



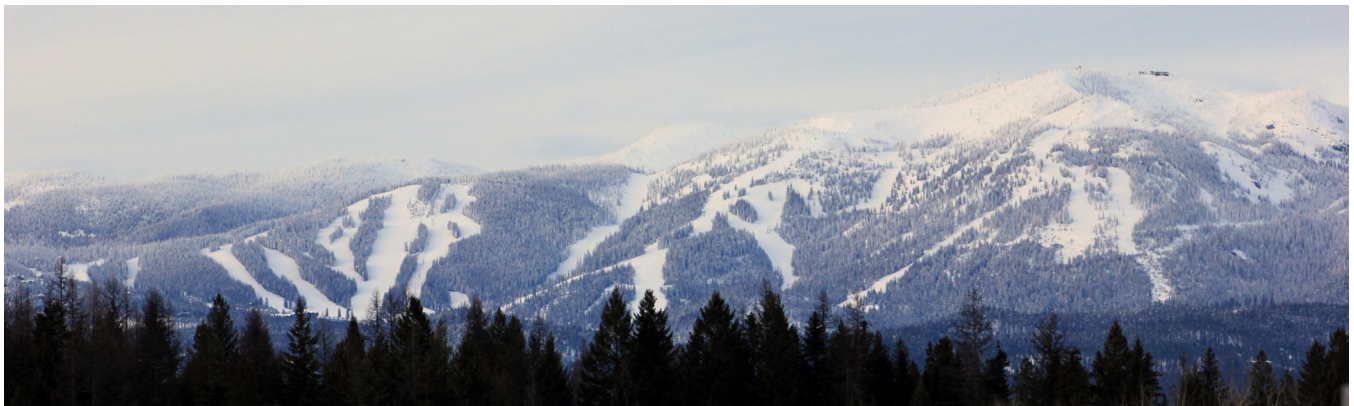
Flathead County Community Health Needs Assessment 2012-2013

**Prepared by:
Flathead City-County Health Department
Kalispell Regional Healthcare
North Valley Hospital**



TABLE OF CONTENTS

Overview	2
Background	2
Collaborators	3
Service Area	4
Flathead County Demographic Profile	5
Causes of Death	6
Health and Risk Behavior	10
Access to Health Care	13
Focus Groups	14
Public Surveys	17
Summary	21
Resources	22



Big Mountain

OVERVIEW

A Community Health Assessment is a systematic approach to the collection and analysis of health data used to identify and describe outstanding community health needs, inequities in health and access to services, and to determine priorities for the most effective use of resources to address identified needs.

Background

The recently enacted Health Care Reform Legislation (Patient Protection and Affordable Care Act) requires non-profit hospitals to perform a community health needs assessment every three years and adopt an implementation strategy to meet the outstanding community health needs identified in the assessment as a condition of maintaining the institution's federal tax exemption. The written report must include:

- Identification and description of each of the organizations with which the hospital collaborated, and if one or more third parties is contracted to assist in conducting the assessment, the identity and qualifications of that third party;
- A description of the community served by the hospital and how the community served was determined;
- A description of the process and methods used to conduct the assessment;
- A description of how input from persons who represent the broad interests of the community served was collected;

- A description of the prioritized community health needs identified, and the process and criteria used in prioritizing the health needs.
- An implementation strategy for each of the identified community health needs stated separately from the written assessment report; and
- A description of the existing healthcare facilities and other resources within the community available to meet the identified community health needs.

Public Health Departments are also required to complete a Community Health Assessment and Community Health Improvement Plan as part of Public Health Accreditation. Requirements include:

- Documentation that data and information from various sources contributed to the community health assessment;
- A description of the demographics of the population;
- A description of health issues and population groups with particular health issues;
- A description of contributing causes of community health issues; and
- A description of existing community access or resources to address health issues.

**Flathead Lake and
Mission Mountain Range**



OVERVIEW

Collaborators

The Flathead City-County Health Department, Kalispell Regional Healthcare and North Valley Hospital collaborated to research and assemble this report. The three collaborators contracted with Ned Cooney of Ascent Strategic Development to assist with primary, qualitative research gathering in the form of focus group facilitation. In addition, contributors included more than 50 other community organizations, whose representatives participated in collaborator-sponsored community health focus groups.

The Flathead City-County Health Department

The Flathead City-County Health Department provides quality public health services to ensure the conditions for a healthy community within Flathead County and the catchment area of Lake, Lincoln, Sanders, and Glacier Counties. Governed by a local Board of Health, the Health Department provides immunization services; maternal child health services; women, infants, and children supplemental nutrition, environmental health services, family planning services, primary and dental healthcare, and a number of primary prevention programs. Further, the Health Department provides oversight to the Flathead County Home Health Agency and the Flathead County Animal Shelter.

Kalispell Regional Healthcare

Kalispell Regional Healthcare (KRH) is a 303-bed health care system located in Kalispell, Montana. KRH serves more than 170,000 within a geographical region of 20,000 square miles and employs more than 2,600 team members. Comprising the health care system are two acute-care hospitals (Kalispell Regional Medical Center and The HealthCenter), a skilled nursing facility (Brendan House), a fitness facility (The Summit Medical Fit-



ness Center), a mental health and substance abuse facility (Pathways Treatment Center™), a durable medical equipment company (Kalispell Medical Equipment) and more than 20 primary and specialty physician clinics. Core services include cancer care, cardiovascular care, neuroscience and spine care, emergency services, neonatal intensive care, and orthopedics. With the philanthropic support of the Kalispell Regional Healthcare Foundation, the system has maintained the nation's first rural air ambulance service (A.L.E.R.T.) for more than 35 years and continues to add services and equipment to meet the growing health care needs of the region.

North Valley Hospital

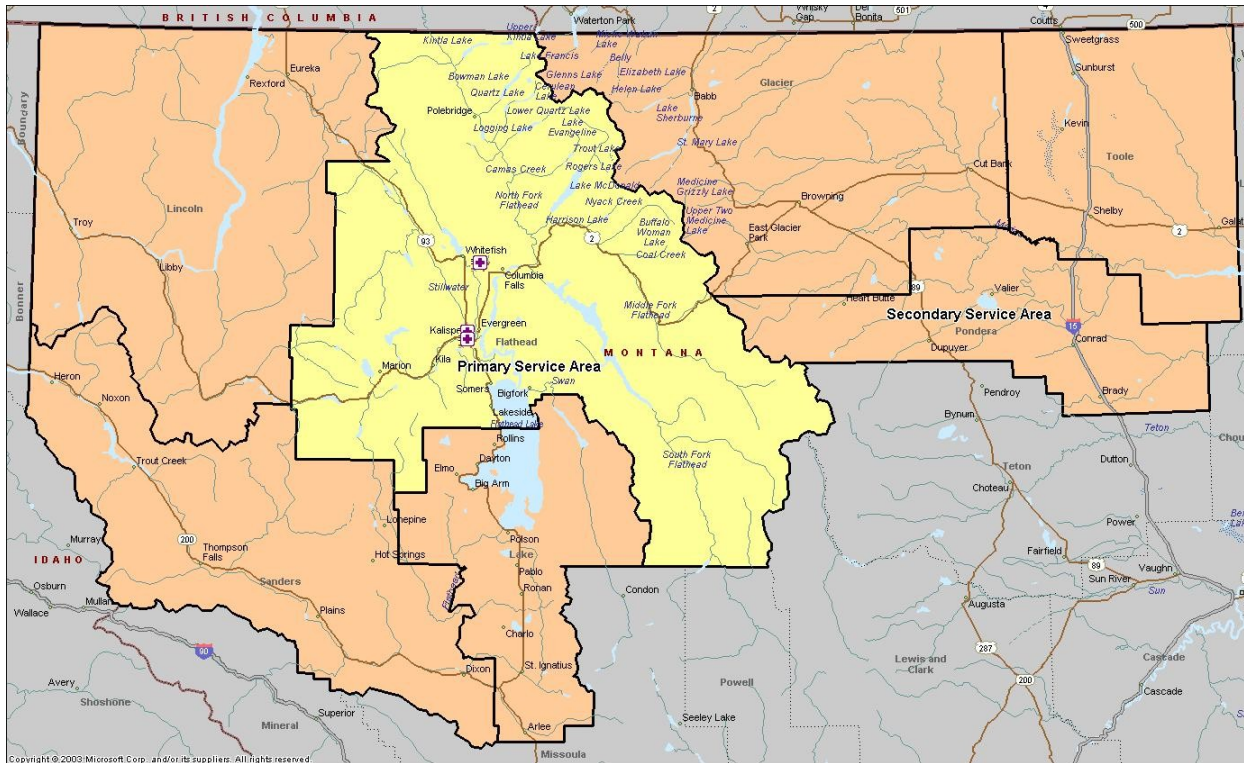
North Valley Hospital is a 25-Bed Critical Access hospital located in Whitefish, Montana. NVH serves the Flathead and Lincoln County communities and employs 339 professionals and staff. The hospital operates primary and specialty care clinics in Whitefish, Columbia Falls and Eureka, MT in addition to a structured out-patient mental health service in Whitefish. NVH is a state-designated Community Trauma Hospital with 24/7 Emergency Department, Digital Imaging and CAP Certified Laboratory. Core services include maternity, emergency services, orthopedics and other surgical services.

Ned Cooney, Ascent Strategic Development

Ned Cooney is an independent contractor and owner of the consulting practice, Ascent Strategic Development, located in Bigfork, Montana. Services include training, strategic planning and primary research for non-profit organizations. Mr. Cooney holds a Master's Degree in Social Work from California State University. His experience includes program development and management, public policy and community organizing, chairing state and local coalitions of nonprofits, Executive Director of non-profit boards, and facilitating community insight projects.

SERVICE AREA

Flathead County, located in Northwest Montana, is among the fastest growing counties in the state. It includes a portion of Glacier National Park, Flathead Lake, and Hungry Horse Reservoir. Flathead County comprises approximately 5,087.63 square miles and is bordered by Canada and the counties of Lincoln, Sanders, Lake, Missoula, Powell, Lewis and Clark, Pondera, and Glacier.



There are three major and incorporated cities within Flathead County: Kalispell, the county seat and primary population center, Whitefish, and Columbia Falls. Flathead County also has 10 unincorporated communities. Located within Flathead County are three hospitals (Kalispell Regional Medical Center, The HealthCenter and North Valley Hospital), one Federally Qualified Community Health Center, one free clinic and more than 210 primary care providers.

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

SERVICE AREA

Flathead County Demographic Profile

The U.S. Census Bureau estimates the 2011 population of Flathead County to be 91,301, making it the 4th most populated county in Montana. Flathead County is one of the fastest growing counties in the state, with a population increase of 22.1% from 2000 to 2010. It is also home to three of the ten fastest growing cities in Montana:

- Kalispell with a 40.1% growth from 2000-2010,
- Columbia Falls with a 28.6% growth from 2000-2010, and
- Whitefish with a 26.3% growth from 2000-2010.

The population is evenly split between males and females (50.2% female and 49.8% male). Flathead County is predominately Caucasian (95.5%); however, other race or ethnicity demographics in Flathead County include:

- American Indian (2.4%),
- Hispanic or Latino (2.3%),
- Asian (1.0%), and
- Black or African American (0.5%).

Age demographics in Flathead County include:

- 29% under the age of 18
- 55.9% between the ages of 18 and 64
- 15.1% of the population is age 65 or older

In Flathead County, 11.7% of the residents live at or below 100% of federal poverty levels. The median household income is almost \$45,000, and 13.6% have an annual income of more than \$100,000. According to the Montana Department of Labor and

Industry, the unemployment rate in Flathead County has increased from 4.1% in 2005 to 11.8% in 2010.

According to the 2010 Homeless Survey, Flathead County has a significant homeless population.

- 349 homeless reported to being single with no family,
- 96 homeless reported having a family,
- 359 homeless reported having family accompanying them, and
- 246 homeless reported having children accompanying them.

The U.S. Census Bureau, American Community Survey 2010 estimates that of those 25 years and older in Flathead County:

- 7.3% have less than a High School Diploma,
- 35.10% have a High School Diploma or equivalent,
- 23.10% have some college education, and
- 34.5% have attained an associate, bachelor, graduate, or professional degree.



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

CAUSES OF DEATH

Flathead County's mortality rates are slightly less in comparison to the state of Montana, but slightly more than mortality rates nationally. The median age at death for all races in Flathead County and in Montana is 78 years of age; however, the median age at death for American Indians in Flathead County and Montana is 57 and 59, respectively.

Deaths Per 1,000 Population		
<i>Flathead County*</i>	<i>Montana*</i>	<i>United States**</i>
8.6	9.0	8.13

Heart disease and cancer are the leading causes of death in Flathead County. Other major causes of death include stroke, respiratory diseases, and unintentional injuries that many times are preventable. The top ten leading causes of death in Flathead County closely mirror those of the state of Montana and the United States.



**Bowman Lake
Glacier National Park**

Causes of Death		
<i>Flathead County*</i>	<i>Montana*</i>	<i>United States**</i>
1) Heart Disease	1) Cancer	1) Heart Disease
2) Cancer	2) Heart Disease	2) Cancer
3) Accidents (unintentional injuries)	3) Accidents (unintentional injuries)	3) Chronic Lower Respiratory Diseases
4) Chronic Lower Respiratory Diseases	4) Chronic Lower Respiratory Diseases	4) Stroke
5) Stroke	5) Stroke	5) Accidents (unintentional injuries)
6) Intentional Self-harm (suicide)	6) Alzheimer's Disease	6) Alzheimer's Disease
7) Influenza and Pneumonia	7) Diabetes	7) Diabetes
8) Alzheimer's Disease	8) Intentional Self-harm (suicide)	8) Influenza and Pneumonia
9) Diabetes	9) Influenza and Pneumonia	9) Nephritis, Nephrotic Syndrome, and Nephrosis
10) Chronic Liver Disease and Cirrhosis	10) Chronic Liver Disease and Cirrhosis	10) Intentional Self-harm (suicide)

* Montana Vital Statistics 2009

**National Vital Statistics 2009

CAUSES OF DEATH

Heart Disease

The most common type of heart disease is coronary artery disease. Engaging in a healthy lifestyle is one of the greatest risk reduction activities a person can do to protect against the development of heart disease. Tobacco use, poor diet, physical inactivity, obesity, and excessive alcohol use all greatly increase a person's risk of heart disease and heart attack.

High blood cholesterol levels, high blood pressure, and diabetes also increase a person's risk for heart disease. According to the 2009 Behavioral Risk Surveillance Survey, 34.4% of adults in Flathead County were told that their blood cholesterol levels were high, and 25.9% were told that they have high blood pressure.

Heart Disease Deaths per 100,000		
<i>Flathead County*</i>	<i>Montana*</i>	<i>U.S.**</i>
189.7	187.2	195.2

Cancer

Prostate, lung and bronchus, female breast, and colon and rectal cancers account for more than half of all reported cancers in Montana. Cancers are complex diseases and have multiple risk factors associated to their development; however, tobacco use is the single greatest preventable risk factor in developing cancer.

A person's cancer risk can also be reduced by receiving appropriate cancer screenings, limiting alcohol use, avoiding exposure to ultraviolet rays, eating a diet rich in fruits and vegetables, maintaining a healthy weight, and being physically active.

Cancer Deaths per 100,000		
<i>Flathead County*</i>	<i>Montana*</i>	<i>U.S.**</i>
177.4	195.8	184.9

* Montana Vital Statistics 2009

**National Vital Statistics 2009

Accidents (unintentional injuries)

While Flathead County has a lower rate of deaths from unintentional injuries than the state of Montana, there is a significantly higher rate of deaths in the county than there are in the nation.

An area of major concern in Flathead County is motor vehicle crash related deaths. The death rate in Flathead County is 33.0, much higher than that of the state of Montana at 25.5 (U.S. Department of Health and Human Services Flathead County Health Profile).



Accident Deaths per 100,000		
<i>Flathead County*</i>	<i>Montana*</i>	<i>U.S.**</i>
50.2	62.8	38.4

Chronic Lower Respiratory Diseases

These statistics include deaths from bronchitis, emphysema, asthma, or certain other obstructive pulmonary diseases. The state of Montana has a significantly higher death rate from chronic lower respiratory diseases than the U.S.; Flathead County fares better than the state of Montana, but remains higher than national statistics.

Lower Respiratory Disease Deaths per 100,000		
<i>Flathead County*</i>	<i>Montana*</i>	<i>U.S.**</i>
49.1	61.0	44.7

CAUSES OF DEATH

Cerebrovascular Diseases (Stroke)

The diseases included in this section include subarachnoid, intracerebral, and intracranial hemorrhage, cerebral infarction, other strokes and certain forms of cerebrovascular diseases and their sequelae. According to the Montana Hospital Discharge Data System, Flathead County has a higher hospitalization rate for cerebrovascular diseases than the state of Montana, but according to the 2010 Behavioral Risk Surveillance System the county has fairly similar prevalence rates as the state (2.7% and 2.5% respectively).

Risk factors for cerebrovascular disease include tobacco use, alcohol use, and physical inactivity. Medical conditions such as high blood pressure, high cholesterol, heart disease, diabetes, obesity, and physical inactivity also contribute to a person's risk for cerebrovascular disease.

Stroke Deaths per 100,000		
Flathead County*	Montana*	U.S.**
41.3	47.3	42.0

Alzheimer's Disease

Alzheimer's Disease is the most common form of dementia among older adults. It is estimated that approximately 5.4 million Americans have Alzheimer's. Unfortunately, the number of patients diagnosed with Alzheimer's Disease is expected to increase to nearly 16 million by the year 2050, and unlike other causes of death such as heart disease and cancer, mortality rates associated with Alzheimer's Disease are expected to continue to increase.

Alzheimer's Deaths per 100,000		
Flathead County*	Montana*	U.S.**
19.0	26.2	25.7

* Montana Vital Statistics 2009

**National Vital Statistics 2009

Intentional Self Harm (Suicide)

Suicide is a major public health issue in the state of Montana, as the adult suicide rate in Montana is significantly higher than the nation. In fact, Montana

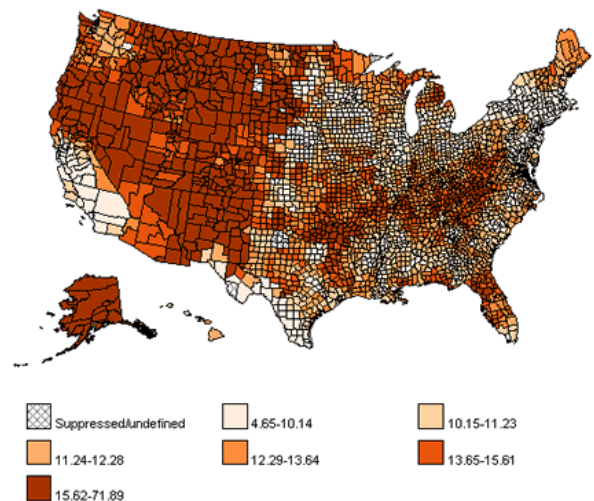
"I think that we could curtail the number of suicides in Flathead County by making services accessible immediately when someone is in crisis."
Focus Group Participant

has been at or near the top of the nation for rate of suicide for more than thirty years. More than half of the completed suicides in Montana are firearm related. Males are more likely to die as result of suicide, but females make more attempts at suicide. Flathead

County has consistently been at or near the top of the list for most completed suicides in the state of Montana. The number of completed suicides each year is a small representation of those who have attempted suicide. For every 1 completed suicide, there are approximately 25 attempts at suicide.

Suicide Deaths per 100,000		
Flathead County*	Montana*	U.S.**
24.5	22.3	12.0

Age-Adjusted Suicide Rates 2000-2006 (CDC)



CAUSES OF DEATH

Diabetes

Diabetes can cause serious related health problems including heart disease, blindness, kidney failure, and lower-extremity amputations. Type 1 diabetes accounts for only 5% - 10% of all diagnosed cases of diabetes. Type 2 diabetes, the most common, is typically associated with risk factors such as older age, obesity, family history, physical inactivity, and race or ethnicity. According to the 2010 Behavioral Risk Factor Surveillance System, 4.9% of adults in Flathead County have been diagnosed to have diabetes compared to 7.0% in the state of Montana and 8.7% nationally.

“We see a lot of obesity or self-neglect issues that manifest and end up as greater health issues like diabetes and concerns secondary to that.”
Focus Group Participant

Diabetes Deaths per 100,000		
Flathead County*	Montana*	U.S.**
16.7	23.4	22.4

Influenza and Pneumonia

Flathead County has a significantly higher rate of deaths associated with influenza and pneumonia



than both the state of Montana and the U.S. According to the 2010 Behavioral Risk Factor Surveillance System, 63.7% of adults 65 and older in Flathead County (6.5% in Montana) report receiving a flu vaccination within the past year, and 74.8% (71.8% in Montana) report ever receiving a pneumonia vaccination.

Influenza and Pneumonia Deaths per 100,000		
Flathead County*	Montana*	U.S.**
21.2	18.2	17.5



Big Mountain

Chronic Liver Disease and Cirrhosis

Flathead County has a lower death rate associated with chronic liver diseases and cirrhosis than the state of Montana, but higher than the national death rate.

Liver Disease and Cirrhosis Deaths per 100,000		
Flathead County*	Montana*	U.S.**
12.3	14.2	9.9

* Montana Vital Statistics 2009

**National Vital Statistics 2009

HEALTH AND RISK BEHAVIOR

As noted in many of the top 10 causes of death in Flathead County, many of these diseases and conditions have risk factors that are in many ways preventable.

Obesity – Nutrition, Physical Activity

Obesity increases the risks for conditions such as coronary heart disease, type 2 diabetes, certain types of cancers, high blood pressure, high cholesterol and triglycerides,

“Long before folks were obese, they were overweight and if we were able to turn things around at that point, that would really help us a lot with the big problems.”

Focus Group Participant

stroke, liver and gall-bladder diseases, sleep apnea and respiratory problems, osteoarthritis, and gynecological problems. According to the Montana Behavioral Risk Factor Surveillance System, 40.5% of the population of Flathead County is considered to be of a healthy weight; 41.2% of the population is considered to be overweight (BMI of 25.0

-29.9); and 18.3% of the population is considered to be obese (BMI greater than 30.0).

Percent of adults who reported not participating in exercise in the past month (BRFSS 2010)		
Flathead County	Montana	U.S.
20.4%	21.6%	24.0%

Tobacco Use and Secondhand Smoke

Exposure

Tobacco use negatively impacts nearly every organ in the body and causes many diseases such as cancer, heart disease, and respiratory diseases. Even secondhand smoke exposure has been shown to have immediate effects on the cardiovascular sys-

tem and can cause heart disease and an increase risk for heart attacks. Approximately 443,000 deaths are attributed to tobacco use each year in the United States, making it the number one cause of death. In Montana it is estimated that \$277 million in medical expenditures is attributed to smoking (Montana Tobacco Use Prevention Program).

MONTANA TOBACCO



Smoking rates among American Indians are significantly higher than among Caucasians. According to the 2009 Adult Tobacco Survey, 46% of American Indians in Montana are smokers; comparatively, only 13% of Caucasians in Montana are smokers.

Percent of adults who report being smokers (BRFSS 2010)		
Flathead County	Montana	U.S.
18.4%	18.8%	19.3%

Montana has one of the highest rates of smokeless tobacco use in the nation. According to the 2009 Adult Tobacco Use Survey, approximately 7% of Montana adults are smokeless tobacco users. Montana men aged 18-34 have the highest prevalence of smokeless tobacco use at 20%.

Nationwide, more than half of young children are exposed to secondhand smoke. Secondhand smoke exposure can have a large impact on the health of children and cause case more ear infections, more frequent and severe asthma attacks, respiratory symptoms and infections, and a greater risk for sudden infant death syndrome.

HEALTH AND RISK BEHAVIOR

Cancer Screenings

Research shows that screening for certain cancers can reduce the number of new cancer cases and prevent



many cancer deaths. Screening for cervical and colorectal cancers finds precancerous lesions that can be treated before they become cancerous. Screening for breast, cervical, and colorectal cancers helps to find diseases at early stage when they are highly treatable.

Cancer Screening Rates (BRFSS 2010)			
	<i>Flathead</i>	<i>Montana</i>	<i>U.S.</i>
Sigmoidoscopy or Colonoscopy	61.3%	61.0%	64.2%
Women over 40 who have had a mammogram within the past 2 years	74.3%	67.4%	75.2%
Women over 18 that have had a pap test within the past 3 years	81.8%	78.3%	81.0%

Seatbelt Use

Seat belt use reduces serious injuries and deaths in motor vehicle accidents by approximately 50%. Primary seat belt laws typically result a 10% increase in seat belt use, yet only 32 states in the nation have a primary law. Of the remaining states, including Montana, 17 have secondary seat belt laws and 1

state has no legislation requiring the use of seat belts. According to the 2010 Behavioral Risk Factor Surveillance System, 71.7% of Montanans always wear a seat belt; however, national statistics show nearly 85% of adults always wear their seat belts. In Montana, 70% of traffic fatalities were not wearing a seat belt.



Alcohol Use

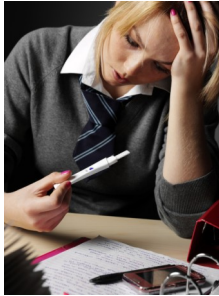
Excessive alcohol use can lead to an increased risk for injuries, violence, liver diseases, and cancer. Alcohol use can cause additional problems for underage drinkers. According to the 2011 Youth Risk Behavior Survey, 39% of high school students in the nation drink alcohol; 22% binge drink, and 8% drove after drinking alcohol. Flathead County has a slightly lower rate of high school students who drink (37.6%), but have higher rates of high school students who binge drink and drive after drinking (25.3% and 10.6% respectively). In Montana, 2.7% of adults report driving after having too much to drink (2010 BRFSS). In Montana, 79 people died as a result of impaired driving crashes; of those, 61 were not wearing a seatbelt.

Adult Alcohol Use Rates (BRFSS 2010)			
	<i>Flathead</i>	<i>Montana</i>	<i>U.S.</i>
Report being heavy drinkers (men having more than 2 drinks per day and women reporting having more than 1 drink per day)	6.5%	5.3%	5.0%
Report binge drinking (males having 5 or more drinks on one occasion and females having 4 or more drinks on one occasion)	16.6%	17.0%	17.0%

HEALTH AND RISK BEHAVIOR

Maternal and Child Health

Flathead County has a teen pregnancy rate significantly higher than the state of Montana; in fact, the county is in the top 10 in Montana for the most teen pregnancies annually. Furthermore, Montana already has a significantly higher teen pregnancy rate than the nation.



Teen Pregnancy Rate Per 1,000 (Montana DPHHS Women's and Men's Health Section)		
Flathead County	Montana	U.S.
57.1	48.8	39.1

Lack of prenatal care, low birth weight, smoking, alcohol and drug use, and preterm birth are all risk factors associated with infant mortality. Flathead County generally has a lower infant mortality rate of 3.5 than the state of Montana at 5.9; however, the mortality rate for children age 1-14 years in Flathead County is significantly higher than the rest of the state (30.2 and 18.4 respectively).



Infant Mortality Risk Factors		
	Flathead County	Montana
Percent beginning pre-natal care in the first trimester	73%	65%
Percent of infants born at low birth weight	5.5%	7.1%
Preterm births	6.4%	8.9%

Communicable Disease Prevention

Many diseases are transmitted person-person; yet effective vaccination coverage in the community can prevent the spread of a number of these diseases. The prevalence of most vaccine-preventable disease levels are at record lows; however, many un- or under-immunized adults and children remain, leaving the potential for disease outbreaks.

Communicable Disease Cases (2011) **indicate vaccine preventable		
	Flathead	Montana
Campylobacteriosis	25	235
Chlamydia	287	3,406
Cryptosporidiosis	20	77
Giardiasis	16	86
Gonorrhea	4	85
Hepatitis B (Chronic) **	1	23
Lyme Disease	1	11
Meningitis (Viral)	7	32
Pertussis	21	134
Rabies (Animal)	1	18
Salmonellosis	4	120
Shigellosis	2	124
Streptococcus pneumonia, invasive**	1	22
Varicella**	19	163
Yersiniosis	3	4

Montana continues to rank 48th in the nation for immunization rates. Data for Flathead County is not readily available due to problems with local data sets. School data is the most reliable source for school-required immunizations but does not include the homeschooled population. During the 2010-

HEALTH AND RISK BEHAVIOR

2011 school year, 93.4% of Kindergarten students had their MMR and 93.2% had Tdap. For the same year, 96.3% of 7th grade students had the required MMR and 95.1% had Td/Tdap.



Vaccination Coverage for Children 19-36 Months		
	Montana*	U.S.*
4 DTaP (Diphtheria, tetanus, and pertussis)	76.8%	84.6%
3 Polio	85.9%	93.9%
1 MMR (Measles, mumps, and rubella)	87.8%	91.6%
3 Hib (Haemophilus Influenzae Type b)	86.6%	94.0%
3 Hepatitis B	90.8%	91.1%
1 Varicella	85.6%	90.8%
4 PCV (Pneumococcal Conjugate Vaccine)	77.2%	84.4%
2 Hepatitis A	43.9%	52.2%
Rotavirus	59.8%	67.3%
Vaccination Coverage For Adolescents 13-17 Years		
	Montana	U.S.
2 Varicella	51.8%	68.3%
1 Tdap booster on or after age 10	85.0%	78.2%
1 MenACWY (Meningitis)	39.8%	70.5%
1 HPV for females	52.9%	53.0%

*U.S. National Immunization Survey 2011

ACCESS TO HEALTH CARE

There are many reasons an individual may not receive the health care they need. Socioeconomic factors are significant contributors to a person's health risk. According to County Health Rankings and Road Maps, it is estimated that 22% of Flathead County residents under the age of 65 are uninsured, limiting access to health care. Of those who are uninsured, 72.9% report that it is due to being unable to afford

"We can open clinics all over the place, but if people don't have the resources and feel empowered to know how to get into those, it doesn't make a difference when trying to put dinner on the table or figure out how to get there because they don't have a ride." Focus Group Participant

to pay the premiums (BRFSS 2010). Many times even those with health insurance are struggling with financial hardships preventing them from seeking care. In Montana, 13.4% of respondents to the 2010 Behavioral Risk Factor Surveillance System reported that they were unable to seek medical care due to cost.

Health Care Coverage (BRFSS 2010)		
Flathead County	Montana	U.S.
81.1%	81.6%	85.0%

It is estimated that 1 in 4 Americans under 65 lack dental insurance. In Flathead County, there is a shortage of dental providers who will accept Medicaid. Therefore, a number of the residents in Flathead County do not receive preventative dental care, including low income children.

"Even though dental is covered, most dentists won't see Medicaid patients because the payment is so low." Focus Group Participant

FOCUS GROUPS

Kalispell Regional Healthcare Services, the Flathead City-County Health Department, and North Valley Hospital collaborated to arrange qualitative data collection designed to address healthcare issues in the community. Four focus groups and two surveys were conducted in an effort to obtain the best information regarding the health needs of all individuals in the community. The focus groups consisted of individuals selected to participate based on their area of expertise within healthcare. The surveys were conducted at Project Homeless Connect and Flathead Job Services.

The first of the focus groups met on May 29, 2012 and consisted of 22 representatives from different social service organizations in the area. The second focus group met on May 30, 2012 and consisted of nine physicians from the Kalispell area. The third focus group met on June 6, 2012 and consisted of nine healthcare professionals and school counselors from the Whitefish and Columbia Falls areas. The final focus group met on June 26, 2012 and consisted of 16 professionals in the field of geriatric or mental health.

Focus Group Methodology

The partners engaged a local independent consultant, Ned Cooney of Bigfork, Montana, to facilitate the four focus groups in May and June of 2012 to gather input from various health, mental health, and social service providers from across the County:

Focus group participants were recruited by the three partner organizations and invited to attend based on their organizational type and geography. The partners collectively developed potential invitee lists and mailed out 203 invitations. Of the 203 invitations, 48 were accepted and, in turn, attended one of the four focus groups:

- Social Service and Public Health Providers (Held in Kalispell on May 29, 2012)
- Physicians and Clinic Staff (Held in Kalispell on May 30, 2012)

- Physicians, Clinic Staff, School Nurses, School Counselors (Held in Whitefish on June 6, 2012)
- Geriatric and Mental Health Providers (Held in Kalispell on June 26, 2012)

Focus group questions were determined by consensus of the collaborating organizations, and were asked by the facilitator. Additional follow-up questions were asked by the facilitator for clarification or expansion of ideas.



Bear Grass on Big Mountain

The sessions lasted between 90 minutes and 2 hours in length and were electronically recorded and then transcribed. Responses were not attributed to the participant speaking, to give anonymity.

The consultant then color-coded each session's transcripts, and compiled responses to each question from all four sessions into a single document. The consultant reviewed the compiled responses in detail using a qualitative data analysis approach, looking for keywords and similar ideas. Proposed titles for each category were drafted by the consultant for consideration by the partner organizations.

Representatives from the partner organizations attended a work session on July 31, 2012, to review the combined, categorized transcripts, and validated the category names suggested by the consultant. Each section was then summarized by the partner

FOCUS GROUPS

representatives to present to their administrators, who attended a debrief session to get their first glance at the focus group results, discuss the stated needs and proposed solutions, and determine next steps for the Community Health Needs Assessment process.

Focus Group Participants

Focus group participants included persons with special knowledge of or expertise in public health; local health or other departments or agencies with current data or other information relevant to the health needs of the community served; representatives medically underserved, low-income and minority populations and populations with chronic disease needs in the community served; healthcare consumer advocates; representatives of nonprofit organizations; academic experts; local government officials; representatives from community-based organizations; healthcare providers, and private business leaders.

Organizations represented included:

- Brendan House (Skilled Nursing Facility)
- Home Options (Home Health and Hospice)
- A Plus Health Care (Home Health)
- Pathways Treatment Center (Mental Health and Substance Abuse)
- Immanuel Lutheran Home (Skilled Nursing Facility)
- Agency on Aging
- North Valley Embrace Health (Senior Mental Health)
- American Association of Retired People
- Adult Protective Services
- Sunburst Mental Health Center
- School District #44
- North Valley Professional Center North Valley Hospital Emergency Room
- School District #6
- Shepard's Hand Free Health Clinic
- Northwest Imaging

- CASA (Court Appointed Special Advocates)
- Flathead Community Health Center
- Northwest Montana Head Start
- Community Action Partnership
- Child Development Center
- Children Mental Health Bureau
- Abbie Shelter
- Body Balance Disordered Eating Program
- Big Sky Family Medicine
- Woodland Clinic
- Kalispell Regional Medical Center Emergency Department
- Maternal Child Health Home Visiting Program

Focus Group Questions

1. What are the most significant health needs in our community, from your perspective?
2. What are the most preventable health diagnoses in the community?
3. What are the gaps in the availability of, or access to, health care services in our community?
4. What groups in our community are underserved regarding their health care needs? What are the major obstacles to reaching and serving those groups?
5. What could reduce the need for the uninsured to use the ER for non-emergencies?
6. Where can local hospitals and the health department, either on their own or in collaboration, have the greatest impact on meeting the needs identified? What should be the top 2-3 priorities for the hospitals and/or health department over the next 3 years?
7. With whom should the hospitals and health department partner to maximize their impact?

FOCUS GROUPS

Identified Health Needs

Key findings from the input gathered from the focus groups (organized by category) include the following:

A perception that Flathead County's **significant health needs** include:

- Improved access to health care, resources for navigating health resources, and a need for advocacy for services
- Increased prevention and awareness for preventable diagnoses
- Improved access to dental care for the uninsured
- Improved availability and coordination of mental health and substance abuse services
- Increased suicide prevention
- Improved professional support and training for health care workers who care for mental health patients
- Increased support for parents and families with children in the mental health system
- Increased homeless shelter services and transitional housing
- Improved transportation services for those needing health care but lack transportation resources



Heaven's Peak
Glacier National Park

- Increased availability of end of life counseling/palliative care
- Local availability of pediatric services including pediatric mental health providers.

A perception that the most **preventable diagnoses** in Flathead County include:

- Obesity
- Type 2 diabetes
- Depression, suicide, and related mental health/substance abuse issues
- Tobacco-related diseases
- Dental problems (escalated as the result of no preventive dental care)
- Prenatal exposure to alcohol and other drugs
- Unintentional injuries
- Untreated chronic conditions

A perception that **gaps in health** care services in Flathead County include:

- Addiction and mental health services for adults and seniors
- Health and mental health specialists serving children and youth
- Lack of primary care providers
- Lack of dental care for the uninsured or underinsured
- Pediatric services including primary care, gastrointestinal and neurology

A perception that **underserved populations** in Flathead County include:

- Low-income families and individuals
- Adults with developmental disabilities
- Children transitioning out of foster care
- Homeless people
- Native Americans and other local ethnic groups (this was discounted by other participants who indicated that adequate services are available)
- Individuals with autism spectrum disorders
- Veterans

A perception that **emergency room usage** in Flathead County could be reduced by:

- Reducing perceived barriers to primary care
- Provide triage at the front door with follow up care

FOCUS GROUPS

- Expand urgent care/walk-in care availability – more locations and 24/7 coverage
- Community education to shift perception and beliefs about Emergency Room usage
- Phone triage with a nurse on call - available 24-7
- Address acute, chronic mental health needs through outreach teams, urgent care, safe houses, and crisis lines

Perceptions that **priorities for collaborators** should include:

Help enhance or expand community information/referral sources to health resources and case management services

Address gaps in interagency [social services] communications and coordination

Enhance mental health services

Enhance and expand transportation options

Perceptions that **partnership resources** for collaborators could include:

- Flathead Valley Community College and other higher education facilities
- AmericaCorps Vista, and Community Volunteers
- United Way/211
- Existing health clinics
- Other community resources (the Veteran’s Association clinic, foster care, and the American Association for Retired People)



Downtown Bigfork

PUBLIC SURVEYS

In addition to the focus groups, the collaborators conducted two public surveys. The first survey was conducted on June 7 and 8, 2012 at Project Homeless Connect. It consisted of five questions and 40 individuals participated in the survey. The second survey was conducted from June 26, 2012 to June 29, 2102 at Flathead Job Service. It consisted of six questions and 60 individuals who were searching or helping others search for jobs participated in the survey.

1. Where do you find out about medical care in your town?

- Newspaper
- Health Department
- Friends or Family
- Internet
- Radio
- TV
- Posters hanging in businesses

Other (please specify)

2. Where are all the places you go for a doctor or dentist?

- Hospital Emergency Room
- Health Department
- Community Health Center
- Shepard's Hand Clinic
- A Doctor/Dentist's Office

Other (please specify)

3. Where do you go most of the time for a doctor or dentist?

- Hospital Emergency Room
- Health Department
- Community Health Center
- Shepard's Hand Clinic
- A Doctor/Dentist's Office

Other (please specify)

4. Why do you go there most of the time?

- Close to where I live
- I can afford it
- They give good care
- I feel comfortable going there
- Open when I need it

Other (please specify)



PUBLIC SURVEYS

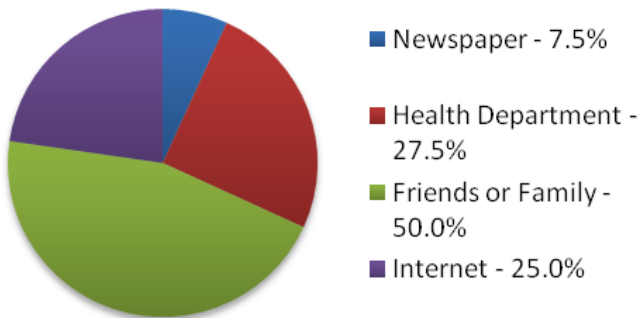
Survey of Homeless Families Attending Project Homeless Connect

Forty individuals were surveyed during the event on June 7, 2012 in Kalispell, MT. One half of the respondents indicated that they find out about medical care options from friends or family. The locations that respondents visit for doctor/dentist ser-

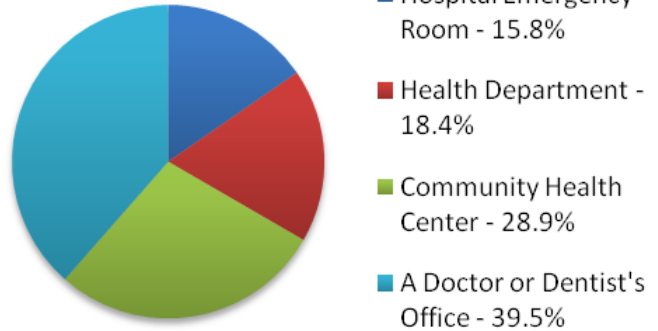


vices include hospital emergency room (15.8%), Health Department (18.4%), Community Health Center (28.9%), and a doctor/dentist office (29.5%); with the most frequent visits to Community Health Center and a doctor/dentist office both at 42.1%. Shepherd's Hand Clinic in Whitefish was not mentioned which may be correlated to the Kalispell location of the survey execution. The primary reason cited for where medical services are obtained is affordability (34.2%). Lack of transportation was most frequently cited as the reason preventing a visit to the doctor/dentist (43.6%) followed by cost (33.3%).

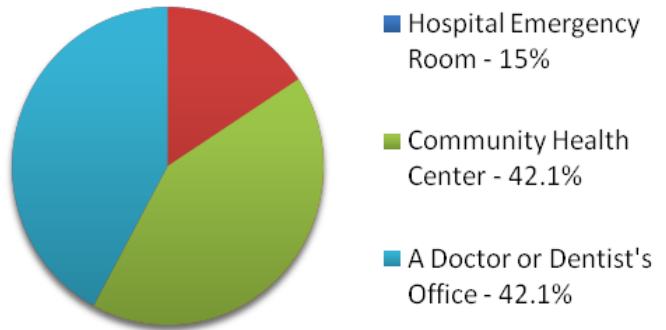
1. Where do you find out about medical care in your town?



2. Where are all the places you go for a doctor or dentist?



3. Where do you go most of the time for a doctor or a dentist?

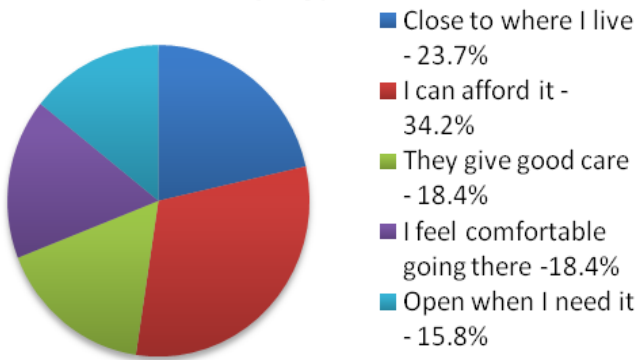


Project Homeless Connect 2011

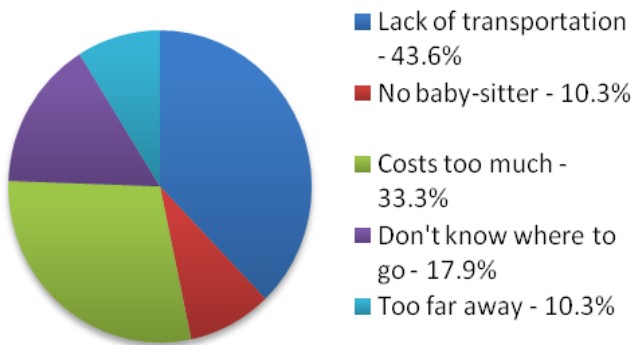
Photo courtesy of Samaritan House; Kalispell.

PUBLIC SURVEYS

4. Why do you go there most of the time?



5. What prevents you from going to a doctor or a dentist if you need it?



**Plum Creek Timber Co
Columbia Falls**

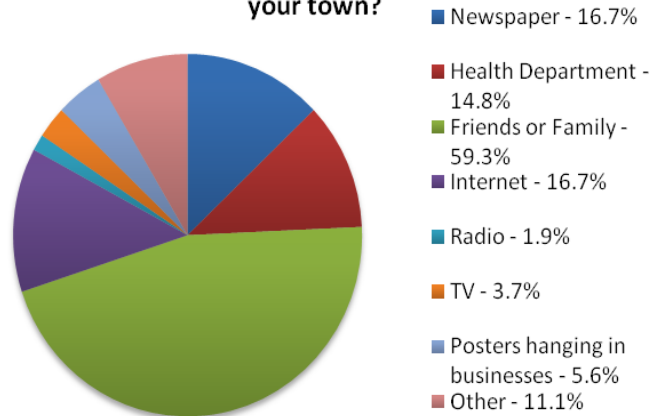
Survey of Job Seekers and Job Service Employees

Sixty job seekers and Job Service employees were surveyed in the Kalispell Job Service office from June 25 – 29, 2012. Respondents were most likely to find out about medical care via friends and families (59.3%). The respondents are less likely than respondents in the homeless survey to use a hospital emergency room or Flathead Community Health Center most of the time,

“I choose not to go until the very last moment because all it does is add more costs to my ever growing bill pile.”
Survey Respondent

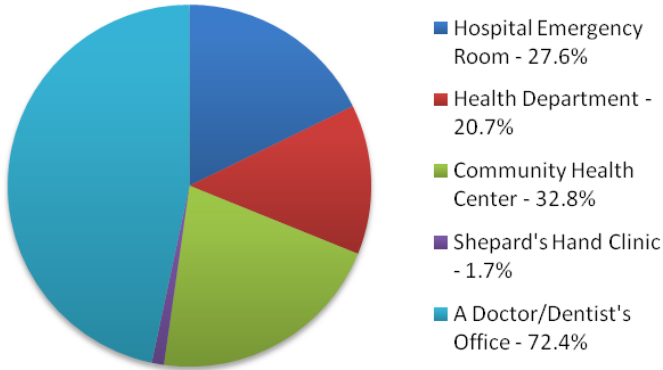
but more likely to use the Health Department and doctors/dentist office. They are more likely to visit their most used health provider due to “good care” and “feel comfortable going there” than the homeless respondents. Job seekers/ Job Service employees cited “cost” as the overwhelming reason for what prevents them from going to the doctor/dentist. Lack of transportation or baby-sitter and location distance were much lower factors to the job seekers / Job Service employees than for the homeless respondents.

1. Where do you find out about medical care in your town?

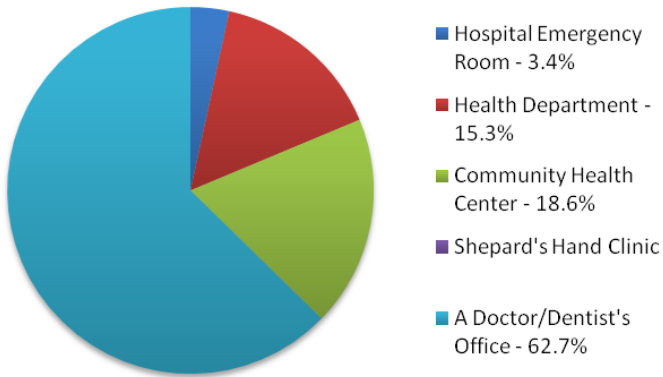


PUBLIC SURVEYS

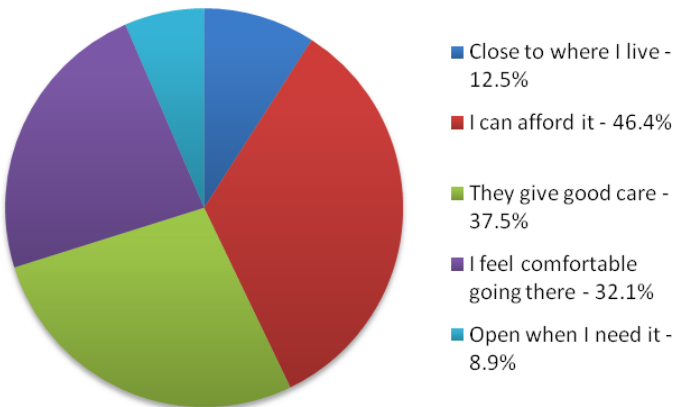
2. Where are all the places you go for a doctor or a dentist?



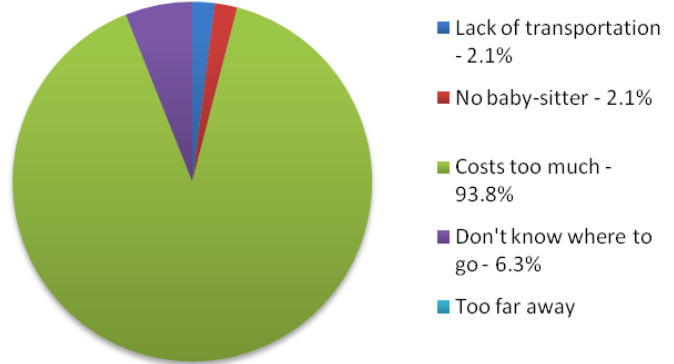
3. Where do you go most of the time for a doctor or a dentist?



4. Why do you go there most of the time?



5. What prevents you from going to a doctor or a dentist if you need it?



6. What particular healthcare service do you need, but are unable to find or access? (open-ended question)

Most common themes from 49 responses:

- Dental/ Affordable Dental care = 16 (32.7%)
- Vision /Eye Care / Glasses = 4 (8.2%)
- Diabetes care / supplies = 2 (4.1%)



Grizzly Bear in eastern part of the Flathead Valley

Photo courtesy of DJ Rankosky.

SUMMARY

Upon review of the data gathered for the purposes of this health assessment, five key needs have been identified:

- Dental care for low income and uninsured or underinsured.
- Access to primary care, in general, for low income and uninsured or underinsured.
- Increased awareness, education, and utilization of programs targeting preventable diseases and reduction of health risk factors.
- Gaps in the provision of mental health care.
- Patient advocacy; coordination of care between multiple entities/agencies.

Currently, Flathead County has some services in place to address each of these issues, but has areas in need of improvement. The following table outlines what services currently exist and what improvements need to be made.

Identified Need	Existing Services	Barriers/Gaps in Services
Dental care for low income and underinsured or uninsured	<ul style="list-style-type: none"> • 2 dentists at the Flathead Community Health Center • Few local dentists who accept Medicaid and payment on a sliding scale • On-call dentists at hospital Emergency Rooms to treat emergent dental needs that present in the Emergency Room • Access to a dentist for patients without insurance who must have a dental examination before the onset of radiation therapy 	<ul style="list-style-type: none"> • Need more dentists who will see Medicaid or low income patients • Lack of affordable dental insurance • Patient apathy (no motivation) • No access to emergent dental care (other than the ER) • Lack of transportation
Access to primary care, in general, for low income and underinsured or uninsured	<ul style="list-style-type: none"> • Approximately 79 Primary Care Physicians within Flathead County (220 providers total) • Community Health Center • Shepherd's Hand Clinic • Rural Health Clinic (NVH) 	<ul style="list-style-type: none"> • Lack of transportation • Limited hours in evenings and on weekends • Patients do not know where they should go for care • Lack of pediatricians (and pediatric specialties)
Increased awareness, education, and utilization of programs targeting preventable diseases and a reduction of health risk factors	<ul style="list-style-type: none"> • Tobacco cessation programs • Weight management/reduction programs (Journey to Wellness/One2One) • Cardiac Rehabilitation programs • Suicide prevention programs • Summit Health Fitness Center and the Wave (with scholarships for low income) • Prostate Cancer Awareness Organization • Cancer screening programs through the Flathead City-County Health Department and Save A Sister • Health Promotion programs at the Flathead City-County Health Department 	<ul style="list-style-type: none"> • Targeted education • Education about importance of primary care • Patient apathy (no motivation) • Personnel and financial resources (for organizations) to focus on these efforts • Ability to effectively impact kids at an early age • Affordable or free programs

SUMMARY

Identified Need	Existing Services	Barriers/Gaps in Services
Gaps in the provision of mental health care	<ul style="list-style-type: none"> • Pathways Treatment Center for acute mental health and substance abuse patients (adolescents and adults) • Outpatient support group for those discharged from Pathways • Turtle Bay (sees 25 kids per day) • School-Based Program serving all school districts (except Evergreen) (sees 120 kids per day, including low-income) • Western Montana Mental Health • Flathead Community Health Center • North Valley Hospital: Embrace Health Structured Outpatient program for people 55+. • Flathead Valley Chemical Dependency Clinic • Drug and Alcohol Treatment Referral Service • Shepherd’s Hand Free Clinic • Suicide Support Group • Stillwater Therapeutic Services (Children’s Outpatient Treatment Center) • Veteran’s Administration (Psychiatric and Medications) • Sunburst Mental Health Center • Lamplighter House • Intermountain Children’s Home • Local, private outpatient therapists, psychiatrists and psychiatric nurses • Tamarack Grief Resource Center • Alcoholics Anonymous of NW MT • National Alliance of Mental Health – Montana • Sinopah House (youth residential and crisis services) • Safe House (crisis intervention and emergency services) • State Mental Health Services Bureau 	<ul style="list-style-type: none"> • Lack of mental health providers/ mental health resources • Stigma associated with mental health • Regulatory limitations (rules/red tape) • Awareness of available services, patient navigation and care coordination • Low income, no income underinsured or uninsured • Access to care for minor mental health needs (i.e. mental health urgent care) • Effective suicide prevention/ early intervention • Access to care for geriatric/ nursing home population • Access to inpatient care, beyond short-stay • Training for non-mental health providers • Transportation • Access to care for children/ families
Patient advocacy; coordination of care between multiple entities/agencies	<ul style="list-style-type: none"> • Multiple hospital/community services and non-profits • United Way 2-1-1 	<ul style="list-style-type: none"> • Lack of a credible, 24/7 central location/entity to provide patient advocacy and navigation • Lack of awareness of all the available services and how they work together • Patient motivation to seek care • Care coordination (medical home)

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