	<b>130</b>
<b>Healthcare provider</b>	14 (12.3%)	78 (68.4%)	20 (17.5%)	2 (1.8%)	<b>114</b>
<b>Newspaper</b>	8 (13.8%)	35 (60.3%)	13 (22.4%)	2 (3.4%)	<b>58</b>
<b>Mailings/newsletter</b>	3 (9.1%)	19 (57.6%)	9 (27.3%)	2 (6.1%)	<b>33</b>
<b>Senior Center</b>	2 (9.5%)	16 (76.2%)	1 (4.8%)	2 (9.5%)	<b>21</b>
<b>Internet search</b>	3 (18.8%)	10 (62.5%)	2 (12.5%)	1 (6.3%)	<b>16</b>
<b>Television</b>		8 (66.7%)	3 (25%)	1 (8.3%)	<b>12</b>
<b>Public Health</b>		1 (14.3%)	4 (57.1%)	2 (28.6%)	<b>7</b>
<b>Social media</b>	1 (25%)	1 (25%)	2 (50%)		<b>4</b>
<b>Presentations</b>		2 (66.7%)	1 (33.3%)		<b>3</b>
<b>Radio</b>		1 (100%)			<b>1</b>
<b>Other</b>	3 (42.9%)	3 (42.9%)	1 (14.3%)		<b>7</b>

## Other Community Health Resources Utilized (Question 7)

2014 N= 197

2011 N= 195

2007 N= 192

Respondents were asked which community health resources, other than the hospital or clinic, they had used in the last three years. “Pharmacy” was the most frequently utilized community health resource cited by respondents at 66% (n=130). “Dentist” was also a highly utilized resource at 58.4% (n=115) followed by “Optometry” at 36.5% (n=72). Respondents could select more than one resource so percentages do not equal 100%.

Resource	2007		2011		2014	
	Count	Percent	Count	Percent	Count	Percent
<b>Pharmacy</b>	Not asked in 2007		<b>134</b>	<b>68.7%</b>	<b>130</b>	<b>66.0%</b>
<b>Dentist</b>	<b>103</b>	<b>53.6%</b>	<b>117</b>	<b>60.0%</b>	<b>115</b>	<b>58.4%</b>
<b>Optometry</b>	Not asked in 2007		54	27.7%	<b>72</b>	<b>36.5%</b>
Chiropractor	Not asked in 2007		<b>65</b>	<b>33.3%</b>	57	28.9%
Fitness/exercise <sup>1</sup>	<b>22</b>	<b>11.5%</b>	18	9.2%	36	18.3%
Ambulance services	Not asked in 2007		23	11.8%	33	16.8%
Senior center	<b>28</b>	<b>14.6%</b>	22	11.3%	27	13.7%
Council on Aging	Not asked in 2007		Not asked in 2011		12	6.1%
Public health	3	1.6%	9	4.6%	9	4.6%
Mental health	9	4.7%	9	4.6%	7	3.6%
Public transportation	Not asked in 2007		Not asked in 2011		7	3.6%
Acupuncture <sup>2</sup>	Not asked in 2007		14	7.2%	5	2.5%
Naturopathy	Not asked in 2007		10	5.1%	5	2.5%
Other	9	4.7%	4	2.1%	18	9.1%

<sup>1</sup> In 2014, significantly more respondents used fitness and exercise facilities than in 2011 and 2007.

<sup>2</sup> Significantly more respondents reported using acupuncture in the past three years in 2011 than in 2014.

“Other” comments:

- Message therapist (2)
- Oral surgeon
- Physical therapy (2)
- Kalispell-Polson Clinics
- Hot Springs

## Improvement for Community's Access to Healthcare (Question 8)

2014 N= 197

2011 N= 195

2007 N= 192

Respondents were asked to indicate what they felt would improve their community's access to healthcare. Fifty-four percent of respondents (n=107) reported that "More primary care providers" would make the greatest improvement. Thirty-seven percent of respondents (n=73) indicated they would like "More specialists" and 33% (n=65) indicated "Improved quality of care" would improve access to care. Respondents could select more than one method so percentages do not equal 100%.

Improvement	2007		2011		2014	
	Count	Percent	Count	Percent	Count	Percent
More primary care providers <sup>1</sup>	50	26.0%	60	30.8%	107	54.3%
More specialists <sup>2</sup>	49	25.5%	46	23.6%	73	37.1%
Improved quality of care <sup>3</sup>	41	21.4%	49	25.1%	65	33.0%
Outpatient services expanded hours <sup>4</sup>	37	19.3%	23	11.8%	48	24.4%
Greater health education services <sup>5</sup>	19	9.9%	23	11.8%	42	21.3%
Better access to insurance	Not asked in 2007		Not asked in 2011		35	17.8%
Transportation assistance	21	10.9%	37	19.0%	31	15.7%
Telemedicine	3	1.6%	10	5.1%	12	6.1%
Cultural sensitivity	Not asked in 2007		11	5.6%	4	2.0%
Interpreter services	Not asked in 2007		Not asked in 2011		2	1.0%
Other	16	8.3%	26	13.3%	14	7.1%

<sup>1</sup> More respondents think more primary care providers would help improve access in 2014 than in 2011 and 2007.

<sup>2</sup> Significantly more respondents indicated that more specialists would help improve access in 2014 than in 2011 and 2007.

<sup>3</sup> Respondents indicated greater health education services would improve access more often in 2014 than in 2011 and 2007.

<sup>4</sup> In 2011, significantly fewer respondents indicated a need for expanded outpatient service hours than in 2014.

<sup>5</sup> Respondents were more likely to cite greater health education services in 2014 than in 2011 and 2007.

"Other" comments:

- Cheaper rates
- Eye care
- More M.D.'s
- Improve help for circulatory interventions
- Be like partnership health with a sliding scale
- Easier to apply to Medicaid
- Access to alternative medicine
- Better pharmacy
- Better doctors
- Knowing what services are available at CFVH [Clark Fork Valley Hospital]
- People do not know what's available
- Public health nurse access
- Common sense about fees
- Get rid of clinic to get a good doctor

## Interest in Educational Classes/Programs (Question 9)

2014 N= 197

Respondents were asked if they would be interested in any educational classes/programs if offered locally. The most highly indicated class/program indicated was “Health and wellness” at 25.9% of respondents (n=51). “Fitness” was selected by 22.8% of respondents (n=45) and “Weight loss” followed at 19.8% (n=39). Respondents could select more than one method so percentages do not equal 100%.

Class/Program	2014	
	Count	Percent
<b>Health and wellness</b>	<b>51</b>	<b>25.9%</b>
<b>Fitness</b>	<b>45</b>	<b>22.8%</b>
<b>Weight loss</b>	<b>39</b>	<b>19.8%</b>
Nutrition	38	19.3%
End of life planning	32	16.2%
Stress management	27	13.7%
First aid/CPR	24	12.2%
Heart disease	23	11.7%
Alzheimer’s	22	11.2%
Diabetes	22	11.2%
Cancer	20	10.2%
Men’s/ Women’s health	18	9.1%
Alcohol/substance abuse	13	6.6%
Caregiving	13	6.6%
Grief counseling	13	6.6%
Support groups	13	6.6%
Mental health	11	5.6%
Parenting	5	2.5%
Smoking cessation	5	2.5%
Prenatal	1	0.5%
Other	9	4.6%

“Other” comments:

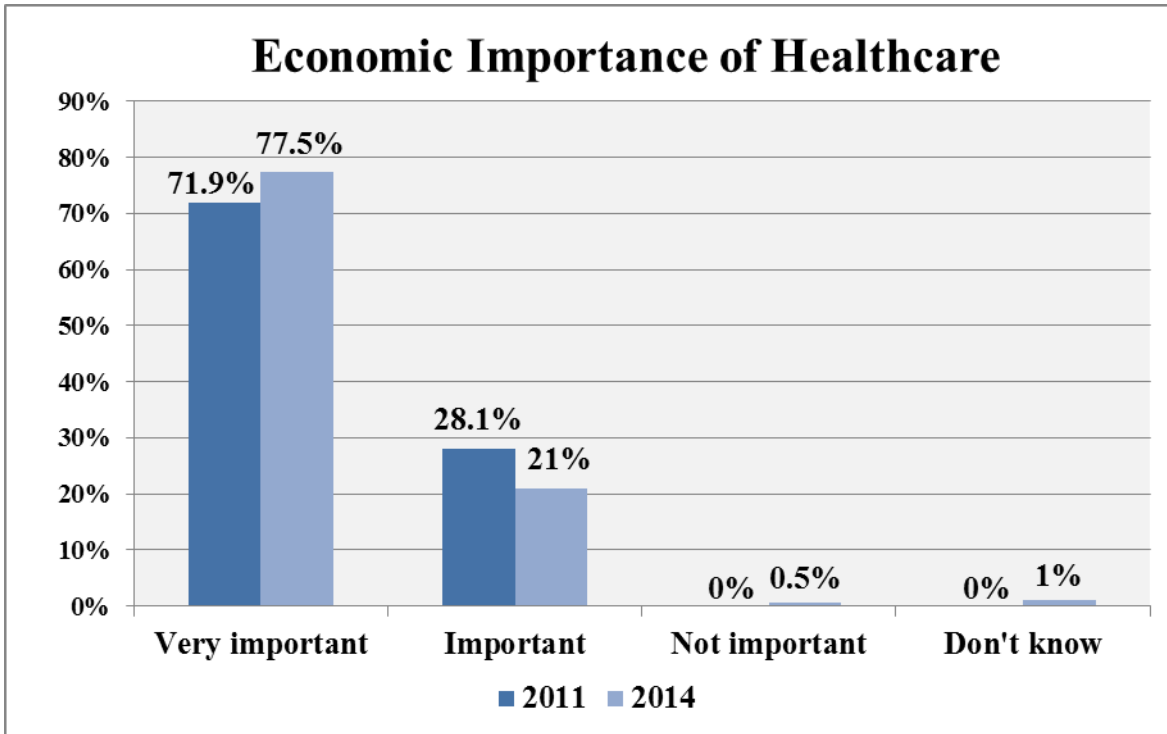
- Evening yoga
- Bone/Joint therapy
- Physical therapy
- Exercise in pool/Aquatic therapy

### Economic Importance of Local Healthcare Providers and Services (Question 10)

2014 N= 191

2011 N= 185

The majority of respondents (77.5%, n=148) indicated that local healthcare providers and services (i.e.: hospitals, clinics, nursing homes, assisted living, etc.) are “Very important” to the economic well-being of the area. Twenty-one percent of respondents (n=40) indicated they are “Important” and one respondent, or 0.5%, indicated that they are “Not important.”



## Survey Findings – Use of Healthcare Services

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### Utilization of Preventative Services (Question 11)

2014 N= 197

Respondents were asked if they had utilized any of the preventative services listed in the past year. “Routine health checkup” was selected by 57.9% of respondents (n=114). Fifty-three percent of respondents (n=105) indicated they received a “Cholesterol check” and 52.3% of respondents (n=103) had a “Routine blood pressure check.” Respondents could check all that apply, thus the percentages do not equal 100%.

Service	2014	
	Count	Percent
<b>Routine health checkup</b>	<b>114</b>	<b>57.9%</b>
<b>Cholesterol check</b>	<b>105</b>	<b>53.3%</b>
<b>Routine blood pressure check</b>	<b>103</b>	<b>52.3%</b>
Flu shot	102	51.8%
Mammography	60	30.5%
Prostate (PSA)	35	17.8%
Vaccinations	34	17.3%
Diabetes screenings	32	16.2%
Colonoscopy	29	14.7%
Pap smear	27	13.7%
Bone Density “DEXA” Scan	25	12.7%
None	20	10.2%
Children’s checkup/Well baby	9	4.6%
Other	6	3.0%

“Other” comments:

- Blood draw (2)
- Shingles shot
- CAT scan/MRI
- Sed rate [sedimentation rate blood test]
- Heart tests
- In order to get prescriptions or flu shots you are required to have a complete physical. For prescriptions it is required every three months. This is according to the clinic located in Hot Springs.

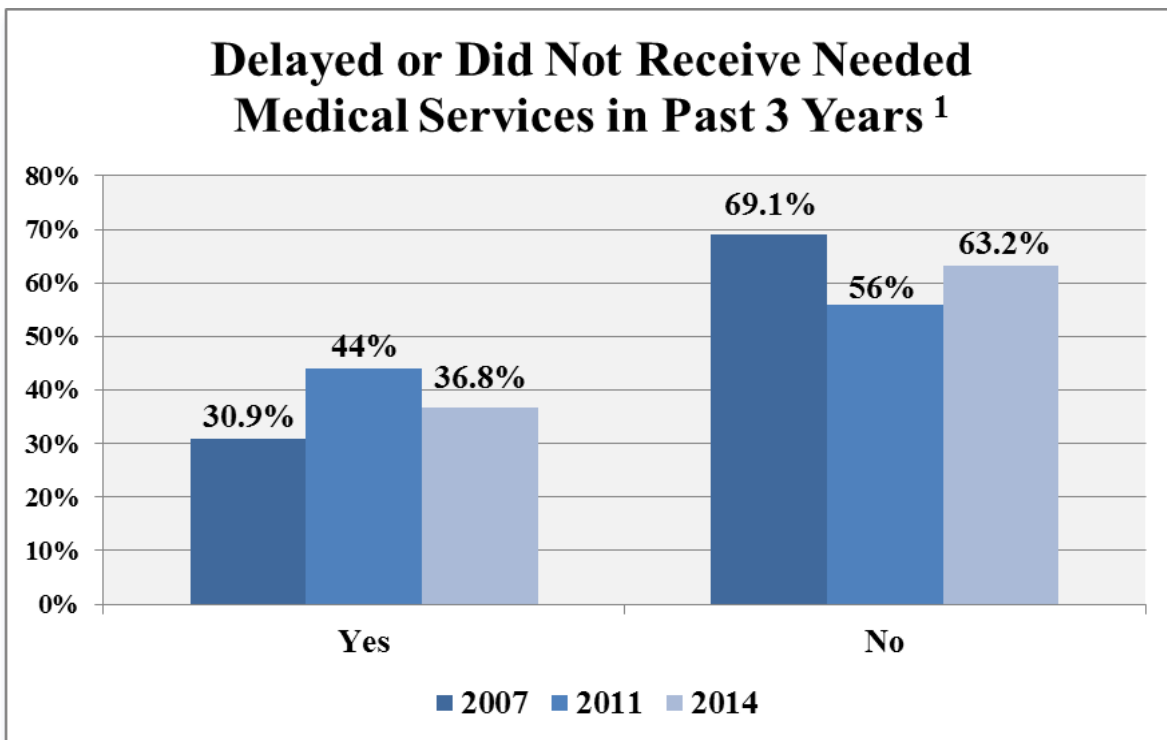
### Needed/Delayed Hospital Care During the Past Three Years (Question 12)

2014 N= 185

2011 N= 175

2007 N= 181

Thirty-seven percent of respondents (n=68) reported that they or a member of their household thought they needed healthcare services but did not get it or had to delay getting it. Sixty-three percent of respondents (n=117) felt they were able to get the healthcare services they needed without delay and twelve respondents chose not to answer this question.



<sup>1</sup> In 2011, significantly more respondents indicated they had to delay receiving medical services than in 2014 and 2007.

## Reasons for NOT Being Able to Receive Services or Delay in Receiving Healthcare Services (Question 13)

2014 N= 68

2011 N= 77

2007 N= 56

For those who indicated they were unable to receive or had to delay services (n=68), the reasons most cited were: “Too long to wait for an appointment” (36.8%, n=25), “Could not get an appointment” (33.8%, n=23), and “It costs too much” (30.9%, n=21). Respondents were asked to indicate their top three choices, thus percentages do not total 100%.

Reason	2007		2011		2014	
	Count	Percent	Count	Percent	Count	Percent
<b>Too long to wait for an appointment<sup>1</sup></b>	6	10.7%	11	14.3%	<b>25</b>	<b>36.8%</b>
<b>Could not get an appointment<sup>2</sup></b>	<b>11</b>	<b>19.6%</b>	6	7.8%	<b>23</b>	<b>33.8%</b>
<b>It costs too much<sup>3</sup></b>	6	10.7%	<b>43</b>	<b>55.8%</b>	<b>21</b>	<b>30.9%</b>
No insurance <sup>4</sup>	<b>26</b>	<b>46.4%</b>	<b>31</b>	<b>40.3%</b>	17	25.0%
Not treated with respect	2	3.6%	6	7.8%	8	11.8%
It was too far to go	6	10.7%	7	9.1%	7	10.3%
Transportation problems	5	8.9%	5	6.5%	7	10.3%
Don't like doctors	6	10.7%	11	14.3%	6	8.8%
My insurance didn't cover it	5	8.9%	12	15.6%	5	7.4%
Office wasn't open when I could go <sup>5</sup>	<b>30</b>	<b>53.6%</b>	5	6.5%	5	7.4%
Could not get off work	3	5.4%	5	6.5%	2	2.9%
Didn't know where to go	2	3.6%	2	2.6%	2	2.9%
Too nervous or afraid	5	8.9%	6	7.8%	2	2.9%
Unsure if services were available	1	1.8%	5	6.5%	2	2.9%
Immobility	Not asked in 2007		Not asked in 2011		1	1.5%
Lack of childcare <sup>6</sup>	4	7.1%	0	0	0	0
Language barrier	0	0	0	0	0	0
Other	4	7.1%	<b>15</b>	<b>19.5%</b>	9	13.2%

<sup>1</sup> Respondents were more likely to wait too long to get an appointment in 2014 than in 2011 and 2007.

<sup>2</sup> Of the respondents who delayed seeking healthcare, 2014 respondents were significantly more likely to indicate they could not get an appointment than respondents in 2007 and respondents in 2007 were significantly more likely to indicate they could not get an appointment than in 2011.

<sup>3</sup> Respondents were significantly more likely to indicate that cost caused them to delay healthcare in 2011 than in 2014 and 2007.

<sup>4</sup> In 2014, respondents were significantly less likely to cite lack of insurance than in 2011 and 2007.

<sup>5</sup> Significantly fewer respondents in 2011 and 2014 delayed care because the office wasn't open when they could go than in 2007.

<sup>6</sup> Respondents indicated lack of childcare significantly more often in 2007 than in 2014 and 2011.

*Question 13 continued on following page...*



*Question 13 continued...*

“Other” comments:

- Need more female doctors
- Doctor did not return call
- No money to pay for treatment or prescriptions
- No specialist here
- Was told “no need”
- I was supposed to go to Kalispell but the ambulance would not take me there; they [ambulance service] took me to Plains.
- I thought it would heal on its own

### Desired Local Healthcare Services (Question 14)

2014 N= 197

2011 N= 195

2007 N= 192

Respondents were asked to indicate which healthcare professionals or services presently not available would they use if available locally. Respondents indicated the most interest in having a “Community wellness program” available at 21.8% (n=43) followed by “Healthy behaviors & lifestyles” at 20.8% (n=41), then “Cancer services” at 12.2% (n=24). Respondents were asked to check all that apply so percentages do not equal 100%.

Service	2007		2011		2014	
	Count	Percent	Count	Percent	Count	Percent
<b>Community wellness program</b>	Not asked in 2007		<b>30</b>	<b>15.4%</b>	<b>43</b>	<b>21.8%</b>
<b>Healthy behaviors &amp; lifestyles</b>	Not asked in 2007		<b>33</b>	<b>16.9%</b>	<b>41</b>	<b>20.8%</b>
<b>Cancer services</b>	Not asked in 2007		Not asked in 2011		<b>24</b>	<b>12.2%</b>
Diabetes education	Not asked in 2007		<b>23</b>	<b>11.8%</b>	22	11.2%
Cardiac rehabilitation <sup>1</sup>	<b>32</b>	<b>16.7%</b>	14	7.2%	19	9.6%
Mental health crisis services	Not asked in 2007		6	3.1%	8	4.1%
Smoking cessation	Not asked in 2007		8	4.1%	4	2.0%
Inpatient substance abuse services	Not asked in 2007		5	2.6%	3	1.5%
Other	<b>12</b>	<b>6.3%</b>	15	7.7%	9	4.6%

<sup>1</sup>Significantly more respondents would like local cardiac rehabilitation services in 2007 than respondents in 2014 and 2011.

“Other” comments:

- Pain management (2)
- I don't need these but others [community members] sure do
- Naturopath
- Eye doctor
- Support group for me and support others

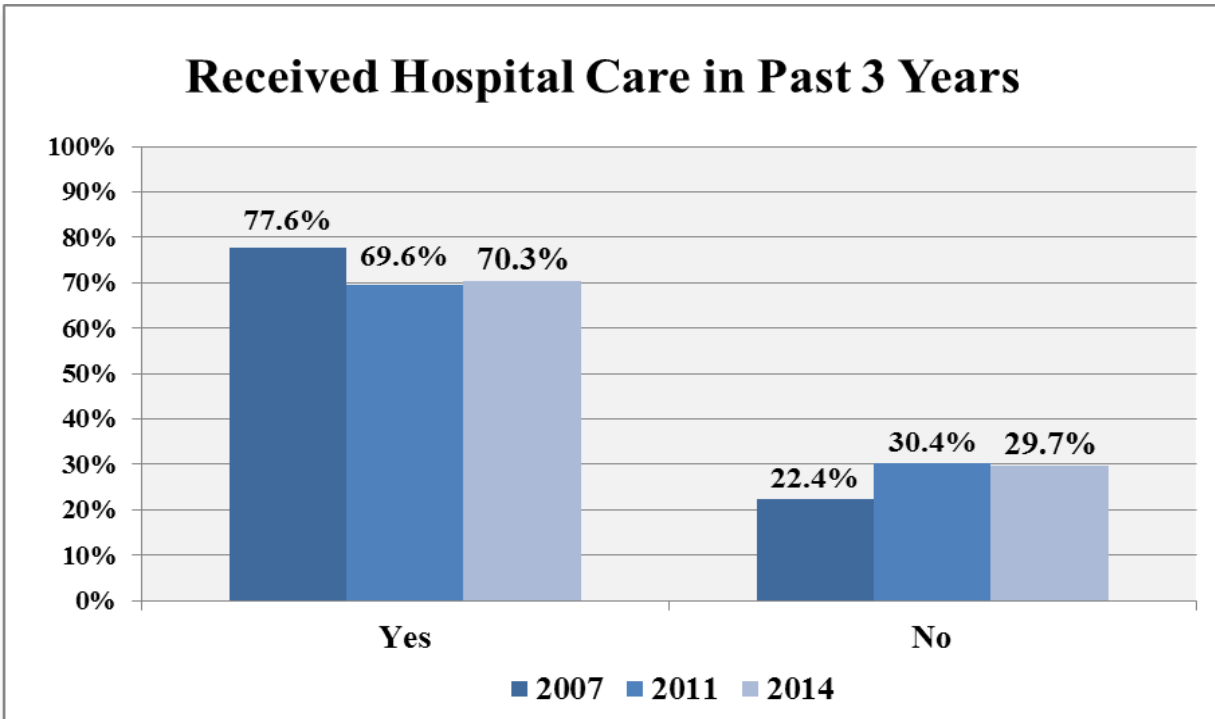
### Hospital Care Received in the Past Three Years (Question 15)

2014 N= 192

2011 N= 184

2007 N= 192

Seventy percent of respondents (n=135) reported that they or a member of their family had received hospital care during the previous three years. Thirty percent (n=57) had not received hospital services and five respondents chose not to answer this question.



### Hospital Used Most in the Past Three Years (Question 16)

2014 N= 104

2011 N= 119

Of the 135 respondents who indicated receiving hospital care in the previous three years, 53.8% (n=56) reported receiving care at Clark Fork Valley Hospital in Plains. Twenty-one percent of respondents (n=22) went to St. Patrick Hospital in Missoula and 8.7% of respondents (n=9) utilized services at Community Medical Center in Missoula. Thirty-one of the 135 respondents who reported they had been to a hospital in the past three years did not indicate which hospital they had utilized.

Hospital	2011		2014	
	Count	Percent	Count	Percent
Clark Fork Valley Hospital	75	63.0%	56	53.8%
St. Patrick Hospital	Not asked in 2011		22	21.0%
Community Medical Center	Not asked in 2011		9	8.7%
Kalispell Regional Medical Center	3	2.5%	6	5.8%
VA	2	1.7%	3	2.9%
Providence St. Joseph Medical Center	2	1.7%	1	1.0%
Bonner General Hospital	4	3.4%	1	1.0%
Mineral Community Hospital	1	0.8%	1	1.0%
St. John's Lutheran Hospital	0	0	0	0
St. Luke Community Hospital	0	0	0	0
Other	2	1.7%	5	4.8%
<b>TOTAL</b>	<b>N/A*</b>	<b>N/A*</b>	<b>104</b>	<b>100%</b>

\*In 2014, hospitals in Missoula were listed as separate options on the survey. In 2011, hospitals in Missoula were combined into one option. Therefore, the 2011 values in the table above do not total 100%.

“Other” comments:

- Out of state
- Billings Clinic
- Surgical Center in Missoula
- Flathead Orthopedic in Kalispell
- Missoula Bone and Joint
- Harborview Medical Center in Seattle, WA (2)
- Infusion Medication

## Reasons for Selecting the Hospital Used (Question 17)

2014 N= 135

2011 N= 128

2007 N= 149

Of the 135 respondents who had a personal or family experience at a hospital within the past three years, the primary reason given for selecting the facility used most often was “Closest to home” at 57.8% (n=78). “Prior experience with hospital” was selected by 51.1% of the respondents (n=69) and 45.2% (n=61) selected “Referred by physician.” Please note that respondents were asked to select the top three answers which influenced their choices; therefore the percentages do not equal 100%.

Reason	2007		2011		2014	
	Count	Percent	Count	Percent	Count	Percent
<b>Closest to home</b>	<b>106</b>	<b>71.1%</b>	<b>84</b>	<b>65.6%</b>	<b>78</b>	<b>57.8%</b>
<b>Prior experience with hospital<sup>1</sup></b>	39	26.2%	<b>71</b>	<b>55.5%</b>	<b>69</b>	<b>51.1%</b>
<b>Referred by physician<sup>2</sup></b>	<b>52</b>	<b>34.9%</b>	39	30.5%	<b>61</b>	<b>45.2%</b>
Emergency, no choice	<b>42</b>	<b>28.2%</b>	41	32.0%	45	33.3%
Hospital’s reputation for quality <sup>3</sup>	23	15.4%	<b>50</b>	<b>39.1%</b>	39	28.9%
Recommended by family or friends	6	4.0%	9	7.0%	13	9.6%
VA/Military requirement <sup>4</sup>	1	0.7%	4	3.1%	13	9.6%
Cost of care <sup>5</sup>	3	2.0%	12	9.4%	7	5.2%
Required by insurance plan	8	5.4%	2	1.6%	3	2.2%
Closest to work <sup>6</sup>	6	4.0%	12	9.4%	2	1.5%
Other	4	2.7%	12	9.4%	7	5.2%

<sup>1</sup> Significantly fewer respondents selected a hospital based on prior experience in 2007 than in 2014 and 2011.

<sup>2</sup> Significantly more respondents selected a hospital based on a physician referral in 2014 than in 2011 and 2007.

<sup>3</sup> Significantly more 2011 respondents selected a hospital based on its reputation for quality than 2014 and significantly more 2014 than 2007 respondents.

<sup>4</sup> In 2014, significantly more respondents selected a hospital because it of a VA or military requirement.

<sup>5</sup> Respondents were more likely to select a hospital based on cost in 2011 than respondents in 2014 or 2007.

<sup>6</sup> Significantly more respondents selected a hospital that was close to their place of work in 2011 than in 2014 and 2007.

“Other” comments:

- I love Randy Mack [PA-C at Clark Fork Valley Hospital]
- Employee discount
- Specialist became available once every two weeks at CFVH [Clark Fork Valley Hospital]
- U.S. Navy retired, disabled veteran
- Was forced to go to Clark Fork Valley Hospital. [Ambulance] Would not take me to Kalispell
- Trauma Center

## Cross Tabulation of Hospital and Residence

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

### LOCATION OF MOST OFTEN UTILIZED HOSPITAL BY RESIDENCE

	<b>Clark Fork Valley Hospital (Plains)</b>	<b>St. John's Lutheran Hospital (Libby)</b>	<b>Kalispell Regional Medical Center (Kalispell)</b>	<b>St. Patrick Hospital (Missoula)</b>	<b>Community Medical Center (Missoula)</b>	<b>Providence St. Joseph Medical Center (Polson)</b>
<b>Plains 59859</b>	28 (63.6%)		2 (4.5%)	10 (22.7%)	3 (6.8%)	
<b>Hot Springs 59845</b>	5 (62.5%)		1 (12.5%)			1 (12.5%)
<b>Thompson Falls 59873</b>	18 (58.1%)		2 (6.5%)	6 (19.4%)	3 (9.7%)	
<b>Trout Creek 59874</b>	4 (44.4%)			2 (22.2%)		
<b>Paradise 59856</b>	1 (25%)			1 (25%)	1 (25%)	
<b>St. Regis 59866</b>						
<b>Superior 59872</b>				2 (100%)		
<b>Noxon 59853</b>			1 (50%)			
<b>Heron 59844</b>				1 (50%)	1 (50%)	
<b>Other</b>					1 (100%)	
<b>TOTAL</b>	<b>56 (53.8%)</b>	<b>0</b>	<b>6 (5.8%)</b>	<b>22 (21.2%)</b>	<b>9 (8.7%)</b>	<b>1 (1%)</b>

*Cross Tabulation continued on following page...*

*Cross Tabulation Continued...*

	<b>St. Luke Community Hospital (Ronan)</b>	<b>Bonner General Hospital (Sandpoint, ID)</b>	<b>Mineral Community Hospital (Superior)</b>	<b>VA</b>	<b>Other</b>	<b>Total</b>
<b>Plains 59859</b>					1 (2.3%)	<b>44</b>
<b>Hot Springs 59845</b>					1 (12.5%)	<b>8</b>
<b>Thompson Falls 59873</b>				1 (3.2%)	1 (3.2%)	<b>31</b>
<b>Trout Creek 59874</b>		1 (11.1%)		1 (11.1%)	1 (11.1%)	<b>9</b>
<b>Paradise 59856</b>					1 (25%)	<b>4</b>
<b>St. Regis 59866</b>			1 (100%)			<b>1</b>
<b>Superior 59872</b>						<b>2</b>
<b>Noxon 59853</b>				1 (50%)		<b>2</b>
<b>Heron 59844</b>						<b>2</b>
<b>Other</b>						<b>1</b>
<b>TOTAL</b>	<b>0</b>	<b>1 (1%)</b>	<b>1 (1%)</b>	<b>3 (2.9%)</b>	<b>5 (4.8%)</b>	<b>104</b>

## Cross Tabulation of Hospital and Reason Selected

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

### LOCATION OF MOST UTILIZED HOSPITAL BY REASONS HOSPITAL SELECTED

	<b>Clark Fork Valley Hospital (Plains)</b>	<b>St. John's Lutheran Hospital (Libby)</b>	<b>Kalispell Regional Medical Center (Kalispell)</b>	<b>St. Patrick Hospital (Missoula)</b>	<b>Community Medical Center (Missoula)</b>	<b>Providence St. Joseph Medical Center (Polson)</b>
<b>Cost of care</b>	2 (33.3%)		1 (16.7%)		1 (16.7%)	
<b>Closest to home</b>	54 (90%)				1 (1.7%)	1 (1.7%)
<b>Closest to work</b>	1 (100%)					
<b>Emergency, no choice</b>	23 (71.9%)		2 (6.3%)	4 (12.5%)		
<b>Hospital's reputation for quality</b>	8 (28.6%)		3 (10.7%)	14 (50%)	2 (7.1%)	
<b>Prior experience with hospital</b>	28 (50.9%)		5 (9.1%)	14 (25.5%)	3 (5.5%)	1 (1.8%)
<b>Recommended by family or friends</b>			2 (22.2%)	5 (55.6%)		
<b>Referred by physician</b>	18 (38.3%)		3 (6.4%)	16 (34%)	7 (14.9%)	1 (2.1%)
<b>Required by insurance plan</b>	2 (66.7%)				1 (33.3%)	
<b>VA/Military requirement</b>	2 (33.3%)			1 (16.7%)		
<b>Other</b>	2 (33.3%)			2 (33.3%)		

*Cross Tabulation continued on following page...*



*Cross Tabulation continued...*

	<b>St. Luke Community Hospital (Ronan)</b>	<b>Bonner General Hospital (Sandpoint, ID)</b>	<b>Mineral Community Hospital (Superior)</b>	<b>VA</b>	<b>Other</b>	<b>Total</b>
<b>Cost of care</b>				2 (33.3%)		<b>6</b>
<b>Closest to home</b>		1 (1.7%)	1 (1.7%)		2 (3.3%)	<b>60</b>
<b>Closest to work</b>						<b>1</b>
<b>Emergency, no choice</b>			1 (3.1%)	1 (3.1%)	1 (3.1%)	<b>32</b>
<b>Hospital's reputation for quality</b>					1 (3.6%)	<b>28</b>
<b>Prior experience with hospital</b>			1 (1.8%)	1 (1.8%)	2 (3.6%)	<b>55</b>
<b>Recommended by family or friends</b>		1 (11.1%)			1 (11.1%)	<b>9</b>
<b>Referred by physician</b>					2 (4.3%)	<b>47</b>
<b>Required by insurance plan</b>						<b>3</b>
<b>VA/Military requirement</b>				3 (50%)		<b>6</b>
<b>Other</b>				1 (16.7%)	1 (16.7%)	<b>6</b>

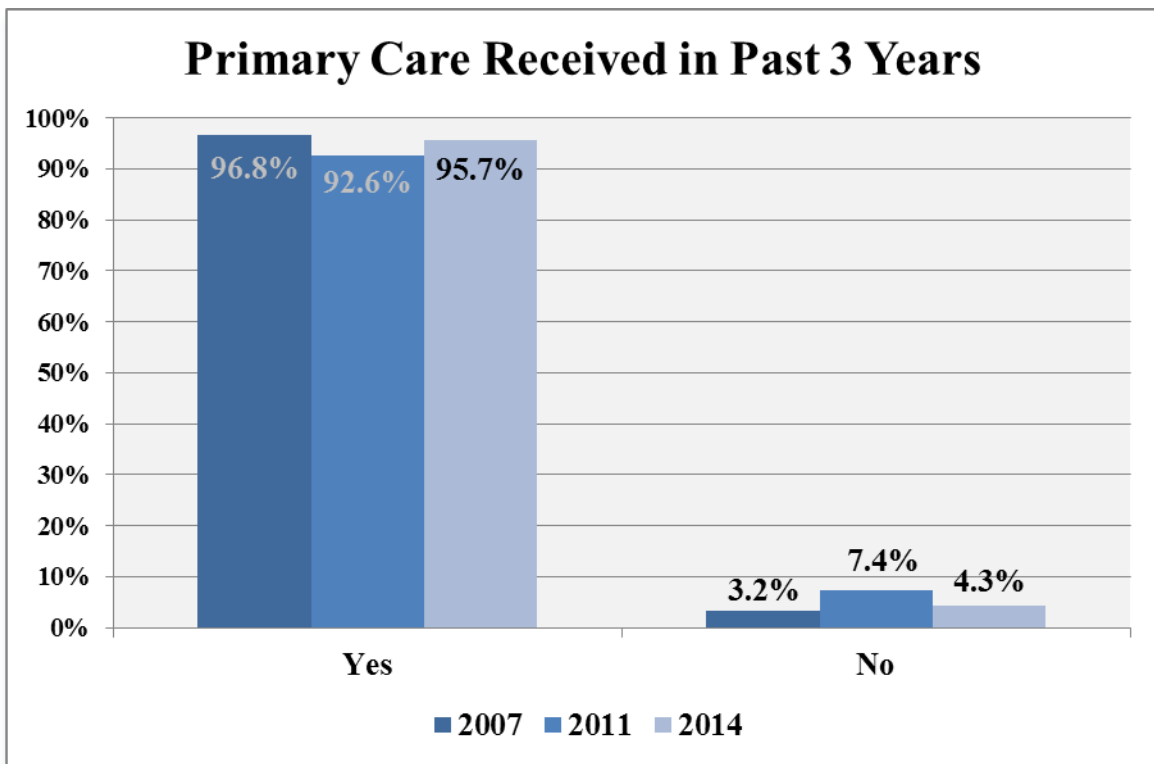
### Primary Care Received in the Past Three Years (Question 18)

2014 N= 188

2011 N= 189

2007 N= 186

Ninety-six percent of respondents (n=180) indicated that they or someone in their household had been seen by a primary care provider (such as a family physician, physician assistant, or nurse practitioner) for healthcare services in the past three years. Four percent of respondents (n=8) had not seen a primary care provider and nine respondents chose not to answer this question.



### Location of Primary Care Provider (Question 19)

2014 N= 162

2011 N= 162

Of the 180 respondents who indicated receiving primary care services in the previous three years, 39.5% (n=64) reported receiving care in Thompson Falls. Thirty-eight percent of respondents (n=61) received care in Plains and 8.6% of respondents (n=14) utilized primary care services in Missoula. Eighteen of the 180 respondents who reported they had utilized primary care services in the past three years did not indicate where they received those services.

Clinic Location	2011		2014	
	Count	Percent	Count	Percent
<b>Thompson Falls</b>	<b>52</b>	<b>32.1%</b>	<b>64</b>	<b>39.5%</b>
<b>Plains</b>	<b>61</b>	<b>37.7%</b>	<b>61</b>	<b>37.7%</b>
<b>Missoula</b>	13	8.0%	<b>14</b>	<b>8.6%</b>
Hot Springs	<b>18</b>	<b>11.1%</b>	9	5.6%
VA Clinic	2	1.2%	5	3.1%
Sandpoint	0	0	2	1.2%
Noxon	Not asked in 2011		0	0
Kalispell	Not asked in 2011		0	0
Other	11	6.8%	7	4.3%
<b>TOTAL</b>	<b>N/A*</b>	<b>N/A*</b>	<b>162</b>	<b>100%</b>

\*Different clinic locations were listed as options in 2014 than 2011. The table above demonstrates 2014 responses so the 2011 values in the table do not total 100%.

“Other” comments:

- Polson (3)
- Ronan
- Billings
- Superior (5)
- Libby
- Spokane, WA

## Reasons for Selection of Primary Care Provider (Question 20)

2014 N= 180

2011 N= 175

2007 N= 180

Those respondents who indicated they or someone in their household had been seen by a primary care provider within the past three years were asked to indicate why they chose that primary care provider. “Closest to home” (55.6%, n=100) was the most frequently cited factor in primary care provider selection followed by “Prior experience with clinic” (46.7%, n=84) then “Appointment availability” at 23.9% (n=43). Respondents were asked to check all that apply so the percentages do not equal 100%.

Reason	2007		2011		2014	
	Count	Percent	Count	Percent	Count	Percent
<b>Closest to home</b>	<b>117</b>	<b>65.0%</b>	<b>116</b>	<b>66.3%</b>	<b>100</b>	<b>55.6%</b>
<b>Prior experience with clinic</b>	<b>66</b>	<b>36.7%</b>	<b>75</b>	<b>42.9%</b>	<b>84</b>	<b>46.7%</b>
<b>Appointment availability<sup>1</sup></b>	<b>40</b>	<b>22.2%</b>	<b>65</b>	<b>37.1%</b>	<b>43</b>	<b>23.9%</b>
Recommended by family or friends	30	16.7%	31	17.7%	38	21.1%
Clinic’s reputation for quality <sup>2</sup>	25	13.9%	44	25.1%	25	13.9%
Length of waiting room time	11	6.1%	23	13.1%	18	10.0%
Referred by physician or other provider	15	8.3%	18	10.3%	16	8.9%
VA/Military requirement	6	3.3%	3	1.7%	10	5.6%
Cost of care <sup>3</sup>	7	3.9%	20	11.4%	9	5.0%
Required by insurance plan	6	3.3%	4	2.3%	6	3.3%
Indian Health Services	Not asked in 2007		1	0.6%	1	0.6%
Other	15	8.3%	14	8.0%	23	12.8%

<sup>1</sup> Respondents in 2011 were significantly more likely to choose a primary care provider based on appointment availability than in 2014 and 2007.

<sup>2</sup> In 2011, respondents were significantly more likely to choose a primary care provider based on the clinic’s reputation for quality than in 2014 and 2007.

<sup>3</sup> Cost of care was indicated significantly more often in 2011 than in 2014 and 2007.

“Other” comments:

- Visit to Ronan for my AME [Aviation Medical Exam] for flight physical
- Prior experience with the doctor (Dr. Nelson is excellent!)
- Patient for nearly 50 years – here [Plains, Montana] and elsewhere
- Used this doctor for many years
- Nothing better available
- Dr. Williams
- I have known Dr. Terry Smith as our family doctor for over 20 years and when he left we were told the clinic could no longer provide care for us any longer!
- Nothing better available

*Question 20 continued on following page...*

***Question 20 continued...***

“Other” comments (continued):

- 44 years [with] my doctor
- Lost [previous] doctor to ObamaCare
- Saw consistently by PA’s [Physician Assistants]
- Like and trust my provider
- I get quality service with my health care provider (2)
- Randy Mack [PA-C at Clark Fork Valley Hospital] is outstanding (2)
- Seen [provider] for over 20 years (2)
- Female
- No doctor available in Thompson Falls
- Because I needed them
- So I could get my prescription filled without having to do a full examination

## Cross Tabulation of Primary Care and Residence

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

### LOCATION OF PRIMARY CARE PROVIDER MOST UTILIZED BY RESIDENCE

	Plains	Thompson Falls	Noxon	Hot Springs	Missoula
<b>Plains 59859</b>	50 (72.5%)	9 (13%)		1 (1.4%)	7 (10.1%)
<b>Hot Springs 59845</b>	2 (16.7%)			7 (58.3%)	
<b>Thompson Falls 59873</b>	5 (8.9%)	46 (82.1%)			3 (5.4%)
<b>Trout Creek 59874</b>	1 (7.1%)	8 (57.1%)			2 (14.3%)
<b>Paradise 59856</b>	3 (75%)				1 (25%)
<b>St. Regis 59866</b>					
<b>Superior 59872</b>					
<b>Noxon 59853</b>		1 (50%)			
<b>Heron 59844</b>				1 (100%)	
<b>Other</b>					1 (100%)
<b>TOTAL</b>	<b>61 (37.7%)</b>	<b>64 (39.5%)</b>	<b>0</b>	<b>9 (5.6%)</b>	<b>14 (8.6%)</b>

*Cross Tabulation continued on following page...*

*Cross Tabulation continued...*

	<b>Sandpoint, Idaho</b>	<b>Kalispell</b>	<b>VA Clinic</b>	<b>Other</b>	<b>Total</b>
<b>Plains 59859</b>			2 (2.9%)		<b>69</b>
<b>Hot Springs 59845</b>			1 (8.3%)	2 (16.7%)	<b>12</b>
<b>Thompson Falls 59873</b>			1 (1.8%)	1 (1.8%)	<b>56</b>
<b>Trout Creek 59874</b>	2 (14.3%)			1 (7.1%)	<b>14</b>
<b>Paradise 59856</b>					<b>4</b>
<b>St. Regis 59866</b>				1 (100%)	<b>1</b>
<b>Superior 59872</b>				2 (100%)	<b>2</b>
<b>Noxon 59853</b>			1 (50%)		<b>2</b>
<b>Heron 59844</b>					<b>1</b>
<b>Other</b>					<b>1</b>
<b>TOTAL</b>	<b>2 (1.2%)</b>	<b>0</b>	<b>5 (3.1%)</b>	<b>7 (4.3%)</b>	<b>162</b>

## Cross Tabulation of Clinic and Reason Selected

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

### LOCATION OF PRIMARY CARE PROVIDER BY REASONS CLINIC SELECTED

	Plains	Thompson Falls	Noxon	Hot Springs	Missoula
<b>Appointment availability</b>	15 (40.5%)	17 (45.9%)		2 (5.4%)	2 (5.4%)
<b>Clinic's reputation for quality</b>	8 (33.3%)	8 (33.3%)		2 (8.3%)	4 (16.7%)
<b>Closest to home</b>	42 (47.2%)	37 (41.6%)		6 (6.7%)	
<b>Cost of care</b>		6 (75%)			1 (12.5%)
<b>Length of waiting room time</b>	1 (6.3%)	9 (56.3%)		3 (18.8%)	1 (6.3%)
<b>Prior experience with clinic</b>	30 (41.1%)	29 (39.7%)		6 (8.2%)	5 (6.8%)
<b>Recommended by family or friends</b>	13 (39.4%)	15 (45.5%)		1 (3%)	
<b>Referred by physician or other provider</b>	5 (35.7%)	3 (21.4%)		1 (7.1%)	4 (28.6%)
<b>Required by insurance plan</b>		3 (60%)		1 (20%)	1 (20%)
<b>VA/Military requirement</b>	1 (14.3%)	1 (14.3%)			
<b>Indian Health Services</b>				1 (100%)	
<b>Other</b>	9 (40.9%)	6 (27.3%)		1 (4.5%)	3 (13.6%)

*Cross Tabulation continued on following page...*



*Cross Tabulation continued...*

	<b>Sandpoint, Idaho</b>	<b>Kalispell</b>	<b>VA Clinic</b>	<b>Other</b>	<b>Total</b>
<b>Appointment availability</b>				1 (2.7%)	<b>37</b>
<b>Clinic's reputation for quality</b>				2 (8.3%)	<b>24</b>
<b>Closest to home</b>				4 (4.5%)	<b>89</b>
<b>Cost of care</b>			1 (12.5%)		<b>8</b>
<b>Length of waiting room time</b>				2 (12.5%)	<b>16</b>
<b>Prior experience with clinic</b>				3 (4.1%)	<b>73</b>
<b>Recommended by family or friends</b>	2 (6.1%)			2 (6.1%)	<b>33</b>
<b>Referred by physician or other provider</b>	1 (7.1%)				<b>14</b>
<b>Required by insurance plan</b>					<b>5</b>
<b>VA/Military requirement</b>			5 (71.4%)		<b>7</b>
<b>Indian Health Services</b>					<b>1</b>
<b>Other</b>				3 (13.6%)	<b>22</b>

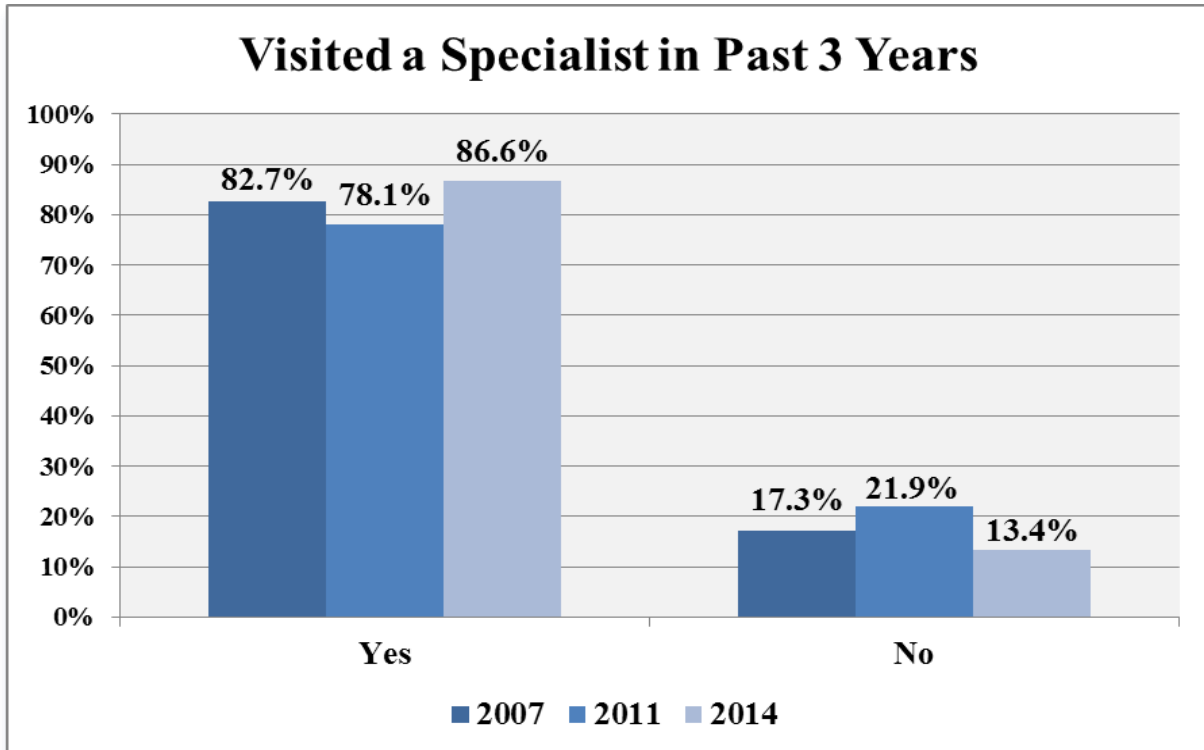
### Use of Healthcare Specialists during the Past Three Years (Question 21)

2014 N= 179

2011 N= 169

2007 N= 185

Eighty-seven percent of respondents (n=155) indicated they or a household member had seen a healthcare specialist during the past three years. Thirteen percent (n=24) indicated they had not seen a specialist and eighteen respondents chose not to answer this question.



## Type of Healthcare Specialist Seen (Question 22)

2014 N= 155

2011 N= 132

2007 N= 153

The respondents (n=155) saw a wide array of healthcare specialists in the past three years. The most frequently indicated specialist was a “Dentist” at 54.2% of respondents (n=84) having utilized their services. “Cardiologist” was the second most utilized specialist at 34.8% (n=54) and “Chiropractor” was third at 26.5% (n=41). Respondents were asked to choose all that apply so percentages do not equal 100%.

Healthcare Specialist	2007		2011		2014	
	Count	Percent	Count	Percent	Count	Percent
Dentist	Not asked in 2007		58	43.9%	84	54.2%
Cardiologist	45	29.4%	35	26.5%	54	34.8%
Chiropractor	46	30.1%	35	26.5%	41	26.5%
Physical therapist	Not asked in 2007		24	18.2%	40	25.8%
Radiologist	Not asked in 2007		Not asked in 2011		36	23.2%
Orthopedic surgeon	39	25.5%	33	25.0%	34	21.9%
Dermatologist	19	12.4%	14	10.6%	30	19.4%
Ophthalmologist	Not asked in 2007		Not asked in 2011		29	18.7%
General surgeon	27	17.6%	15	11.4%	27	17.4%
Neurologist	18	11.8%	14	10.6%	24	15.5%
Urologist	13	8.5%	14	10.6%	21	13.5%
Gastroenterologist	Not asked in 2007		14	10.6%	20	12.9%
ENT (ear/nose/throat)	16	10.5%	6	4.5%	19	12.3%
Oncologist	12	7.8%	12	9.1%	15	9.7%
Podiatrist	15	9.8%	13	9.8%	13	8.4%
Neurosurgeon	Not asked in 2007		5	3.8%	13	8.4%
Rheumatologist	Not asked in 2007		6	4.5%	11	7.1%
Mental health counselor	10	6.5%	6	4.5%	9	5.8%
OB/GYN <sup>1</sup>	23	15.0%	19	14.4%	9	5.8%
Allergist	Not asked in 2007		6	4.5%	9	5.8%
Pediatrician	7	4.6%	10	7.6%	8	5.2%
Occupational therapist	Not asked in 2007		4	3.0%	8	5.2%
Pulmonologist	Not asked in 2007		6	4.5%	7	4.5%
Psychologist	4	2.6%	5	3.8%	5	3.2%
Social worker	2	1.3%	2	1.5%	5	3.2%
Endocrinologist	Not asked in 2007		7	5.3%	5	3.2%
Dietician	Not asked in 2007		3	2.3%	3	1.9%
Speech therapist	Not asked in 2007		1	0.8%	1	0.6%
Psychiatrist (M.D.)	4	2.6%	2	1.5%	1	0.6%
Substance abuse counselor	0	0	0	0	1	0.6%
Geriatrician	Not asked in 2007		4	3.0%	0	0
Other	17	11.1%	11	8.3%	12	7.7%

<sup>1</sup> In 2014, respondents were less likely to have seen an OB/GYN than in 2011 and 2007.

*Question 22 continued on following page...*

*Question 22 continued...*

“Other” comments:

- Pain Specialist (4)
- Surgeon Dr. Damschen
- Nephrologist (3)
- AME [Aviation Medical Examiner]/Class 1 flight physical
- Knee and Leg doctor
- Eye Treatments
- Colonoscopy
- Gynecologist
- Cancer
- Lung Surgery
- Internist
- Bone Doctor
- Naturopathic Doctor
- Joint and Bone
- Respiratory Specialist

### Location of Healthcare Specialist (Question 23)

2014 N= 155

2011 N= 132

2007 N= 153

Of the 155 respondents who indicated they saw a healthcare specialist in the past three years, 73.5% (n=114) saw a specialist in Missoula. “Plains (CFVH)” was utilized by 43.2% (n=67) of respondents for specialty care and Thompson Falls was reported by 25.8% (n=40). Respondents could select more than one location; therefore percentages do not equal 100%.

Location	2007		2011		2014	
	Count	Percent	Count	Percent	Count	Percent
<b>Missoula</b>	<b>106</b>	<b>69.3%</b>	<b>85</b>	<b>64.4%</b>	<b>114</b>	<b>73.5%</b>
<b>Plains (CFVH)</b>	<b>57</b>	<b>37.3%</b>	<b>47</b>	<b>35.6%</b>	<b>67</b>	<b>43.2%</b>
<b>Thompson Falls</b>	Not asked in 2007		Not asked in 2011		<b>40</b>	<b>25.8%</b>
Kalispell <sup>1</sup>	<b>11</b>	<b>7.2%</b>	19	14.4%	28	18.1%
Hot Springs	Not asked in 2007		Not asked in 2011		8	5.2%
Sandpoint	3	2.0%	7	5.3%	5	3.2%
Coeur d' Alene	Not asked in 2007		3	2.3%	3	1.9%
Other	Not asked in 2007		<b>32</b>	<b>24.2%</b>	25	16.1%

<sup>1</sup> Respondents were significantly less likely to see a specialist in Kalispell in 2007 than in 2014 and 2011.

“Other” comments:

- VA (3) [Veteran Affairs]
- Ronan
- Billings (2)
- Libby (4)
- Helena
- Spokane, WA (6)
- Superior (3)
- Polson (2)
- Plains Community
- Seattle, WA (2)
- Plains Physical Therapy (2)
- Hamilton

## Overall Quality of Care at Clark Fork Valley Hospital (Question 24)

2014 N= 197

2011 N= 195

2007 N= 192

Respondents were asked to rate a variety of aspects of the overall care provided at Clark Fork Valley Hospital using the scale of 4=Excellent, 3=Good, 2=Fair, 1=Poor, and “Don’t know.” The sums of the average scores were then calculated with “Surgery” and “Imaging services” receiving the top average scores of 3.4 out of 4.0. “Home health care program/hospice” received a rating of 3.3 out of 4.0. The hospital’s total average score was 3.1, indicating the overall services of the hospital to be “Good.”

<b>2014</b>	<b>Excellent (4)</b>	<b>Good (3)</b>	<b>Fair (2)</b>	<b>Poor (1)</b>	<b>Don't know</b>	<b>Haven't Used</b>	<b>No Ans</b>	<b>N</b>	<b>Avg</b>
<b>Surgery</b>	35	19	5	2	16	93	27	197	3.4
<b>X-ray/mammography/ MRI/Ultrasound/CT scan</b>	61	50	8	4	12	43	19	197	3.4
<b>Home health care program/hospice</b>	17	11	4	2	21	111	31	197	3.3
Laboratory	41	58	12	4	15	44	23	197	3.2
Emergency room	35	53	18	6	11	53	21	197	3.0
Home Oxygen service	5	6	3	1	25	123	34	197	3.0
Occupational/physical/ speech therapy	10	12	3	4	21	113	34	197	3.0
Orthopedics	3	10	3	1	24	121	35	197	2.9
Cardiac services	8	24	6	6	22	97	34	197	2.8
Obstetrics	1	5	1	1	29	125	35	197	2.8
Long-term care/nursing home	3	12	6	2	22	118	34	197	2.7
Sleep studies	3	13	5	4	25	115	32	197	2.6
Aquatic therapy	1	2	0	2	30	130	32	197	2.4
<b>TOTAL</b>	<b>223</b>	<b>275</b>	<b>74</b>	<b>39</b>					<b>3.1</b>

*Question 24 continued on following page...*

*Question 24 continued...*

<b>2011</b>	<b>Excellent (4)</b>	<b>Good (3)</b>	<b>Fair (2)</b>	<b>Poor (1)</b>	<b>Don't know</b>	<b>No Ans</b>	<b>N</b>	<b>Avg</b>
Surgery	35	13	4	2	111	30	195	3.5
X-ray/mammography/ Ultrasound/CT scan	59	29	8	7	69	23	195	3.4
MRI	29	11	9	2	144		195	3.3
Home health care program	5	8	1	3	144	34	195	2.9
Hospice program	13	3	1	2	176			3.4
Laboratory	57	37	10	5	62	24	195	3.3
Emergency room	53	39	11	12	62	18	195	3.2
Home Oxygen service	6	4	2	1	147	35	195	3.2
Physical therapy	20	12	6	7	124	26	195	3.0
Occupational therapy	2	3	1	1	188			2.9
Speech therapy	0	1	0	0	194		195	3.0
Cardiac services	7	13	4	7	134	30	195	2.6
Obstetrics	5	4	1	0	149	36	195	3.4
Long-term care/nursing home	5	1	1	4	148	36	195	2.6
Sleep studies	2	6	2	0	151	34	195	3.0
Aquatic therapy	6	1	0	0	153	35	195	3.9
<b>TOTAL</b>	<b>260</b>	<b>167</b>	<b>50</b>	<b>48</b>				<b>3.4</b>

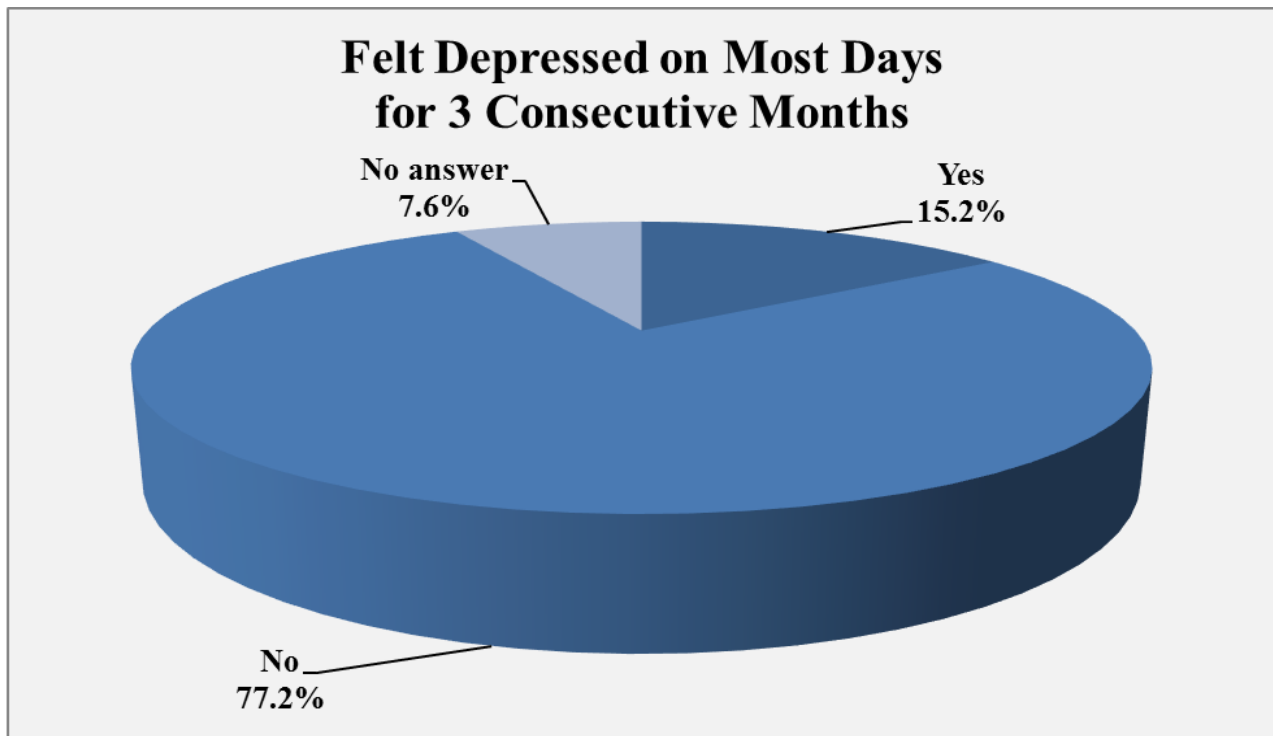
## Survey Findings – Personal Health

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### Prevalence of Depression (Question 25)

2014 N= 197

Respondents were asked to indicate if there were periods of at least three consecutive months in the past three years where they felt depressed on most days, although they may have felt okay sometimes. Fifteen percent of respondents (n=30) indicated they had experienced periods of feeling depressed and 77.2% of respondents (n=152) indicated they had not. Eight percent of respondents (n=15) chose not to answer this question.

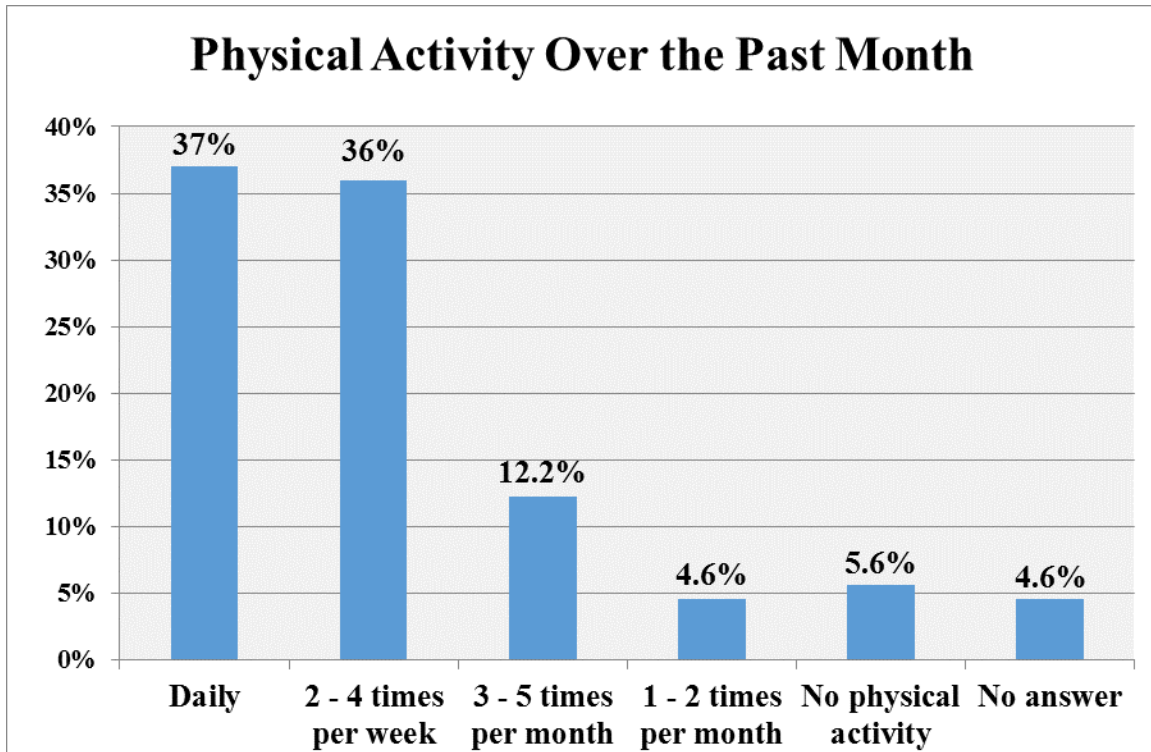




### Physical Activity (Question 26)

2014 N= 197

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Thirty-seven percent of respondents (n=73) indicated they had physical activity of at least twenty minutes “Daily” while 36% (n=71) indicated “2-4 times per week” over the past month. Six percent of respondents (n=11) indicated they had “No physical activity” and nine respondents chose not to answer this question.



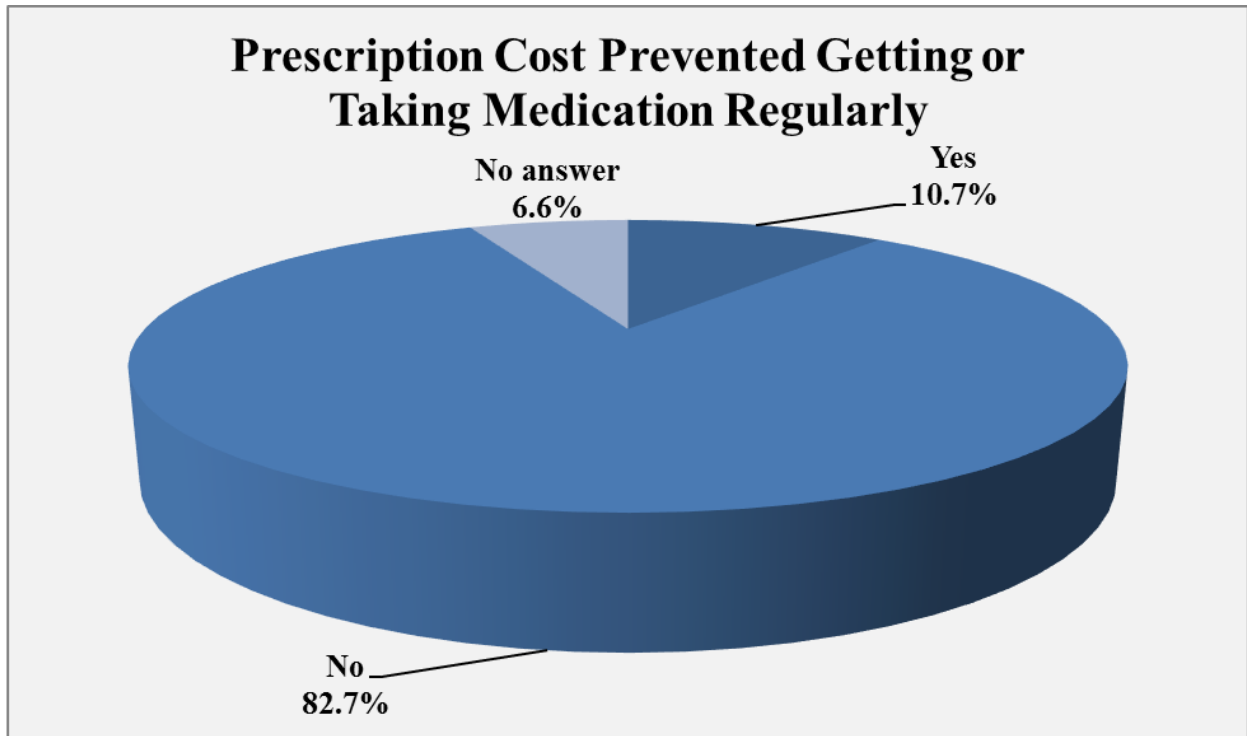
## Survey Findings – Cost and Health Insurance

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### Cost and Prescription Medications (Question 27)

2014 N= 197

Respondents were asked to indicate if, during the last year, medication costs had prohibited them from getting a prescription or taking their medication regularly. Eleven percent of respondents (n=21) indicated that, in the last year, cost had prohibited them from getting a prescription or taking their medication regularly. Eighty-three percent of respondents (n=163) indicated that cost had not prohibited them, and 6.6% of respondents (n=13) chose not to answer this question.



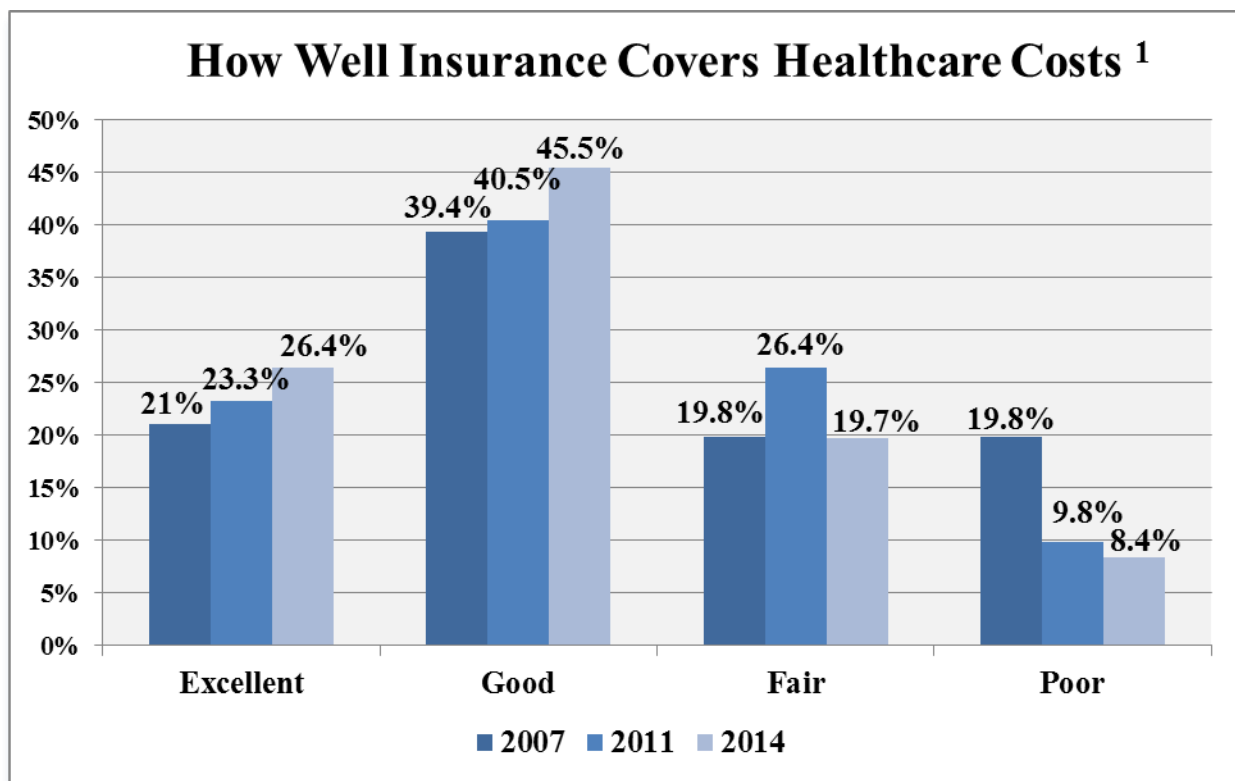
### Insurance and Healthcare Costs (Question 28)

2014 N= 178

2011 N= 163

2007 N= 162

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Forty-six percent of respondents (n=81) indicated they felt their insurance covers a “Good” amount of their healthcare costs. Twenty-six percent of respondents (n=47) indicated they felt their insurance is “Excellent” and 19.7% of respondents (n=35) indicated they felt their insurance coverage was “Fair.” Nineteen survey respondents did not respond to this question.



<sup>1</sup> 2014 respondents are significantly more likely to rate their health insurance as excellent or good.

### Medical Insurance (Question 29)

2014 N= 156

2011 N= 166

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Forty-seven percent (n=74) indicated they have “Medicare” coverage.

Twenty-one percent (n=32) indicated they have “Employer sponsored” coverage and “Private insurance/private plan” was indicated by 10.9% of respondents (n=17). Forty-one respondents chose not to answer this question.

Insurance Type	2011		2014	
	Count	Percent	Count	Percent
<b>Medicare</b>	<b>66</b>	<b>39.8%</b>	<b>74</b>	<b>47.4%</b>
<b>Employer sponsored</b>	<b>38</b>	<b>22.9%</b>	<b>32</b>	<b>20.5%</b>
<b>Private insurance/private plan</b>	13	7.8%	<b>17</b>	<b>10.9%</b>
None/Pay out of pocket	<b>28</b>	<b>16.9%</b>	8	5.1%
VA/Military	4	2.4%	7	4.5%
Health Insurance Marketplace	Not asked in 2011		4	2.6%
Health Savings Account	2	1.2%	3	1.9%
Healthy MT Kids	8	4.8%	2	1.3%
Medicaid	3	1.8%	2	1.3%
State/Other	0	0	2	1.3%
Indian Health	0	0	1	0.6%
Agricultural Corp. Paid	0	0	0	0
Other	4	2.4%	4	2.6%
<b>TOTAL</b>	<b>166</b>	<b>100%</b>	<b>156</b>	<b>100%</b>

“Other” comments:

- Federal
- Christian Health Care (2)
- Retirement System
- Medicare Advantage

### Barriers to Having Health Insurance (Question 30)

2014 N= 8

2011 N= 28

The eight respondents who indicated they did not have medical insurance were asked to indicate why they did not. Eighty-eight percent (n=7) reported they did not have health insurance because they could not afford to pay for it and 25% (n=2) indicated “Choose not to have medical insurance.” Respondents were asked to mark all answers that applied, thus the percentages do not equal 100%.

Reason	2011		2014	
	Count	Percent	Count	Percent
Cannot afford to pay for medical insurance	26	92.9%	7	87.5%
Choose not to have medical insurance	2	7.1%	2	25.0%
Employer does not offer insurance	5	17.9%	1	12.5%
Other	4	14.3%	3	37.5%

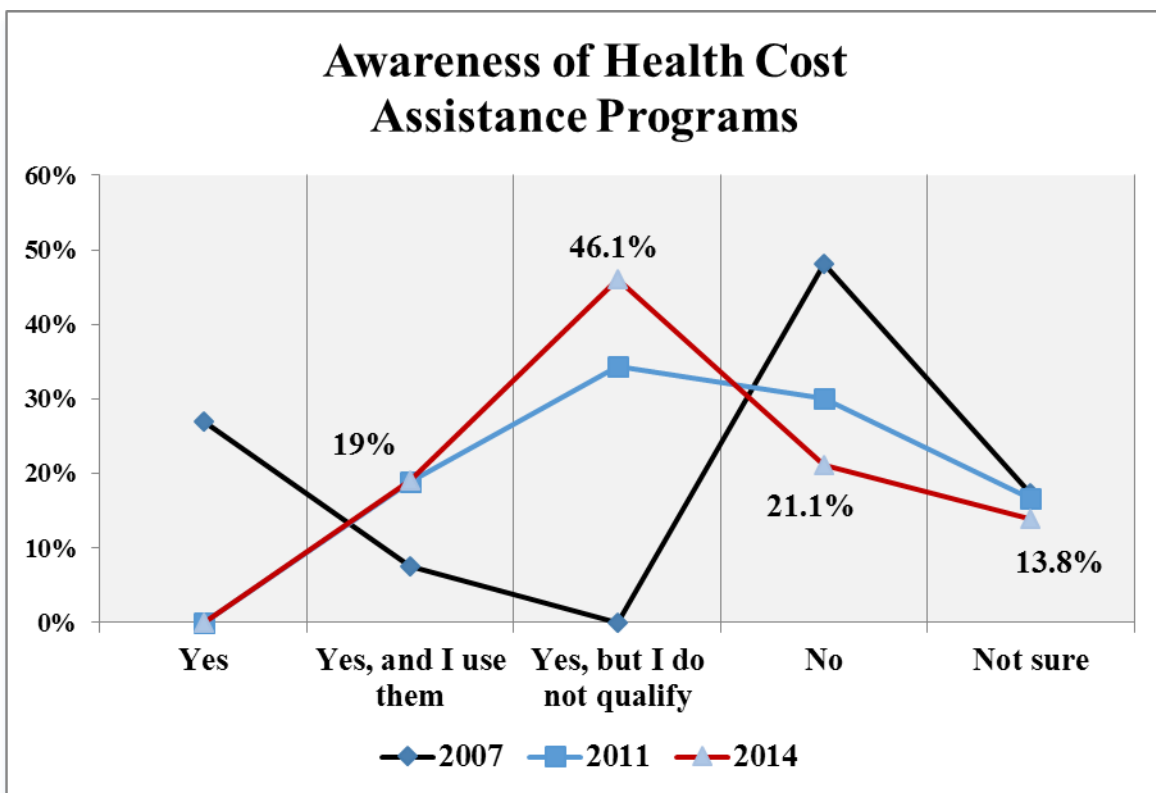
### Awareness of Health Payment Programs (Question 31)

2014 N= 152

2011 N= 186

2007 N= 185

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. Forty-six percent of respondents (n=70) indicated they were aware of these types of programs, but did not qualify to utilize them. Twenty-one percent (n=32) indicated that they were not aware or did not know of these programs and 19% of respondents (n=29) indicated they were aware of and utilized health payment assistance programs. Forty-five respondents chose not to answer this question.



## **VI. Focus Group Methodology**

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Two focus groups were held in Plains, Montana in February 2014. Focus group participants were identified as people living in Clark Fork Valley Hospital's service area.

Eight people participated in the two focus group interviews. The focus groups were designed to represent various consumer groups of healthcare including senior citizens and local community members. Focus groups were held at Clark Fork Valley Hospital. Each group meeting lasted up to 90 minutes in length and followed the same line of questioning in each session (Appendix F). The questions and discussions at the focus groups were led by Angela Bangs with the Montana Office of Rural Health.

One key informant group interview was held in February 2014 with volunteer members of the Steering Committee. The interview was approximately 30 minutes long and followed a shorter, but similar line of questioning. The interview was conducted by Angela Bangs with the Montana Office of Rural Health.

Focus group notes and key informant interview notes can be found in Appendix G of this report.

## VII. Focus Group Findings

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

Improve health of the community:

- Better nutrition, less smoking and alcohol intake
- More opportunities for walking and exercise
- Improving the economic situation/unemployment in Sanders County

Most important local healthcare issues:

- Affordable healthcare
- Obesity, sedentary lifestyle, poor diet
- Diabetes

Opinion of hospital services:

- Provides great care; outstanding service for the size of the community
- The number of services offered meets the community's needs and continues to expand
- Clark Fork Valley Hospital (CFVH) needs more providers in order to serve more patients
- Generally, participants were familiar with the hospital board members and their responsibilities
- The business office and billing has improved recently; participants felt the business office could do more to help patients navigate health insurance and billing
- The facility is clean, beautiful, and well-maintained
- Participants didn't feel they fully understand the hospital's financial standing and also thought the hospital's nonprofit status should improve the price of services
- Healthcare costs are outrageous everywhere but one participant noted, "It seems CFVH's fees are a little higher."
- Office staff is accommodating but participants noted they aren't always available to pick-up the phone
- Availability of appointments has improved and wait times are usually appropriate unless they are working people without appointments into the schedule

Opinion of local providers:

- Participants utilized local providers because they're close and convenient, they like their provider, and they don't want to travel to Missoula



Opinion of local services:

- The ER is great, works quickly and provides very good care
- The ambulance staff are volunteers and they are quick to respond but recruiting volunteers is difficult
- Services for seniors is valuable as the community becomes more of a retirement community; participants were impressed with the home health and hospice services
- Participants were not aware of many of the health department's programs and suggested more advertising for the services they offer
- Sliding scale fees are provided by the hospital and clinics for individuals/families who are low-income but medications/prescriptions are usually full-price
- The nursing home is great and provides many activities for its residents; there are two assisted living facilities in Thompson Falls but additional assisted living is greatly needed in the Plains community
- Participants utilize both local pharmacies and mail-service pharmacies for their prescriptions

Reasons to leave the community for healthcare:

- Distance for sensitive health concerns and privacy
- Referred to specialists (e.g. dermatology)
- Conflicts with staff

Needed healthcare services in the community:

- Specialties: Oncology/Chemotherapy, Pediatrics, Dermatologist, and Allergist
  - \* *Participants were aware that some services would not be financially feasible to provide to the Plains service area*
- Bring back the visiting cardiologist
- Dialysis

## VIII. Summary

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One hundred ninety-seven surveys were completed in Clark Fork Valley Hospital's service area for a 26% response rate. Of the 197 returned, 55.9% of the respondents were females, 80.3% were 56 years of age or older, and 58.6% are retired.

Respondents rated the overall quality of care at the hospital as good, scoring 3.1 out of 4.0 on a scale of 4.0 being excellent and 1.0 being poor.

Over half of the respondents (64.9%) feel the Plains area is a "somewhat healthy" place to live. Although, significantly fewer respondents rated the Plains area as very healthy or healthy than in 2007 and 2011.

Respondents indicated their top three health concerns were: alcohol abuse/substance abuse (62.9%), cancer (39.1%), and overweight/obesity (37.6%). Significantly more respondents identified overweight/obesity to be a concern than in 2007 or 2011.

When respondents were asked which health related educational programs or classes they would be most interested in, the top choices were: health and wellness (25.9%), fitness (22.8%), and weight loss (19.8%).

Overall, the respondents within Clark Fork Valley Hospital's service area are seeking hospital care at a rate that is typically seen in rural areas. Area residents recognize the major impact the healthcare sector has on the economic well-being of the area, with 77.5% of respondents identifying local healthcare services as "very important" to the economic well-being of the area.

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

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

## **Appendix A – Steering Committee Members**

### **Steering Committee – Name and Organization Affiliation**

1. Abby Harnett – Directory, Sanders County Mental Health
2. Brandy Kincheloe – Better Health Improvement Specialist, Clark Fork Valley Hospital
3. Carla Neiman – Chief Financial Officer, Clark Fork Valley Hospital
4. Carla Parks – Mayor, Thompson Falls
5. Carrie Terrell – Library Director, Plains Public Library District
6. Deborah Warren – Real Estate Broker, Century 21 Big Sky
7. Erin Alt – Sander County Council on Aging
8. Jerry Pauli – Board Member, Clark Fork Valley Hospital
9. Karen Morey – Sanders County Health Nurse
10. Larry McDonald – Principal, Plains High School
11. Lisa Talcott – Medical Social Worker, Clark Fork Valley Hospital
12. Marie Hartman – Retired Clark Fork Valley Hospital
13. Nick Lawyer – Physician Assistant (PA-C), Clark Fork Valley Hospital
14. Patty Martin – Adult Protective Services

## Appendix B – Public Health and Populations Consultation

### Public Health and Populations Consultation Worksheet

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#### 1. Public Health

- a. Name/Organization  
Karen Morey – Sanders County Health Nurse
- b. Date of Consultation  
First Steering Committee Meeting: February 13, 2014  
Key Informant Interview: May 21, 2014
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)  
Steering Committee, Interview
- d. Input and Recommendations from Consultation
  - What would make your community a healthier place to live?
    - With the new insurance requirements, residents will have better access to healthcare. Medicaid expansion would have helped cover our low-income population.
    - Collaborating with our stakeholders.
    - Increasing immunization rates.
    - More access to safe walking/biking resources and more mental health services.
  - What do you think are the most important local healthcare issues?
    - Infectious diseases like STD's [Sexually Transmitted Diseases] are an important healthcare issue.
    - Family planning for residents is important. We have a family planning clinic that is a satellite clinic of Lake County but it will be closing at the end of June 2014 because of a lack of resources. That will have a huge impact on our residents.
  - What other healthcare services are needed in the community?
    - Family planning services are needed.

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

Population: Low-income, Underinsured

- a. Name/Organization  
Deborah Warren – Real Estate Broker, Century 21 Big Sky
- b. Date of Consultation  
First Steering Committee Meeting: February 13, 2014
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)  
Steering Committee
- d. Input and Recommendations from Consultation
  - Some common concerns are mental health, alcohol, smoking, and homelessness.

Population: Seniors

- a. Name/Organization  
Erin Alt – Sanders County Council on Aging  
Lisa Talcott – Medical Social Worker, Clark Fork Valley Hospital  
Patty Martin – Adult Protective Services
- b. Date of Consultation  
First Steering Committee Meeting: February 13, 2014
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)  
Steering Committee
- d. Input and Recommendations from Consultation
  - The only public transportation available is the VA van. You must be VA but you can use it for all health appointments, not just VA appointments.
  - End of life planning is so important and most people do not know the difference between an advanced directive and their will for their estate. It has to be explained to them. There needs to be more awareness of these important end-of-life decisions.

## Appendix C – Survey Cover Letter



10 KRUGER ROAD . PO BOX 768 . PLAINS, MT 59859 . (406) 826-4800 . WWW.CFVH.ORG

March 17, 2014

Dear Resident:

This letter and survey concern the future of healthcare in Sanders County. By completing the enclosed survey, you will help guide Clark Fork Valley Hospital in developing comprehensive and affordable healthcare services to our area residents. Your help will be critical in determining the community's perception of local healthcare services and identifying important issues.

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

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

Clark Fork Valley Hospital is participating in the Frontier Medicine Better Health Partnership (FMBHP), which was formed to address the unique healthcare challenges in frontier/rural communities in Montana in order to develop solutions which can be applied nationwide. The Montana Office of Rural Health will be assisting us in completing this survey process. The purpose of the survey is to obtain information from a wide range of area residents to assist your community in meeting present and future healthcare needs.

**Please take a few moments to complete the enclosed survey by April 28, 2014.**

Your response is very important to Clark Fork Valley Hospital because your comments will represent others in the area and will help guide us in planning responsive and high quality local healthcare services for the future. Even if you do not use healthcare services through Clark Fork Valley Hospital, your input is still helpful and will benefit our community. We know your time is valuable so we have made every effort to keep the survey brief - it should take less than 15 minutes to complete. Your help is much appreciated in responding to this survey.

Once you complete your survey, simply return it in the enclosed self-addressed, postage paid envelope. All survey responses will go to the National Rural Health Resource Center in Duluth, Minnesota, the organization that is assisting with this project. If you have any questions about the survey, please call the Montana Office of Rural Health at 406-994-6972.

Thank you for your assistance. We appreciate your effort.

Sincerely,

A handwritten signature in black ink that reads "Gregory Hanson MD".

Gregory Hanson, M.D., President/CEO  
Clark Fork Valley Hospital

## Appendix D – Survey Instrument

### Community Health Needs Assessment Survey Sanders County, Montana

INSTRUCTIONS: Please use a #2 pencil or ink pen to complete the survey and return it in the enclosed postage paid envelope. All responses must be made by filling in the circle next to the corresponding answer. *If you need assistance filling out this survey, please contact the Montana Office of Rural Health at 406-994-6972.*

**Participation is voluntary. You can choose to not answer any question that you do not want to answer, and you can stop at any time.**

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

- Very healthy     Healthy     Somewhat healthy     Unhealthy     Very unhealthy

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

- |   |  |   |
|---|--|---|
| <input type="radio"/> Alcohol abuse/substance abuse | <input type="radio"/> Heart Disease                | <input type="radio"/> Overweight/obesity                    |
| <input type="radio"/> Cancer                        | <input type="radio"/> Lack of access to healthcare | <input type="radio"/> Recreation related accidents/injuries |
| <input type="radio"/> Child abuse/neglect           | <input type="radio"/> Lack of dental care          | <input type="radio"/> Stroke                                |
| <input type="radio"/> Depression/anxiety            | <input type="radio"/> Lack of exercise             | <input type="radio"/> Tobacco use                           |
| <input type="radio"/> Diabetes                      | <input type="radio"/> Mental health issues         | <input type="radio"/> Work related accidents/injuries       |
| <input type="radio"/> Domestic violence             | <input type="radio"/> Motor vehicle accidents      | <input type="radio"/> Other _____                           |

3. Select the **three** items below that you believe are **most important** for a healthy community:  
(Select **ONLY 3 that apply**)

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

4. How do you rate your knowledge of the health services that are available at Clark Fork Valley Hospital?

- Excellent     Good     Fair     Poor

5. How do you rate your knowledge of the health services that are available in the clinic?

- Excellent     Good     Fair     Poor



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

- Friends/family
- Newspaper
- Senior center
- Other \_\_\_\_\_
- Healthcare provider
- Presentations
- Social media (Facebook, etc.)
- Internet search
- Public health
- Television
- Mailings/newsletter
- Radio
- Word of mouth/reputation

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

- Acupuncture
- Dentist
- Optometry
- Senior center
- Ambulance services
- Fitness/exercise
- Pharmacy
- Other \_\_\_\_\_
- Chiropractor
- Mental health
- Public health
- Council on Aging
- Naturopathy
- Public transportation

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

- Cultural sensitivity
- More primary care providers
- Telemedicine
- Greater health education services
- More specialists
- Transportation assistance
- Improved quality of care
- Outpatient services expanded hours
- Better access to insurance
- Interpreter services
- Other \_\_\_\_\_

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

- Alcohol/substance abuse
- Fitness
- Parenting
- Alzheimer's
- Grief counseling
- Prenatal
- Cancer
- Health and wellness
- Smoking cessation
- Caregiving
- Heart disease
- Stress management
- Diabetes
- Men's/ Women's health
- Support groups
- End of life planning
- Mental health
- Weight loss
- First aid/CPR
- Nutrition
- Other \_\_\_\_\_

10. How important are local healthcare providers and services (i.e. hospitals, clinics, nursing homes, assisted living, etc.) to the economic well-being of the area?

- Very important
- Important
- Not important
- Don't know

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

- Bone Density "DEXA" Scan
- Flu shot
- Routine health checkup
- Children's checkup/well baby
- Mammography
- Vaccinations
- Cholesterol check
- Pap smear
- None
- Colonoscopy
- Prostate (PSA)
- Other \_\_\_\_\_
- Diabetes screenings
- Routine blood pressure check



12. In the past three years, was there a time when you or a member of your household thought you needed healthcare services but did NOT get or delayed getting medical services?

- Yes  No (If no, skip to question #14)

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

- |  |  |   |
|--|--|---|
| <input type="radio"/> Could not get an appointment | <input type="radio"/> It was too far to go         | <input type="radio"/> Office wasn't open when I could go  |
| <input type="radio"/> Could not get off work       | <input type="radio"/> Lack of childcare            | <input type="radio"/> Too long to wait for an appointment |
| <input type="radio"/> Didn't know where to go      | <input type="radio"/> Language barrier             | <input type="radio"/> Too nervous or afraid               |
| <input type="radio"/> Don't like doctors           | <input type="radio"/> My insurance didn't cover it | <input type="radio"/> Transportation problems             |
| <input type="radio"/> Immobility                   | <input type="radio"/> No insurance                 | <input type="radio"/> Unsure if services were available   |
| <input type="radio"/> It costs too much            | <input type="radio"/> Not treated with respect     | <input type="radio"/> Other _____                         |

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

- |  |  |  |
|--|--|--|
| <input type="radio"/> Cancer services            | <input type="radio"/> Healthy behaviors & lifestyles     | <input type="radio"/> Diabetes education |
| <input type="radio"/> Cardiac rehabilitation     | <input type="radio"/> Inpatient substance abuse services | <input type="radio"/> Smoking cessation  |
| <input type="radio"/> Community wellness program | <input type="radio"/> Mental health crisis services      | <input type="radio"/> Other _____        |

15. In the **past three years**, has anyone in your household received care in a hospital? (i.e. hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care)

- Yes  No (If no, skip to question #18)

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

- |  |   |
|--|---|
| <input type="radio"/> Clark Fork Valley Hospital           | <input type="radio"/> St. Luke Community Hospital |
| <input type="radio"/> Kalispell Regional Medical Center    | <input type="radio"/> Bonner General Hospital     |
| <input type="radio"/> St. John's Lutheran Hospital         | <input type="radio"/> Mineral Community Hospital  |
| <input type="radio"/> St. Patrick Hospital                 | <input type="radio"/> VA                          |
| <input type="radio"/> Community Medical Center             | <input type="radio"/> Other _____                 |
| <input type="radio"/> Providence St. Joseph Medical Center |   |

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

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

18. In the past three years, have you or a household member seen a primary healthcare provider, such as a family physician, physician assistant, or nurse practitioner for healthcare services?

Yes  No (If no, skip to question #21)

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

Plains  Noxon  Missoula  Kalispell  Other \_\_\_\_\_  
 Thompson Falls  Hot Springs  Sandpoint  VA Clinic

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

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

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

Yes  No (If no, skip to question #24)

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

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

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

Plains (CFVH)  Hot Springs  Missoula  Thompson Falls  
 Coeur d' Alene  Kalispell  Sandpoint  Other \_\_\_\_\_

24. The following services are available at Clark Fork Valley Hospital. Please rate the overall quality for each service. (Please mark N/A if you haven't used the service)

Excellent = 4    Good = 3    Fair = 2    Poor = 1    Haven't Used=N/A    Don't Know = DK

Aquatic therapy	<input type="radio"/>	4	<input type="radio"/>	3	<input type="radio"/>	2	<input type="radio"/>	1	<input type="radio"/>	N/A	<input type="radio"/>	DK
Cardiac services	<input type="radio"/>	4	<input type="radio"/>	3	<input type="radio"/>	2	<input type="radio"/>	1	<input type="radio"/>	N/A	<input type="radio"/>	DK
Emergency room	<input type="radio"/>	4	<input type="radio"/>	3	<input type="radio"/>	2	<input type="radio"/>	1	<input type="radio"/>	N/A	<input type="radio"/>	DK
Home health care program/hospice	<input type="radio"/>	4	<input type="radio"/>	3	<input type="radio"/>	2	<input type="radio"/>	1	<input type="radio"/>	N/A	<input type="radio"/>	DK
Home Oxygen service	<input type="radio"/>	4	<input type="radio"/>	3	<input type="radio"/>	2	<input type="radio"/>	1	<input type="radio"/>	N/A	<input type="radio"/>	DK
Laboratory	<input type="radio"/>	4	<input type="radio"/>	3	<input type="radio"/>	2	<input type="radio"/>	1	<input type="radio"/>	N/A	<input type="radio"/>	DK
Long-term care/nursing home	<input type="radio"/>	4	<input type="radio"/>	3	<input type="radio"/>	2	<input type="radio"/>	1	<input type="radio"/>	N/A	<input type="radio"/>	DK
Obstetrics	<input type="radio"/>	4	<input type="radio"/>	3	<input type="radio"/>	2	<input type="radio"/>	1	<input type="radio"/>	N/A	<input type="radio"/>	DK
Occupational/physical/speech therapy	<input type="radio"/>	4	<input type="radio"/>	3	<input type="radio"/>	2	<input type="radio"/>	1	<input type="radio"/>	N/A	<input type="radio"/>	DK
Orthopedics	<input type="radio"/>	4	<input type="radio"/>	3	<input type="radio"/>	2	<input type="radio"/>	1	<input type="radio"/>	N/A	<input type="radio"/>	DK
Sleep studies	<input type="radio"/>	4	<input type="radio"/>	3	<input type="radio"/>	2	<input type="radio"/>	1	<input type="radio"/>	N/A	<input type="radio"/>	DK
Surgery	<input type="radio"/>	4	<input type="radio"/>	3	<input type="radio"/>	2	<input type="radio"/>	1	<input type="radio"/>	N/A	<input type="radio"/>	DK
X-ray/mammography/MRI/Ultrasound/CT scan	<input type="radio"/>	4	<input type="radio"/>	3	<input type="radio"/>	2	<input type="radio"/>	1	<input type="radio"/>	N/A	<input type="radio"/>	DK

25. In the past three years, have there been periods of at least three consecutive months where you felt depressed on most days, although you may have felt okay sometimes?

- Yes     No

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

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

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

- Yes     No

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

- Excellent                     Good                     Fair                     Poor

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

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



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

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

31. Are you aware of programs that help people pay for healthcare expenses?

- Yes, and I use them     Yes, but I do not quality     No     Not sure

**Demographics**

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

32. Where do you currently live by zip code?

- 59859 Plains     59874 Trout Creek     59844 Heron  
 59856 Paradise     59872 Superior     59873 Thompson Falls  
 59866 St. Regis     59853 Noxon     Other \_\_\_\_\_  
 59845 Hot Springs

33. What is your gender?     Male     Female

34. What age range represents you?

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

35. What is your employment status?

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

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

**THANK YOU VERY MUCH FOR YOUR TIME**

**Please note that all information will remain confidential**

## Appendix E – Responses to Other and Comments

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

- Health problems of many aging seniors
- Lack of healthcare quality
- Lack of healthcare
- Poor diet
- No doctor, won't send lab work or tests to other doctors

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

- Good qualified doctors
- Too many laws and regulations
- Well-paying jobs

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

- Job (4)
- Military
- Personal experience (2)
- EMS [Emergency Medical Services]

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

- Massage therapist (2)
- Oral surgeon
- Physical therapy (2)
- Kalispell-Polson Clinics
- Hot Springs

**8. In your opinion, what would improve our community's access to healthcare?**

- Cheaper rates
- Eye care
- More M.D.'s
- Improve help for circulatory interventions
- Be like partnership health with a sliding scale
- Easier to apply to Medicaid
- Access to alternative medicine
- Better pharmacy
- Better doctors
- Knowing what services are available at CFVH [Clark Fork Valley Hospital]
- People do not know what's available
- Public health nurse access
- Common sense about fees
- Get rid of clinic to get a good doctor

**9. If any of the following classes/programs were made available to the Plains Community, which would you be most interested in attending?**

- Evening yoga
- Bone/Joint therapy
- Physical therapy
- Exercise in pool/Aquatic therapy

**11. Which of the following preventative services have you used in the past year?**

- Blood draw (2)
- Shingles shot
- CAT scan/MRI
- Sed rate [sedimentation rate blood test]
- Heart tests
- In order to get prescriptions or flu shots you are required to have a complete physical. For prescriptions it is required every three months. This is according to the clinic located in Hot Springs.

**13. If yes, what were the three most important reasons why you did not receive healthcare services?**

- Need more female doctors
- Doctor did not return call
- No money to pay for treatment or prescriptions
- No specialist here
- Was told “no need”
- I was supposed to go to Kalispell but the ambulance would not take me there; they [ambulance service] took me to Plains.
- I thought it would heal on its own

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

- Pain management (2)
- I don't need these but others [community members] sure do
- Naturopath
- Eye doctor
- Support group for me and support others

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

- Out of state
- Billings Clinic
- Surgical Center in Missoula
- Flathead Orthopedic in Kalispell
- Missoula Bone and Joint
- Harborview Medical Center in Seattle, WA (2)
- Infusion Medication

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

- I love Randy Mack [PA-C at Clark Fork Valley Hospital]
- Employee discount
- Specialist became available once every two weeks at CFVH [Clark Fork Valley Hospital]
- U.S. Navy retired, disabled veteran
- Was forced to go to Clark Fork Valley Hospital. [Ambulance] Would not take me to Kalispell
- Trauma Center

**19. Where was that primary healthcare provider located?**

- Polson (3)
- Ronan
- Billings
- Superior (5)
- Libby
- Spokane, WA

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

- Visit to Ronan for my AME [Aviation Medical Exam] for flight physical
- Prior experience with the doctor (Dr. Nelson is excellent!)
- Patient for nearly 50 years – here [Plains, Montana] and elsewhere
- Used this doctor for many years
- Nothing better available
- Dr. Williams
- I have known Dr. Terry Smith as our family doctor for over 20 years and when he left we were told the clinic could no longer provide care for us any longer!
- Nothing better available
- 44 years [with] my doctor
- Lost [previous] doctor to ObamaCare
- Saw consistently by PA's [Physician Assistants]
- Like and trust my provider
- I get quality service with my health care provider (2)
- Randy Mack [PA-C at Clark Fork Valley Hospital] is outstanding (2)
- Seen [provider] for over 20 years (2)
- Female
- No doctor available in Thompson Falls
- Because I needed them
- So I could get my prescription filled without having to do a full examination

**22. What type of healthcare specialist was seen?**

- Pain Specialist (4)
- Surgeon Dr. Damschen
- Nephrologist (3)

***Question 22 continued...***

- AME [Aviation Medical Examiner]/Class 1 flight physical
- Knee and Leg doctor
- Eye Treatments
- Colonoscopy
- Gynecologist
- Cancer
- Lung Surgery
- Internist
- Bone Doctor
- Naturopathic Doctor
- Joint and Bone
- Respiratory Specialist

**23. Where was the healthcare specialist seen?**

- VA (3) [Veteran Affairs]
- Ronan
- Billings (2)
- Libby (4)
- Helena
- Spokane, WA (6)
- Superior (3)
- Polson (2)
- Plains Community
- Seattle, WA (2)
- Plains Physical Therapy (2)
- Hamilton

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

- Federal
- Christian Health Care (2)
- Retirement System
- Medicare Advantage

**35. What is your employment status?**

- Housewife
- Disabled Veteran
- Rancher/Farmer



## Appendix F – Focus Group Questions

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

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

## Appendix G – Focus Group Notes & Key Informant Interview Notes

### Focus Group #1

Thursday, February 27, 2014 – 3pm-4pm – Clark Fork Valley Hospital – Plains, MT

4 people (1 male, 3 female)

1. What would make this community a healthier place to live?
  - Gee I think it's a pretty healthy place to live. I'm thinking about the air quality which is good here. We have nutritious food. I think generally we have access to health care and specialists.
  - It's generally a healthy community and atmosphere. I think if there is anything negative it's because people are not interested in taking care of themselves. I don't know how you would get around that. Some people just don't expose themselves to the resources that are available to them.
    - There has been a change of culture. It is so self-centered now and it never used to be. There is nothing you can do about it except change the way you raise your children but that started a long time ago.
  - The hospital's role in the health fair promotes some of those healthy choices like utilizing trails or promoting building the sports fields that would include soccer. Their support doesn't have to involve money but to team up with those organizations to promote those causes would be helpful. It takes money to back PR [public relations] for those organizations. The hospital doesn't need to directly pay but word of mouth could be useful.
  - Something that would be a positive change would be improving the economic situation. It [personal economic standing] is not good in Sanders County right now. I think Lincoln County has more unemployment than Sanders or Mineral counties. It's pretty bleak for people looking for employment. There are lots of charities and they are so worthwhile because there is such a need for these charities and there's only so much money that goes around.
  - People don't want information until the exact moment that they need it. People that are diagnosed with something may go to the library to look-up information for something and that's the first they ever try to learn of it. The hospital could provide more information or patients know where they could get the information they need at the moment they need it. Although, that comes back to educating yourself.
    - I agree.
2. What do you think are the most important local healthcare issues?
  - Diabetes.
    - That [diabetes] is an important issue.
    - Aging is what that [diabetes] amounts to.
    - As far as healthcare is associated, diabetes is due to leading a sedentary lifestyle or poor diet. It [culture] used to be more rural than city. You lived on vegetables and you didn't have fast food. Plus you worked it off from morning until dawn.
  - Obesity.
  - We don't have any employment so all the people [who live here] are retired and aging.

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

Quality of Care

- I think it takes a long time for the hospital to see their patients. Part of that is because they upgraded to a new system [Epic]. To me, it seems like they are slower because they have to type it [patient information] in. I now go to Missoula because they have the capacity to see more patients more quickly and have more time to meet the need.
  - They [Clark Fork Valley Hospital (CFVH)] need more providers in order to see more patients.
- For a community this size and with our economic situation, we really have outstanding service here.
  - I received better, more personal care here [CFVH] than I did at St. Pat's. Half of the problem with long wait times is the new Epic system. Once all the patients' information is entered into the computer, it won't be as cumbersome and won't take as long.
  - It is really difficult to convince doctors to come work in a rural area. If they [doctors] didn't have wives there'd be no problem but the wives don't want to live here. I heard one person say she couldn't get in for an appointment here [at CFVH] and tried Hot Springs and Thompson Falls because it was just too busy in Plains. If this [high utilization of the hospital] keeps up they're going to have to get another doctor.
    - They are trying to get another doctor.

Number of Services

- I know it's going to be too expensive to do what I would like but I would like to see chemotherapy. I know it is way too expensive for a small hospital to provide.
- Sometimes it appears the hospital is more of a triage center and ships patients to Kalispell or Missoula. Maybe we should just be happy with that.
  - The insurance some people have is not adequate. They choose such a high deductible so they don't pay as much premium then they don't want to go to the doctor until their condition is such that they do need to get shipped out. They [CFVH] do a really great job here with expertise with hospitalists and emergency doctors. We are a large county so any accidents that come here require more detailed care.
    - There was a terrible accident on top of the hill and they brought the patient in and we happened to have a general surgeon here and he fixed her up and she was taken to Harborview Medical Center in Seattle. The surgeon in Harborview said "I have never heard of Plains, Montana... but those doctors saved her life." That particular general surgeon chooses to live here [in Plains]; he was raised here.

Hospital Staff

- We don't have enough doctors. We don't have enough staff.
- They do have people on call to help with influx of situations.

### Hospital Board and Leadership

- They [the hospital board] have a hard time.
- They [the hospital board] make decisions that affect not only the hospital but the individuals the hospital cares for. It is hard [for members] to remain objective.
  - It's hard in a small community. It's hard to be objective on boards that people serve on.
  - You're making decisions for family and friends.
  - Board members are stuck in between a rock and a hard place with cost and care.

### Business Office

- It [the business office] is much better but it used to be so terrible. I think with this Epic system it might be better too. But they [office staff] used to mix things up and get information mixed up. I think now they have a better system. I haven't heard anything negative lately.
- It [the business office] used to be so bad. There is optimism that it is improving. Maybe now things have evolved. It's a work in progress.
- A lot of times you could say "that's not right" and they would work with you.
- I haven't been in since the new system was installed.
- When people complain to me about the business office I just say "go down there and sit until you get an answer." That's the only way it will be resolved.
- Some hospitals contract billing services out and then going off codes and bad handwriting leads to problems.
- I haven't heard anything bad [about the business office] recently.

### Condition of Facility and Equipment

- My impression is that it [the hospital] is beautiful.
- I think they do a good job in keeping it [the hospital] in good shape.
- Maintenance staff does a great job.
  - Outside maintenance came a year and a half ago and has done such a wonderful job in landscaping. Audrey [maintenance] has made it look so professional; it looks great.
  - They [maintenance] keep it clean. I am usually very concerned about cleanliness but they keep our hospital very clean.
  - The facility was built in the 1970s yet the new and older sections are seamless and it looks nice.

### Financial Health of the Hospital

- That [financial standing of CFVH] is something one really doesn't know.
- The feeling I get is that it [financial health] is fine but I probably wouldn't know; the community would be the last to know if there's a problem.
  - About three years ago, the hospital was really having a tough time so the CEO got the employees together and basically said "I don't want to lay anyone off." They [administration] wanted to reduce some staff's time by a day to try to keep all their staff.
    - They [administration] are always trying.

### Cost

- I think all those fees [health service costs] are pretty much nationally set by insurance companies and unfortunately the government.
- I talked to someone and usually you could go to the ER [emergency room] but now if the clinic can take care of you then you have to wait for an appointment at the clinic. It's because of the new insurance [Affordable Care Act].
- It seems their [CFVH] fees are a little higher here. I always get charged more here than at Montana Western Clinic. All of a sudden I got all my flu shots and other expenses covered there [at Montana Western Clinic]. I haven't been here [CFVH] under the new insurance. I get lower costs when I travel further.
- I have nothing to compare to but I would say healthcare is too expensive but I think we're absorbing costs of those who can't or don't pay.
- The hospital administrator was a featured speaker at a Chamber of Commerce meeting and he was talking about the hospital's budget. Someone asked what the difference is between charity care and bad debt. He basically said that charity is when you know they're not going to pay and bad debt is when you don't know they're not going to pay.

### Office/Clinic Staff

- Office staff is very accommodating when they're there. People get upset because they can't get through on the phone. The admitting clerks are not there and aren't answering the phone. It's usually in the morning when people can't seem to get through. I don't know if they have meetings or what but they need to be at the desk at 8am when they say the office is open.
  - That may come down to sufficient staffing. That is probably a financial thing.
  - I think they have worked on getting used to the new system but I had a very scary communication between the hospital and drug store. It took me almost a week just to get insulin. The doctor and staff were figuring out the new system and weren't getting the information to the drug store. It didn't make any sense to me. I gave them plenty of time to refill my prescriptions. I was told I had all my prescriptions renewed at the same time but it was only renewed one at a time. I was mad and unhealthy.

### Availability

- They [staff at CFVH] will try to work you in for appointments if you are really sick. If you can't get in here [at CFVH] then people try to go to Hot Springs.
- Often even when you get in for an appointment here [CFVH], you wait an hour to get in for your appointment. You wait even longer if they're working people in.

4. Are any of the local providers your personal provider or personal provider to your family members? Why?
  - I don't want to go to Missoula.
  - I personally like my provider very much.
  - When I do go to Missoula it's usually by referral to a specialist.

5. What do you think about these local services:

Emergency Room

- I haven't used the ER.
- It [ER] was great when my brother broke his ankle.
- I have some experience with the ER and I take a client to all their appointments. I've been very well satisfied by the way she was treated and with the care she got.
- A couple years ago I was in the ER for my back and didn't like the doctor that was serving me. He and I got into a discussion. He is gone now.
- A few months ago I was in the ER and they were very, very good.
- They [ER staff] are very fast.
- All my relatives have had very good care.

Ambulance Service

- The ambulance is run by A-1 for this community. It seemed like we were on their frequent flyer list there for a while. The ambulance service was absolutely great. I can't imagine not having it.
- It [the ambulance service] is all volunteer and they're pretty fast.
- The longest I ever waited was 35 minutes and we live thirteen miles out of town.
- For volunteers, it's very good for having to pull from a rural area.
- It is comforting because you know the ambulance staff.
- You can't believe what a comfort it is to have them take charge and plus it is someone you know.

Healthcare Services for Senior Citizens

- I have no complaints.
- There are a lot of people who live here because there is a hospital here. Plains draws a lot of retirees. That's one reason we've become an older community.
- People know each other because it is a small community and there are always people who will offer to help.
- I am very impressed with the home health and the hospice we have. It's very good.

Public/County Health Department

- The health department is from Thompson Falls.
- I have no experience with the health department and can't offer an opinion.
- The health department could be higher profile but I know it can't without a budget to support it.
- Maybe since we don't know much then that means they're [health department] doing a good job.
  - Or people aren't using it and don't know about it.

Healthcare Services for Low-Income Individuals/Families

- That [low-income population] is everyone in the area.
- I know a few families who get good care. I don't know the financial side but know they get good care.
- I believe the hospital offers services on a sliding scale.
- I think the Medicaid program works pretty good.

### Nursing Home/Assisted Living Facility

- The nursing home is great.
- Our community needs assisted living badly.
  - We used to have a very nice assisted living.
  - If they could manage assisted living financially then it would be needed.
  - We had two assisted living facilities but then the economy went down and they lost their income so those individuals had to go stay with their relatives. The government only allows three Medicaid individuals in two assisted living facilities so they just had to close. You can't make it unless it's pretty full which is unfortunate. There are just too many regulations. The regulations make it that expensive even if they are meant to guarantee adequate care.
- I think the nursing home is pretty good. It is nice and clean and has a good atmosphere. They have a lot of entertainment. The activity directors are good. Some people don't like to be dictated when they get up and when they eat but it's a good service. I know I'll end up there unless I drop dead.

### Pharmacy

- The pharmacy is too expensive but everyone else is too.
- There is a pharmacy in the hospital for inpatients. The community pharmacy is downtown.
- I like the people. I like using the people I know here not going to Walmart.
- They [pharmacists] are very accommodating.

### 6. Why might people leave the community for healthcare?

- For specialized services.
- If they have a conflict with the staff. My husband used to say "they'd complain if they were hung with a new rope." There are some people you just can't please.
- Some people have legitimate reasons. I know for sure the staff is oriented all the time that they are there to accommodate the patients. The patients aren't there for you to have a job. Staff needs to keep that mentality.

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

- Chemotherapy.
- Urology comes here, cardiology comes here, and the orthopedic surgeon comes in.
- I think the hospital does a pretty good job on offering services but there needs to be a community based effort to combat diseases and smoking. I think they had a smoking cessation program.
  - That [smoking cessation program] was state funded and they no longer have funding for that program.
- Pediatrics patients have to be referred out of the community.
- We don't have a dermatologist or an allergist but I don't think those services would make it in Plains.
  - You have to be rational and know what services are feasible and what isn't financially feasible.
  - For a small hospital I think it is pretty good.
    - We have chosen to live here.

## **Focus Group #2**

Friday, February 28, 2014 – 11:30am-12:30pm – Clark Fork Valley Hospital – Plains, MT  
4 people (0 male, 4 female)

1. What would make this community a healthier place to live?
  - If people had better diets and there was less smoking and less alcohol intake.
  - Better infrastructure up on the hill so people can walk and exercise better.
  - Maybe more classes available for information on weight loss or nutrition; cooking.
  - Perhaps a recreation center.
    - That would be great!
    - We have a fitness center but its offerings are limited and it costs money of course.
  
2. What do you think are the most important local healthcare issues?
  - Affordable healthcare because it is not. And people don't get the services they need. It [local healthcare] is crisis healthcare.
  - It seems like cancer is prevalent in Sanders County. I don't know exactly why. We also have an older demographic. I have heard that sometimes if you go to a certain Missoula healthcare provider, once they find out you're from Sanders County apparently the demographics of cancer is higher here so they will perform extra tests.
  - The aging demographics here.
  - There are a lot of people that smoke.
  - Mental health crisis services.
    - Oh definitely.
    - That [mental health] pairs with the economic standing in this community.
  - More affordable services for seniors. There is a sliding scale available for the Council on Aging. But after a certain number of hours they [seniors] have to pay full price.
  - The nearest hospital is in Plains which is comparatively close but it just seems like the remoteness is a big deal. It is hard to get there especially at night. A lot of times you're referred to a bigger hospital like Missoula or Spokane.
  
3. What do you think of the hospital in terms of:  
Quality of Care
  - I've only had to utilize the ER (emergency room) twice and I've never had a surgery so I can't answer that.
  - I have never personally used the ER services or been an inpatient but outpatient services have been great. X-rays and mammograms have been good. However, the perceived reputation has not been good. There is a reputation for not catching things or diagnosing the wrong things or referring to other doctors and having to be transferred or referred.
    - The perceived notion is awful though. I say that "unless I'm dying, keep driving to Missoula."
  - I think it's a great facility and great doctors.
    - I think we have great care there [Clark Fork Valley Hospital (CFVH)]. I have dealt with larger and smaller hospitals and I think they both oftentimes have a lack in offering services. I think that our hospital being small and giving great



personal services is important. Overall, you don't go to the hospital without having an advocate.

- If a doctor makes one mistake, the entire community knows about that mistake. And even if he doesn't make a mistake the entire community may hear wrongly about it.

#### Number of Services

- The numbers of services offered are increasing all the time.
  - Getting better.
- We have a heart specialist there [at CFVH].
  - Now she's gone. I think she'll be much missed. I think the cardiology services were very important.
  - We need that [cardiology] back.

#### Hospital Staff

- There are always good stories and there are bad stories. People have bad health and great health. When a loved one was in the hospital I thought they got great help.
- As far as the clinics are concerned, for Thompson Falls, we needed more staff there. It was difficult to get in there; you couldn't see anyone for days. We needed a GP (general practitioner) here. Now we have one. Previously we only had a part-time GP and you could virtually not get in to see him.
- I had to go to another hospital because I couldn't be seen. This last year I couldn't get in and switched to Main Street Medical.
- The Bull River Clinic closure got a lot of bad press when it closed. I agreed with the business decision and they found a solution and someone to take over the clinic. I thought the bad press was handled okay.

#### Hospital Board and Leadership

- I do know who they [board members] are but don't know what they do.
- It's the only hospital board we have. It is hard to say if they're good or bad. We don't know exactly what they do.
- They [the hospital board] print an annual report that is quite interesting but I don't think a lot of people read it. I do read it.

#### Business Office

- I think they [office staff] could be a little more helpful and have a little more compassion with people.
- They [business office staff] are the intersection between insurance and the providers. As such, they really don't take the responsibility they should to make sure that things are going to be taken care of. For example, for Blue Cross, they know which providers are in the network. They [office staff] don't take that extra step to help you find a provider that would be covered under your particular insurance.
- On the positive side, when going into an expensive procedure, they have worked really closely with me before we go into the procedure which is very important.
- In the last few years they [business office] have gotten better.

- The new Epic system has slowed them [business office] down. I think they're just adjusting.

#### Condition of Facility and Equipment

- I think things are fairly neat and in working order.
- Seems very clean and nice.
- Since they did the new hospital, I think they are doing great for a small town hospital especially.

#### Financial Health of the Hospital

- They [CFVH] are a nonprofit, but they still make money. That's weird to me.
  - I didn't know they were a nonprofit hospital.
  - To me that means they could have a better rating or pricing for cost of services.

#### Cost

- Outrageous.
  - That [high costs] is everywhere though.
  - I don't think it [cost] is worse than anywhere else but it's ridiculous for a hospital stay or one test.

#### Office/Clinic Staff

- It [office staff] has improved greatly. In the past, they weren't very friendly or helpful.
- It varies from person to person. Every once in a while you get someone who's a "clunker" that just doesn't do the job.

#### Availability

- I had switched clinics but haven't tried to get an appointment here [Thompson Falls] recently.
- I think it [availability of appointments] was bad for a while but has improved.
- Recently I was able to get in timely for an appointment.

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

- We use local providers as a general practitioner.
- I don't use local providers because I feel like it's "too close" to be involved with the physicians because they're my community members. It may just be embarrassing.
- I use local providers because they're here. You do get that personal touch.
  - It depends what you're going in for.
  - That is just the way it is in a small town.
  - You trust your financial information to your tax preparer and banker and trust they don't discuss it and they don't. You need to trust the same with your physician. You also get a person who knows your situation, who has your records for years and knows exactly who you are and your health.
  - My husband is a cancer survivor and when he had an incident they got him in immediately.

5. What do you think about these local services:

Emergency Room

- It [ER] has worked for us.
- It [ER] has been great. I accompanied a couple people into the ER and they [staff] were great.
- I think it [ER] is good.

Ambulance Service

- No need; I haven't used the ambulance and hope I don't have to.
- They [ambulance staff] are saints.
- It is all volunteer; they have no money. They [volunteers] are saints. They often get calls for reoccurring, unnecessary situations but they are so good.
- I worry about it all being volunteer; I think it's a great service but think they should be paid too.
- They [volunteers] have problems commuting. We're a small and aging community. It becomes hard and even harder to recruit.
  - I think that [difficulty recruiting] is true for all health staff.
  - Is there an ambulance service in Thompson Falls?
    - Yes but it is all volunteer. They all have to raise their money.
      - They do get a base amount from the county that is enough for the facility is all.
      - That is the same case for the fire department.

Healthcare Services for Senior Citizens

- I think that care for seniors is one of the most valuable areas of healthcare for our community because we are becoming more of a retirement community. I think they [the hospital] are improving those healthcare services all the time. I honestly think we do pretty well. They run into the same issues like being understaffed and waiting excessive periods of time but those are common issues. I think the Council on Aging is doing well for our seniors.

Public/County Health Department

- I think they [health department] should advertise more about what they offer for services. I don't even know what they do.
- I get a flu shot and there's the WIC [Women, Infant and Children] program which I know is used by people. I think they should increase the awareness of their [health department] services. I know people use it but I don't know what types of services are offered to them.
- The staff [at the health department] is wonderful. They are great people. We're very lucky.

Healthcare Services for Low-Income Individuals/Families

- I know both clinics offer sliding fee scales but it's not very reduced. It is totally prohibitive for many people with chronic problems or who are sick. I know they [clinics] try to reduce the amount.

- They [low-income] may be able to get a break on services but not on medications. That's a big deal. That whole "donut-hole" thing.
- I had a staff member who couldn't afford an inhaler because its \$150 so she only has one for emergencies so that is how she can afford to manage her asthma. Now she signed up for the new healthcare exchange which I think will help her out a lot because she needs to see the doctor a lot.
- Some people try to use natural cures. I am all for both western and alternative cures but think it is silly they buy homeopathy for \$8 instead of buying a prescription for \$50-\$60.

#### Nursing Home/Assisted Living Facility

- I don't know anything about it [nursing home] except that it exists.
- I had an aging in-law that had gone through the system. We don't have direct experience with the assisted living but I know that there are two in town [Thompson Falls] and that's very good for our community. As far as the nursing home, I think that they're good. I think that it's difficult having a mass nursing home where you're dealing with a large number of needy people. Staff isn't going to be perfect but it certainly measures up to other nursing home facilities.

#### Pharmacy

- The local pharmacy in Thompson Falls is great. As far as I know he only charges \$2 above whatever the cost is.
- I started using the mailed prescriptions through my insurance.
  - For our consistent prescriptions we use the mail but if we need an antibiotic or something then we use the local pharmacy.
  - I really like our local pharmacy because you have the history there. For all the older people with multiple prescriptions, the management of drugs is difficult. A lot of times, problems can occur from all those medications. Having someone monitor that and know all your medications is very important.

#### 6. Why might people leave the community for healthcare?

- Any specialty services.
  - Dermatologist.
- For having a bit more distance for privacy.

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

- Cardiology again.
- Dermatology would be great.
- It would be nice if they [CFVH] had some oncology. Our cancer patients have to go so far and their families have to travel as well. It is just so difficult.
- Dialysis is another horrible issue.
  - Economically, I know that wouldn't be easy to provide.

## **Key Informant Interview #1**

Thursday, February 13, 2014 – 2:30-3:00pm – Clark Fork Valley Hospital – Plains, MT  
10 people (2 males, 8 females)

1. What would make your community a healthier place to live?
  - Employment.
    - I agree.
  - Better infrastructure for sidewalks and getting around town.
  - More opportunities for recreation for community members.
    - I would agree. Like farmer's markets.
    - Comprehensive fitness centers. Something appealing to seniors that has more equipment than just treadmills.
  
2. What do you think are the most important local healthcare issues?
  - Aging.
  - Alcohol/substance abuse.
  - We've really been noticing the number of homeless and there are no services in Plains that I know of.
    - You can contact a couple people in town, like the Pastor. They [homeless] can stay for a couple days.
      - They [homeless] need more than just a couple-day stay.
        - The difference between the cost of living and economics is so diverse. It costs more to live in Thompson Falls than Billings or Missoula. Our salaries are not reflective of our standard of living because of the retirees that come live in our community. It costs more to live in Thompson Falls than other larger areas in Montana.
  - Affordable housing.
    - We really do have a lot of affordable housing but you have to settle for what you want or you have to pay a lot more. We don't have the middle-class housing market.
    - It causes stress. It makes it tough.
  - Mental and emotional stress is very high.
  - Elderly people go into the food bank because they have to pick between food and heat.
    - Nutrition is important. Not having enough to eat is part of that but also not being able to make the healthiest of choices.
  
3. What other healthcare services are needed in the community?
  - Oncology. For cancer.
  - We have a Crohn's disease problem around here.
  - Home visits by physicians to patients if they can't physically come in for appointments or if they're immobile. Sometimes their only option to come in for appointments is the ambulance but the ambulance is not a taxi service.
  - Sometimes when people receive a diagnosis at the hospital they go to the library to look up resources and more information. The library staff helps as well as they can to comfort these people but they [library staff] do not have counseling backgrounds to

help people when they are distressed. I believe the hospital staff could quickly talk them through valid resources and to look up have someone who can do counseling of some kind.

- A lot of kids who suffer from dyslexia are not diagnosed and then they are mislabeled as ADHD. Then these kids face depression and anxiety because of their inability to read. I see it becoming more and more of an issue. I think it [dyslexia] is being missed and leading to future mental health needs.
  - Maybe special education diagnostic needs are being missed.
- Some kind of urgent care availability. Sometimes, the length of time to get into the clinic is long. And I'd like to get in sooner in case it's serious. And it's always life or death with me (laughs).

## Appendix H – Secondary Data County Profile

Sanders County  
Secondary Data Analysis  
July 23, 2012



Office of Rural Health  
Area Health  
Education Center

Leading Causes of Death	County <sup>1</sup>	Montana <sup>1,2</sup>	Nation <sup>2</sup>
	1. Cancer 2. Heart Disease 3. Unintentional Injuries**	1. Cancer 2. Heart Disease 3. CLRD*	1. Heart Disease 2. Cancer 3. CLRD*

<sup>1</sup>Community Health Data, MT Dept of Health and Human Services (2010)

<sup>2</sup>Center for Disease Control and Prevention (CDC), National Vital Statistics (2012)

\*Chronic Lower Respiratory Disease

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

Chronic Disease Burden <sup>1</sup>	County	Montana	Nation <sup>3,4</sup>
Stroke prevalence	2.5% (Region 5)	2.5%	2.6%
Diabetes prevalence	10.3%	6.2%	8.3%
Acute Myocardial Infarction prevalence (Heart Attack)	4.0% (Region 5)	4.1%	6.0%
All Sites Cancer	466.5 (Region 5)	455.5	543.2

<sup>1</sup>Community Health Data, MT Dept of Health and Human Services (2010)

<sup>2</sup>Center for Disease Control and Prevention (CDC) (2012)

<sup>3</sup>American Diabetes Association (2012)

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

Chronic Disease Hospitalization Rates	County	Montana
Stroke <sup>1</sup> Per 100,000 population	138.0	182.2
Diabetes <sup>1</sup> Per 100,000 population	85.1	115.4
Myocardial Infarction <sup>1</sup> Per 100,000 population	199.8	147.3

<sup>1</sup>Community Health Data, MT Dept of Health and Human Services (2010)

Demographic Measure (%)	County			Montana			Nation <sup>5,6</sup>		
Population <sup>1</sup>	11,034			989,415			308,745,538		
Population Density <sup>1</sup>	4.0			6.7			Not relevant		
Age <sup>1</sup>	<5	18-64	65+	<5	18-64	65+	<5	15-64	65+
	5%	61%	20%	6%	63%	14%	7%	62%	13%
Gender <sup>1</sup>	Male		Female	Male		Female	Male		Female
	49.9%		50.1%	50.1%		49.9%	49.2%		50.8%
Race/Ethnic Distribution	White <sup>1</sup>			91.5%			72.4%		
	American Indian or Alaska Native <sup>1</sup>			6.8%			0.9%		
	Other <sup>1</sup>			1.7%			26.7%		

<sup>1</sup>Community Health Data, MT Dept of Health and Human Services (2010)

<sup>2</sup>County Health Ranking, Robert Wood Johnson Foundation (2012)

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

<sup>4</sup>US Census Bureau (2010)

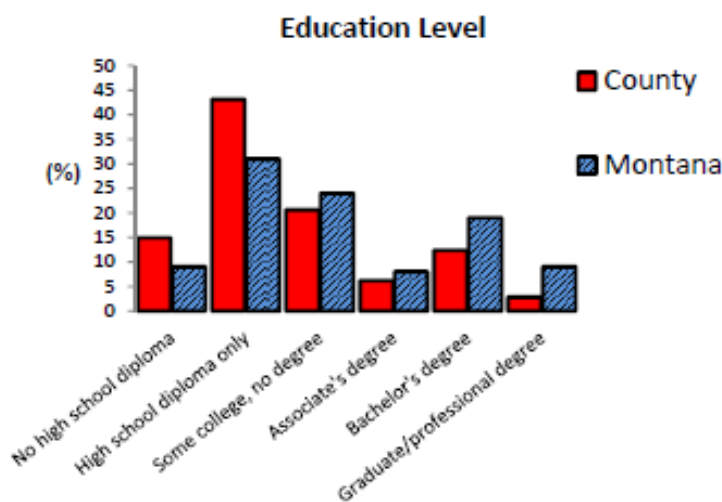
Socioeconomic Measures <sup>1</sup> (%)	County	Montana	Nation <sup>7,8</sup>
Median Income <sup>1</sup>	\$33,932	\$43,000	\$51,914
Unemployment Rate <sup>7</sup>	14.5%	6.3%	7.7%
Persons Below Poverty Level <sup>1</sup>	17.0%	14.0%	13.8%
Uninsured Adults (Age <65) <sup>1</sup>	25.3%	19.0%	18.2%
Uninsured Children (Age <18) <sup>9</sup>	N/A	11.0%	10.0%

<sup>1</sup>Community Health Data, MT Dept of Health and Human Services (2010)

<sup>7</sup>Montana Dept of Labor and Industry, Research & Analysis Bureau. Local Area Unemployment Statistics (LAUS). Non-Seasonally Adjusted Unemployment Rate. (Retrieved April 2012)

<sup>8</sup>Center for Disease Control and Prevention (CDC), Health Insurance Coverage (2011)

<sup>9</sup>Montana KIDS COUNT (2009)



<sup>10</sup>Indicators Northwest, Imp. Graph (2011)



Behavioral Health <sup>1,2</sup>	County	Montana
Childhood Immunization Up-To-Date (UTD) % Coverage <sup>11,††</sup> Age 24-35 months, population size: 12,075 (% sampled: 35.9%)	18.6%	64.3%
Tobacco Use <sup>1</sup>	17.0%	19.3%
Alcohol Use (binge + heavy drinking) <sup>1</sup>	23.1% (Region 5)	22.8%
Obesity <sup>1</sup>	21.4%	21.6%
Overweight <sup>1</sup>	40.8%	37.8%
No Leisure time for physical activity <sup>1</sup>	27.1%	20.7%

<sup>1</sup>Community Health Data, MT Dept of Health and Human Services (2010)

<sup>2</sup>Center for Disease Control and Prevention (CDC), National Vital Statistics (2012)

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

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



Screening <sup>1</sup>	Region 5	Montana
<i>Cervical Cancer (Pap Test in past 3 yrs)<sup>1</sup></i>	81.0%	83.0%
<i>Breast Cancer (Mammogram in past 2 yrs)<sup>1</sup></i>	69.9%	71.9%
<i>Blood Stool<sup>2</sup></i>	24.0%	25.3%
	<i>Sigmoidoscopy or Colonoscopy<sup>1</sup></i>	56.0%
<i>Diabetic Screening<sup>5</sup></i> <i>Percent of Medicare enrollees who received HbA1c screening</i>	68.0% (County)	79.0%

<sup>1</sup>Community Health Data, MT Dept of Health and Human Services (2010)

<sup>2</sup>County Health Ranking, Robert Wood Johnson Foundation (2012)

Mortality <sup>1,2,12</sup>	County	Montana	Nation <sup>2,13</sup>
<i>Suicide Rate per 100,000 population<sup>1</sup></i>	35.0	20.3	12.0
<i>Unintentional Injury Death Rate per 100,000 population<sup>1</sup></i>	77.3	58.8	38.4
<i>Percent Motor Vehicle Crashes Involving Alcohol<sup>1</sup></i>	14.4%	10.0%	32.0%
<i>Pneumonia/Influenza Mortality per 100,000 population<sup>1</sup></i>	18.4	19.0	17.5
<i>Diabetes Mellitus<sup>2</sup></i>	51.5	27.1	21.8

<sup>1</sup>Community Health Data, MT Dept of Health and Human Services (2010)

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

<sup>2</sup>Center for Disease Control and Prevention (CDC), National Vital Statistics (2012)

<sup>13</sup>Kaiser State Health Facts, National Diabetes Death Rate (2008)

Maternal Child Health <sup>1</sup>	County	Montana	Nation <sup>14,15</sup>
<i>Infant Mortality (death within 1<sup>st</sup> year) Rate per 1,000 live births<sup>1</sup></i>	5.0 (Region 5)	6.1	6.7
<i>Entrance into Prenatal care in 1<sup>st</sup> Trimester Percent of Live Births<sup>1</sup></i>	76.5%	83.9%	69.0%
<i>Birth Rate<sup>9</sup> Babies born per 1,000 people</i>	10.0	12.8	13.5
<i>Low Birth Weight (&lt;2500 grams) Percent of live births<sup>1</sup></i>	6.7%	7.3%	8.3%
<i>Neonatal Mortality (under 28 days of age) Rate per 1,000 live births<sup>1</sup></i>	2.8 (Region 5)	3.3	4.5
<i>Post Neonatal Mortality (28 through 364 days of age) Rate per 1,000 live births<sup>1</sup></i>	2.1 (Region 5)	2.7	2.2
<i>Pre-Term Birth (&lt;37 completed weeks gestation) Percent of Live Births<sup>1</sup></i>	11.4%	10.1%	12.5%

<sup>1</sup>Community Health Data, MT Dept of Health and Human Services (2010)

<sup>9</sup>Montana KIDS COUNT (2009)

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

<sup>15</sup>Center for Disease Control and Prevention (CDC), Preterm Birth (2012)

## Economic Impact Assessment

### **Demographic Trends and Economic Impacts:** **A Report for Clark Fork Valley Hospital**

William Connell  
Brad Eldredge Ph.D.  
Research and Analysis Bureau  
Montana Department of Labor and Industry

#### **Introduction**

This report responds to requests by MHA for the location quotient of the hospital sector in Sanders County and for information on the county's demographics. In addition, the report includes analysis of the economic impact of the hospital sector on Sanders County's economy. Section I gives location quotients for the hospital sector in Sanders County using both state and national employment as the basis of comparison. Section II looks at the demographic profile of Sanders County. Section III presents the results of an input-output analysis of the impact of Clark Fork Valley Hospital on the county's economy.

#### **Section I Location Quotients**

A location quotient measures how the level of employment concentration in a geographic area compares with that of another geographic area. For example, if 20 percent of workers in county A worked in manufacturing and 10 percent of the workers in that county's state worked in manufacturing, then the location quotient for county A would be:

$$\frac{\text{County A Percent employed in manufacturing}}{\text{State Percent employed in manufacturing}} = \frac{20\%}{10\%} = 2.$$

Intuitively, county A's location quotient of 2 indicates that its employment in manufacturing is about double what one would expect given the size of manufacturing employment in the state.

Two location quotients for hospital employment in Sanders County were calculated. The first compares Sanders County's hospital employment concentration to that of the State of Montana, and the second compares it to hospital employment in the United States. The calculations use 2010 annual averages.

**Hospitals Location Quotient (compared to State of MT) = 1.43**

**Hospitals Location Quotient (compared to U.S.) = 1.63**

A location quotient near 1 indicates that the employment concentration in the county mirrors that of the larger geographic region. In the case of Sanders County, the location quotient of 1.43 indicates that hospital employment in the county is 43 percent higher than one would expect given statewide employment patterns. When compared to the nation, the location quotient of 1.63 reveals that the percentage of total county employment accounted for by the hospital is about 63% higher than the percentage of total U.S. employment coming from the hospital sector.

Another way to look at the location quotient is to ask how many employees would be employed in the hospital sector if Sanders County’s employment patterns mirrored the state or the nation. Sanders County’s hospital employment averaged 209 employees in 2010. This is 62 more than expected given the state’s employment pattern and 82 more than expected given the national employment pattern. In 2010, Clark Fork Valley Hospital accounted for 7.6% of county nonfarm employment and 10.4% of the county’s total wages.

(Source of Employment Data: Quarterly Census of Employment and Wages, Research and Analysis Bureau, Montana Department of Labor and Industry)

## Section II Age Demographics

The 2010 Census reported that there were 11,413 residents of Sanders County. The breakdown of these residents by age is presented in Figure 1. Sanders County’s age profile is similar to that of many of Montana’s rural counties. In 2010, baby boomers were between the ages of 45 and 60 and their presence is evident in the graph. Following the baby boom came the “baby bust,” which is evidenced by the lack of 20 to 44 year olds in the county. In many rural Montana counties, the baby bust is exacerbated by out-migration of young adults.

Figure 1: Age Distribution of Sanders County Residents

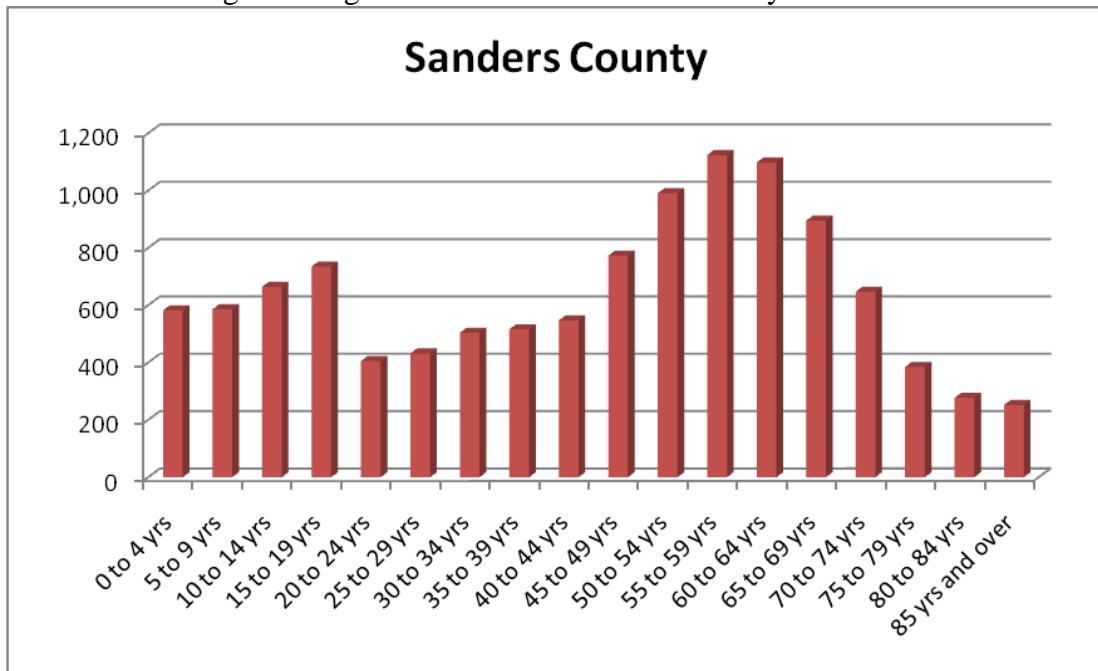


Figure 2: Percent of the population by age groups, Sanders County vs. Montana

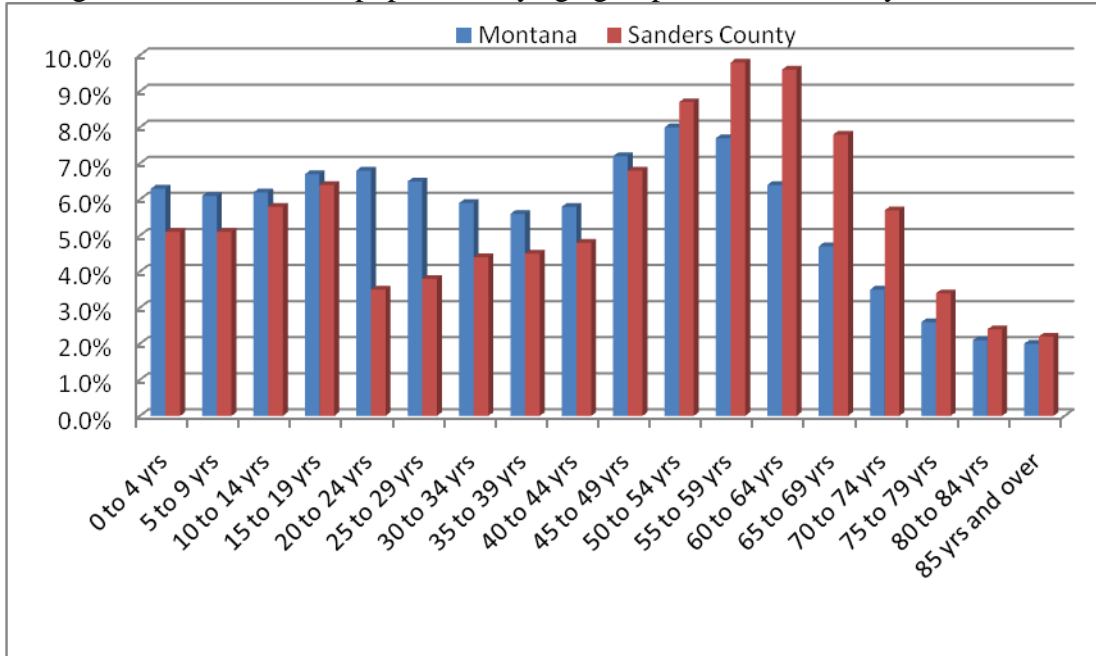


Figure 2 shows how Sanders County’s population distribution compares to Montana’s. A careful examination of Figure 2 and the underlying data reveals that, compared with the State as a whole, Sanders County has a lower percentage of people under 49 years old (58.9 percent vs. 63.1 percent) and a higher percentage of people 50 years and older (31.1 percent vs. 36.9 percent). According to the 2010 Census, Sanders County was the 8th oldest county in Montana, with a median age of 49.8, compared to the state median age of 39.8. These demographics are important when planning for healthcare delivery now, and in the future.

### Section III Economic Impacts

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

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

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

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

**Hospital Employment Multiplier = 1.35**

**Hospital Employee Compensation Multiplier = 1.26**

**Hospital Output Multiplier = 1.35**

What do these numbers mean? The employment multiplier of 1.35 can be interpreted to mean that for every job at Clark Fork Valley Hospital, another .35 jobs are supported in Sanders County. Another way to look at this is that if Clark Fork Valley Hospital suddenly went away, about 73 additional non-hospital jobs would also be lost in the county (based on 2010 hospital employment of 209). The employee compensation multiplier of 1.26 simply states that for every dollar in wages and benefits paid to the hospital's employees, another 26 cents of wages and benefits are created in other local jobs in Sanders County. Put another way, if Clark Fork Valley Hospital suddenly went away, about \$1,987,543 in additional annual wages would be lost from other jobs in the county. Finally, the output multiplier indicates that for every dollar of goods and services produced by Clark Fork Valley Hospital, output in the county increases by another 35 cents.

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

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

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



CLARK FORK  
VALLEY HOSPITAL

SPECIAL POINTS  
OF INTEREST:

- Top rated health services offered at Clark Fork Valley Hospital were:
  - Surgery
  - Imaging services
  - Home Health Care
- Most utilized preventative services in the past year:
  - Routine health checkup
  - Cholesterol check
  - Routine blood pressure check
- Overall Quality of Care at Clark Fork Valley Hospital was rated "Good" with a 3.1 out of 4.0
- 60.1% of respondents feel their knowledge of services available at CFVH is "Good" and 23.3% rated their knowledge as "Fair."
- 77.5% of respondents indicated that local healthcare services are very important to the economic well-being of the community.

# Community Health Needs Assessment Findings

PLAINS, MONTANA — JUNE 2014

## Community Health Needs Assessment Process

Clark Fork Valley Hospital (CFVH) participated in the Frontier Medicine Better Health Partnership (FMBHP) project, which was formed to address the unique healthcare challenges in frontier/rural communities in Montana in order to develop solutions which can be applied nationwide. The Montana Office of Rural Health in Bozeman, Montana provided services to conduct a Community Health Needs Assessment (CHNA) in the community which included a mailed survey and focus groups to determine the community's perception of local healthcare services and identify important issues. The assessment was administrated by the Montana Office of Rural Health as well as the National Rural Health Resource Center (NRHRC) in Duluth, Minnesota and funded through the Frontier Medicine Better Health Partnership (FMBHP) Grant.

Montana communities involved in FMBHP for 2013 are: Plains, Townsend, Dillon, Livingston, Polson, Red Lodge, Ronan, Roundup, Superior, and Whitefish.

Communities involved for 2014 include: Baker, Conrad, Columbus, Fort Benton, Glasgow, Libby, Miles City, Philipsburg, Scobey, and Shelby.

FMBHP Mission:

"The FMBHP plans to develop, implement, test, refine and operate a model of healthcare delivery and payment for frontier/rural America based on community-validated best practices.

## Focus Group Findings

- |  |   |                         |
|--|---|-------------------------|
| <b>Major issues/concerns:</b>  | <ul style="list-style-type: none"><li>• Addressing unemployment rates</li><li>• Visiting Cardiologist no longer provided</li><li>• CFVH needs more staff and providers</li><li>• Access to nutritious foods</li></ul> | <b>Services Needed:</b> |
| <ul style="list-style-type: none"><li>• Promoting less smoking and alcohol intake</li><li>• Lack of affordable healthcare</li><li>• High obesity levels within the community</li><li>• Managing diabetes</li></ul> | <ul style="list-style-type: none"><li>• Oncology/Chemo and Dialysis</li><li>• Better awareness of the Public Health Dept.'s services</li><li>• Pediatrics and Dermatology</li></ul>                                   |                         |



Office of Rural Health  
Area Health  
Education Center

# Survey Results

The survey was sent to a random sample of 800 households in Clark Fork Valley Hospital's service area during the month of March 2014.

42 surveys were undeliverable and 197 were returned for a 26% response rate.

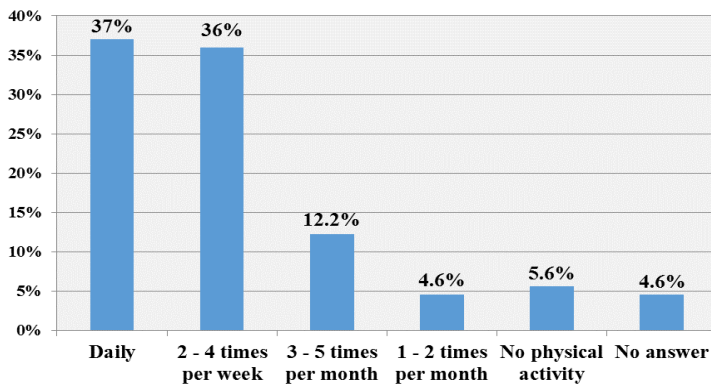
Survey demographics were as follows:

- 39.8% of respondents were from Plains & 34% were from Thompson Falls.

- 55.9% Female; 42.1% Male; 2% no response.
- 33.7% of respondents were between the ages of 66-75; 25.4% between 56-65; and 17.1% between 76-85.
- 36.8% reported they or a member of their household did not get (or delayed) needed medical services.
- 64.9% reported they feel their community is somewhat healthy.
- The hospitals used most often in the last 3 years were Clark Fork Valley Hospital (53.8%), St. Patrick Hospital (21%), & Community Medical Center (8.7%).
- The most utilized primary care providers were located in Thompson Falls (39.5%), Plains (37.7%), and Missoula (8.6%).
- Most respondents (70.1%) learn about health services through friends or family.
- The most utilized specialist was the dentist (54.2%).

## Healthy Communities...

Physical Activity Over the Past Month



### Interest in Programs/ Classes:

1. Health & Wellness 25.9%
2. Fitness 22.8%
3. Weight Loss 19.8%

### Top 3 Components for a Healthy Community:

1. Access to healthcare and other services
2. Good jobs and a healthy economy
3. Healthy behaviors and lifestyles

## Sanders County's Top 3's

### Top 3 Community Health Concerns:

1. Alcohol/substance abuse 62.9%
2. Cancer 39.1%
3. Overweight/obesity 37.6%

### Top 3 Desired Local Healthcare Services

1. Community wellness program 21.8%
2. Healthy behaviors and lifestyles 20.8%
3. Cancer services 12.2%

### Top 3 Ways to Improve Community's Access to Healthcare:

1. More primary care providers 54.3%
2. More specialists 37.1%
3. Improved quality of care 33%



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Healthcare  
Delivery

NATIONAL  
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