



FLATHEAD COUNTY

COMMUNITY HEALTH NEEDS ASSESSMENT

20
24

SEPTEMBER 2024



PREPARED BY:
Crescendo Consulting Group

crescendo | 

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Introduction

Nestled in northwest Montana next to picturesque Glacier National Park, Flathead County has seen a rapid change in the community in recent years. Once a small, tight-knit community of generational Montanans who love the Great Outdoors, the COVID-19 pandemic and the housing crisis that plagues the country escalated a rapid population growth over the past 10 years.

While the same chronic diseases and access to care challenges still persist in the community today, new needs have emerged, and the magnitude of others has escalated. Youth and adults are struggling more than ever with their mental health and access to providers is very limited and recent legislation changes at the state level have not helped address the growing needs in the community. The face of primary care is also changing in the community. Many primary care or family doctors have retired, left the community, or have transitioned to concierge medicine leaving longer than usual wait times to see a primary care provider, which could result in delayed care and more acute health needs in the future.

With inflation and the rapid increase of housing costs, more and more families are on the brink of being homeless in the community with very little resources to support those that do. The wealth disparities are growing in the once largely agricultural community.

Despite the challenges, Flathead County has a strong network of community-based organizations who are dedicated to helping community residents whether they have been in Flathead County for generations or just relocated to the valley.

The following top needs were identified based on the quantitative and qualitative research throughout the Community Health Needs Assessment process.

Community Health Needs Assessment

Between January 2024 and August 2024, Crescendo Consulting Group (“Crescendo”) worked in collaboration with Logan Health, Greater Valley Health Center, and Flathead City-County Health Department to conduct a Community Health Needs Assessment for Flathead County. A combination of quantitative and qualitative research methods was used to evaluate perspectives and opinions of community stakeholders.

This Community Health Needs Assessment provides a critical process that examines prevailing issues and conditions related to health and basic needs, including the social determinants of health, while identifying resources and opportunities to meet specific community needs.

A Community Health Needs Assessment:

- Establishes a profile of a community, noting both needs as well as community resources.
- Determines the needs in a community that can be addressed and the population that is most impacted by the need.
- Includes both quantitative and qualitative data to assist in identifying needs in the community.
- Assists agencies in determining the outcomes and strategic planning they strive to achieve based on the identification of needs at the individual, family, community, and agency levels.



About the CHNA Partners

The Leadership Group of the 2024 Flathead County Community Health Needs Assessment consisted of representatives from Logan Health, Greater Valley Health Center, and Flathead City-County Health Department.

Information about the involved entities can be found below.

Logan Health

ABOUT

Logan Health is a nonprofit, 590-bed health system in Montana. While the main medical campus is located in Flathead County, Logan Health draws from a total service area covering 20 counties, nearly 50,000 square miles and a population of nearly 700,000. The health system consists of six hospitals, more than 68 provider clinics and a host of other health care services, including the nation's first rural air ambulance service (A.L.E.R.T.), which it has maintained for more than 40 years. More than 4,800 physicians, nurses, health care professionals and support staff work together to provide patients and their families with a positive, proactive, patient-centered experience. Founded in 1910, Logan Health has provided exceptional care for more than 100 years to the communities it serves. Throughout its history, the organization has continued to grow and evolve with the growth and changing needs of the communities it serves.¹

Mission: *Quality, compassionate care for all.*

Greater Valley Health Center

ABOUT

Greater Valley Health Center has been serving the Flathead Valley since 2007. As a Federally Qualified Health Center, GVHC provides the highest quality of care and a comprehensive list of services to meet all of your family's healthcare needs. Sliding fee discounts based on your family's size and income ensure that no services are denied based on the inability to pay. GVHC is dedicated to providing patient centered, integrated primary medical, dental, and behavioral healthcare for all ages.

Mission: *Provide exceptional patient-centered care regardless of ability to pay.*

¹ Logan Health. About. <https://www.logan.org/about/>

Flathead City-County Health Department

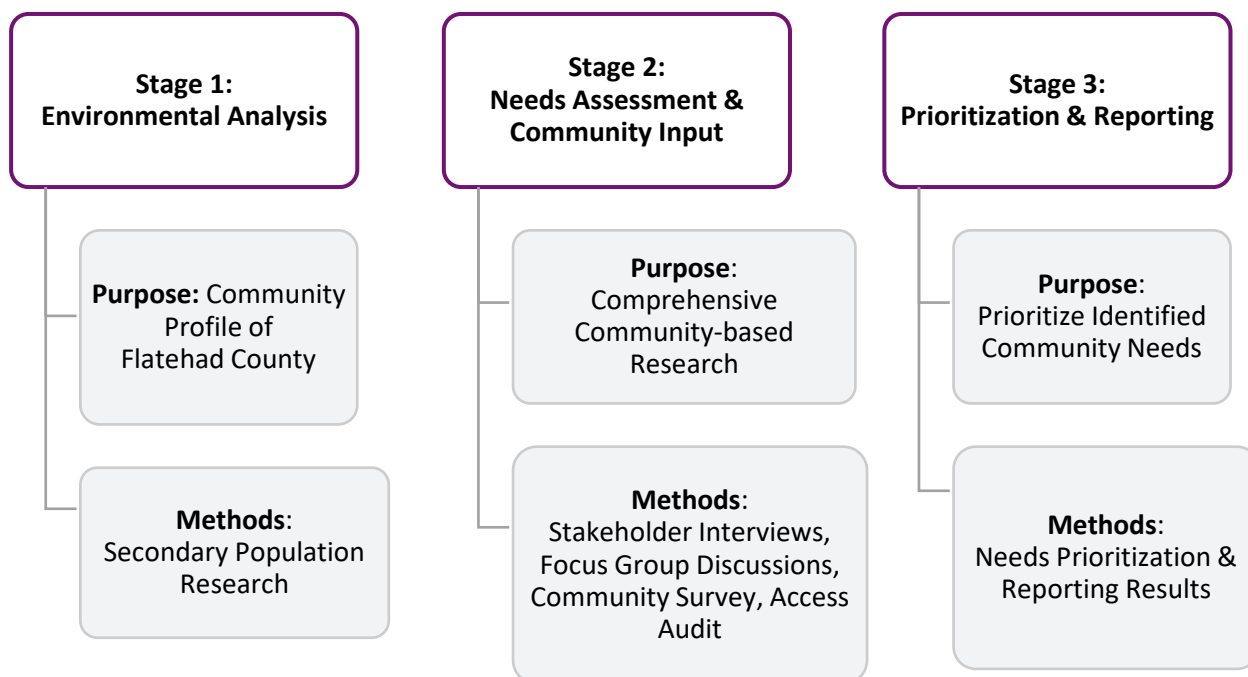
ABOUT

The Flathead City-County Health Department (FCCHD) provides quality public health services to ensure the conditions for a healthy community within Flathead County. The Health Department provides public health services in five divisions. These divisions include: Community Health, Environmental Health, Family Planning, Population Health, and Health Administration. The Health Department also oversees the Flathead County Animal Shelter. Each of the divisions within the Health Department provides reduced cost, culturally sensitive, and professional services to meet the diverse needs of the community.

Mission: *Providing quality public health services to ensure conditions for a healthy community.*

Methodology

Results of the major research activities employed in this Community Health Needs Assessment include secondary data research, community surveying, conducting primary qualitative interviews with stakeholders and in focus groups, and conducting a needs prioritization process, all of which are explained in more detail below.



Secondary Data Analysis provided a critical insight into demographics of Flathead County, social determinants of health, and behavioral health-related measures, among many others.

Qualitative Research included 21 one-on-one stakeholder interviews and 12 focus groups, speaking with a total of approximately 50 participants.

A **Community Survey** was conducted via SurveyMonkey to evaluate and address healthcare, housing, food insecurity and other needs, gaps, and resources in the community. The survey included high-level themes that emerged from secondary data analysis, qualitative research, and other research activities. A total of 380 valid survey responses were analyzed.

An **Access Audit** provided insights into access to care barriers and challenges experienced by Flathead County residents when accessing services and resources.

The **Needs Prioritization Process** was held virtually with the project leadership. Crescendo reviewed the identified needs and discussed prioritized needs based on magnitude of the need, feasibility of addressing the need, and severity of the need if not addressed.

Secondary Data: Environmental Analysis

Secondary data provides an essential framework from which to better understand the fabric of the community. This analysis highlights sociodemographic factors, social determinants of health, behavioral health risk factors, and other key indicators to further guide the development of effective strategies to meet evolving needs.

The following data was primarily gathered from the United States Census Bureau 2018-2022 American Community Survey (ACS) Five-year Estimates, the CDC Behavioral Risk Factor Surveillance System, and the Montana Department of Public Health & Human Services, among others.



For additional, more in-depth data with comparison to the state, please see the data tables in Appendix A. The following pages show key findings and high-level summary data for Flathead County.

There is an intentional purpose in using five-year data estimates compared to one-year data estimates.

Five-year estimates are derived from data samples gathered over several subsequent years and provide a more accurate estimate of measures, especially among numerically smaller high-risk populations or subgroups, compared to one-year estimates, which are based on more limited samples with greater variance.

Source: <https://www.census.gov/data/developers/data->

Flathead County, Montana

Demographic Overview

Total
Households
42,154

Population by Age



Age Under 18
21.7%



Age 18-64
57.9%



Age 65+
20.4%



Median Age
42.3

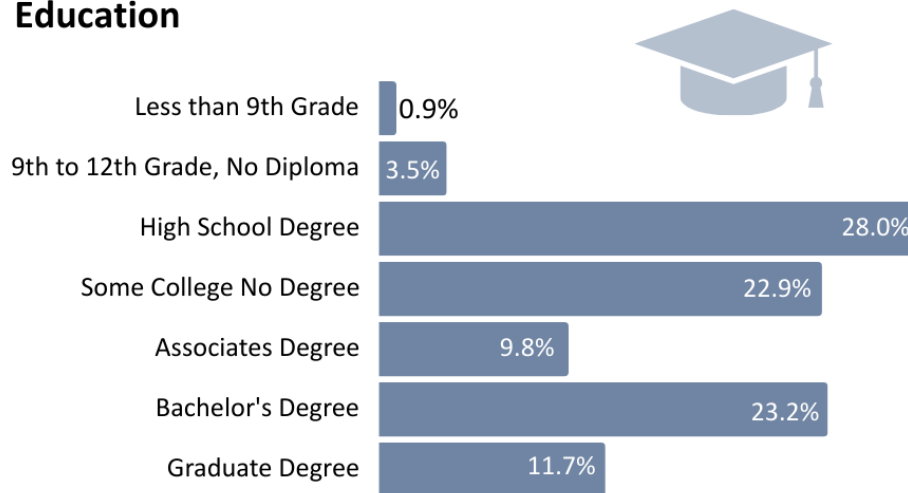


92.0%
White

3.3%
Hispanic / Latino

3.2%
Speak a Language Other
than English at Home

Education



Median Household
Income
\$68,025



Households Below
Poverty Level
9.7%



Population Living
with a Disability
11.4%



Veterans
9.6%

Population Change



2010
90,930

+16.5%

2022
105,950

+15.0%

2031
121,855

Employment

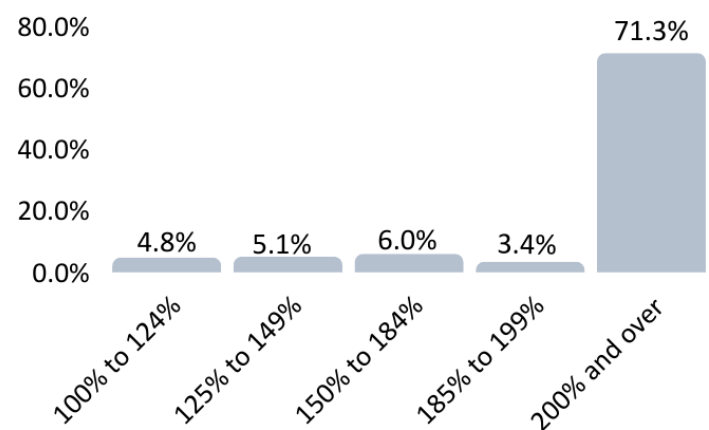
Top Industries

Management	12.9%
Sales	10.8%
Office and Administrative Support	9.9%
Construction and Extraction	7.6%

Unemployment Rate
3.2%

Average Commute Time
19.0 minutes

Income to Poverty Ratio



Health Profile

Life Expectancy
80.0

Chronic Disease Among Adults



High Cholesterol
32.4%



Obesity
31.6%



High Blood Pressure
25.9%



Depression
22.1%



8.7%

Uninsured Population

44.7%

People with Public Health Insurance

71.4%

People with Private Health Insurance

Please note that insurance totals add up to more than 100% due to people having multiple insurance plans.

Health Care Provider Ratios

(population per 1 provider)

Primary Care Physician 1,060:1

Primary Care Nurse Practitioner 1,655:1

Dentist 2,119:1

Mental Health Provider 821:1

Pediatrician 1,275:1

OBGYN 5,286:1



Health Risk Behaviors



Current Smoking
15.1%



Binge Drinking
21.2%



No Leisure-Time Physical Activity
18.6%



Sleeping Less than 7 Hours
29.4%

Quality of Life



Mental Health Not Good (for 14+ Days)
15.3%

Physical Health Not Good (for 14+ Days)
10.2%

Fair or Poor Self-Related Health Status
12.5%

Causes of Death

Top Causes (per 100,000 people)

Heart Disease **213.0**

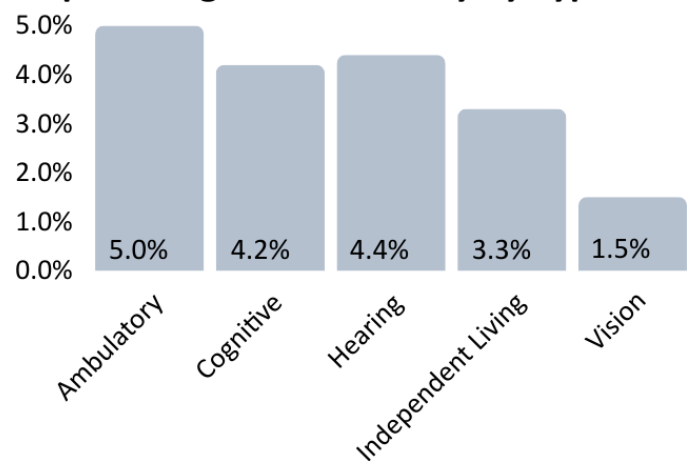
Cancer **195.5**

COVID-19 **138.3**

Routine Checkup Visit to Doctor within Past Year
64.8%

Visit to Dentist or Dental Clinic within Past Year
63.0%

People Living With Disability by Type



State of Montana

Behavioral Health Profile

Suicide Rates by Geography 2019

Suicide Deaths	Count	Rate per 100,000 persons
Total (Statewide)	302	32.0
Rural	113	38.2
Metropolitan	102	29.6
Micropolitan	87	29.7

Diagnosed with Any
Mental Illness, Age 18+
27.1%

Diagnosed with Serious
Mental Illness, Age 18+
6.2%

Source: Montana Department of Public Health & Human Services, "[Suicide in Montana: Initial Findings from the Montana Violent Death Reporting System, 2019](#)", montana.gov | Substance Abuse and Mental Health Services Administration | National Survey on Drug Use & Health State-Specific Tables, 2021 and 2022

Youth Suicide 2021



Seriously Considered
Attempting Suicide
21.2%



Made a Plan About
How They Would
Attempt Suicide
19.0%



Attempted Suicide
14.9%

Source: Centers for Disease Control and Prevention, High School Youth Risk Behavior Survey, 2021

Substance Use in Past Month 2021-2022

	Age 12- 17	Age 18- 25	Age 12+	Age 18+	Age 26+
Alcohol Use in the Past Month	9.4%	62.6%	54.6%	59.0%	58.4%
Tobacco Product Use in the Past Month	3.9%	25.8%	21.6%	23.3%	23.0%
Illicit Drug Use in the Past Month	8.3%	34.3%	19.7%	20.8%	18.7%

Source: Substance Abuse and Mental Health Services Administration, National Survey on Drug Use & Health State-Specific Tables, 2021 and 2022

Flathead County, Montana

Housing Profile

**Median Household
Income
2022**



Any Race/Ethnicity

\$68,025

Two or More Race	\$72,390
White	\$68,360
Asian	\$66,250
Other Race	\$50,078
Hispanic or Latino	\$49,552
American Indian and Alaska Native	\$42,292
Black or African American	\$33,000
Native Hawaiian and Other Pacific Islander	ND

Housing Composition 2022



Households with
Children

26.1%



Children Living in
Single-Parent
Households

23.6%



Households with
Grandparents
Responsible for
Grandchildren

3.4%

Source: U.S. Census Bureau American Community Survey 2018-2022
Five-year Estimates

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

National Low Income Housing Coalition 2024



Renters Experiencing
Excessive Housing
Costs

48.4%



2 Bedroom Fair
Market Rent
(FMR)

\$1,081



Annual Income
Needed to Afford 2
Bedroom FMR

\$43,240

In Flathead County, Montana, the Fair Market Rent (FMR) for a two-bedroom apartment is \$1,081. In order to afford this level of rent and utilities - without paying more than 30% of income on housing - a household must earn \$3,603 monthly or \$43,240 annually. Assuming a 40-hour work week, 52 weeks per year, this level of income translates into \$20.79. In contrast, Montana's current minimum wage is \$10.30.

\$20.79

Hourly Housing Wage Needed

81



Work hours per week
necessary to afford a
2-bedroom rental
(at FMR)

\$10.30

Current Minimum Wage

2.02



Number of full-time
jobs at minimum wage
to afford a 2-bedroom
rental (at FMR)

The Social Vulnerability Index

The Social Vulnerability Index (SVI) was developed by the U.S. Centers for Disease Control and Prevention as a metric for analyzing population data to identify vulnerable populations. The SVI may be used to rank overall population well-being and mobility relative to county and state QA data. The SVI can also be used to determine the most vulnerable populations during disaster preparedness and public health emergencies, including pandemics.²

For example, during a public health emergency, such as a pandemic, the SVI score of a particular region can be instrumental in guiding response efforts. Using SVI data, targeted interventions can be implemented, including providing multilingual public health messaging, offering financial assistance to vulnerable households, and deploying mobile units to isolated areas with high-risk individuals, such as the elderly. Tailoring responses through the lens of SVI allows specific needs of at-risk communities to be met, fosters resilience, and reduces health disparities.

The SVI measures are grouped into four major categories:

SOCIOECONOMIC STATUS	Population Living in Poverty Unemployed Population Population with No High School Diploma
HOUSEHOLD COMPOSITION & PEOPLE LIVING WITH A DISABILITY	Age 65 & Over Age Below 18 Population Living With a Disability Single-Parent Households
MINORITY POPULATION & LANGUAGE	Minority Population Population Who Speaks English Less than Very Well
HOUSING & TRANSPORTATION	Multi-Unit Housing Structures Mobile Homes Crowding Population With No Vehicle

² Agency for Toxic Substances & Disease Registry, CDC/ATSDR Social Vulnerability Index.

EXHIBIT 1 SOCIAL VULNERABILITY INDEX

		Flathead County	Montana	United States
Socioeconomic Status	Population Below Poverty Level	9.3%	12.4%	12.5%
	Unemployment Rate	3.2%	3.9%	5.3%
	Median Income	\$68,025	\$66,341	\$75,149
	No High School Diploma	4.4%	5.5%	10.9%
	Uninsured Population	8.7%	8.3%	8.6%
Household Composition & Disability	Under Age 18	21.7%	21.2%	22.1%
	Age 65+	20.4%	19.4%	16.5%
	Living with a Disability	23.6%	20.2%	24.6%
Minority Status & Language	Minority Population	11.4%	13.9%	12.7%
	Limited or No English Proficiency	8.9%	15.4%	41.1%
Household Type & Transportation	Multi-Unit Housing Structures ³	0.7%	0.8%	8.2%
	Mobile Homes	14.5%	16.5%	26.5%
	No Vehicle	3.7%	9.7%	5.8%
	Overcrowded Housing Units	3.7%	4.6%	8.3%
	Group Quarters	2.3%	1.8%	3.4%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates



Flathead County

2022 Statewide Overall SVI Score:

0.4727

Possible scores range from 0 (lowest vulnerability) to 1 (highest vulnerability).

A score of 0.0 indicates a low to medium level of vulnerability.

For more information,
visit:

**CDC/ATSDR Social
Vulnerability**

³ Multi-Unit Housing Structures is defined here as the percentage of housing units that are in buildings containing 2 or more housing units.

Key Findings

Socioeconomic Status:

- There is a proportionally **smaller percentage of the population below the poverty level in Flathead County** than in both Montana and the U.S.
- The **unemployment rate in Flathead County is lower** compared to **Montana and the U.S.**
- **Median household income** of residents in **Flathead County is higher than the state figure but lower than the national figure.**
- **Flathead County** has proportionally **fewer residents *without* a high school diploma** than both Montana and the U.S.

Household Composition & Disability:

- The **population under age 18 is comparable across the county, state, and nation.** However, the **population aged 65 and older** is proportionally **larger in Flathead County** than on state- and national-levels.
- There is a **comparable proportion of residents in Flathead County** that are **living with a disability** than in Montana and the U.S.
- **Flathead County** has a **slightly higher percentage of children living in single-parent households** than the state.

Minority Status & Language:

- There is a notably **smaller percentage of residents that are ethnic or racial minorities in Flathead County** than in Montana and the U.S.
- There is a comparable **percentage of residents with limited or no English proficiency in Flathead County** compared to the state, though a notably lower percentage compared to the U.S.

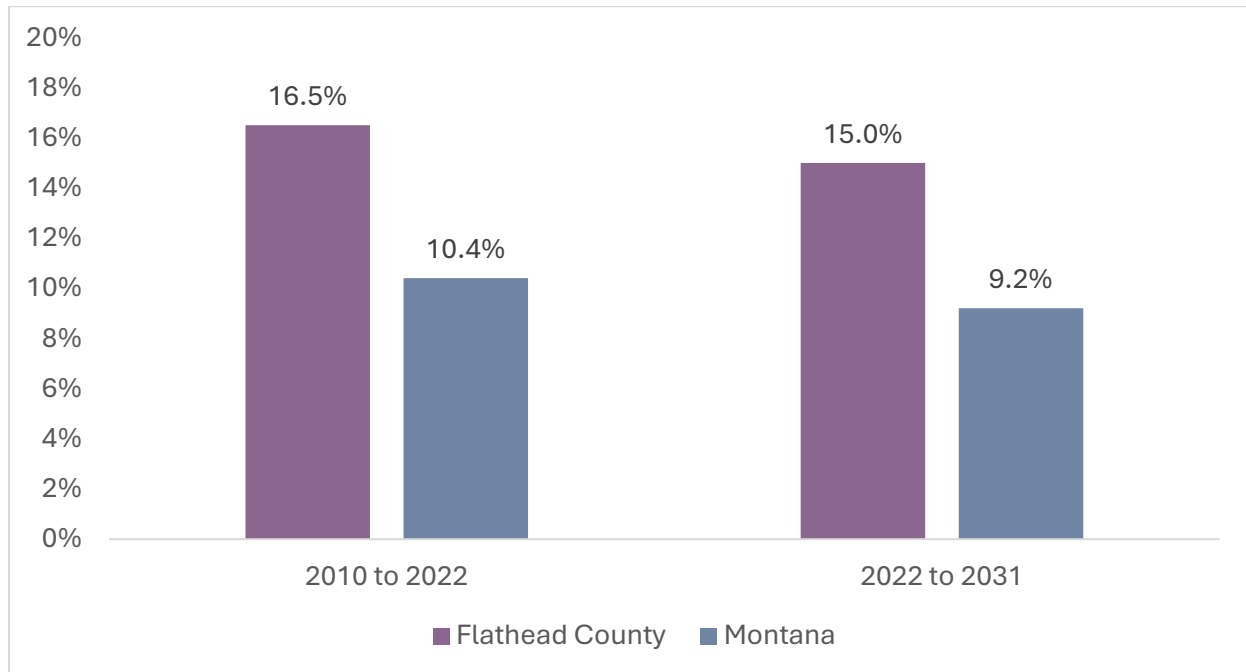
Household Type & Transportation:

- **Flathead County** has a **comparable level of mobile homes as the state, though higher than the U.S.**
- In contrast, Flathead County has proportionally **fewer multi-unit housing structures** than the state and country.
- There is a lower percentage of housing units with no vehicle in Flathead County than Montana or the U.S.

- The percentage of **people living in group quarters in Flathead County is lower compared to Montana and the U.S.**

Flathead County's population has increased 16.5% from 2010 to 2022 and is estimated to grow another 15.0% in the next 10 years, which may impact the demands of the healthcare system in the county.

Exhibit 2: Projected Percent Change in Population, 2010 to 2031



	Flathead County	Montana	United States
Total Population (2010)	90,930	989,415	308,745,538
Total Population (2022)	105,950	1,091,840	331,097,593
Percent Change (2010-2022)	+16.5%	+10.4%	+7.2%
Total Population (2031)	121,855	1,192,330	363,255,837
Percent Change (2022-2031)	+15.0%	+9.2%	+9.7%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Logan Health Service Use Analysis

Logan Health provided Crescendo with approximately two years of deidentified service use data from its electronic health record. Data from January 1, 2022, to December 31, 2023 was available for the following sites within the Logan Health system in Flathead County:

- Logan Health Medical Center
- Logan Health Whitefish Clinics
- Logan Health Whitefish
- Logan Health Clinics
- Logan Health Whitefish – Rural-health clinic (RHC)

Please note that some of the data entered into the electronic health record may be incomplete. Some data tables may contain “N/A” or “-” as they was the data entered or not entered in the electronic health record.

Patient Demographics

Facility						
		Logan Health Whitefish Clinics	Logan Health Whitefish	Logan Health Medical Center	Logan Health Clinics	Logan Health Whitefish RHC
Total		6,709	28,173	102,784	894,808	16,101
Age						
	0 to 4	3.5%	7.0%	4.5%	3.4%	4.1%
	5 to 17	11.5%	8.1%	7.2%	9.8%	11.0%
	18 to 24	10.7%	6.7%	5.4%	4.1%	3.6%
	25 to 44	31.5%	24.4%	17.6%	14.1%	12.4%
	45 to 64	25.0%	22.5%	24.1%	23.8%	20.8%
	65 and older	17.8%	31.3%	41.1%	44.8%	48.0%
	Not available	0.1%	0.0%	0.0%	0.0%	0.0%
Gender						
	Male	44.2%	46.1%	49.1%	44.7%	46.4%
	Female	55.8%	53.9%	50.9%	55.3%	53.6%
	Other or NA	0.0%	0.0%	0.0%	0.0%	0.0%
Registration Type						
	AMB	100.0%	0.0%	0.0%	100.0%	100.0%
	ER	0.0%	61.3%	41.4%	0.0%	0.0%

	IN	0.0%	8.9%	15.7%	0.0%	0.0%
	INO	0.0%	6.2%	5.0%	0.0%	0.0%
	NB	0.0%	3.3%	1.2%	0.0%	0.0%
	SDC	0.0%	20.2%	36.6%	0.0%	0.0%
Ethnicity						
	Declined to Provide	5.4%	0.5%	0.1%	0.3%	2.3%
	Not Hispanic or Latino	83.0%	96.2%	97.8%	95.7%	89.0%
	Unable to Obtain	8.8%	1.5%	0.5%	2.8%	7.3%
	Hispanic or Latino	2.6%	1.8%	1.5%	1.2%	1.4%
	--	0.1%	0.0%	0.0%	0.0%	0.0%
Race						
	White	87.7%	93.8%	94.8%	94.3%	91.0%
	Other Race	1.8%	1.5%	0.9%	0.6%	0.9%
	Asian	0.7%	0.4%	0.4%	0.4%	0.4%
	American Indian/Alaska Native	0.8%	2.2%	2.7%	2.0%	0.7%
	Unable to Obtain/Other	7.8%	1.3%	0.4%	1.9%	5.8%
	Conversion	0.4%	0.3%	0.1%	0.3%	0.8%
	Black or African American	0.7%	0.4%	0.5%	0.3%	0.2%
	Native Hawaiian/Pacific Island	0.1%	0.2%	0.2%	0.2%	0.1%
	--	0.0%	0.0%	0.0%	0.0%	0.0%

Location of Services

The following tables describe the location of the deidentified patient data. Almost 50% of the patients at the Logan Health Whitefish Clinics were behavioral health patients followed by several walk-in clinics. Nearly 60% of the patient encounters at Logan Health Whitefish were emergency department visits.

Logan Health Whitefish Clinics		Logan Health Whitefish		Logan Health Whitefish RHC	
N=6,709		N=28,173		N=16,101	
Location	Percent	Location	Percent	Location	Percent
Behavioral Health - Whitefish	46.9%	Emergency Department - LHW	58.9%	Primary Care-Eureka	49.0%
--	22.8%	Operating Room - LHW	17.0%	Primary Care-Col Falls Talbot	37.4%
Walk-In Care - West Glacier	13.0%	Med Surg - LHW	7.6%	Outreach School Based - CFHS	1.8%
Walk-In Care - Base Lodge	9.1%	OBSTETRICS - LHW	4.8%	Outreach School Based - WMS	0.3%
Surgical Clinic - Whitefish	8.1%	Nursery - LHW	3.3%		

Nealy 40% of the patient encounters at Logan Health Medical Center were emergency department visits followed by surgery and endoscopy services.

Logan Health Medical Center		Logan Health Clinics	
N=102,784		N=894,808	
Location	Percent	Location	Percent
Emergency Department	40.6%	Primary Care-Burns Way East	10.2%
LHMC-Operating Room	9.6%	Primary Care-Heritage Way	7.7%
Endoscopy North	7.7%	Orthopedics - Heritage Way	5.7%
LHMC SURGERY NORTH	6.1%	Wellness & Pain Management	4.9%
PAIN MGMT SURGERY	4.6%	Hematology & Oncology	4.5%

Most Common Diagnosis

For each of the Logan Health facilities, the top 10 diagnoses were identified. The diagnoses codes vary across each facility. The Logan Health Whitefish Clinics see many patients with behavioral health diagnoses, such as anxiety, depression, and other conditions while the Logan Health Whitefish PHC clinic sees more patients for routine exams and chronic disease management, such as diabetes and hyperlipidemia (high cholesterol).

Logan Health Whitefish Clinics	
N=6,709	
Diagnosis	Percent
-- -- ⁴	23.2%
F41.1 - Generalized anxiety disorder	7.7%
F33.2 - Major depressive disorder, recurrent severe without psychotic features	4.6%
F41.9 - Anxiety disorder, unspecified	4.2%
F33.1 - Major depressive disorder, recurrent, moderate	3.9%
F90.9 - Attention-deficit hyperactivity disorder, unspecified type	2.6%
F43.10 - Post-traumatic stress disorder, unspecified	2.3%
F90.2 - Attention-deficit hyperactivity disorder, combined type	1.9%
M25.562 - Pain in left knee	1.3%
F32.9 - Major depressive disorder, single episode, unspecified	1.2%

Logan Health Whitefish	
N=28,173	
Diagnosis	Percent
Unknown	2.8%
Z38.00 - Single liveborn infant, delivered vaginally	2.5%
U07.1 - 2019 nCoV acute respiratory distress	1.8%
Z12.11 - Encounter for screening for malignant neoplasm of colon	1.6%
R07.9 - Chest pain, unspecified	1.5%
Z53.21 - Procedure and treatment not carried out due to patient leaving prior to being seen by health care provider	1.3%
N39.0 - Urinary tract infection, site not specified	1.2%
R10.9 - Unspecified abdominal pain	1.0%
M17.11 - Unilateral primary osteoarthritis, right knee	1.0%
M17.12 - Unilateral primary osteoarthritis, left knee	1.0%

⁴ Diagnosis codes were not entered for the patient. Data from the electronic health record reported this as “—”.

Logan Health Whitefish RHC	
N=16,101	
Diagnosis	Percent
Z00.00 - Encounter for general adult medical examination without abnormal findings	5.4%
Z00.129 - Encounter for routine child health examination without abnormal findings	3.9%
I10 - Essential (primary) hypertension	3.9%
E11.9 - Type 2 diabetes mellitus without complications	2.3%
Z23 – Encounter for immunization	2.3%
-- --⁵	2.0%
J06.9 - Acute upper respiratory infection, unspecified	1.9%
E78.5 - Hyperlipidemia, unspecified	1.7%
Z02.5 - Encounter for examination for participation in sport	1.6%
Z79.01 - Long term (current) use of anticoagulants	1.5%

As a hospital, the Logan Health Medical Center saw more patients with chest pain, nausea with vomiting, and other acute symptoms that might result in an emergency room visit or potential hospitalization. Additionally, imaging and cancer screenings are available at the hospital.

Logan Health Medical Center	
N=102,784	
Diagnosis	Percent
Z12.11 - Encounter for screening for malignant neoplasm of colon	4.5%
R07.89 - Other chest pain	2.0%
H26.8 - Other specified cataract	1.9%
U07.1 - 2019 nCoV acute respiratory distress	1.4%
M47.816 - Spondylosis without myelopathy or radiculopathy, lumbar region	1.3%
R11.2 - Nausea with vomiting, unspecified	1.0%
M54.16 - Radiculopathy, lumbar region	0.9%
Z38.00 - Single liveborn infant, delivered vaginally	0.9%
R10.9 - Unspecified abdominal pain	0.9%
M46.1 - Sacroiliitis, not elsewhere classified	0.8%

⁵ Diagnosis codes were not entered for the patient. Data from the electronic health record reported this as “—”.

Logan Health Clinics	
N=894,808	
Diagnosis	Percent
Z00.00 - Encounter for general adult medical examination without abnormal findings	4.4%
Unknown	3.4%
Z00.129 - Encounter for routine child health examination without abnormal findings	2.1%
I10 - Essential (primary) hypertension	2.1%
G89.4 - Chronic pain syndrome	2.0%
Z23 - - Encounter for immunization	1.8%
Z51.81 - Encounter for therapeutic drug level monitoring	1.3%
Z47.89 - Encounter for other orthopedic aftercare	1.2%
I25.10 - Atherosclerotic heart disease of native coronary artery without angina pectoris	1.1%
Z01.818 - Encounter for other preprocedural examination	1.0%

Qualitative Research and Identified Needs

Overview

The qualitative primary research stage of this Community Health Needs Assessment included one-to-one interviews and focus group discussions with stakeholders and community members from Flathead County.

The interviews provided an opportunity to have an in-depth discussion about community needs, physical and mental health care, and service issues with community leaders and professionals.

The focus groups enabled the participants to highlight areas of consensus and to compare differences as to what they see as the biggest needs facing the community.

Participation

The interviews and focus group discussions covered participants' broad perceptions of community needs, as well as more detailed areas of need.

In total, across both qualitative research stages, over 75 individuals provided input from the following segments and others:

- Healthcare Organizations
- Governmental Organizations
- Faith-Based Organizations
- Municipal Leaders
- Community Partners
- Educators

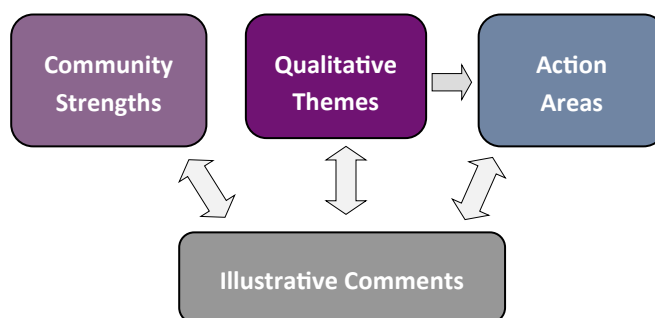
Please note that these categories are not mutually exclusive for some individuals.

Results

The combination of qualitative individual interviews and focus group discussions provided information on the **Community Strengths** of Flathead County.

The qualitative discussions also resulted in several themes about areas of need, described as **Qualitative Themes**. Each of these themes cuts across and impacts subsequent Need Areas.

Following the themes are the **Action Areas**, which are representative of respondents' consensus perspectives. In some cases, the observations highlight examples of potential intervention.



Community Strengths

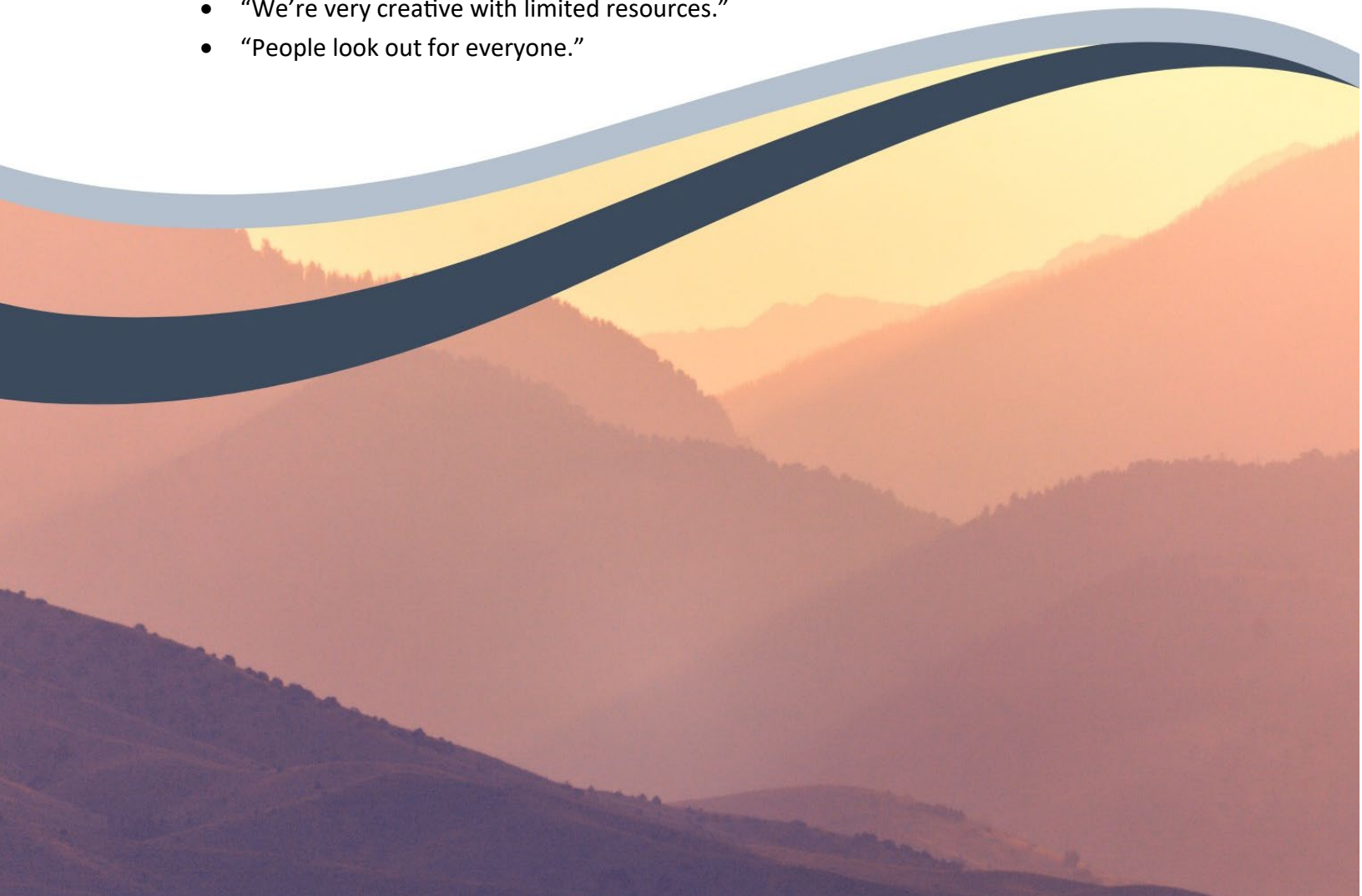
For this Community Health Needs Assessment, it is important to highlight the strengths that Flathead County residents see in their community and to recognize programs and services seeing success in addressing community needs.

Flathead County is viewed as an idyllic area to live, especially if you love the outdoors. In the words of one community member, “[Flathead County] has a strong sense of community. People take care of each other.” Many other community members have echoes similar sentiments about the community.

Many community members also recognize the robust network of community-based organizations throughout the valley that provide resources and services to community members. One non-profit leader said, “[We have an] incredibly robust non-profit network in the valley based on the size of our community and it is thriving.”

Additional strengths identified by community members include the following:

- “Still has a small town feel and is mostly friendly.”
- “Very generous community.”
- “The lakes and outdoors!”
- “We’re very creative with limited resources.”
- “People look out for everyone.”



Qualitative Themes

A combination of qualitative research methods results in three themes: Vulnerable Populations, Cost of Living, and Mistrust in the Healthcare System. These three themes consistently arose across all the high-level need areas.

Vulnerable Populations

Older Adults

Approximately one in five Flathead County residents is over the age of 65. High costs of healthcare, food, utilities, and transportation mean that many people might be struggling to stretch their budgets. As one community member stated, “Our senior population is left behind.”

Furthermore, older adults who have retired to Flathead County may have moved away from their support networks. Alternatively, their families might have relocated elsewhere, leaving them unable to navigate the community due to mobility, transportation, or cost concerns, which puts them at risk of social isolation. Many community providers are especially concerned for older adults with memory care challenges such as dementia.

Unhoused Population

The number of people experiencing housing instability and homelessness in Flathead County has risen significantly due to the affordable housing crisis. The once hidden crisis is now in the forefront. The county has limited resources to help people experiencing homelessness and there are often years-long waiting lists for subsidized housing.

One non-profit leader said, “There is a number of families living in their cars. The number would shock you.” Many community residents recognized that homelessness has become very controversial in the community. In June 2023, an unhoused man was beaten to death outside a Kalispell gas station⁶.

⁶ Flathead Beacon. Kalispell Teen Charged in Homeless Man’s Murder as Nonprofit Leader Urges Compassion. <https://flatheadbeacon.com/2023/06/27/kalispell-teen-charged-in-homeless-mans-murder-as-nonprofit-leaders-urge-compassion/>

Cost of Living

While the cost of living has slowly been increasing over time, the COVID-19 pandemic, affordable housing crisis, and the record-high inflation over the recent years has created the perfect storm which has greatly impacted peoples' wallets and budgets. In a place like Flathead County, where the cost of living is high, these pressures are widespread.



"People struggle here. The cost of living is very high. People just struggle to live here even those that have been here for generations."

-Community Partner

Growing housing, food, childcare, utilities, and health care expenses are key drivers of this concern. The high costs of goods and services price certain people out of living in Flathead County, which only leads to a shortage of health care providers, teachers, and other critical workers in the community. One community member noted that families and even health care providers are leaving the area due to unaffordability.

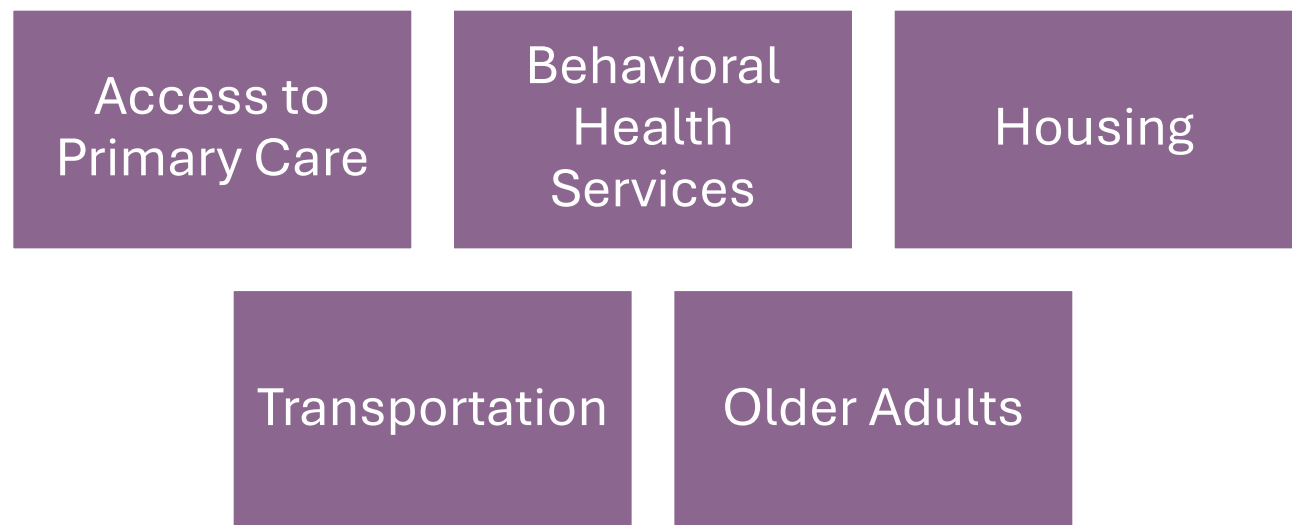
Mistrust in the Healthcare System

Due to the COVID-19 pandemic, the community saw an influx of new residents due to its remoteness and beauty. However, the population growth and the increased housing costs has led to challenges in the community. Some people moved to the community to "get away from COVID." This has led to some mistrust in the community around health care and public health. However, as one community provider put it, "These people came here to get away from COVID but still expect the same level of service from where they came from." Another community member who works with older adults said, "Trust post-COVID in the healthcare system is at an all-time low in the community."

High-Level Action Areas

The following action area categories were derived from the qualitative themes that arose as a result of stakeholder interviews and focus group discussions. Each action area includes an overview of the subject, de-identified illustrative observations gathered during the qualitative research process and supporting quantitative secondary research. The illustrative observations are representative of respondents' consensus perspectives.

For people to lead full and healthy lives, all these needs must be addressed.



Access to Primary Care

Long wait times and providers not accepting new patients are all indicative of limited provider capacity. Projections published by the Association of American Medical Colleges (AAMC) estimates that by 2036 there will be a physician shortage of up to 86,000 physicians across the United States.⁷

Not being able to access care, especially preventive care, can lead to worse health outcomes. Diagnoses of chronic diseases and possibly life-threatening illnesses, such as cancer, can be missed without preventive care. Additionally, inability to access a Primary Care Provider (PCP) can lead to higher acuity cases in the future. Patients may end up in urgent care or the emergency room as a stopgap measure. This can result in expensive health bills that individuals may not be able to afford and bogs down emergency services for true healthcare emergencies.

The lack of primary care providers was overwhelmingly one of the top needs identified by community stakeholders and Flathead County residents. One community member said, “[Flathead County] is the worst place to find primary care providers. It’s not like the big city where everyone has a primary care provider. Many people use urgent care or the emergency room.”



Common Barriers to Care

Wait Times
Provider Shortages
Insurance
Cost
Transportation

Some primary care providers have transitioned to a “concierge” medicine model, which is a model of healthcare that offers exclusive, personalized care with a focus on convenience and accessibility. However, this is cost-prohibitive, and not available to those who are unable to afford it. Other community members have reported that providers are also leaving the Valley altogether, leaving current providers with long wait lists. Some practices have hired advanced practice providers, which has helped increase some capacity in the community.

For community members who live outside of Kalispell, access to primary care is even more limited, especially for residents who live in Hungry Horse Canyon (“the Canyon”). One community member who works in healthcare and resides in the Canyon said, “A lot of people have a primary care provider, but not a lot of options outside of one large organization. Depending on where you live, service hours for primary care is limited.”

⁷ AAMC. New AAMC Report Shows Continuing Projected Physician Shortage. <https://www.aamc.org/news/press-releases/new-aamc-report-shows-continuing-projected-physician-shortage>

Insights from the community include the following:

- “There is primary care around, but if you don’t have insurance then it’s not affordable. Unless it is dire then we see a lot of people put off severe injuries or chronic conditions.”
- “Access is decreasing. Many providers are going to concierge medicine or leaving the valley.”
- “[The] influx of new people in the county and retirement of family care providers is making access harder.”
- “People don’t have primary care and struggle to find it. Most primary care providers can’t take new patients.”

Behavioral Health Services

More than half the United States population lives in a Mental Health Professional Shortage Area. The Health Resources and Services Administration estimates that by 2036, there will be a substantial shortage of mental health counselors, psychologists, psychiatrists, addiction counselors, and marriage and family therapists.⁸

The lack of mental health providers in Flathead County has made it very difficult, if not impossible, to get appointments for chronic mental health conditions such as depression and anxiety and substance use disorders.

With a lack of available mental health providers and crisis services, community residents often use emergency services as a safety net for a crisis. Many of the school districts have mental health counselors embedded in the schools, which is viewed as positive in the community, but the demand is outpacing the supply of providers.

Insights from the community include the following:

- “There are huge lines of kids trying to talk to counselors.”
- “Behavioral health – it’s called the emergency room.”
- “A lot of [mental health] providers in the community are private and don’t take insurance.”
- “We have a high rate of suicide in adults and teens in the community. Montana has the second highest rate in the country. There are a lot of reasons like the weather, high veteran population, easy access to guns, social media, and drug and alcohol.”
- “Our biggest need is crisis services. Our community thinks a crisis can be managed with an appointment in two weeks times.”

⁸ HRSA. Behavioral Health Workforce, 2023. <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/Behavioral-Health-Workforce-Brief-2023.pdf>

- “There's a lack of acute care and behavioral health support after someone has a crisis. I know of one family who had a kid in the emergency room after a mental health crisis and when the kid was released from the hospital after only 5 days, the family was referred to agencies all across the state for follow-up and some were even out of state, as far away as Georgia. No facility in the state would even accept the kid.”

Substance Use Disorder Treatment and Prevention

Substance use is a complicated issue requiring comprehensive community action to address, from early intervention efforts through treatment and recovery. It is also important for communities to be educated and have an understanding of the issues to decrease stigma and increase support.

There have been a lot of changes in available substance treatment options within Flathead County and Montana in recent years. One community member said, “There is no detox facility in the county. If someone is requiring medical detox, there are two centers in the state and the wait list is about six months out. People are detoxing at home or out of state.”

Insights from the community include the following:

- “Options are limited and it’s frequently changing what agencies are open or closed.”
- “There are system issues – they took away case management a few years ago and we’re feeling the pain of missing case management.”
- “There are more resources for adults than kids in the community, but everything is pretty limited.”
- “Common substances being misused include meth, alcohol, marijuana, fentanyl, etc. We’re starting to see it in the grade school at age 10.”

Housing

The housing crisis is a nation-wide problem. In a small geographic area like Flathead County, where the cost of living is high, second-home properties sit vacant most of the year, and short-term rentals are prolific, all coupled with the influx of new residents since COVID-19, the housing availability and affordability problem is severe.

The COVID-19 pandemic created unique challenges in the Flathead County community, with many people moving to the area and taking advantage of the ability to work remotely and lower costs than places like California and Washington. Additionally, the conservative nature of the community also attracted some residents.

One community member said, “Housing is expensive and not available. New developments are \$500,000 homes on tiny plots that require two incomes.” Another community member said, “A

lot of people are one paycheck from losing their housing. Property taxes have increased, and for people living on a fixed income, it's difficult."

Renters are disproportionately impacted than homeowners. With its proximity to Glacier National Park and many lakes and ski resorts, Flathead County is a vacation destination. During the height of the pandemic when home sales were at an all-time high, some landlords sold their houses causing many renters to lose their housing. With limited housing stock, some people were forced to leave the community to find housing. One community member said, "A lot of people live in campgrounds."

Insights from the community include the following:

- "If kids have gone to college and then want to come back, they can't afford it. They have to live with mom and dad again."
- "Half the emergency department housekeeping staff were at the Samaritan Center because they can't afford housing."
- "A lot of families are couch surfing or living in trailers with no heat or running water or even outside."
- "A lot of people from Texas, California, and Washington moved here due to the conservative politics."
- "There was a time in this community that the vibe was good then there was a shift. Doctors can't afford to live here even on a doctor's salary."



Housing's Impact on Employment

The unaffordability and unavailability of housing is contributing to employers struggling to hire staff, including health care providers.

One community member said, "The high costs of housing has led to a labor shortage, especially teachers and EMS."

Housing Instability

The affordable housing crisis within Flathead County has led to an increase in housing instability and homelessness throughout Flathead County. Once a hidden issue in the community, homelessness is becoming headline news in the valley. Numerous community leaders, providers, and residents has stated that its common to see multiple families living under one roof, living in cars or trailers, or living outside in tents.

There are not enough resources for the growing unhoused population in the county. There used to be extended stay motels that some people lived in for years, but those motels have been sold and the people were forced to move out. The warming shelter in Kalispell is a controversial topic in the community and its fate is still undecided at the publication date of this report.

Insights from the community include the following:

- “There is a lot of hostility towards the unhoused population in the community.”
- “The City is trying to close down the warming shelter.”
- “There is an increase in homelessness due to rental costs or landlords selling their properties. There are groups here to help people. However, we don’t have the infrastructure.”

Food Security

Several community partners in Flathead County are concerned about food insecurity, especially for those residents who live in the more rural parts of the county. As one community member remarked, “Food is available, but choices aren’t always the best. It’s expensive and we don’t have grocery outlets like other places in the country. Most grocery stores are in town, which means a 30-minute drive to go grocery shopping.”

While food insecurity is recognized as a community need by many community leaders and residents familiar with the issue, it remains largely hidden, especially among the older adults. Stigma surrounding requests for assistance with basic needs, such as food, contributes to this invisibility. Additionally, some community members may be unaware that their neighbors are facing challenges in accessing basic necessities.

However, there are some strong programs in the community that are helping combat the issue, such as all children in Montana receiving free lunch in some of the eligible schools and there is a Meals on Wheels program for homebound older adults. There are also several food pantries in the community.

Insights from the community include the following:

- “There is food insecurity because of people losing their SNAP benefits.”
- “Many of the clients at the food pantry are older adults who are retired and on fixed income.”
- “The high cost of living makes eating healthy hard.”

Transportation

Transportation is one of the main barriers to access care, services, and engage in local events in many communities, but especially for rural communities that lack large-scale public transportation infrastructure. The Mountain Climber is the public transportation system for Flathead County. The bus provides coverage in Kalispell, Columbia Falls, and Whitefish. Mountain Climber also provides on-demand ride sharing services from 7:15 am to 6:00 pm on Monday through Friday in Kalispell with varying degrees of coverage in other areas of the county. ASSIST also provides medical transport for those who are eligible.

Despite having some public and on-demand transportation, Flathead County residents are largely dependent on personal vehicles. For those that are unable to drive or do not have a vehicle, they are reliant on volunteer services, the kindness of neighbors, or they have to pay often exorbitant costs for scarce ride-sharing services or hire a taxi service.

Transportation can also be a barrier for people seeking employment opportunities. If a person is unable to find public transportation that is amenable to their work schedule, it can be difficult for that person to maintain employment. A few community residents remarked on the need for alternative transportation like sidewalks and bike paths.



Walk Scores

Flathead County: Car-dependent
(Walk Score: 0)
Somewhat Bikeable (Bike Score:
30)

Source: walkscore.com/score

Insights from the community include the following:

- “Public transportation is limited or on call. Uber is a thing here, but very expensive. It ebbs and flows with community events.”
- “[Transportation] is a common barrier for patients. We have a company that does medical transportation, but it costs money and you need to schedule two weeks in advance. Transportation is harder for people with mobility challenges.”
- “A person might use the on-demand bus to go to the doctor, but then the sit for about four hours afterward before they can go home.”
- “There is virtually no public transportation in the rural communities.”

Older Adults

Approximately one in five Flathead County residents are over the age of 65. Many community members are concerned about continuum of care services for older adults such as independent living, assisted living, and skilled nursing facilities in the community. The concern is even greater for people living with memory care challenges.

One long-time community resident said, “Montana is very agriculturally based – farmers and ranchers are super stubborn and aren’t going to come in [for care].” Others echoed that the healthcare community needs to start working with people in their 60s to prepare them for their care they need in the future.

There are facilities and programs, such as adult day care, in the community, but options are limited. The other major challenge is people don’t understand the complex system. One physician said, “We need a long-term care navigator and the community agrees. The nursing homes and hospices agreed and want to work with one point of contact from the hospital. We would lessen readmissions and it would benefit everyone.”

The need is even greater for people with memory care challenges, such as dementia. One provider said, “People in dementia are probably most in need. We have a short window to get them when they are able to still make decisions with an early on dementia diagnosis.” However, access to providers for diagnosis is difficult. Another provider said, “We were told to not refer people with dementia to neurologists as they want to see stroke patients.”

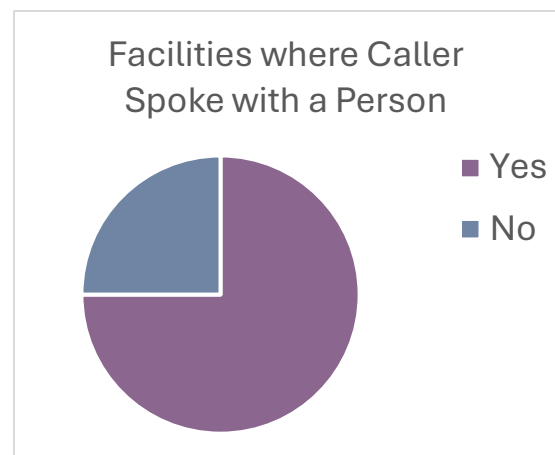
Insights from the community include the following:

- “We need a long-term care navigator.”
- “The culture of the community doesn’t want to have conversations about atypical aging. People are uncomfortable. They just want to die in their chair at home, in the mountains, or the river.”
- “We don’t have a neurologist that does dementia. We don’t have geri-psych. We have palliative care, but they are short staffed.”
- “Adult daycare facilities don’t accept Medicaid or Medicare – it’s like \$199 a day.”
- “Families will drop older adults at the emergency room and say it’s not safe being at home. I have also heard of people leaving older adults at senior centers.”
- “It’s \$7,500 a month for memory care assisted living.”

Access Audit

Phone-based access audits serve as an effective tool to evaluate how easily community members can access healthcare services across Logan Health – Flathead County’s service area, with a focus on assessing access rather than profiling specific sites. The main aim of these audits is to gain a thorough understanding of practical access to healthcare and other vital services, as well as to identify barriers faced by individuals seeking care. The findings from these audits offer valuable insights into existing gaps in access, strategies for improvement, and variations in service delivery.

Crescendo conducted calls to 12 facilities within Logan Health – Flathead County’s service area, which cover a diverse array of services including primary care, specialty care, behavioral health, and dental. The facilities included in the audit are:



Health System Facilities Included in Access Audit

1. Logan Health Primary Care
2. Greater Valley Health Center
3. Glacier Medical Associates
4. Logan Health Specialty Clinic Columbia Falls
5. Logan Health Women’s Care – OB/GYN
6. Logan Health Newman Center – Pediatric Services
7. Logan Health Behavioral Health Clinic – Whitefish Acute Outpatient Psychiatric
8. Dickerson Counseling
9. Logan Health Newman Center – Adult Services
10. 406 Dentistry
11. Comfort Dental
12. Digital Dentistry of Montana

Phone calls were conducted at various times during the standard business hours from Monday to Friday in late August. Out of the 12 calls placed, the caller spoke with a staff member at 9 facilities, though the call unexpectedly ended at one facility after staff transferred the caller to a different staff member, which left the caller without any helpful information. Staff members immediately answered calls at one of the 9 facilities with which the caller spoke with a person. At the three facilities where the caller did not speak with a staff member, there was an automated message that required the caller to leave their contact information. The caller was able to collect helpful information at 8 of the 12 (67%) facilities.

Ability of facilities to accept new patients

Among the 12 facilities contacted, the caller was able to collect information about whether the site was accepting new patients at 9 facilities. At one of the 9 facilities, the caller was transferred to a different staff member, at which point the caller encountered an automated message telling the caller that the staff member was unavailable, there was a beep without any warning or instruction, followed by several seconds of silence, and then an automated answer that ended the call. Seven of the other 8 facilities are accepting new patients, though one of those seven facilities has a six-month waitlist. The eighth facility is not accepting any new patients at all.

Ability of facilities to answer questions and refer the caller elsewhere when the desired services are unavailable

Most facilities did not offer the names of different facilities/organizations, additional community resources, or contact information for other services in the area, though one facility suggested Googling clinics for Logan Health, and another recommended a specific facility with a warning that they also have a long wait list. A third facility provided the name of a center that works with children when asked about services for youth.

How staff inquiries help to determine prospective patient's needs

Of the 9 facilities where the caller spoke with a staff member, staff at five of the facilities asked questions to determine prospective client needs and other information. Staff at the other four facilities did not ask any questions, though they were helpful.

Ease of speaking with a person

At most of the facilities contacted, the caller was able to easily speak with a person even though all of the locations had an automated answer except for one. The caller was unable to speak with a person at three of the 12 facilities: one required the caller to leave a voicemail with identifying information; the other two facilities also required the caller to leave a voicemail, both of which called back on the same day that the caller left the voicemail.

The phone trees at the facilities were all efficient and easy to navigate, though none of them provided any alternative language offerings.

Five of the 12 facilities have direct access to making appointments on their websites, which reduces any navigation issues with calling the facility. Making an appointment online may also increase access to healthcare since new and current patients can enter their information immediately when they are requesting an appointment, and the facility can return a call with relevant information. Furthermore, new and current patients may be able to make

appointments at increased hours during the day since they do not need to take time off from work or during their break to make a phone call that could be unexpectedly long or unsuccessful.

Language Offerings

None of the facilities contacted provided a phone tree with alternative language offerings, such as Spanish. Providing language accommodations ensures that non-English speaking individuals can access necessary information and services effectively within these facilities.



Community Survey

The purpose of the community survey was to enable a greater share of people living and working in Flathead County to share their perspectives on the greatest needs affecting their community.

Methodology

The community survey was made available online and via print copies in English and Spanish. The questionnaire included closed-ended, need-specific questions, open-ended questions for community members to provide input, and demographic questions. Invitations to participate were distributed by partners through channels including partner websites, emails, and newsletters.

There were 380 valid survey responses included in this analysis, all of which were to the English language version of the survey.

Response validity was adjusted based on respondent completion of one or more non-demographic survey questions. Special care was exercised to minimize the amount of non-sampling error through the assessment of design effects (e.g. question order and wording). The survey was designed to maximize accessibility in evaluating respondents' insights with regards to an array of potential community needs.

While the survey served as a practical tool for capturing insights of individuals in Flathead County, this was not a random sample. Findings should not be interpreted as representative of the full population.

Additionally, sample sizes of demographic subpopulations are not large enough to consider samples to be representative of the broader populations from which responses were received. Differences in responses have not been tested for statistical significance as part of this assessment.

See Appendix C for the survey instrument.



Respondent Demographics

Survey respondents' zip codes of residence were spread throughout the Valley region. The most frequently reported zip code of residence was 59901 (63.9%). The majority of survey respondents were full-time residency status (96.3%).

EXHIBIT 3: SURVEY RESPONDENT RESIDENCY

DEMOGRAPHIC VARIABLE	PERCENT OF RESPONDENTS
TOP FIVE ZIP CODES OF RESIDENCE	
59901	63.9%
59912	10.3%
59937	9.5%
59911	5.0%
59922	2.9%
RESIDENCY STATUS	
Full-time	96.3%
Part-time	1.7%
I prefer not to say	2.0%

Survey respondents have varied educational backgrounds. One in three respondents report having a bachelor's degree (32.9%). One in four report having a graduate degree (26.5%).

EXHIBIT 4: COMMUNITY SURVEY RESPONDENT EDUCATION LEVEL AND LGBTQIA+ STATUS

DEMOGRAPHIC VARIABLE	PERCENT OF RESPONDENTS
EDUCATION (HIGHEST LEVEL ATTAINED)	
Less than high school or equivalent	0.7%
High school diploma or equivalent	8.6%
Some college	12.3%
Associate's degree	16.3%
Bachelor's degree	32.9%
Master's degree	20.9%
Professional or doctorate (such as MD, DDS, DVM, PhD)	5.6%
I prefer not to say	2.7%

Four in five respondents (81.1%) identify as female. The majority of respondents (93.4%) identify as White or Caucasian. With regards to age, two in five respondents (42.2%) clustered in the 45 to 64 middle-age group.

EXHIBIT 5: COMMUNITY SURVEY RESPONDENT DEMOGRAPHICS

DEMOGRAPHIC VARIABLE	PERCENT OF RESPONDENTS
GENDER	
Female	81.1%
Male	14.6%
Gender Non-Binary	0.7%
Other	0.7%
I prefer not to say	3.0%
RACE	
White or Caucasian	93.4%
Native American or Alaska Native	2.3%
Hispanic, Latino, or other Spanish origin	2.0%
Native Hawaiian or other Pacific Islander	1.3%
Asian	0.7%
Black or African American	0.3%
I prefer not to say	4.3%
AGE	
18 - 24	3.7%
25 - 34	11.6%
35 - 44	20.3%
45 - 54	21.3%
55 - 64	20.9%
65 - 74	15.9%
More than 75 years old	3.7%
I prefer not to say	2.7%

The median household income reported by respondents falls in the \$75,000 to \$99,999 range, which is higher than the median household income estimated for Flathead County (\$68,025).⁹ The majority of respondents own their home (74.3%).

EXHIBIT 6: COMMUNITY SURVEY RESPONDENT HOUSEHOLD DEMOGRAPHICS

DEMOGRAPHIC VARIABLE	PERCENT OF RESPONDENTS
ANNUAL HOUSEHOLD INCOME	
None	0.7%
Under \$15,000	2.7%
\$15,000 - \$24,999	4.0%
\$25,000 - \$34,999	9.0%
\$35,000 - \$44,999	5.3%
\$45,000 - \$54,999	7.6%
\$55,000 - \$64,999	7.3%
\$65,000 - \$74,999	7.6%
\$75,000 - \$99,999	12.6%
\$100,000 and above	30.6%
Unknown	1.0%
I prefer not to answer	11.6%
HOUSEHOLD CHARACTERISTICS	
Live in a single-parent household	14.7%
Live in a home with three or more generations living together	6.4%
HOUSING SITUATION	
Own	74.3%
Rent	18.0%
Live with family	4.3%
I do not have stable housing	0.7%
I prefer not to say	2.7%

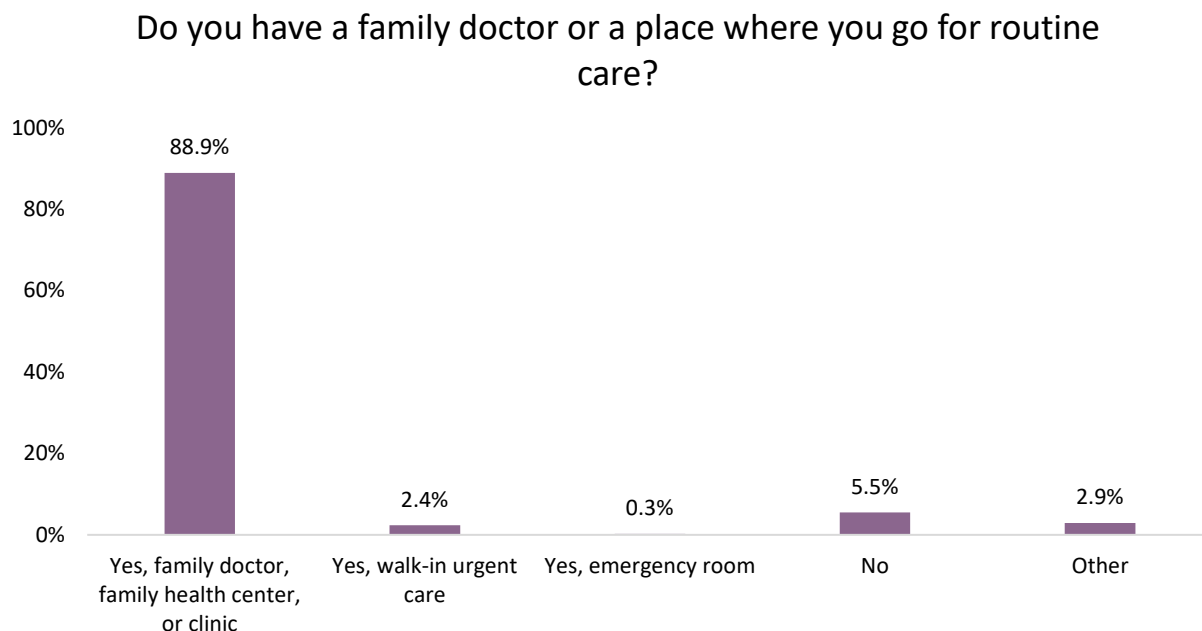
⁹ U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021.

Key Findings

Access to Health Care

The majority of respondents (88.9%) have a family doctor or place they go for routine care.

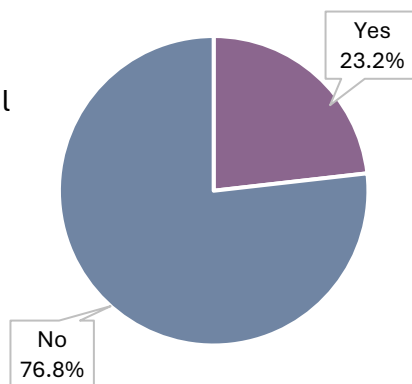
EXHIBIT 7: ACCESS TO ROUTINE CARE



When asked if there have been occasions in the past year where they or a family member needed medical care and chose not to get help, nearly one in four respondents (23.2%) reported “Yes.”

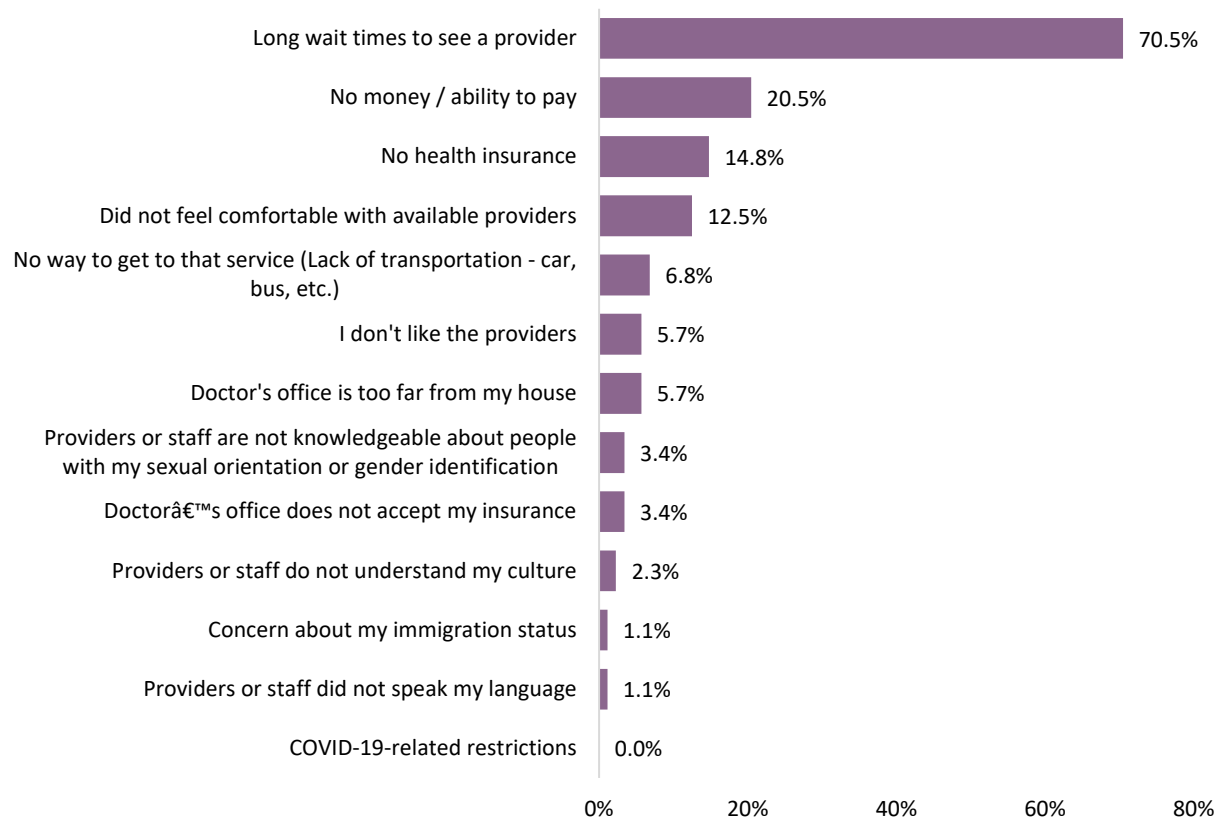
EXHIBIT 8: RESPONDENTS EXPERIENCING DIFFICULTIES GETTING NEEDED MEDICAL CARE

In the **past year**, has there been one or more occasions when you needed medical care but could NOT get it?



Top barriers to accessing health care included the **long wait times to see providers** (70.5%), **unaffordability** (20.5%), and **no health insurance** (14.8%).

EXHIBIT 9: BARRIERS TO ACCESSING MEDICAL CARE

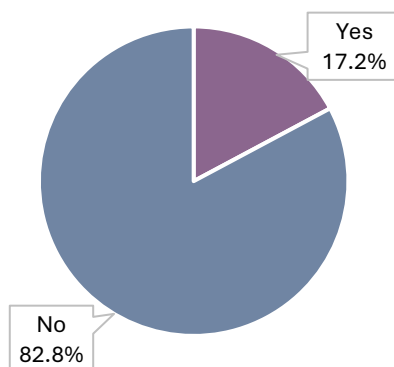


Behavioral Health Care Access

One in six respondents (17.2%) reported needing, but being unable to access, behavioral health care in the past year.

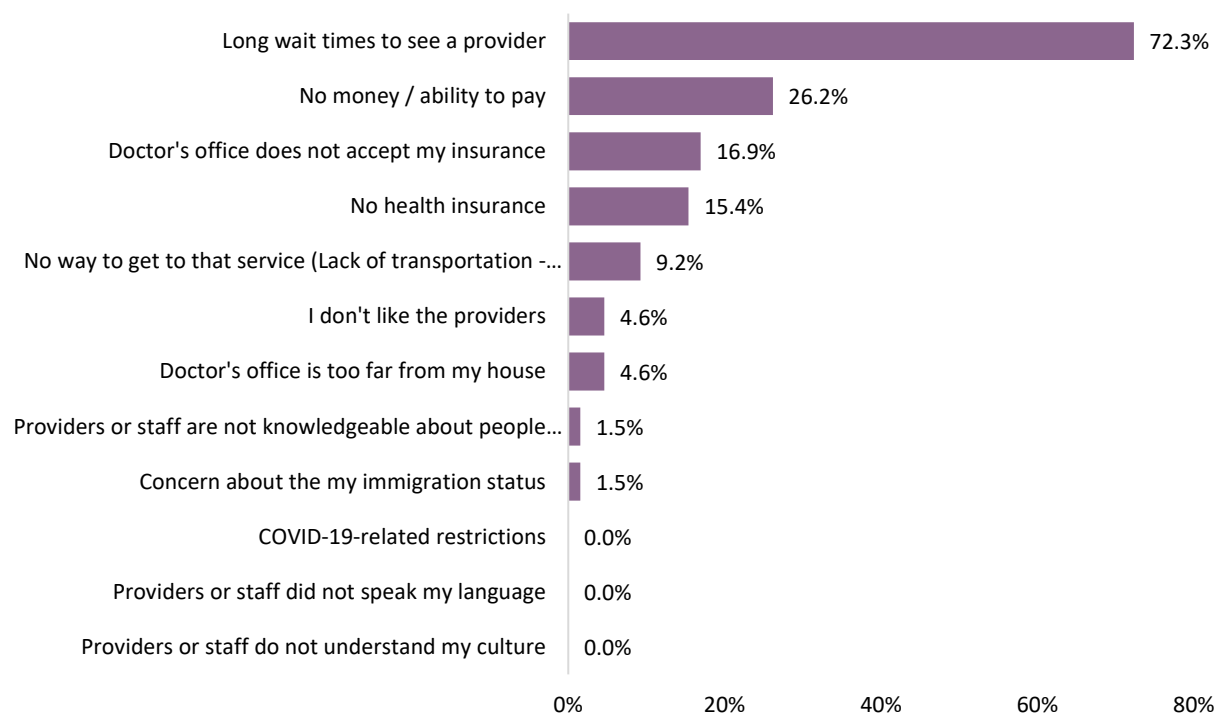
EXHIBIT 10: RESPONDENTS EXPERIENCING DIFFICULTIES GETTING NEEDED BEHAVIORAL HEALTH CARE

In the **past year**, has there been one or more occasions when you needed behavioral health care but could NOT get it?



Top barriers to accessing behavioral health care were similar to the top barriers to accessing medical care: **long wait times to see providers** (72.3%), **unaffordability** (26.2%), and **provider's not accepting their health insurance** (16.9%).

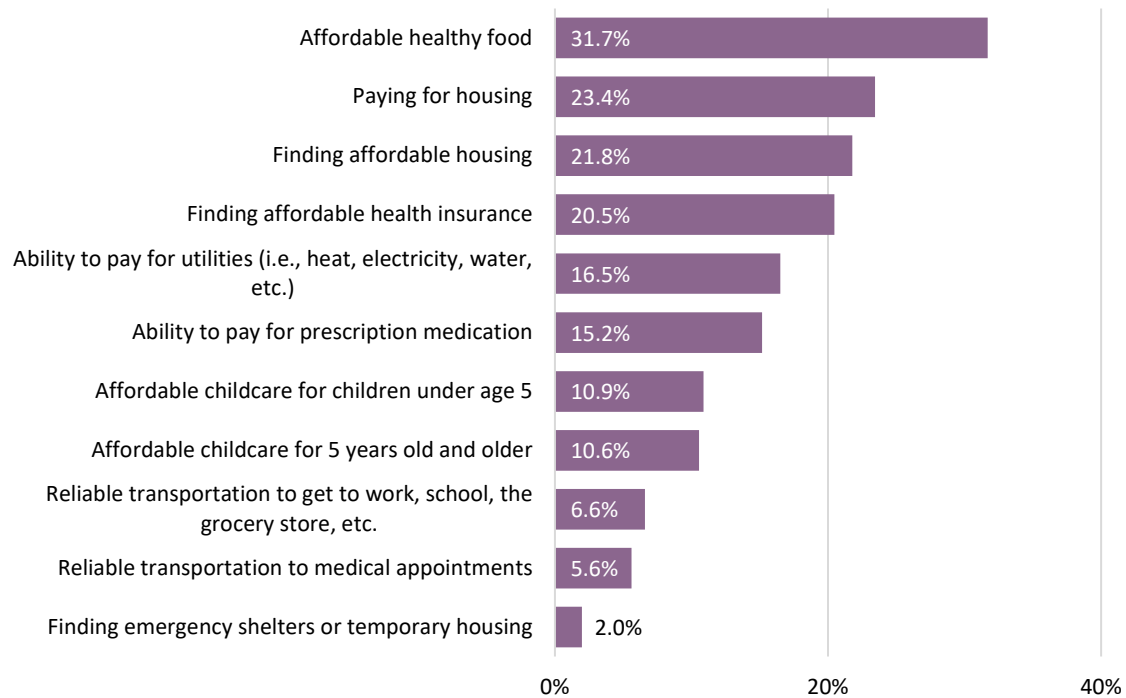
EXHIBIT 11: BARRIERS TO ACCESSING BEHAVIORAL HEALTH CARE



Basic Needs and Community Resources

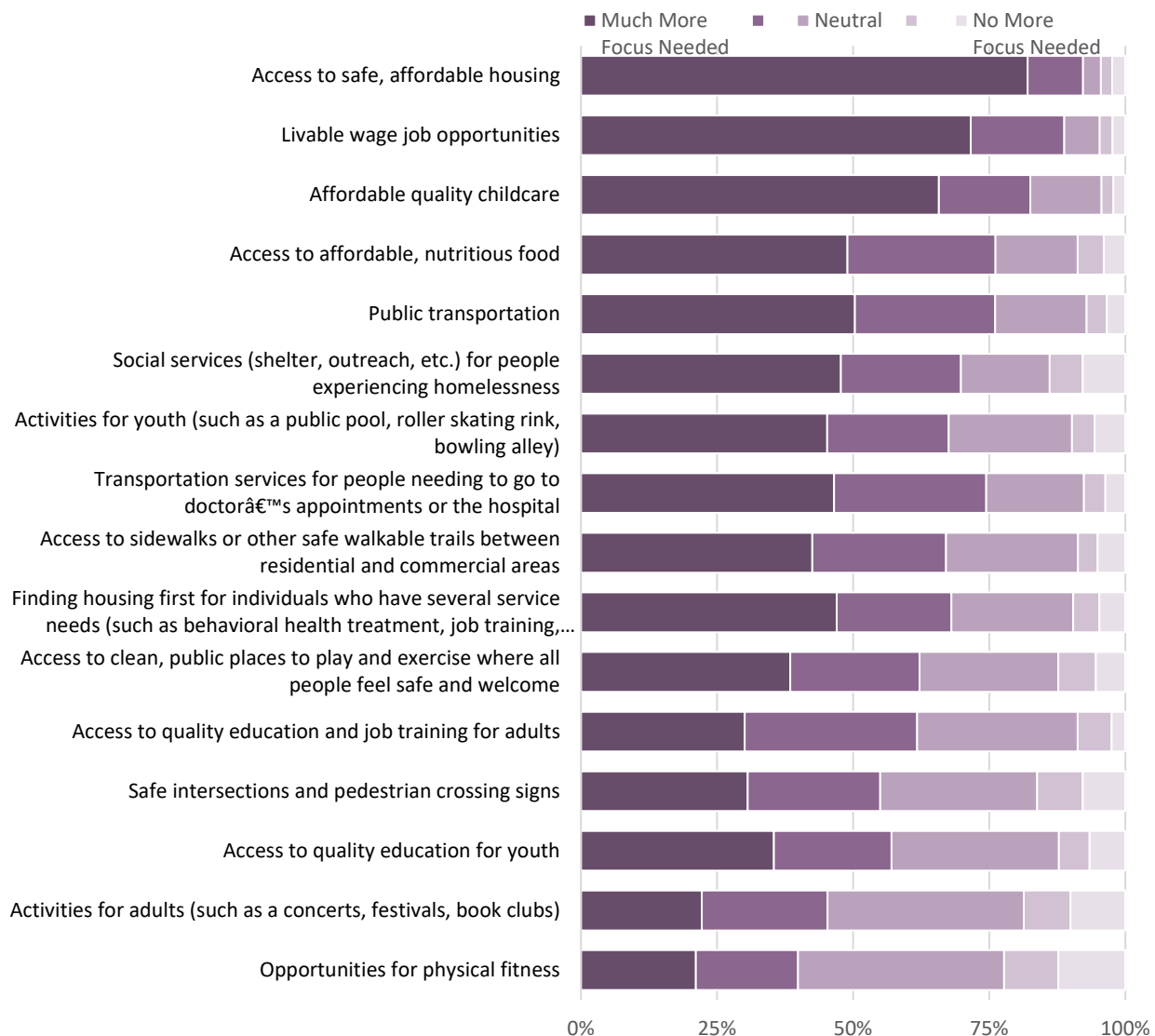
When asked which services respondents are currently struggling with, **affordable healthy food** (31.7%) was most commonly identified, followed by **housing affordability**.

EXHIBIT 12: IDENTIFIED CURRENT NEEDS OF SURVEY RESPONDENTS



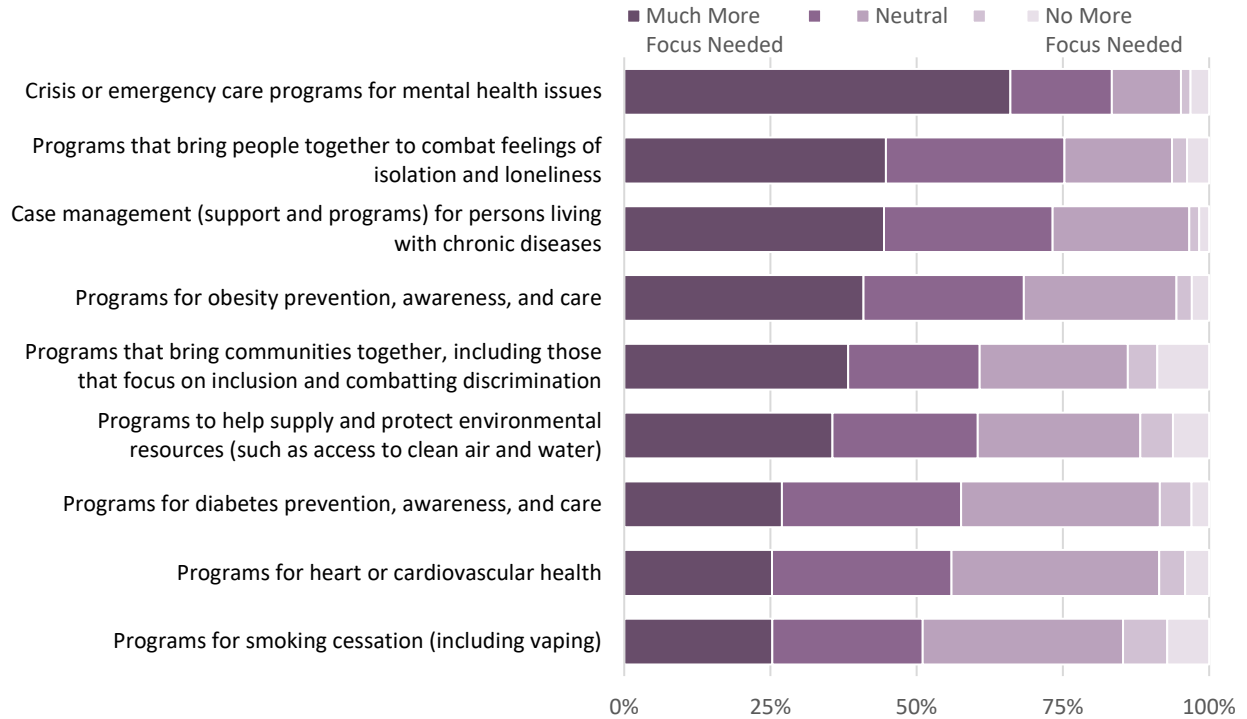
Respondents identified **access to safe and affordable housing** (89.0%) as the top basic needs requiring either much more focus or more focus in Flathead County. **Living wage job opportunities** (86.7%) and **affordable quality childcare** (76.8%) were also identified as top basic needs requiring either much more focus or more focus in the community.

EXHIBIT 13: NEED FOR MORE FOCUS ON COMMUNITY AND HEALTH-RELATED ISSUES



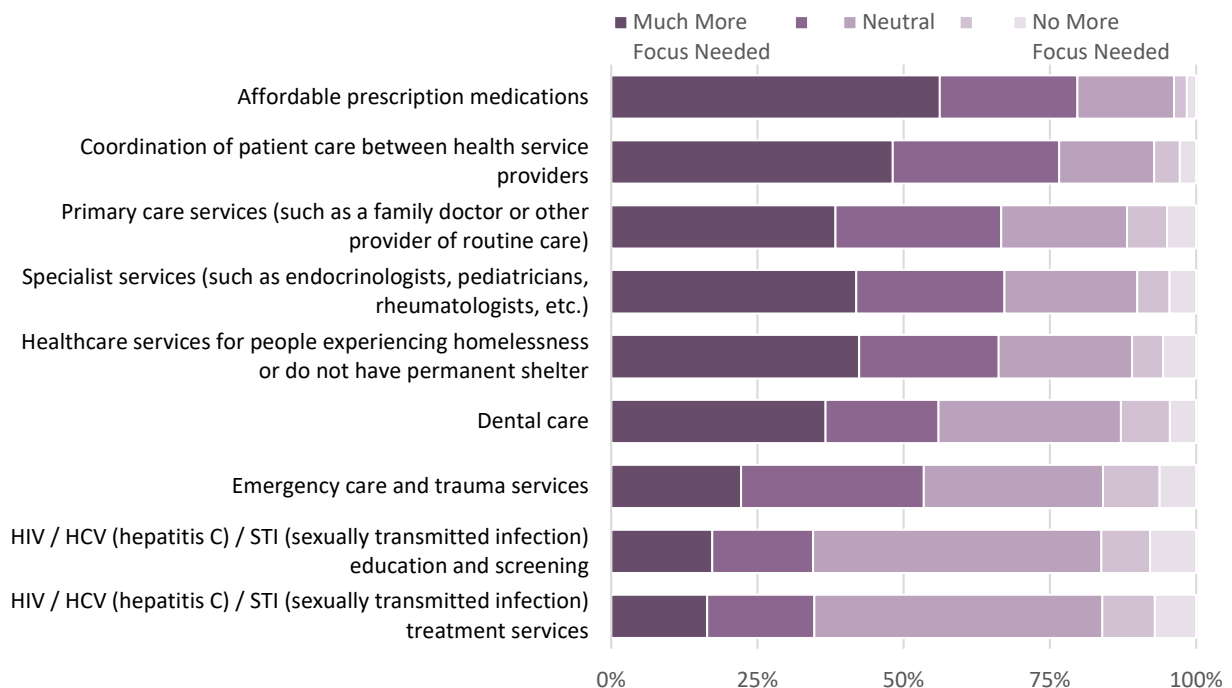
Mental health-related needs were identified as requiring much more focus or more focus by respondents. Specifically, **crisis or emergency care programs for mental health issues** (78.3%) and **programs to combat isolation and loneliness** (71.2%) were noted.

EXHIBIT 14: NEED FOR MORE FOCUS ON COMMUNITY AND HEALTH-RELATED ISSUES



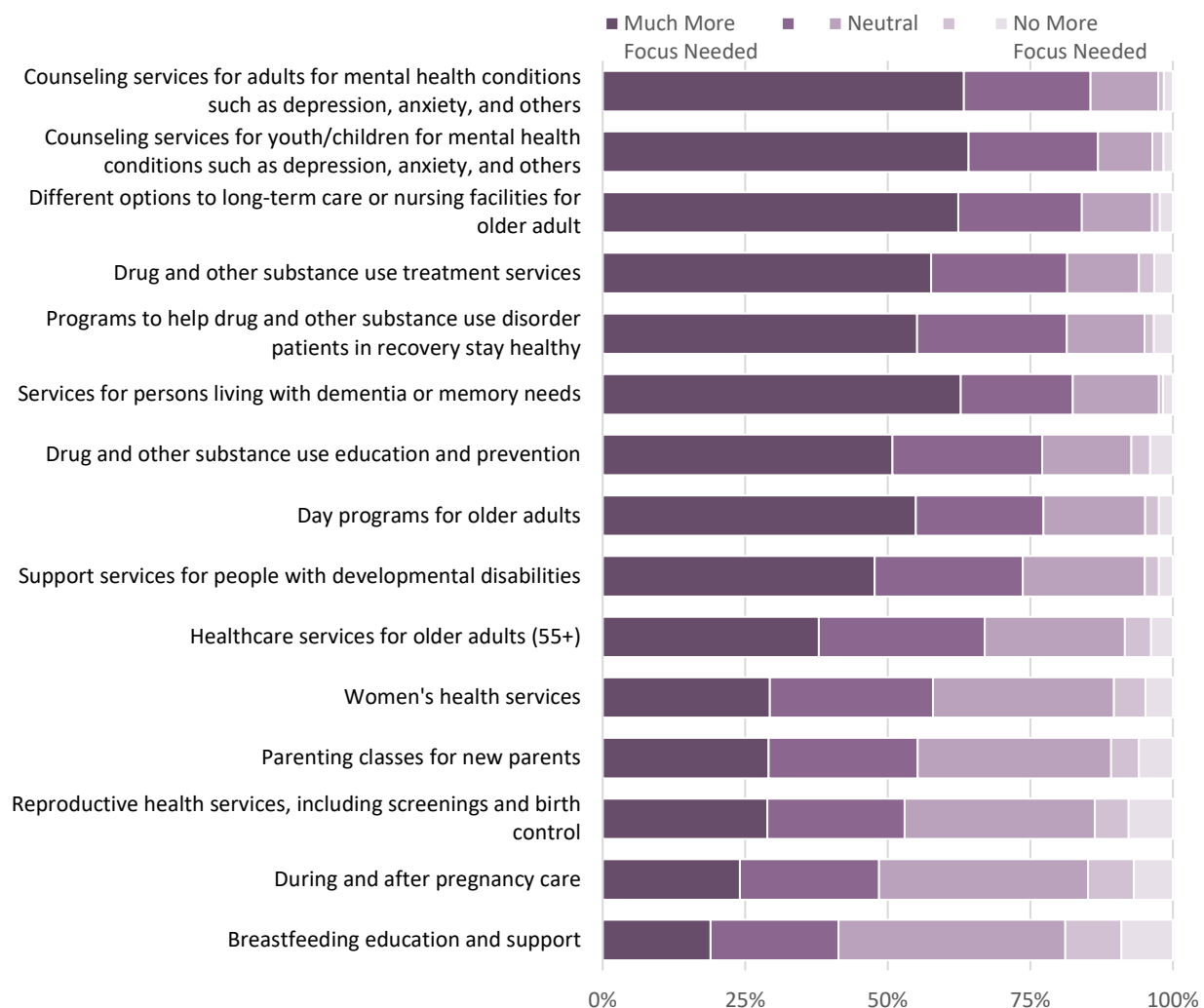
Among health-related issues, respondents identified the need for **affordable prescription medication** (76.8%) and **patient-care coordination between providers** (74.7%) as requiring either much more focus or more focus. The need for more **primary care services** (65.2%) and **specialty services** (63.1%) were also identified.

EXHIBIT 15: NEED FOR MORE FOCUS ON COMMUNITY AND HEALTH-RELATED ISSUES



Overall, counseling services rose to the top of needs requiring much more focus or more focus, with more **counseling services** needed for **adults** (61.9%) and for **youth** (60.4%).

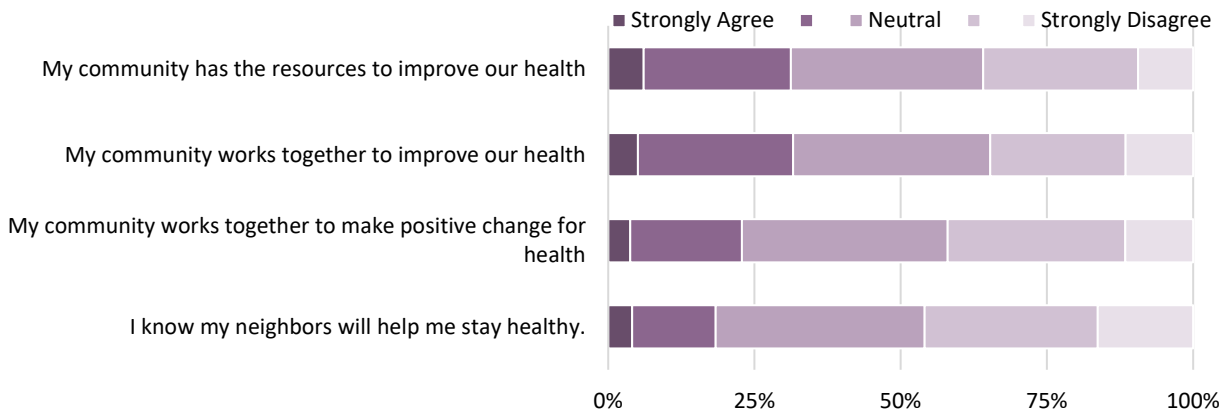
EXHIBIT 16: NEED FOR MORE FOCUS ON COMMUNITY AND HEALTH-RELATED NEEDS



Community Health

About one-third of respondents were neutral to each community health issue listed below. However, many respondents either **disagreed or strongly disagreed** that their **neighbors will help them stay healthy** (44.0%).

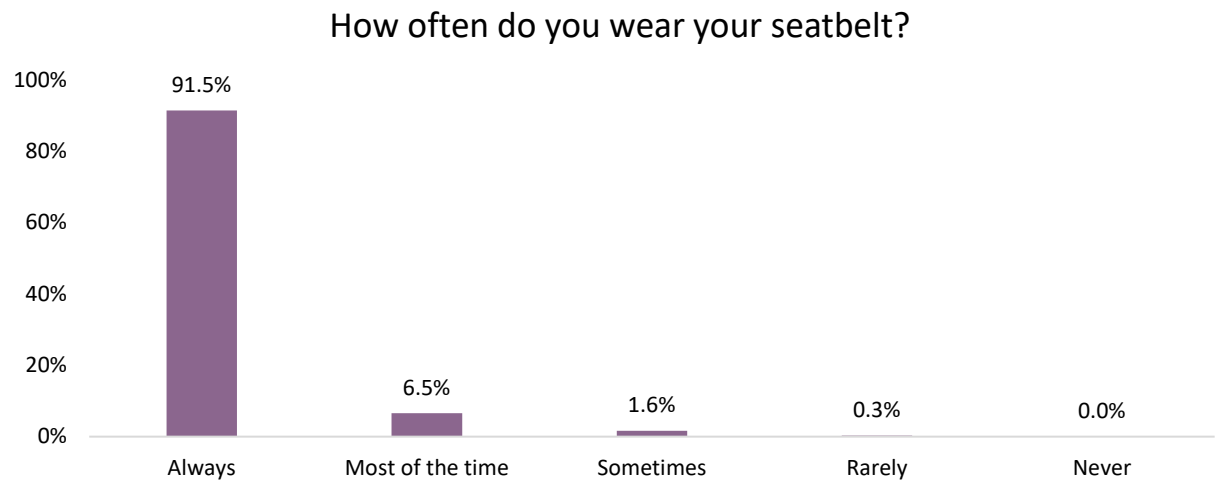
EXHIBIT 17: CURRENT PERSPECTIVES ON COMMUNITY HEALTH



Safety and Emergency Preparedness

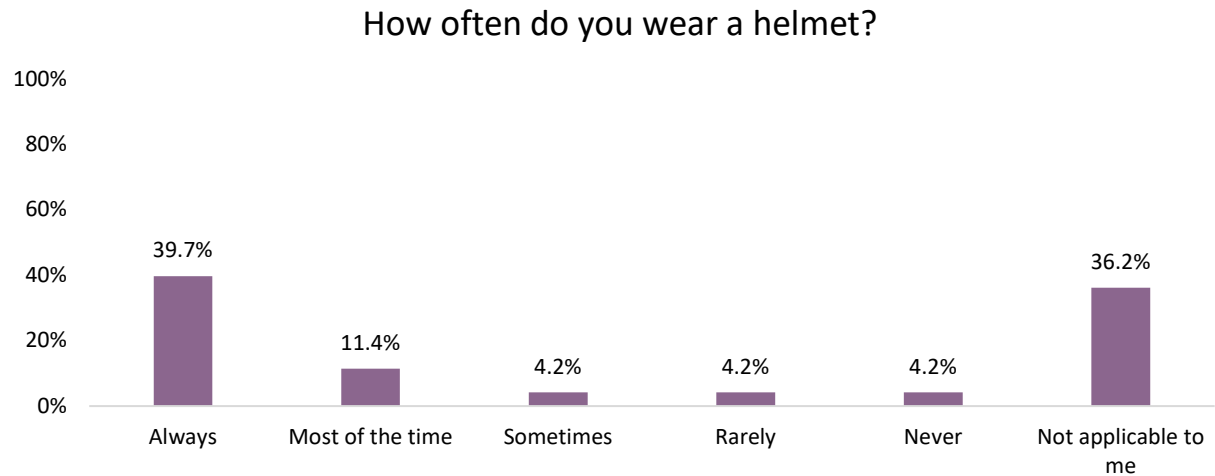
The majority of respondents (91.5%) wear their seatbelt all the time. A small proportion of respondents (0.3%) rarely wear their seatbelt.

EXHIBIT 18: SEATBELT USAGE



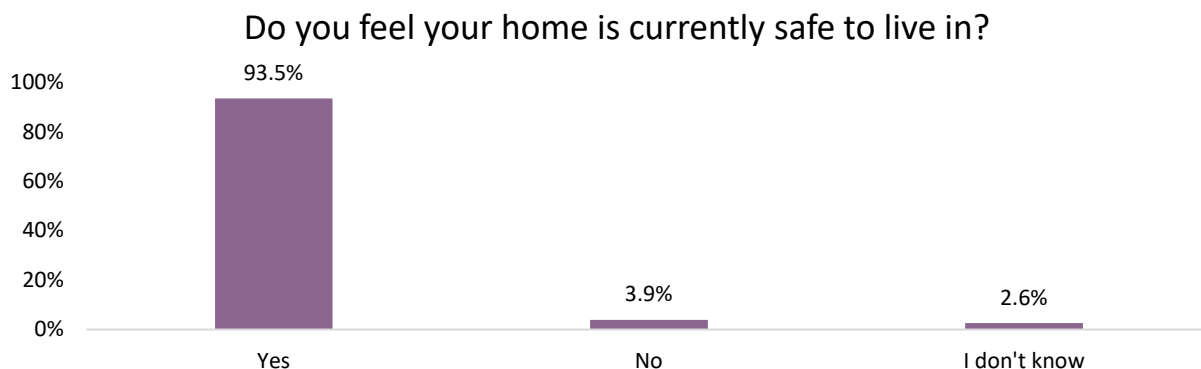
Two in five respondents (39.7%) wear a helmet all the time. A higher proportion of respondents never wear a helmet (4.2%) compared to respondents that never wear a seatbelt (0.0%).

EXHIBIT 19: HELMET USAGE



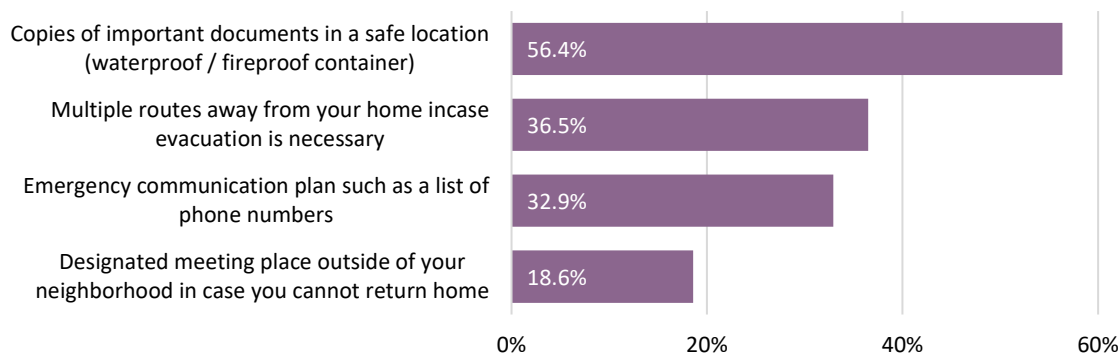
Most respondents feel that their house is safe to live in (93.5%). Some respondents (2.6%) were uncertain about the safety of their home.

EXHIBIT 20: HOUSING SAFETY



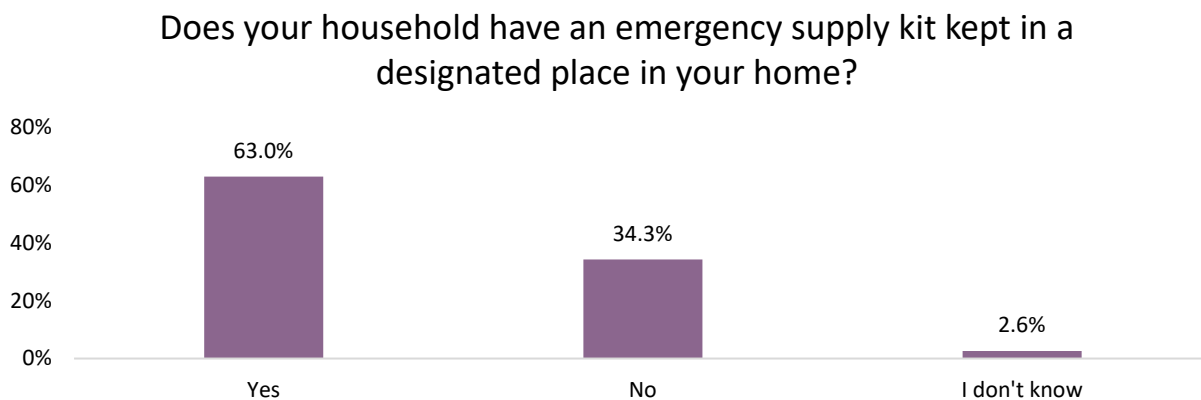
When asked if their household utilizes any of the following home emergency planning techniques, it was most common for respondents to keep copies of important documents in a safe location (56.4%).

EXHIBIT 21: HOME EMERGENCY PLANNING



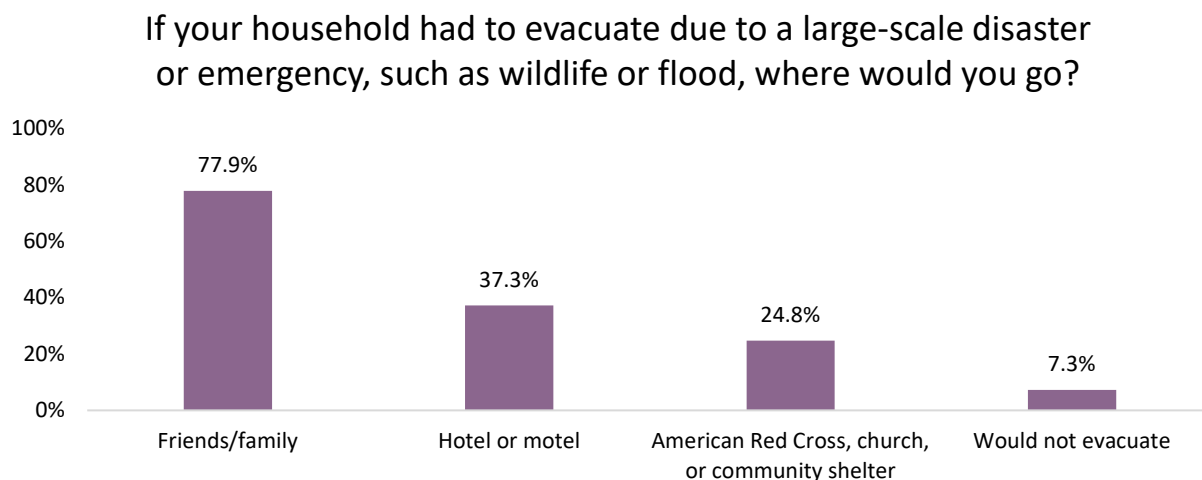
One in three respondents (34.3%) do not have an emergency supply kit in their household.

EXHIBIT 22: EMERGENCY SUPPLY KITS



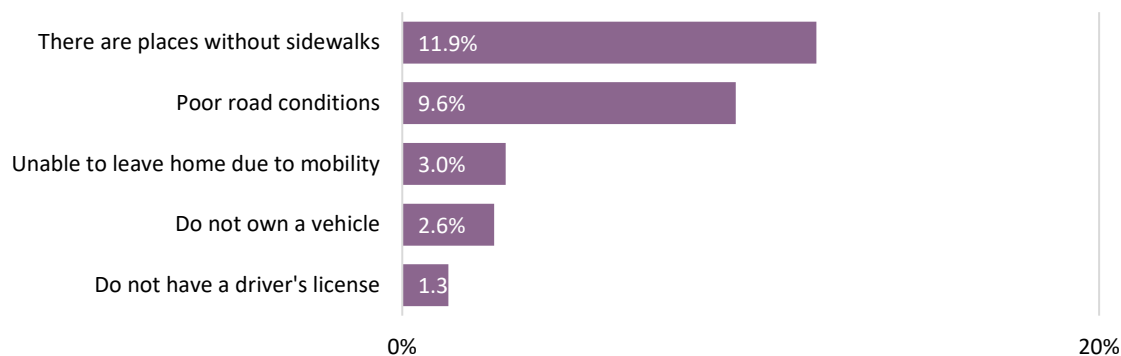
In an emergency evacuation situation, most respondents indicated they would go to their friends or family (77.9%). Some respondents indicated they would not evacuate their home (7.3%). Please note that respondents were able to select multiple answer options.

EXHIBIT 23: EMERGENCY HOUSEHOLD EVACUATIONS



The top barrier to travel during an emergency identified by respondents was the **lack of sidewalks** (11.9%), followed by **poor road conditions** (9.6%).

EXHIBIT 24: BARRIERS TO TRAVEL IN AN EMERGENCY



If you had a magic wand and could change one thing to make your community a better place, what would it be?



SELECTED THEMES & SAMPLE QUOTES:

- **Affordable Housing:** There was notable focus on the cost of housing, emphasizing the need for more affordable options for all community members.

“For Rent and For Sale Housing that is less than 30% of a persons monthly income. And that is affordable on a single salary, ex single parents and fixed income seniors or older adults that may have lost a job and are unable to find re-employment leaving the married couple on a single income.”

- **Community Growth:** Many respondents express concerns about the growth experienced across Flathead County in recent years.

“Updated infrastructure that supports community growth, as well as provides safe, timely, effective response from EMS services throughout the community.”

- **Finances:** Multiple statements emphasized the financial burdens individuals are experiencing due to the increasing cost of living.

“Pay commensurate with cost of living. Talented professionals won’t relocate to the Flathead or will leave the Flathead for better pay elsewhere.”

- **Health Care Services:** Access to behavioral health care and physical health care was frequently brought up, including round the clock availability and increased number of behavioral health care providers.

“We need accessible, high-quality medical services, including preventive health care and long-term care. And mental health support and resources to cope with issues such as stress, anxiety and depression. For a diagnosis for Autism, all doctors are a year waiting list.”

- **Transportation:** Many respondents expressed a desire for public transportation, including increased availability.

“Adding more transportation options for people who need it. That seems to be the biggest barrier I encounter with families I work with because there literally are so few options.”

Needs Prioritization Process

Discussing the needs with the Leadership Group was essential for prioritizing the needs identified throughout the Community Health Needs Assessment. The needs prioritization session provided the Leadership Group an opportunity to discuss the key findings and finalize the list of community needs.

The needs prioritization process consisted of two steps.

1

First, an online survey was open for approximately one week to allow each Leadership Group participant to answer the following questions about each of the 25 identified needs:

1. Magnitude of the problem: How big is the problem in the community?
2. Feasibility of correcting: Is addressing the problem possible based on resources, capacity, funding, state/local laws, etc.?
3. Severity of the problem: How serious will the problem become if we do nothing?

2

The second step was the collaborative prioritization session. The Leadership Group participated in a virtual needs prioritization session to review the 25 community needs identified through the Community Health Needs Assessment process. An overall prioritized list was developed for Flathead County

While all of these needs are important, the following list of prioritized needs was determined through the Needs Prioritization scoring and discussion process. The results of the Needs Prioritization survey can be found in the Appendix.

FLATHEAD COUNTY – FINAL COMMUNITY NEEDS

Needs
Access to Care
Basic needs
Care Coordination
Chronic Disease Prevention and Education
Community Mistrust of the Healthcare System
Mature Adult Services
Mental health services
Substance use prevention and services

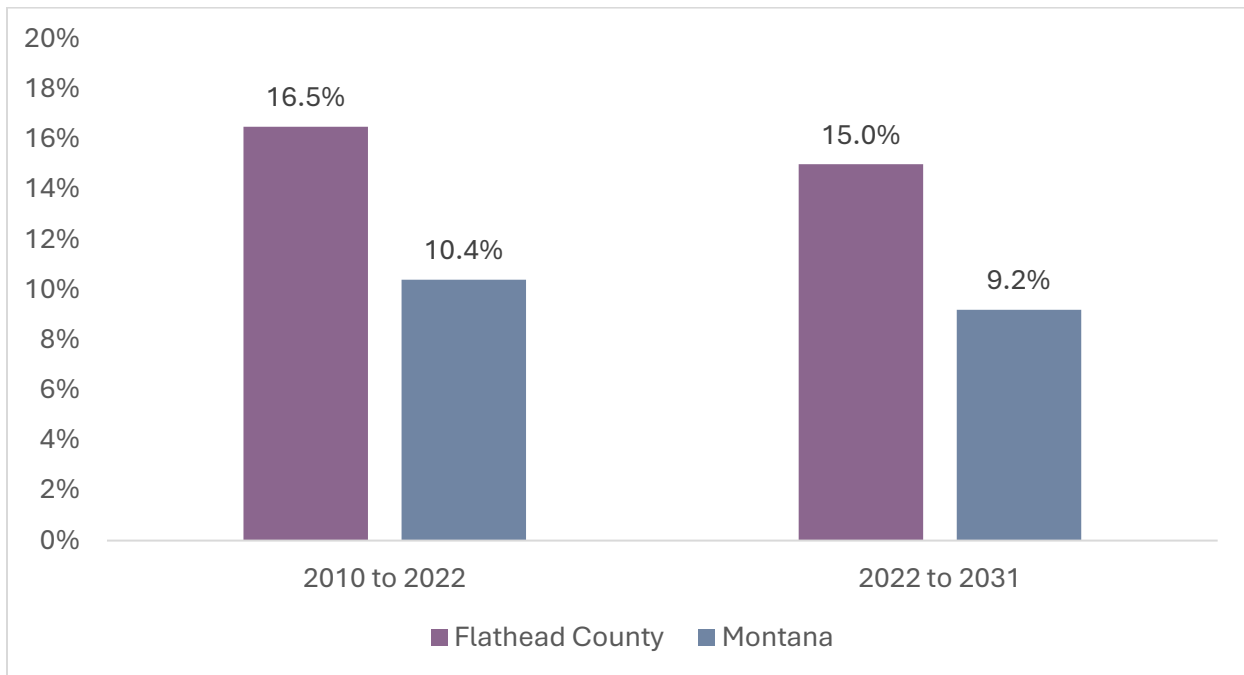


Appendices

Appendix A: Supplementary Secondary Research

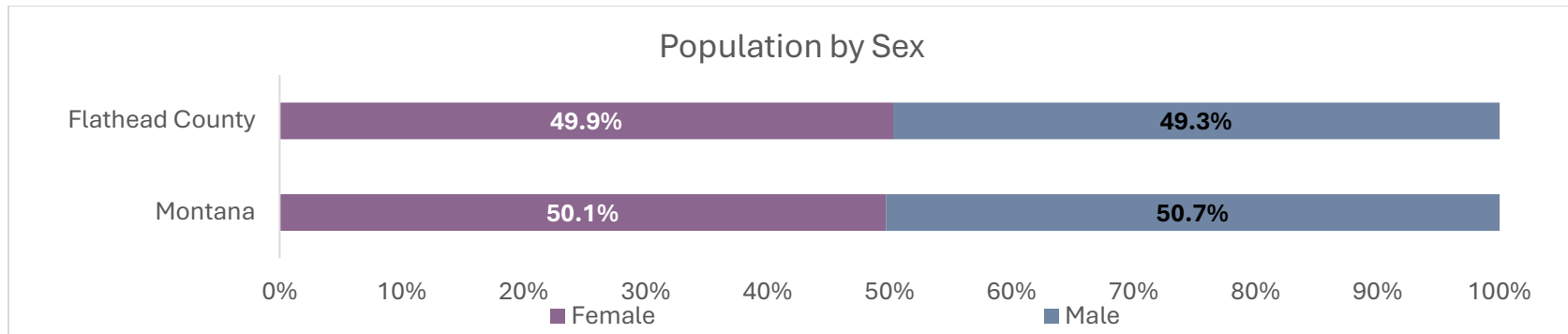
Demographics

Exhibit 25: Projected Percent Change in Population, 2010 to 2031

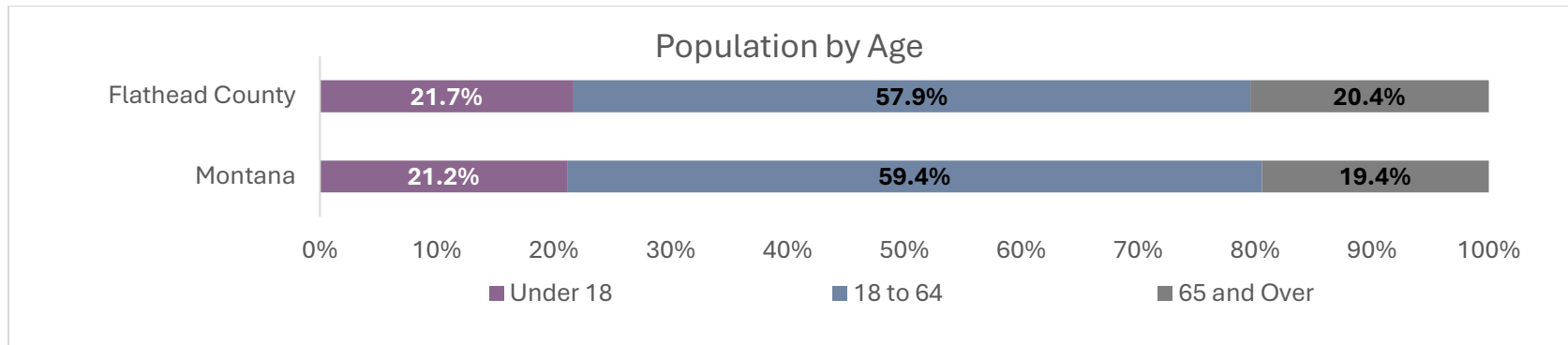


	Flathead County	Montana	United States
Total Population (2010)	90,930	989,415	308,745,538
Total Population (2022)	105,950	1,091,840	331,097,593
Percent Change (2010-2022)	+16.5%	+10.4%	+7.2%
Total Population (2031)	121,855	1,192,330	363,255,837
Percent Change (2022-2031)	+15.0%	+9.2%	+9.7%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

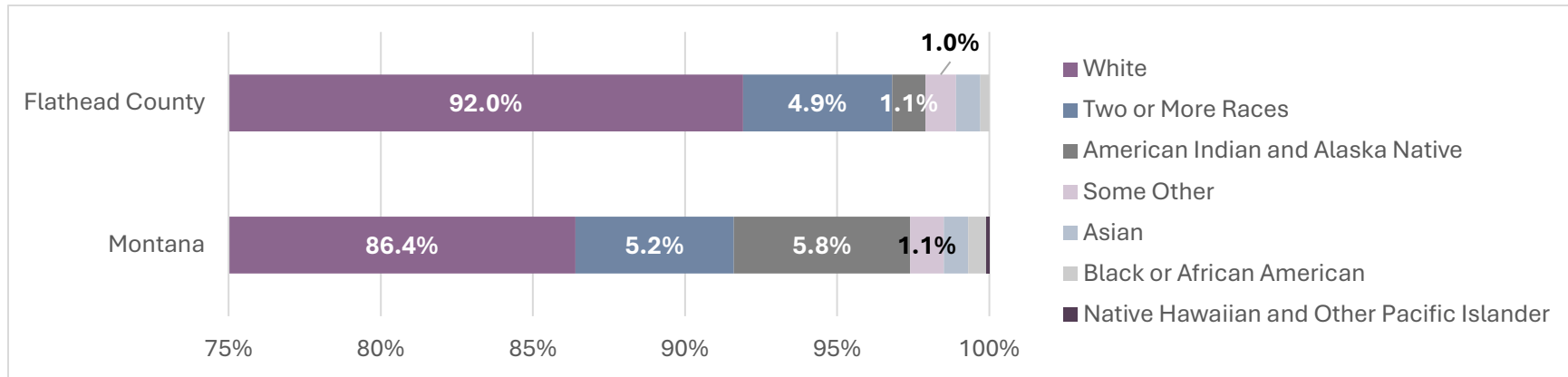


Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

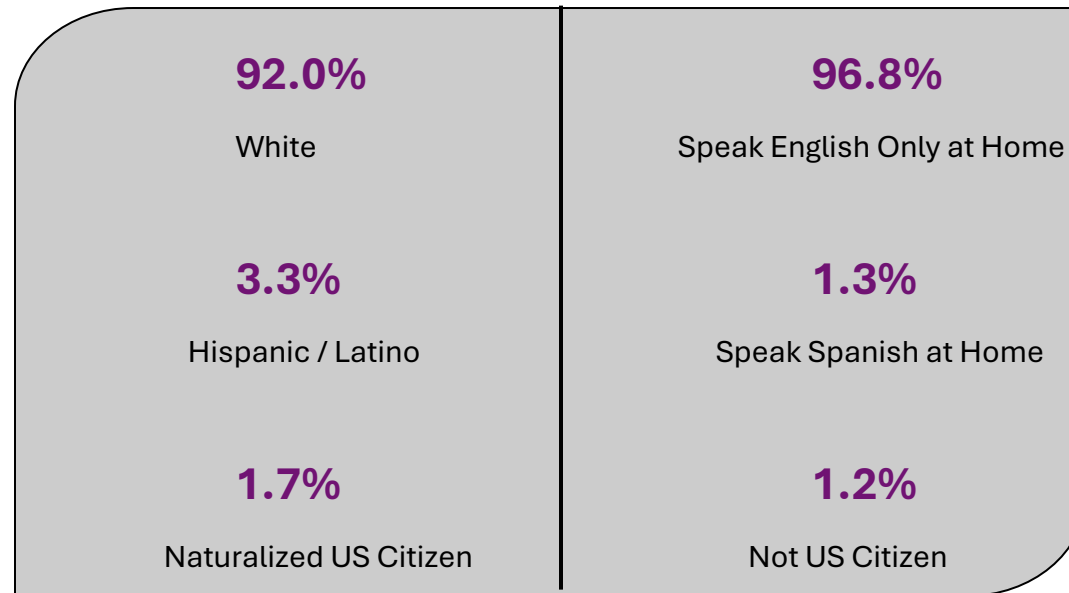


Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Exhibit 26: Population by Race (Alone)



Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates



Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Exhibit 27: Median Age Percent Change, 2010 to 2022

	Flathead County	Montana	United States
Median Age (2022)	42.3	40.1	38.5
Median Age (2010)	40.9	40.1	37.2
Percent Change (2010-2022)	+3.4%	0.0%	+3.5%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Exhibit 28: Population by Age Group

	Flathead County	Montana	United States
Under 18	21.7%	21.2%	22.1%
18 to 64	57.9%	59.4%	61.4%
65 and Over	20.4%	19.4%	16.5%
Under 5	5.4%	5.4%	5.7%
5 to 9	5.9%	5.8%	6%
10 to 14	6.6%	6.3%	6.5%
15 to 19	5.8%	6.2%	6.6%
20 to 24	4.9%	6.8%	6.7%
25 to 34	12%	12.8%	13.7%
35 to 44	12.9%	12.5%	12.9%
45 to 54	11.9%	11.1%	12.4%
55 to 59	6.2%	6.4%	6.5%
60 to 64	8.1%	7.2%	6.4%
65 to 74	13%	11.9%	9.7%
75 to 84	5.8%	5.6%	4.8%
Over 85	1.6%	1.9%	2%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Exhibit 29: Population by Sex

	Flathead County	Montana	United States
Females	49.9%	49.3%	50.4%
Males	50.1%	50.7%	49.6%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Exhibit 30: Population by Race (Alone)

	Flathead County	Montana	United States
White	92.0%	86.4%	65.9%
Two or More Races	4.9%	5.2%	8.8%
American Indian and Alaska Native	1.1%	5.8%	0.8%
Some Other	1.0%	1.1%	6.0%
Asian	0.8%	0.8%	5.8%
Black or African American	0.3%	0.6%	12.5%
Native Hawaiian and Other Pacific Islander	0.0%	0.1%	0.2%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Exhibit 31: Population by Ethnicity

	Flathead County	Montana	United States
Hispanic	3.3%	4.2%	18.7%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Exhibit 32: Language Spoken at Home (People Over Age 5)

	Flathead County	Montana	United States
English Only	96.8%	95.9%	78.3%
Spanish	1.3%	1.4%	13.3%
Other Indo-European	1.2%	1.4%	3.7%
Asian-Pacific Islander	0.5%	0.6%	3.5%
Other	0.2%	0.8%	1.2%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Exhibit 33: Foreign-Born Population

	Flathead County	Montana	United States
Naturalized US Citizen	1.7%	1.2%	7.1%
Not US Citizen	1.2%	1.0%	6.5%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

People Living with Disabilities

Exhibit 34: Population Living with Disability by Age

	Flathead County	Montana	United States
Population Living with a Disability	12,089	151,452	41,941,456
Age Under 5	0.0%	0.9%	0.7%
Age 5 to 17	5.0%	5.7%	5.9%
Age 18 to 34	6.3%	8.4%	7.2%
Age 35 to 64	10.3%	13.3%	12.4%
Age 65 to 74	18.8%	25.0%	24.1%
Age 75 and Over	41.8%	45.9%	46.9%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Exhibit 35: Population Living with Disability by Type

	Flathead County	Montana	United States
Ambulatory Difficulty	5.0%	6.2%	6.3%
Hearing Difficulty	4.4%	5.1%	3.6%
Cognitive Difficulty	4.2%	5.3%	5.0%
Independent Living Difficulty	3.3%	4.4%	4.5%
Vision Difficulty	1.5%	2.4%	2.4%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Exhibit 36: Population Living with Disability by Race

	Flathead County	Montana	United States
American Indian and Alaska Native	22.8%	15.3%	16.0%
Two or More Races	12.5%	14.0%	10.7%
White	11.4%	14.2%	13.6%
Asian	8.4%	9.5%	7.6%
Some Other Race	6.6%	9.1%	9.7%
Black or African American	5.2%	9.2%	14.2%
Native Hawaiian and Other Pacific Islander	ND	4.9%	11.9%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Exhibit 37: Population Living with Disability by Ethnicity

	Flathead County	Montana	United States
Hispanic or Latino	8.1%	11.4%	9.6%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Social Determinants of Health

In addition to collecting key demographic secondary data, research also focused on the Social Determinants of Health (SDoH). Social Determinants of Health include a wide range of factors, including, but not limited to, income, education, job security, food security, housing, basic amenities, the environment, social inclusion and non-discrimination, and access to quality affordable health care. These conditions contribute to wide health disparities and inequities.¹⁰



Image Source: Crescendo Consulting Group, Canva

The following secondary research includes pertinent data focused on Social Determinants of Health to provide Flathead County with the most granular overview of the service area communities.

¹⁰ Healthy People 2030, "Social Determinants of Health. Link: <https://health.gov/healthypeople/objectives-and-data/social-determinantshealth>

Education

Education is not only about the schools or higher education opportunities within a community, but also includes languages spoken, literacy, vocational training, and early childhood education.¹¹ Some children live in places with poorly performing schools, and the stress of living in poverty can affect children's brain development, making it harder for them to do well in school.¹²

Exhibit 38: Population with a Bachelor's Degree or Higher, Percent Change

	Flathead County	Montana	United States
Bachelor's Degree or Higher Attainment (2010)	27.6%	28.2%	28.2%
Bachelor's Degree or Higher Attainment (2022)	34.9%	34.0%	34.3%
Percent Change (2010-2022)	+26.4%	+20.7%	+21.7%

Sources: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Exhibit 39: Highest Level of Educational Attainment

	Flathead County	Montana	United States
Less than 9th Grade	0.9%	1.6%	4.7%
9th to 12th Grade, No Diploma	3.5%	3.9%	6.1%
High School Degree	28.0%	27.8%	26.4%
Some College No Degree	22.9%	23.1%	19.7%
Associate's degree	9.8%	9.5%	8.7%
Bachelor's Degree	23.2%	22.5%	20.9%
Graduate Degree	11.7%	11.5%	13.4%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

¹¹ Kaiser Family Foundation. Beyond Health Care: The Role of Social Determinants in Promoting Health & Health Equity, 2018. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>

¹² U.S. Department of Health and Human Services, Healthy People 2030. Social Determinants of Health, Education Access & Quality. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/education-access-and-quality>

Exhibit 40: Educational Attainment of Bachelor's Degree or Higher by Race

	Flathead County	Montana	United States
Asian	46.1%	53.0%	56.3%
Two or More Races	35.9%	29.8%	28.3%
White	35.0%	35.1%	36.5%
Some Other Race	34.1%	28.2%	14.8%
Black or African American	26.5%	27.9%	24.0%
American Indian and Alaska Native	9.3%	15.0%	15.8%
Native Hawaiian and Other Pacific Islander	NA	14.3%	18.7%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Exhibit 41: Educational Attainment of Bachelor's Degree or Higher by Ethnicity

	Flathead County	Montana	United States
Hispanic or Latino	37.5%	23.5%	19.1%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Exhibit 42: Child Care Centers

	Flathead County	Montana	United States
Child Care Centers	44	469	77,383

Source: U.S. Census Bureau County Business Patterns 2021. <https://www.census.gov/programs-surveys/cbp.html>

Economic Stability

People living in poverty are less likely to have access to health care, healthy food, stable housing, and opportunities for physical activity. Research suggests that low-income status is associated with adverse health consequences, including shorter life expectancy, higher infant mortality rates, and other poor health outcomes.¹³

Exhibit 43: Poverty Percent Change

	Flathead County	Montana	United States
Total Households Below Poverty Level per household (2010)	11.1%	13.3%	13.1%
Total Households Below Poverty Level per household (2022)	9.7%	12.3%	12.4%
Percent Change (2010-2022)	-12.4%	-8.0%	-5.5%

Sources: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Exhibit 44: Percent of Population Living in Poverty

	Flathead County	Montana	United States
People Below Poverty Level	9.3%	12.4%	12.5%
American Indian and Alaska Native	24.3%	35.1%	22.6%
Asian	1.5%	12.9%	10.1%
Black or African American	18.8%	17.1%	21.5%
Native Hawaiian and Other Pacific Islander	ND	4.5%	17.0%
Some Other Race	36.9%	17.0%	18.6%
Two or More Races	8.5%	15.0%	14.8%
White	8.9%	10.7%	10.1%
Hispanic or Latino	14.4%	17.0%	17.2%
Age Under 5	13.7%	16.3%	18.1%
Age Under 18	11.0%	14.7%	16.7%
Age 18 to 64	8.4%	12.4%	11.7%
Age 65 and Over	9.8%	9.8%	10.0%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

¹³ American Academy Of Family Physicians, Poverty & Health. The Family Medicine Perspective, April 2021. [Link e: www.aafp.org/about/policies/all/poverty-health.html](http://www.aafp.org/about/policies/all/poverty-health.html)

Exhibit 45: Median Household Income Percent Change

	Flathead County	Montana	United States
Median Household Income (2010)	\$47,231	\$45,324	\$52,762
Median Household Income (2022)	\$68,025	\$66,341	\$75,149
Percent Change (2010-2022)	+44.0%	+46.4%	+42.4%

Sources: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Exhibit 46: Median Household Income by Race

	Flathead County	Montana	United States
Two or More Race	\$72,390	\$59,100	\$70,596
White	\$68,306	\$68,005	\$80,042
Asian	\$66,250	\$62,390	\$107,637
Other Race	\$50,078	\$69,964	\$61,851
American Indian and Alaska Native	\$42,292	\$39,077	\$55,925
Black or African American	\$33,000	\$50,676	\$50,901
Native Hawaiian and Other Pacific Islander	ND	\$55,000	\$76,568

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Exhibit 47: Median Household Income by Ethnicity

	Flathead County	Montana	United States
Hispanic or Latino	\$49,552	\$54,890	\$64,936

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Exhibit 48: Households Receiving SNAP

	Flathead County	Montana	United States
Households Receiving Food Stamps/SNAP	7.5%	8.6%	11.5%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Neighborhood & Built Environment

The neighborhoods people live in have a major impact on their health and well-being. The physical environment includes housing and transportation, parks and playgrounds, and the chances for recreational opportunities.¹⁴ Neighborhood quality is shaped in part by how well individual homes are maintained, and widespread residential deterioration in a neighborhood can negatively affect the mental health of residents.¹⁵

Transportation & Internet Access

Exhibit 49: Transportation

	Flathead County	Montana	United States
Mean Travel Time to Work (in minutes)	19.0	18.8	26.7
Workers Commuting by Public Transit	0.1%	0.7%	3.8%
Workers who Drive Alone to Work	74.9%	72.7%	71.7%
Walkability Score ¹⁶	0	ND	ND

Sources: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates, Walk Score | walkscore.com

Exhibit 50: Broadband

	Flathead County	Montana	United States
Household Without Internet Access	8.4%	10.3%	9.0%
Number of Internet Providers (2021)	16	64	3,003

Sources: Federal Communications Commission Fixed Broadband Deployment Data 2021 | U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

¹⁴ Kaiser Family Foundation. Beyond Health Care: The Role of Social Determinants in Promoting Health & Health Equity, 2018. Link: <https://www.kff.org/racial-equity-and-health-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>

¹⁵ U.S. Department of Health and Human Services. Healthy People 2030. Social Determinants of Health Literature Summaries: Quality of Housing. Link: <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/quality-housing>

¹⁶ Walk Score measures the walkability of any address using a patented system. For each address, Walk Score analyzes hundreds of walking routes to nearby amenities. Points are awarded based on the distance to amenities in each category. Amenities within a 5 minute walk (.25 miles) are given maximum points. A decay function is used to give points to more distant amenities, with no points given after a 30 minute walk. Scores range from 0-100, with a higher score indicating greater walkability that does not require a car.

Walk Score also measures pedestrian friendliness by analyzing population density and road metrics such as block length and intersection density. Data sources include Google, Factual, Great Schools, Open Street Map, the U.S. Census, Localeze, and places added by the Walk Score user community.

Food Insecurity

Exhibit 51: Trends in Food Insecurity

	2018		2019		2020		2021		Percent Change 2018-2021	
	Overall (all ages)	Children (less than age 18)	Overall (all ages)	Children (less than age 18)	Overall (all ages)	Children (less than age 18)	Overall (all ages)	Children (less than age 18)	Overall (all ages)	Children (less than age 18)
Flathead County	9.7%	16.8%	9.2%	15.6%	9.0%	15.6%	6.9%	10.8%	-28.9%	-35.7%
Montana	10.3%	15.9%	10.4%	15.7%	8.5%	13.6%	8.5%	12.1%	-17.5%	-23.9%

Source: Feeding America Map the Meal Gap, 2021

Housing Affordability

Exhibit 52: Housing Wage

Measure	
Montana Facts:	
Minimum wage (state)	\$9.95
Hourly wage necessary to afford 2 BR FMR (county or MSA; state)	\$19.28
Housing Costs: 2 BR FMR	\$1,002 per month
Housing Costs: Annual income needs to afford 2 BMR FMR	\$40,098
Housing Costs: Full -time jobs at minimum wage to afford 2BR FMR	1.9
Flathead County Facts	
Renters: Estimated hourly mean renter wage (county or MSA; state)	\$16.20
Renters: Monthly rent affordable at mean renter wage (county or MSA; state)	\$842
Renters: Full-time jobs at mean renter wage needed to afford 2 BR FMR (county or MSA; state)	1.2

Source: Out of reach: Montana | National Low Income Housing Coalition. <https://nlihc.org/oor/state/mt>

Exhibit 53: Housing Costs & Home Value

	Flathead County	Montana	United States
Median Household Income	\$47,231	\$45,324	\$52,762
Excessive Renter Housing Costs	48.4%	40.4%	46.4%
Excessive Owner Housing Costs	24.4%	21.6%	21.9%
Owner Occupied Housing Units - Mobile Homes	9.7%	10.1%	5.8%
Renter Occupied Housing Units - Mobile Homes	9.7%	8.0%	4.0%
Homeowner Vacancy Rate	0.6%	1.1%	1.1%

Sources: U.S. HUD CHAS 2015-2019 | U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Exhibit 54: Fair Market Rent (FMR), 2023

Flathead County	
0 Bedrooms	\$675
1 Bedrooms	\$767
2 Bedrooms	\$1,010
3 Bedrooms	\$1,435
4 Bedrooms	\$1,720

Source: U.S. Department of Housing and Urban Development HOME Rent Limits 2023

Exhibit 55: Fair Market Rent (FMR), 2023

	Montana
0 Bedrooms	\$708
1 Bedrooms	\$785
2 Bedrooms	\$1,002
3 Bedrooms	\$1,374
4 Bedrooms	\$1,619

Source: National Low Income Housing Coalition, Out of Reach 2023

Exhibit 56: Household Composition

	Flathead County	Montana	United States
Household with Children	26.1%	26.1%	30.2%
Grandchildren	3.4%	3.9%	4.6%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Housing Insecurity

Exhibit 57: Housing Cost Burden in Montana by Income Group¹⁷

	Cost Burdened	Severely Cost Burdened
Extremely Low Income	86%	65%
Very Low Income	55%	13%
Low Income	30%	5%
Middle Income	14%	2%

Source: National Low-Income Housing Coalition Tabulations of 2021 ACS PUMS, 2024 Georgia State Profile

Exhibit 58: Extremely Low-Income Renter Households in Montana,¹⁸ 2021

	Percentage
In Labor Force	35%
Senior	31%
Disabled	20%
Other	8%
Single Caregiver	4%
School	1%

Source: 2021 ACS PUMS, National Low-Income Housing Coalition 2024 Georgia State Profile

¹⁷ Renter households spending more than 30% of their income on housing costs and utilities are cost burdened; those spending more than half of their income are severely cost burdened, NLIHC Tabulations of 2021 ACS PUMS.

¹⁸ Mutually exclusive categories applied in the following order: senior, disabled, in labor force, enrolled in school, single adult caregiver of a child under seven or a person with a disability, and other. Thirteen percent of extremely low-income renter households include a single adult caregiver, 49% of whom usually work at least 20 hours per week. Ten percent of extremely low-income renter householders are enrolled in school, 47% of whom usually work at least 20 hours per week. Source: 2021 ACS PUMS, Georgia | National Low Income Housing Coalition (nlihc.org)

Community & Social Context

Neighborhoods are important in influencing health and health equity, therefore, policies or actions that focus on neighborhood context can improve health inequities among community members.¹⁹

Domestic Violence

Exhibit 59: crimes involving intimate partners, Flathead County

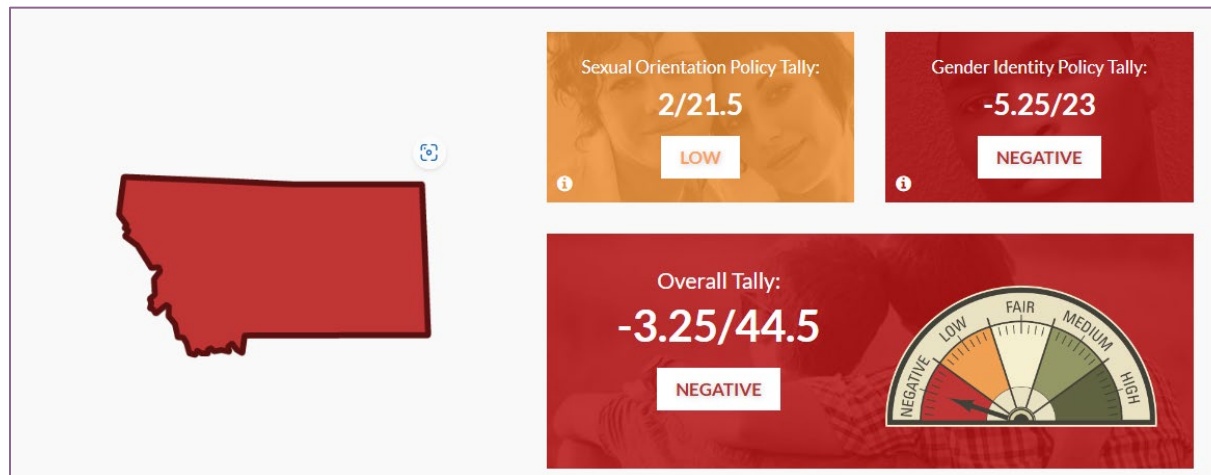
	2019	2020	2021	2022	2023
Assault Offenses	479	320	394	323	350
Homicide Offenses	ND	2	1	1	1
Kidnapping Offenses	4	2	8	4	8
Sex Offenses – Forcible	23	13	9	9	6
Sex Offenses - Nonforcible	2	ND	ND	ND	1

Source: Montana Board of Crime Control, Statistical Analysis Center: CIM.DomesticViolence, Workbook: CIM.DomesticViolence (mt.gov)

¹⁹ American Society on Aging. Addressing Health Equity for Older Adults at the Neighborhood Level (2021). Link: <https://generations.asaging.org/health-equity-elders-neighborhood-level>

LGBTQ+ Community

Exhibit 60: LGBTQIA+ Policy Tally, Montana

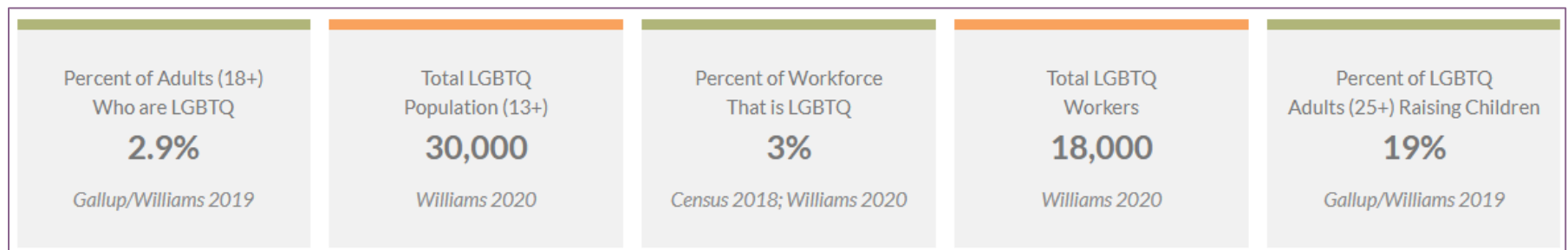


Source: Movement Advancement Project | State Profiles (lgbtmap.org)

Sexual Orientation Policy:
Laws that explicitly mention sexual orientation primarily protect or harm lesbian, gay, and bisexual people.

Gender Identity Policy:
Laws that explicitly mention "gender identity" or "gender identity and expression" primarily protect or harm transgender people and people whose sense of gender or manner of dress does not adhere to gender stereotypes.

Exhibit 61: Montana equality profile



Source: Movement Advancement Project | State Profiles (lgbtmap.org)

Health Care

Health outcomes represent how healthy a population is according to the most current data and reflect the physical and mental well-being of residents within a community through measures representing not only the length of life but the quality of life.²⁰

Health Status

Exhibit 62: Age-Adjusted Prevalence of Prevention Measures Among Adults Aged 18+

Flathead County	
Visits to doctor for routine checkup within past year	64.8%
Visit to dentist or dental clinic	63.0%

Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. PLACES Data [online]. 2022 [accessed Feb 21 2024]. URL: <https://www.cdc.gov/PLACES>

Exhibit 63: Age-Adjusted Prevalence of Health Risk Measures Among Adults Aged 18+

Flathead County	
Binge Drinking	21.2%
Current Smoking	15.1%
No Leisure-time Physical Activity	18.6%
Sleeping Less than 7 Hours	29.4%

Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. PLACES Data [online]. 2022 [accessed Feb 21 2024]. URL: <https://www.cdc.gov/PLACES>

Exhibit 64: Health Status Among Adults Aged 18+

Flathead County	
Mental health not good for 14 or more days	15.3%
Physical health not good for 14 or more days	10.2%
Fair or poor self-rated health status	12.5%

Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. PLACES Data [online]. 2022 [accessed Feb 21 2024]. URL: <https://www.cdc.gov/PLACES>

²⁰ County Health Roadmaps & Rankings, Health Outcomes. Link: <https://www.countyhealthrankings.org/>

Exhibit 65: Montana Fertility Rates, 2019

Fertility Rate Births per 1,000 Women	2010	2019	Rate of Change per Year ²¹
General (aged 15-44 years)	67.0	56.8	-1.0
Age Group			
15-19	35.2	16.3	-1.8
20-24	96.8	66.0	-3.5
25-29	116.8	101.8	-2.0
30-34	96.5	93.0	+0.2
35-39	42.2	44.8	+0.4
40-44	7.6	8.9	+0.2
Total Fertility Rate	1.98	1.65	-0.03

Source: Montana Department of Public Health & Human Services, "General, Age-Specific, and Total Fertility Rates in Montana, 2010-2019", montana.gov

Exhibit 66: Birth Rate (Rate per 1,000 People), 2021

	Flathead County	Montana	United States
Birth Rate	ND	10.2	11.0

Source: CDC WONDER Natality Birth Rate, 2021 <https://wonder.cdc.gov/>

Exhibit 67: Teen Birth Rate (Rate per 1,000 unmarried women), 2021

	Flathead County	Montana	United States
Percentage	ND	13.6%	13.9%

Source: Center for Disease Control | National Center for Health Statistics, National Vital Statistics System, Natality [National Vital Statistics Reports Volume 72, Number 1 January 31, 2023 \(cdc.gov\)](https://www.cdc.gov/nchs/data/nvsr/nvsr72/nvsr72_01_2023.pdf)

Exhibit 68: Infant Mortality Rate, 2021

	Flathead County	Montana	United States
Rate per 1,000 live births	ND	4.9	5.4

Source: National Center for Health Statistics, National Vital Statistics System, linked birth/infant death file

²¹ Average rate of change per year from 2010 to 2019 based on the linear regression parameter estimate

Exhibit 69: Low Birthweight

	Flathead County	Montana	United States
Percentage	7.0%	7.6%	8.5%

Source: (National and State) National Center for Health Statistics, Births: Final Data for 2021; (County) Health Resources & Services Administration, Maternal and Infant Health Mapping Tool

Exhibit 70: Age-Adjusted Prevalence of Health Outcomes Among Adults Aged 18+

	Flathead County
High Cholesterol	32.4%
Obesity	31.6%
High Blood Pressure	25.9%
Depression	22.1%
Arthritis	21.2%
Current Asthma	10.2%
Diagnosed Diabetes	7.5%
Coronary Heart Disease	4.8%
Stroke	2.5%

Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. PLACES Data [online]. 2022 [accessed Feb 21 2024]. URL: <https://www.cdc.gov/PLACES>

Exhibit 71: Death Rate (Rate per 100,000 People), 2021

	Flathead County	Montana	United States
Death Rate	11.5	11.5	10.4

Source: CDC WONDER Causes of Death, 2021. <https://wonder.cdc.gov/>

Exhibit 72: Leading Causes of Death (Rate per 100,000 People), 2021

	Flathead County	Montana	United States
Heart Disease	213.0	175.2	173.8
Cancer	195.5	142.2	146.6
COVID-19	138.3	108.8	104.1
Accidents / Unintentional Injuries	77.5	73.8	64.7
Chronic Lower Respiratory Disease	39.6	38.4	34.7
Suicide	38.7	32.0	14.1
Stroke / Cerebrovascular Disease	37.8	31.2	41.1
Alzheimer's Disease	26.7	24.7	31.0
Chronic Liver Disease / Cirrhosis	23.1	25.7	14.5
Diabetes	21.2	21.6	25.4

Source: CDC WONDER Causes of Death, 2021. <https://wonder.cdc.gov/>

Access

Exhibit 73: Health Care Provider Ratio (People per Provider), 2023

	Flathead County	Montana	United States
Primary Care Physician	1,060:1	848:1	959:1
Primary Care Nurse Practitioner	1,655:1	1,227:1	1,251:1
Dentist	2,119:1	1,523:1	1,657:1
Mental Health Provider	821:1	537:1	612:1
Pediatrician	1,275:1	1,244:1	860:1
OBGYN	5,286:1	3,428:1	3,762:1
Midwife and Doula	8,809:1	8,408:1	12,073:1

Sources: National Plan & Provider Enumeration System NPI, 2022. <https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProviderStand/DataDissemination>

Exhibit 74: Uninsured Population²²

	Flathead County	Montana	United States
Uninsured Population	9,269	90,797	28,315,092
Health Insurance Coverage Under Age 6 - Uninsured	4.6%	6.3%	4.4%
Health Insurance Coverage Age 6 to 18 - Uninsured	6.1%	6.6%	5.7%
Health Insurance Coverage Age 19 to 64 - Uninsured	13.1%	11.9%	12.2%
Health Insurance Coverage Over Age 65 - Uninsured	0.4%	0.4%	0.8%
People with Private Health Insurance	71.4%	72.0%	74.0%
People with Public Health Insurance	44.7%	44.3%	39.3%
Children Age 18 and Under with a Disability - without Health Insurance	1.0%	4.6%	3.9%
Adults Age 19 to 64 with a Disability - without Health Insurance	6.4%	8.1%	10.1%
People in Labor Force without Health Insurance	13.0%	11.5%	11.5%

Sources: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Behavioral Health

Exhibit 75: Montana Suicide Rates, 2019

Characteristics	Number (%)	Percent	Rate per 100,000 population
Total	302	100%	32.0
Age Group			
10-24	51	16.9%	25.3
25-44	98	32.5%	36.5
45-64	88	29.1%	32.8
65+	65	21.5%	31.4
Sex			
Male	224	74.2%	47.0
Female	78	25.8%	16.9
Race			
White Alone	266	88.1%	30.6
American Indian / Alaska Native Alone	29	9.6%	45.7
Other	7	2.3%	ND
Geography			
Rural	113	37.4%	38.2
Metropolitan	102	33.8%	29.6
Micropolitan	87	28.8%	29.7

Source: Montana Department of Public Health & Human Services, "Suicide in Montana: Initial Findings from the Montana Violent Death Reporting System, 2019", montana.gov

²² Private and public insurances can add up to more than 100% since many people have more than one health plan. About 43 Million People in the U.S. Had Multiple Health Plans in 2021 (census.gov)

Exhibit 76: Substance Use and Perceptions of Great Risk in Montana, by Age Group, 2021 and 2022

	Age 12-17	Age 18-25	Age 12+	Age 18+	Age 26+
Illicit Drugs					
Illicit Drug Use in the Past Month ²³	8.3%	34.3%	19.7%	20.8%	18.7%
Marijuana Use in the Past Year	12.5%	48.3%	25.6%	26.9%	23.6%
Marijuana Use in the Past Month	7.8%	33.1%	18.5%	19.5%	17.4%
Perceptions of Great Risk from Smoking Marijuana Once a Month	15.5%	7.7%	15.7%	15.7%	16.9%
First Use of Marijuana in the Past Year among Those at Risk for Initiation of Marijuana Use	3.8%	11.5%	3.0%	2.8%	1.4%
Illicit Drug Use Other Than Marijuana in the Past Month	1.8%	4.5%	3.6%	3.7%	3.6%
Cocaine Use in the Past Year	0.2%	4.1%	1.5%	1.7%	1.3%
Perceptions of Great Risk from Using Cocaine Once a Month	47.8%	53.2%	63.4%	64.9%	66.7%
Heroin Use in the Past Year ²⁴	ND	0.3%	ND	0.4%	0.4%
Perceptions of Great Risk from Trying Heroin Once or Twice	55.3%	77.0%	82.0%	84.5%	85.6%
Hallucinogen Use in the Past Year	2.3%	9.0%	3.3%	3.4%	2.6%
Methamphetamine Use in the Past Year	0.1%	1.5%	1.5%	1.7%	1.7%
Prescription Pain Reliever Misuse in the Past Year ²⁵	1.7%	2.6%	2.6%	2.7%	2.8%
Opioid Misuse in the Past Year	1.7%	2.8%	2.7%	2.8%	2.8%
Alcohol					
Alcohol Use in the Past Month	9.4%	62.6%	54.6%	59.0%	58.4%

²³ Illicit Drug Use includes the misuse of prescription psychotherapeutics or the use of marijuana (including vaping), cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine. Illicit Drug Use Other Than Marijuana includes the misuse of prescription psychotherapeutics or the use of cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine. Illicit Drugs Other Than Marijuana excludes respondents who used only marijuana but includes those who used marijuana in addition to other illicit drugs.

²⁴ Estimates for youths aged 12 to 17 are not available for past year heroin use because past year heroin use was extremely rare among youths aged 12 to 17 in the 2021 and 2022 NSDUHs. As a result, estimates for people aged 12 or older are also not produced.

²⁵ Prescription pain relievers are a type of prescription psychotherapeutic. Misuse of prescription psychotherapeutics is defined as use in any way not directed by a doctor, including use without a prescription of one's own; use in greater amounts, more often, or longer than told; or use in any other way not directed by a doctor. Prescription psychotherapeutics do not include over-the-counter drugs.

Binge Alcohol Use in the Past Month ²⁶	4.8%	39.1%	25.7%	27.7%	25.9%
Perceptions of Great Risk from Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week	36.5%	31.2%	37.6%	37.7%	38.7%
Alcohol Use in the Past Month (People Aged 12 to 20)	ND	ND	18.9%	ND	ND
Binge Alcohol Use in the Past Month (People Aged 12 to 20)	ND	ND	12.0%	ND	ND
Perceptions of Great Risk from Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week (People Aged 12 to 20)	ND	ND	35.4%	ND	ND
Tobacco Products					
Tobacco Product Use in the Past Month ²⁷	3.9%	25.8%	21.6%	23.3%	23.0%
Cigarette Use in the Past Month	2.1%	17.5%	15.8%	17.1%	17.1%
Perceptions of Great Risk from Smoking One or More Packs of Cigarettes per Day	65.1%	55.1%	66.8%	66.9%	68.8%

Source: Substance Abuse and Mental Health Services Administration | National Survey on Drug Use & Health State-Specific Tables, 2021and 2022

²⁶ Binge Alcohol Use is defined as drinking five or more drinks (for males) or four or more drinks (for females) on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days.

²⁷ Tobacco Products include cigarettes, smokeless tobacco (i.e., snuff, dip, chewing tobacco, or snus), cigars, or pipe tobacco.

Exhibit 77: Substance Use Disorder in the Past Year, 2021 and 2022

	Age 12-17	Age 18-25	Age 12+	Age 18+	Age 26+
Substance Use Disorder	10.9%	33.9%	20.1%	21.0%	19.0%
Alcohol Use Disorder	4.0%	20.6%	11.6%	12.4%	11.1%
Alcohol Use Disorder (People Aged 12 to 20)	ND	ND	7.0%	ND	ND
Drug Use Disorder	7.7%	22.6%	11.4%	11.8%	10.1%
Pain Reliever Use Disorder	0.9%	1.1%	1.8%	1.9%	2.1%
Opioid Use Disorder	0.9%	1.2%	2.0%	2.1%	2.2%

Source: Substance Abuse and Mental Health Services Administration | National Survey on Drug Use & Health State-Specific Tables, 2021 and 2022

Exhibit 78: Mental Health Measures in the Past Year, 2021 and 2022

	Age 12-17	Age 18-25	Age 12+	Age 18+	Age 26+
Any Mental Illness ²⁸	ND	44.3%	ND	27.1%	24.5%
Serious Mental Illness ²⁹	ND	12.2%	ND	6.2%	5.3%
Major Depressive Episode ³⁰	21.9%	23.3%	ND	10.3%	8.3%
Had Serious Thoughts of Suicide ³¹	14.6%	14.7%	ND	6.0%	4.7%
Made Any Suicide Plans	8.0%	5.4%	ND	1.6%	1.0%
Attempted Suicide	4.4%	2.6%	ND	0.8%	0.5%

Source: Substance Abuse and Mental Health Services Administration | National Survey on Drug Use & Health State-Specific Tables, 2021 and 2022

²⁸ Mental Illness aligns with Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV) criteria and is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. Estimates of serious mental illness (SMI) are a subset of estimates of any mental illness (AMI) because SMI is limited to people with AMI that resulted in serious functional impairment. These estimates are based on indicators of AMI and SMI rather than direct measures of diagnostic status.

²⁹ Mental Illness aligns with Diagnostic and Statistical Manual of Mental Disorders, 4th edition criteria and is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. Estimates of serious mental illness (SMI) are a subset of estimates of any mental illness (AMI) because SMI is limited to people with AMI that resulted in serious functional impairment. These estimates are based on indicators of AMI and SMI rather than direct measures of diagnostic status.

³⁰ Major depressive episode (MDE) is based on the DSM-5 definition, which specifies a period of at least 2 weeks when an individual experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms. There are minor wording differences in the questions in the adult and adolescent MDE modules. Therefore, data from youths aged 12 to 17 were not combined with data from adults aged 18 or older to produce an estimate for those aged 12 or older.

³¹ The adult and youth suicide questions are in different sections of the questionnaire and have different response options. Because of this, data from youths aged 12 to 17 were not combined with data from adults aged 18 or older to produce an estimate for those aged 12 or older.

Exhibit 79: Montana Youth Physical Risk

	Flathead County Answered "Yes"
During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?	22.4%
During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?	6.9%
During the past 30 days, on how many days did you text or e-mail while driving a car or other vehicle?	54.7%
During the past 30 days, how many days did you use the Internet or apps on your cell phone (such as YouTube, Instagram, or Facebook) while driving a car or other vehicle? (Do not count using your cell phone to get driving directions or to determine your locations.)	46.9%
During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property?	9.4%
During the past 12 months, how many days did you carry a gun? (Do not count the days when you carried a gun only for hunting or for a sport, such as target shooting.)	11.5%
During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school?	9.5%
During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property?	8.0%
During the past 12 months, how many times were you in a physical fight?	20.7%
Have you ever been physically forced to have sexual intercourse when you did not want to?	9.2%
During the past 12 months, how many times did anyone force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)	14.4%
The last time you had sexual intercourse, did you or your partner use a condom?	55.5%
During the past 12 months, how many times did someone you were dating or going out with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)	8.1%

Source: 2021 Montana Youth Risk Behavior Survey County-Level Results, Youth Risk Behavior Survey (mt.gov)

Exhibit 80: Montana Youth Mental Health Risk

	Flathead County Answered "Yes"
During the past 12 months, have you ever been bullied on school property?	22.1%
During the past 12 months, have you ever been electronically bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.	19.4%
During the past 12 months, have you ever been the victim of teasing or name calling because someone thought you were gay, lesbian, or bisexual?	15.9%
During the past 12 months, did you ever seriously consider attempting suicide?	21.2%
During the past 12 months, did you make a plan about how you would attempt suicide?	19.0%
During the past 12 months, how many times did you actually attempt suicide?	14.9%

Source: 2021 Montana Youth Risk Behavior Survey County-Level Results, Youth Risk Behavior Survey (mt.gov)

Exhibit 81: Montana Youth Substance Use Risk

	Flathead County Answered "Yes"
Have you ever used an electronic vapor product? (Such as JUUL, SMOK, Suorin, Vuse, and blu. Electronic vapor products include e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods).	46.4%
During your life, how many times have you used marijuana?	36.0%
Had first alcoholic drink before age 13 years	15.0%
During the past 30 days, on how many days did you have 4 or more drinks of alcohol in a row, that is, within a couple of hours (if you are female) or 5 or more drinks of alcohol in a row, that is, within a couple of hours (if you are male)?	21.4%
During your life, how many times have you taken prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it?	13.5%
During your life, how many times have you used any form of cocaine, including powder, crack, or freebase?	3.0%
During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?	9.9%
During your life, how many times have you used heroin (also called smack, junk, or China White)?	1.5%
During your life, how many times have you used ecstasy (also called MDMA or Molly)?	6.3%
During the past 12 months, has anyone offered, sold, or given you an illegal drug on school property?	25.4%
During the past 30 days, how many times did you use hallucinogenic drugs, such as LSD, acid, PCP, angel dust, mescaline, or mushrooms?	6.9%

Source: 2021 Montana Youth Risk Behavior Survey County-Level Results, Youth Risk Behavior Survey (mt.gov)

Exhibit 82: Montana Youth Preventive Measures

	Flathead County Answered "Yes"
When was the last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work?	81.8%

Source: 2021 Montana Youth Risk Behavior Survey County-Level Results, Youth Risk Behavior Survey (mt.gov)

Appendix B: Stakeholder Interview and Focus Group Guide

Good morning [or afternoon]. My name is [Interviewer Name] from Crescendo Consulting Group. We are working with Logan Health, Greater Valley Health Center, and Flathead County Department of Health to conduct a community health needs assessment of Flathead County.

The purpose of this conversation is to learn more about the strengths and resources in the community, as well as collecting your insights regarding community health and related service needs. Specifically, we are interested in learning about the ways people seek services, the impacts of the COVID-19 pandemic, and your insights about equal access to health care across the community. While we will describe our discussion in a written report, specific quotes will not be attributed to individuals. **Please consider what you say in our conversation to be confidential.**

Do you have any questions for me before we start?

Introductory Questions

1. Please tell me a little about yourself and the ways that you like to interact with the community where you live [where appropriate, "... and the populations your organization (or you) serves."].
2. When you think of good things about living and/or working in the community, what are the first things that come to mind?

[PROBE: things to do, parks or other outdoor recreational activities, a strong sense of family, cultural diversity]

3. What would you say are the two or three most urgent health care-related needs in your community?

[PROBE: obesity, diabetes, depression]

Access to Care and Delivery of Services

4. What, if any, health care services are difficult to find and/or access?

PROBE:

Quality primary care and/or specialty care availability (Services for adults, children & adolescents).

Specialty care services

Maternal and prenatal care for expectant mothers Other OB/GYN services?

Senior Services (PROBE: hospice, end-of-life care, specialists, etc.).

Post-COVID-19/impacts of COVID-19 care

Dental

Health Equity, Vulnerable Populations, Barriers

5. Do you think people in the community are generally **HEALTHY**? Please explain why you think people are healthy or not healthy in your community?
6. Would you say health care services are equally available to everyone in the community regardless of gender, race, age, or socioeconomics?
7. What populations are especially vulnerable and/or underserved in your community?
[PROBE: veterans, youth, immigrants, LGBTQ+ populations, people of color, older adults, people living with disabilities]
8. What barriers to services exist, if any?
PROBE: based on economic, race/ethnicity, gender, or other factors?
Do community health care providers care for patients in a culturally sensitive manner?
9. What would you say are the two or three most urgent needs for the most vulnerable?

Behavioral Health

10. Thinking broadly about COMMUNITY health, what is the first thing that comes to mind when I say mental health and substance use treatment in the area?
11. What, if any, Behavioral Health services are difficult to find and/or access?
PROBE LIST: Crisis Services, Inpatient Beds; Autism specialists, Outpatient services, transitional housing, integrated care/primary care, crisis services. Etc.
12. What peer supports are in place to help with treatment? [Probe: AA/NA meetings]
13. What types of stigma, if any, are around seeking treatment for mental health and/or substance use disorders?

Social Determinants, Neighborhood & Physical Environment

14. From your perspective what are the top three non-healthcare-related needs in the community and why?
PROBE LIST AS NEEDED:
Affordable housing
Services for people experiencing homelessness
Food insecurity and access to healthy food

Childcare

Transportation

Internet and technology access

Employment and job training opportunities

Others

Enhancing Outreach & Disseminating Information

15. How do individuals generally learn about access to and availability of services in the area?

PROBE: Social media, Text WhatsApp, word of mouth, etc.

To what degree is health literacy in the community advantage or challenge?

16. What do you think are some challenges to spreading awareness and understanding of the availability of services and ways to access them? What might help overcome the challenges?

Magic Wand

17. If there was one issue that you personally could change about community health in the area with the wave of a magic wand, what would it be?

Thank you for your time and participation!

RESEARCHER FOOTNOTES

Bring up each of the following topics and include probes and subcategories in the dialogue.

Not all topics may be covered in all interviews. Discussion content will be modified to respond to the interviewees' professional background and availability of time during the interview.

Appendix C: Community Survey

Flathead County partners (Logan Health, Greater Valley Health Center, and the Flathead County Health Department) have started a Community Health Needs Assessment to learn about things going well and things that can be done better to support community health. Your thoughts will help them learn about health needs, ways to seek services, services that may not be easy for you to get, and any issues you face in seeking health care so that they can better meet the needs of you and the community.

If you would like the chance to be entered into a drawing for one of two (2) \$100 gift cards, please provide your contact information at the end of the survey. Your survey responses and contact information are kept separately.

If you have any questions about the survey, please contact our research partner, Crescendo Consulting Group at katelynm@crescendocg.com.

Your responses are confidential.

1. What is your zip code? _____

Access to Health Care

2. Do you have a family doctor or a place where you go for routine care?

- ☐ Yes, family doctor, family health center, or clinic
- ☐ Yes, emergency room
- ☐ Yes, walk-in urgent care
- ☐ No
- ☐ Other (please specify):

3. In the **past year**, has there been one or more occasions when you needed medical **care** but chose **NOT** to get it?

- ☐ Yes
- ☐ No

4. If yes, what prevented you from accessing health care or mental health services when you needed it? (Check all that apply)

- ☐ Lack of health insurance
- ☐ Lack of money / ability to pay
- ☐ Did not feel comfortable with available providers
- ☐ Providers did not speak my language
- ☐ Providers do not understand my culture
- ☐ Concern about my immigration status
- ☐ Providers not knowledgeable about people with my sexual orientation or gender status

- ☐ No way to get to that service (Lack of transportation - car, bus, etc.)
 - ☐ Long wait times to see a provider
 - ☐ Doctor's office is too far from my house
 - ☐ COVID-19-related restrictions
 - ☐ I don't like the providers
 - ☐ Other (please specify):
-

5. In the **past year**, has there been one or more occasions when you needed mental health or substance use services but chose **NOT** to get it?

- ☐ Yes
- ☐ No (skip to Q7)

6. If yes, what prevented you from accessing mental health or substance use services when you needed it?
(Check all that apply)

- ☐ Lack of health insurance
- ☐ Lack of money / ability to pay
- ☐ Did not feel comfortable with available providers
- ☐ Providers did not speak my language
- ☐ Providers do not understand my culture
- ☐ Concern about my immigration status
- ☐ Providers not knowledgeable about people with my sexual orientation or gender status
- ☐ No way to get to that service (Lack of transportation - car, bus, etc.)
- ☐ Long wait times to see a provider
- ☐ Doctor's office is too far from my house
- ☐ COVID-19-related restrictions
- ☐ I don't like the providers
- ☐ Other (please specify):

Community Health Needs

A healthy community can include a variety of things such as the availability of healthcare services (including behavioral health), social services, economic and career growth opportunities, environmental factors, lifestyle topics (such as obesity, smoking, substance abuse, and healthy living issues), and others. The next questions ask you about your opinions on programs and resources in your community.

7. On a scale of 1 (no more focus needed) to 5 (much more focus needed), which of the following community and health-related issues do you feel **need more attention for improvement**?

Social Drivers	No more needed (1)	(2)	Neutral (3)	(4)	Much more needed (5)	I don't know
Transportation services for people needing to go to doctor's appointments or the hospital						
Access to affordable, nutritious food						
Affordable quality childcare						
Access to quality education for youth						
Public transportation						
Access to sidewalks or other safe walkable trails between residential and commercial areas						
Safe intersections and pedestrian crossing signs						
Access to safe, affordable housing						
Finding housing first for individuals who have several service needs (such as behavioral health treatment, job training, etc.)						
Access to clean, public places to play and exercise where all people feel safe and welcome						
Social services (shelter, outreach, etc.) for people experiencing homelessness						
Access to quality education and job training for adults						
Livable wage job opportunities						
Activities for youth (such as a public pool, roller skating rink, bowling alley)						
Opportunities for physical fitness						
Activities for adults (such as a concerts, festivals, book clubs)						

Health Program Services	No more needed (1)	(2)	Neutral (3)	(4)	Much more needed (5)	I don't know
Case management (support and programs) for persons living with chronic diseases						
Programs for diabetes prevention, awareness, and care						
Programs for heart or cardiovascular health						
Programs for obesity prevention, awareness, and care						
Programs that bring communities together, including those that focus on inclusion and combatting discrimination						
Programs for smoking cessation (including vaping)						
Programs to help supply and protect environmental resources (such as access to clean air and water)						
Programs that bring people together to combat feelings of isolation and loneliness						
Crisis or emergency care programs for mental health issues						

Healthcare Services	No more needed (1)	(2)	Neutral (3)	(4)	Much more needed (5)	I don't know
Primary care services (such as a family doctor or other provider of routine care)						
Emergency care and trauma services						
Coordination of patient care between health service providers						
Affordable prescription medications						
Specialist services (such as endocrinologists, pediatricians, rheumatologists, etc.)						
Healthcare services for people experiencing homelessness or do not have permanent shelter						
HIV / HCV (hepatitis C) / STI (sexually transmitted infection) education and screening						
HIV / HCV (hepatitis C) / STI (sexually transmitted infection) treatment services						
Dental care						
Older Adults (55+)	No more needed (1)	(2)	Neutral (3)	(4)	Much more needed (5)	I don't know

Healthcare services for older adults (55+)						
Different options to long-term care or nursing facilities for older adult						
Services for persons living with dementia or memory needs						
Day programs for older adults						

Behavioral and Mental Health	No more needed (1)	(2)	Neutral (3)	(4)	Much more needed (5)	I don't know
Drug and other substance use education and prevention						
Drug and other substance use treatment services						
Programs to help drug and other substance use disorder patients in recovery stay healthy						
Counseling services for adults for mental health conditions such as depression, anxiety, and others						
Counseling services for youth/children for mental health conditions such as depression, anxiety, and others						
Support services for people with developmental disabilities						

Maternal, Child and Family Services	No more needed (1)	(2)	Neutral (3)	(4)	Much more needed (5)	I don't know
Women's health services						
During and after pregnancy care						
Breastfeeding education and support						
Reproductive health services, including screenings and birth control						
Parenting classes for new parents						

8. Thinking about Community Health, please rate each statement below on a scale of 1 (strongly disagree) to 5 (strongly agree).

	Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)	I don't know
My community works together to improve its health						
My community has the resources to improve its health						
My community works together to make positive change for health						
I know my neighbors will help me stay healthy						

Your Health and Safety

9. How often do you wear your seatbelt?

- ☐ Always
- ☐ Most of the time
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

10. How often do you wear a helmet?

- ☐ Always
- ☐ Most of the time
- ☐ Sometimes
- ☐ Rarely
- ☐ Never
- ☐ Not applicable to me

11. Do you feel your home is currently safe to live in?

- ☐ Yes
- ☐ No
- ☐ I don't know

12. Does your household utilize any of the following? (check all that apply)

- ☐ Emergency communication plan such as a list of phone numbers
- ☐ Designated meeting place outside of your neighborhood in case you cannot return home
- ☐ Copies of important documents in a safe location (waterproof / fireproof container)
- ☐ Multiple routes away from your home incase evacuation is necessary

13. Does your household have an emergency supply kit kept in a designated place in your home?
- ☐ Yes
 - ☐ No
 - ☐ I don't know
14. If you household had to evacuate due to a large-scale disaster or emergency, such as a wildfire or flood, where would you go? (check all that apply)
- ☐ Friends/family
 - ☐ Hotel or motel
 - ☐ American Red Cross, church, or community shelter
 - ☐ Would not evacuate
15. Do any of the following affect your ability to travel in the event of an emergency? (check all that apply)
- ☐ Do not owe a vehicle
 - ☐ Do not have a driver's license
 - ☐ Unable to leave home due to mobility
 - ☐ Poor road conditions
 - ☐ There are places without sidewalks
 - ☐ Other (please specify)
16. Do you struggle with any of the following? (check all that apply)
- ☐ Finding affordable housing
 - ☐ Paying for housing
 - ☐ Finding emergency shelters or temporary housing
 - ☐ Reliable transportation to medical appointments
 - ☐ Reliable transportation to get to work, school, the grocery store, etc.
 - ☐ Ability to pay for utilities (i.e., heat, electricity, water, etc.)
 - ☐ Ability to pay for prescription medication
 - ☐ Finding affordable health insurance
 - ☐ Affordable healthy food
 - ☐ Affordable childcare for children under age 5
 - ☐ Affordable childcare for 5 years old and older
 - ☐ Other (please specify)
17. If you had a magic wand and could change one thing to make your community a better place, what would it be?

A little bit about you

18. What best describes your residency in Flathead County?

- ☐ Full-time
- ☐ Part-time
- ☐ I prefer not to say

19. What best describes your housing situation?

- ☐ Own
- ☐ Rent
- ☐ Live with family
- ☐ I do not have stable housing
- ☐ I prefer not to say

20. To which gender identity do you most identify?

- ☐ Female
- ☐ Male
- ☐ Transgender Female
- ☐ Transgender Male
- ☐ Gender Non-Binary
- ☐ My gender identity is not listed (please specify): _____
- ☐ I prefer not to say

21. What is your sexual orientation?

- ☐ Heterosexual
- ☐ Gay/Lesbian
- ☐ Bisexual/Pansexual
- ☐ My sexual orientation is not listed (please specify): _____
- ☐ I prefer not to say

22. What is your race and/or ethnicity? [Check all that apply]

- ☐ White or Caucasian
- ☐ Black or African American
- ☐ Asian
- ☐ Middle Eastern or North African
- ☐ Native American or Alaska Native
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Hispanic, Latino, or other Spanish origin
- ☐ Another race (please specify): _____
- ☐ I prefer not to say

23. Which of the following ranges best describes your total annual household income in the past year?

- ☐ None
- ☐ Under \$15,000
- ☐ \$15,000 – \$24,999
- ☐ \$25,000 - \$34,999
- ☐ \$35,000 – \$44,999
- ☐ \$45,000 - \$54,999
- ☐ \$55,000 - \$64,999
- ☐ \$65,000 - \$74,999
- ☐ \$75,000 - \$99,999
- ☐ \$100,000 and above
- ☐ Unknown
- ☐ I prefer not to say

24. What is your age?

- ☐ Less than 18 years old
- ☐ 18 – 24
- ☐ 25 – 34
- ☐ 35 – 44
- ☐ 45 – 54
- ☐ 55 – 64
- ☐ 65 – 74
- ☐ More than 75 years old
- ☐ I prefer not to say

25. What is the highest degree or level of school you have completed? (If you're currently enrolled in school, please indicate the highest degree you have received.)

- ☐ Less than a high school diploma
- ☐ High school degree or equivalent (such as GED/HiSET)
- ☐ Some college, no degree
- ☐ Associate's degree
- ☐ Bachelor's degree
- ☐ Master's degree
- ☐ Professional or doctorate (such as MD, DDS, DVM, PhD)
- ☐ I prefer not to say

26. Do you currently live in a single-parent household?

- ☐ Yes
- ☐ No

27. Do you live in a home with three or more generations living together (such as grandparents, kids, and grandkids)?

- ☐ Yes
- ☐ No

Appendix D: Additional Needs Prioritization Results

The following table contains the results of the Needs Prioritization survey completed by seven members of the Leadership Group.

Rank		Magnitude	Feasibility	Severity	Total
1	Drug and substance use treatment services	1.429	2.286	1.857	5.571
2	Affordable housing	1.143	3.429	1.429	6.000
3	Food insecurity	2.286	2.143	2.286	6.714
4	Mental health crisis services	1.571	3.143	2.000	6.714
5	Outpatient mental health services for youth	2.000	3.143	1.833	6.976
6	Drug and substance use education and prevention	2.286	1.857	2.833	6.976
7	Dementia-focused care coordination	2.143	2.429	2.571	7.143
8	Transportation, especially in the more rural communities that also connects to Kalispell	2.000	3.000	2.500	7.500
9	Resources for the unhoused population, including emergency and transitional housing	1.857	3.000	2.667	7.524
10	Outpatient mental health services for adults	2.286	3.143	2.167	7.595
11	Case management, especially behavioral health	2.286	2.429	3.000	7.714
12	Affordable prescription medication	2.571	2.857	2.429	7.857
13	Behavioral health stigma, especially substance use	2.571	2.429	2.857	7.857
14	Continuum of care options for older adults, such as independent living, assisted living, skilled nursing facilities	2.429	3.000	2.429	7.857
15	Care coordination to help people navigate the system	2.571	2.286	3.143	8.000
16	Primary care	2.714	2.429	3.000	8.143
17	Diabetes prevention and education programs	3.000	2.286	3.000	8.286
18	Inpatient mental health services	2.571	3.000	2.857	8.429
19	More providers that accept Medicaid, especially dental and behavioral health	2.429	3.000	3.000	8.429

20	Lack of trust within the health system (broadly speaking and inclusive of all providers in the community)	2.286	3.143	3.167	8.595
21	Livable wage jobs	2.143	4.000	2.500	8.643
22	Improve communication and access to notes between providers within Logan Health system	3.143	2.429	3.286	8.857
23	Obesity prevention, awareness, and care	3.143	2.714	3.000	8.857
24	Community activities and events to reduce social isolation for all ages	3.714	2.143	3.143	9.000
25	More providers of all licensures and specialties	3.000	3.429	3.167	9.595

The following is the category of needs. Please note that many of these specific needs could fall under multiple categories as community needs are not exclusive.

Substance Use Prevention and Services

- Drug and substance use treatment services
- Drug and substance use education and prevention
- Behavioral health stigma, especially substance use

Mental Health Services

- Mental health crisis services
- Outpatient mental health services for youth
- Outpatient mental health services for adults
- Case management, especially behavioral health
- Inpatient mental health services

Basic Needs

- Affordable housing
- Food insecurity
- Transportation, especially in the more rural communities that also connects to Kalispell
- Resources for the unhoused population, including emergency and transitional housing
- Affordable prescription medication
- Livable wage jobs
- Community activities and events to reduce social isolation for all ages

Mature Adult Services

- Dementia-focused care coordination
- Continuum of care options for older adults, such as independent living, assisted living, skilled nursing facilities

Care Coordination

- Care coordination to help people navigate the system
- Improve communication and access to notes between providers within Logan Health system

Access to Care

- Primary care
- More providers that accept Medicaid, especially dental and behavioral health
- More providers of all licensures and specialties

Chronic Disease Prevention

- Diabetes prevention and education programs
- Obesity prevention, awareness, and care

Mistrust of the Health Care System

- Lack of trust within the health system (broadly speaking and inclusive of all providers in the community)