

2023 COMMUNITY HEALTH NEEDS ASSESSMENT

Libby, Montana

*Assessment conducted by **Cabinet Peaks Medical Center, Cabinet Peaks Clinic, Northwest Community Health Center, and Lincoln County Health Department** in cooperation with the Montana Office of Rural Health*



Office of Rural Health
Area Health
Education Center

Table of Contents

Introduction	4
Health Assessment Process	5
Survey Methodology.....	6
Survey Respondent Demographics.....	8
Survey Results	13
Key Informant Interview Methodology	49
Executive Summary.....	53
Prioritization of Health Needs	56
Available Community Resources	57
Evaluation of Previous CHNA & Implementation Plan	58
Appendix A- Steering Committee	63
Appendix B- Public Health & Populations Consultation	64
Appendix C- Lincoln Co. Secondary Data	66
Appendix D- Survey Cover Letter.....	75
Appendix E- Survey Instrument	76
Appendix F- Cross Tabulation Analysis	82
Appendix G- Responses to Other & Comments.....	88
Appendix H – Key Informant Interview - Questions	100
Appendix I – Key Informant Interviews - Transcripts	101
Appendix J – Request for Comments.....	114



INTRODUCTION

Introduction

In the winter of 2023, Cabinet Peaks Medical Center (CPMC), Cabinet Peaks Clinic, Northwest Community Health Center (NWCHC), and the Lincoln County Health Department (LCHD) collaborated on a joint community health needs assessment. This report covers the results of the Community Health Services Development (CHSD) program.

Cabinet Peaks Medical Center (CPMC) is a 25-bed Critical Access Hospital (CAH) based in Libby, Montana and is a private, non-profit organization. CPMC offers 24 hours a day, 7 days a week emergency room services, and general medical and surgical care for inpatient, outpatient, swing bed, and emergency room patients. Additionally, Cabinet Peaks Family Medicine provides primary care for routine health needs and same day appointments for urgent needs.

Cabinet Peaks Medical Center’s primary service area includes just over three thousand square miles and provides services to the South Lincoln County population of approximately 16,000 people. Located in northwest Montana, much of CPMC’s service area communities reside along US 2 and US 37. Lincoln County has a low population density and is considered a frontier (six or less people per square mile) by the US Department of Health and Human Services. For further demographic, socioeconomic and other related county and state data, please see Appendix C to review the Secondary Data Analysis.



Mission: Committed to quality, compassionate care.

Vision: To meet the ever-changing needs of our community for health, healing, and comfort.

Northwest Community Health Center (NWCHC) is Federally Qualified Health Center (FQHC) with locations in Libby and Troy Montana. NWCHC offers outpatient primary and acute care, dental, behavioral health, WIC, and pharmacy services.

NWCHC’s services are all delivered on a sliding fee scale, and serves anyone regardless of their ability to pay.



Mission: Building Strong, Healthy Communities Through Access to Quality, Affordable Patient-Centered Care.

Vision: Improving well-being through access to quality, holistic services delivered with respect and integrity.

Lincoln County Health Department is comprised of two distinct programs – Public Health and Environmental Health. The Public Health Program focuses on the health of individuals through services of immunizations, communicable disease surveillance, public health emergency preparedness, tobacco prevention and early childhood intervention. The Environmental Health Program focuses on the health

of individuals and their environment through inspecting licensed establishments, septic permitting, and planning.



Mission: Our mission is to promote a healthy and resilient Lincoln County through collaborative leadership and community involvement.

Vision: A unified, thriving and vibrant Lincoln County.

Cabinet Peaks Medical Center, Cabinet Peaks Clinic, Northwest Community Health Center, and Lincoln County Health Department participated in a Community Health Needs Assessment (CHNA) administered by the Montana Office of Rural Health (MORH) funded in part through the Montana Health Research and Education Foundation (MHREF) Flex Grant and the State of Montana’s Department of Health and Human Services (DPHHS), Public Health and Safety Division (PHSD) in partnership with the Montana Healthcare Foundation. Community involvement in steering committee meetings, key informant interviews, and surveys enhance community engagement in the assessment process.

In the winter of 2023, the service area was surveyed about its healthcare system. This report shows the results of the survey in both narrative and chart formats. A copy of the survey instrument is included as the end of this report (Appendix E). Readers are invited to familiarize themselves with the survey instrument and the subsequent findings. The narrative report touches on the highlights while the charts present data for every question asked. Please note we are able to compare some of the 2023 survey data with data from previous surveys conducted in partnership with the Montana Office of Rural Health in 2017 and 2020. If any statistical significance exists, it will be reported. The significance level was set at 0.05.



Health Assessment Process

A steering committee was convened to assist Cabinet Peaks Medical Center, Cabinet Peaks Clinic, Northwest Community Health Center, and Lincoln County Health Department in conducting CHSD. A diverse group of community members representing various organizations and populations within the community (ex. public health, elderly, uninsured) came together in December 2022. For a list of all steering committee members and their affiliations, see Appendix A. The Steering Committee met twice during the CHSD process; first to discuss health concerns in the community and offer their perspective in designing the survey instrument, and again to review results of the CHNA and to assist in the prioritization of health needs.

Survey Methodology

Survey Instrument

In January 2023, surveys were mailed out to the residents in Lincoln County, Montana. Survey respondents had the ability to complete the survey mailed to them, or via an online survey hosted at Montana State University's HELPS Lab web portal. The survey was based on a design that has been used extensively in the states of Washington, Wyoming, Alaska, Montana, and Idaho. The survey was designed to provide each facility with information from local residents regarding:

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

Sampling

Cabinet Peaks Medical Center, Cabinet Peaks Clinic, Northwest Community Health Center, and Lincoln County Health Department provided aggregated lists of outpatient and inpatient admissions and information regarding service area zip codes. Those zip codes with the greatest number of admissions were selected to be included in the survey. A random list of 1,200 residents was then selected with the assistance of the MSU HELPS lab. Residence was stratified in the initial sample selection so that each area would be represented in proportion to the overall served population and the proportion of past admissions. Note: although the survey samples were proportionately selected, actual surveys returned from each population area varied, which may result in slightly less proportional results. See table below for the survey distribution.

Zip Code	Population ¹	Community Name	Total Distribution	# Male	# Female
59923	2,903	Libby	790	395	395
59935	833	Troy	234	117	117
59917	1,433	Eureka	117	59	59
59918	435	Fortine	15	7	7
59930	80	Rexford	15	7	7
59933	22	Stryker	15	7	7
59934	855	Trego	15	7	7
Total	6,561		1,200	600	600

¹ US Census Bureau - American Community Survey (2019)

Key informant interviews were conducted to identify important local healthcare issues, how to improve the health of the community, and gaps in health services. It was intended that this research

would help determine the awareness of local programs and services, as well as the level of satisfaction with local services, providers, and facilities.

Information Gaps- Data

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

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

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



Sunset drift on the Kootenai, Libby, MT - Grant Golden

Limitations in Survey and Key Informant Interview Methodology

A common approach to survey research is the mailed survey. However, this approach is not without limitations. There is always the concern of non-response as it may affect the representativeness of the sample. Thus, a mixture of different data collection methodologies is recommended.

Conducting key informant interviews in addition to the random sample survey allows for a more robust sample, and ultimately, these efforts help to increase the community response rate. Partnering with local community organizations such as public health, community health centers, and senior centers, just to name a few, assists in reaching segments of the population that might not otherwise respond to a survey.

While key informant interview data can offer invaluable insight into the perception of a community or group of individuals, qualitative data can be difficult to analyze. For this reason, key informant interview data are grouped into common themes based on our interpretation of the transcript. To better understand these themes, please review the full transcripts in Appendix I. MORH staff facilitated the key informant interviews for Cabinet Peaks Medical Center, Cabinet Peaks Clinic, Northwest Community Health Center, and Lincoln County Health Department to ensure impartiality. However,

given the small size of the community, key informant interview participants may still be hesitant to express their opinions freely. Personal identifiers are not included in the transcripts.

Survey Implementation

In January 2023, a survey, cover letter with representative’s signatures for the Hospital, Community Health Center, and Health Department, and a postage paid envelope were mailed to 1,200 randomly selected residents in the hospital’s service area. A news release was sent to the local newspaper as well as social media postings prior to the survey distribution announcing that Cabinet Peaks Medical Center, Cabinet Peaks Clinic, Northwest Community Health Center, and Lincoln County Health Department would be conducting a community health needs assessment survey throughout the region in cooperation with the Montana Office of Rural Health.

One-hundred eighty-eight surveys were returned out of 1,200. Of those 1,200 surveys, 94 surveys were returned undeliverable for a 17.0% response rate. From this point on, the total number of surveys will be out of 1,106. Based upon the sample size, we can be 95% confident that the responses to the survey questions are representative of the service area population, plus or minus 7.0%.

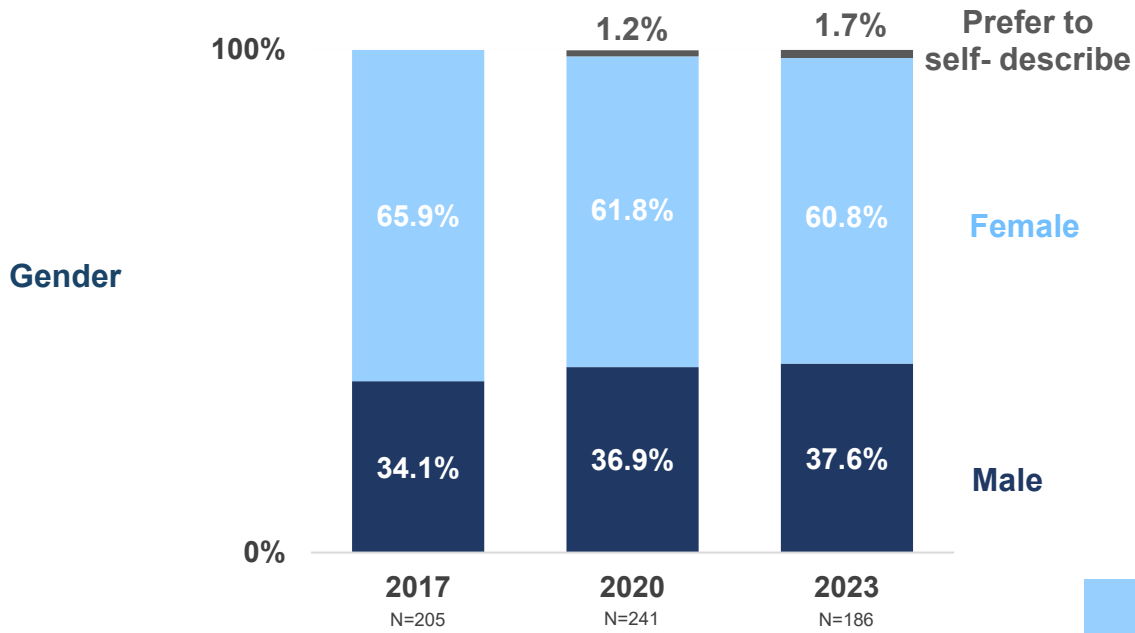
Survey Respondent Demographics

A total of 1,106 surveys were distributed throughout Lincoln County. One-hundred eighty-eight surveys were completed for a 17.0% response rate. The following table and graphs indicate the demographic characteristics of the survey respondents. Information on location, gender, age, and employment is included. Percentages indicated on the tables and graphs are based upon the total number of responses for each individual question, as some respondents did not answer all questions.

Place of Residence	2017 % (n)	2020 % (n)	2023 % (n)
Number of respondents	209	237	187
59923 Libby	81.3% (170)	51.5% (122)	73.8% (138)
59935 Troy	18.2% (38)	19.8% (47)	16.6% (31)
59917 Eureka		25.7% (61)	5.9% (11)
59930 Rexford		0.4% (1)	1.6% (3)
59918 Fortine		0.0% (0)	0.5% (1)
59933 Stryker		1.3% (3)	0.5% (1)
59934 Trego		0.0% (0)	0.5% (1)
Other	0.5% (1)	1.3% (3)	0.5% (1)
TOTAL	100.0% (209)	100.0% (237)	100.0% (187)

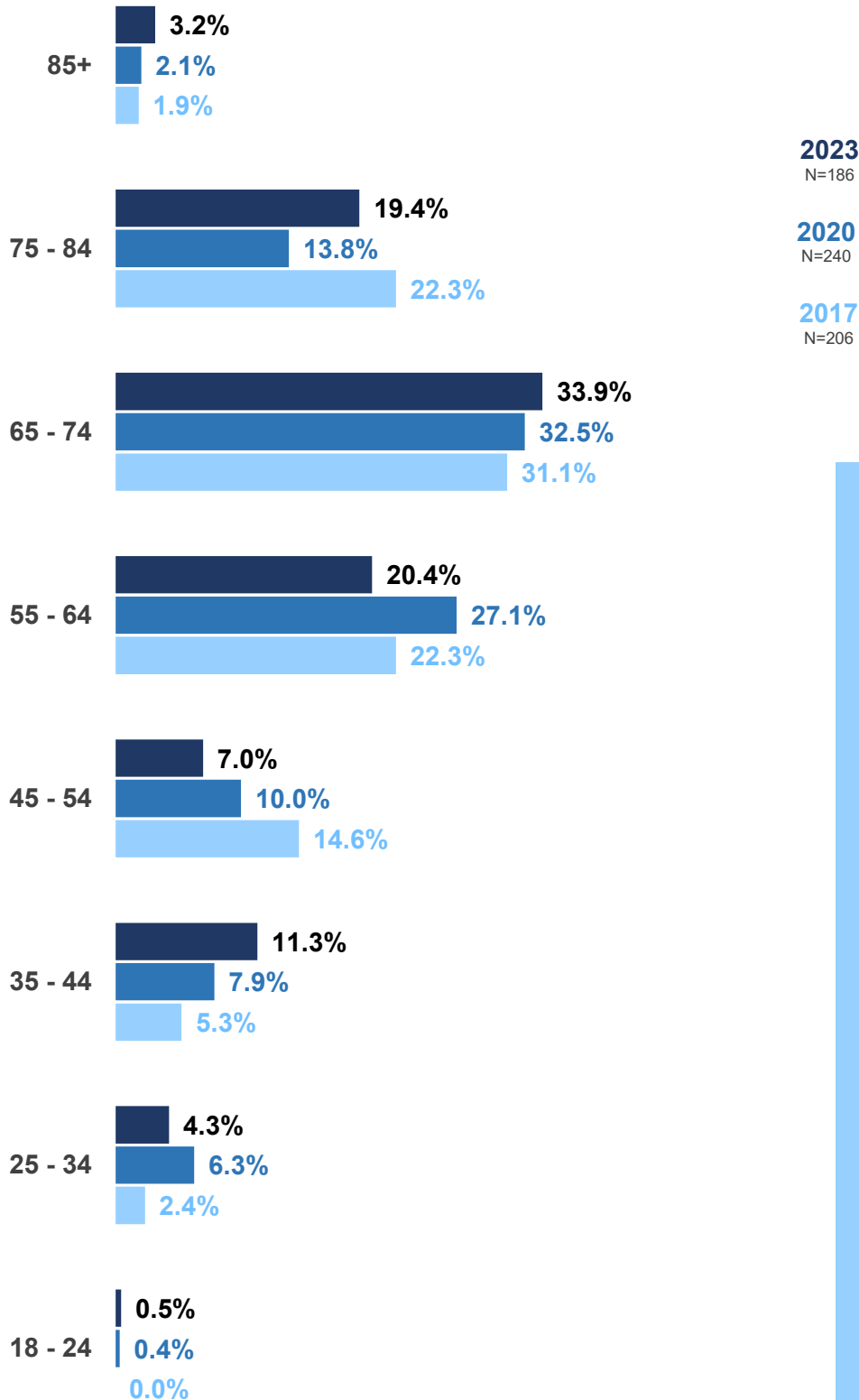
Statistical significance was not measured as reporting differed between 2023 and the two previous years. A larger number of missing values in 2023 compared to previous years would result in a skewed test for significance, indicating a meaningful change when one may not exist. Grayed out cells indicate the question was not asked that year.

Gender



Women are frequently the healthcare decision makers for their families and more likely to respond to a health-related survey.

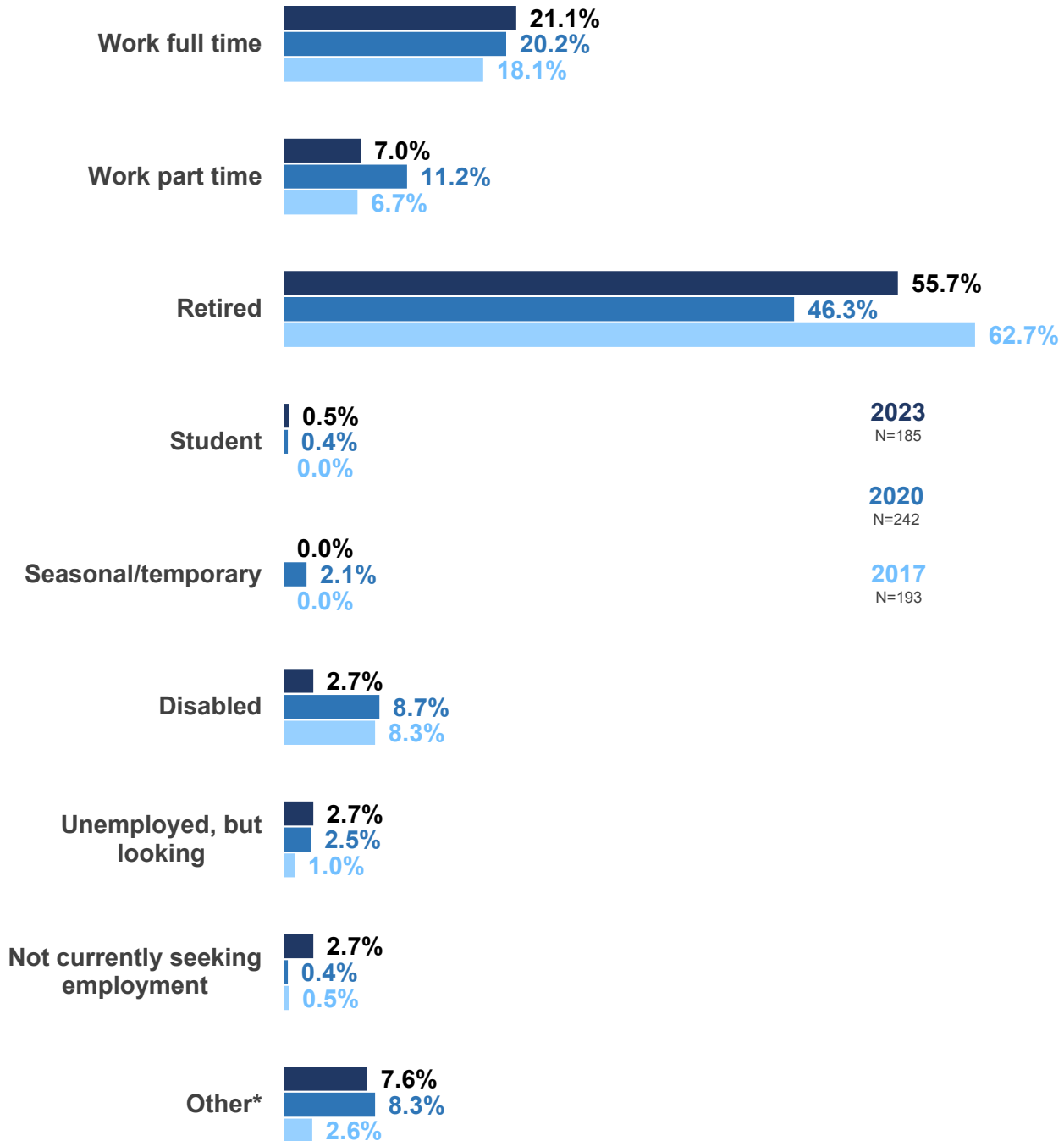
Age of respondents for all years of the survey



The increasing percentage of aging rural residents is a statewide trend and will likely have a significant impact on demand for future healthcare services.

Employment status

The majority of 2023 respondents are retired or work full time.



*Respondents (N=11) who selected over the allotted amount were moved to "Other."

"Other" comments included: Stay at home mom, self-employed, and owner of business



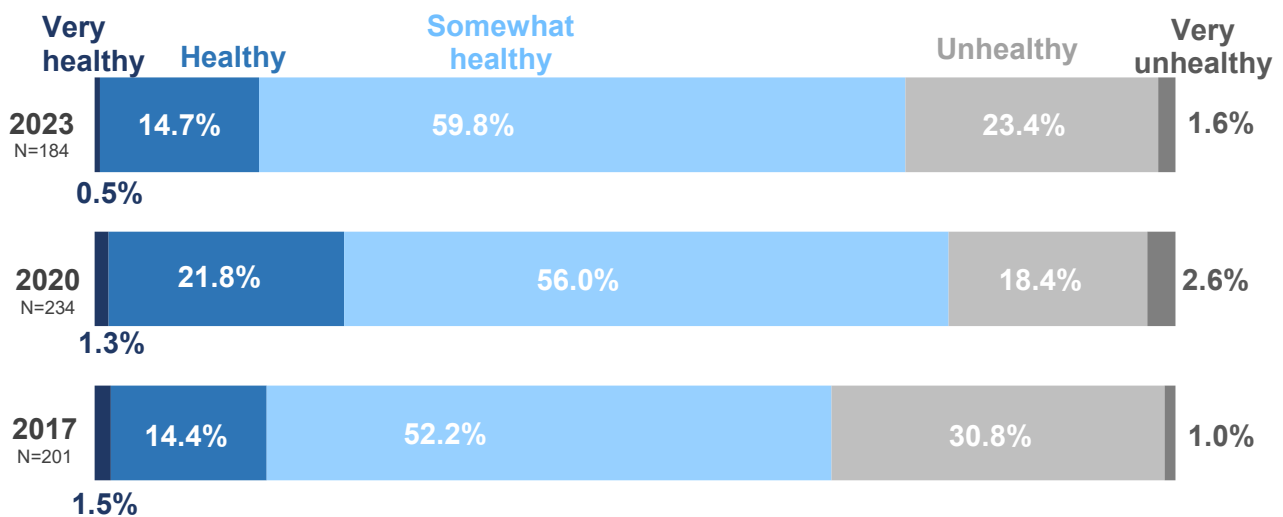
SURVEY RESULTS

Survey Results

Rating of Healthy Community (Question 1)

Respondents were asked to indicate how they would rate the general health of their community. Fifty-nine point eight percent of respondents (n=110) rated their community as “Somewhat healthy,” and 23.4% of respondents (n=43) felt their community was “Unhealthy.” Fourteen point seven percent of respondents (n=27) indicated they felt their community was “Healthy,” 1.6% of respondents (n=3) rated their community as “Very unhealthy,” and 0.5% rated their community “Very healthy.”

More 2023 respondents rate their community as **somewhat healthy** compared to 2020 and 2017.



Over half of survey respondents feel their community is somewhat healthy.

Health Concerns for Community (Question 2)

Respondents were asked what they felt the three most serious health concerns were in their community. The top identified health concern was “Alcohol/ drug use” at 62.4% (n=116). “Asbestos related disease” was also a high priority at 41.9% (n=78), which experienced a significant change since 2020.

“Other” comments included: Rare diseases, Over population, and “Closing access to public lands”
(View all comments in Appendix G)

Health Concern	2017 % (n)	2020 % (n)	2023 % (n)	SIGNIFICANT CHANGE
Number of respondents	210	244	186	
Alcohol/drug use		62.7% (153)	62.4% (116)	<input type="checkbox"/>
Asbestos related disease	54.3% (114)	46.3% (113)	41.9% (78)	<input checked="" type="checkbox"/>
Mental health (Depression/ anxiety/etc.)	18.6% (39)	19.3% (47)	29.0% (54)	<input checked="" type="checkbox"/>
Overweight/obesity	24.3% (51)	23.0% (56)	18.8% (35)	<input type="checkbox"/>
Respiratory issues/illness		16.8% (41)	16.7% (31)	<input type="checkbox"/>
Cancer	30.5% (64)	18.0% (44)	15.6% (29)	<input checked="" type="checkbox"/>
Work/economic stress		20.5% (50)	12.4% (23)	<input checked="" type="checkbox"/>
Heart disease	11.9% (25)	8.2% (20)	11.8% (22)	<input type="checkbox"/>
Lack of access to care (health, dental, mental, etc.)	8.1% (17)	6.6% (16)	10.8% (20)	<input type="checkbox"/>
Tobacco use (cigarettes/cigars, vaping, smokeless)	7.6% (16)	16.4% (40)	10.8% (20)	<input checked="" type="checkbox"/>
Diabetes	10.0% (21)	7.4% (18)	7.0% (13)	<input type="checkbox"/>
Housing/homelessness	4.8% (10)	4.1% (10)	7.0% (13)	<input type="checkbox"/>
Lack of exercise	6.7% (14)	6.1% (15)	7.0% (13)	<input type="checkbox"/>
Domestic violence	17.1% (36)	7.4% (18)	5.9% (11)	<input checked="" type="checkbox"/>
Alzheimer’s/dementia		1.6% (4)	4.8% (9)	<input type="checkbox"/>
Suicide	1.9% (4)	3.7% (9)	4.3% (8)	<input type="checkbox"/>
Child abuse/neglect	6.2% (13)	7.0% (17)	3.8% (7)	<input type="checkbox"/>
Hunger		0.8% (2)	2.7% (5)	<input type="checkbox"/>
Social isolation/loneliness		2.9% (7)	2.7% (5)	<input type="checkbox"/>
Recreation related accidents/injuries	1.4% (3)	0.0% (0)	1.6% (3)	<input type="checkbox"/>
Stroke	3.3% (7)	0.8% (2)	1.6% (3)	<input type="checkbox"/>
Trauma/Adverse Childhood Experiences (ACES)			1.6% (3)	<input type="checkbox"/>

Table continued on the next page.

Motor vehicle accidents	0.5% (1)	1.6% (4)	1.1% (2)	<input type="checkbox"/>
Work related accidents/injuries	1.0% (2)	0.4% (1)	0.5% (1)	<input type="checkbox"/>
Other*	4.3% (9)	5.3% (13)	7.0% (13)	<input type="checkbox"/>

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to pick their top three serious health concerns, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year. *Respondents (N=6) who selected over the allotted amount were moved to “Other.”

Components of a Healthy Community (Question 3)

Respondents were asked to identify the three most important things for a healthy community. Forty-six point eight percent of respondents (n=87) indicated that “Good jobs and a healthy economy” is important for a healthy community, followed by “Affordable housing” at 39.2% (n=73), both of which experienced a significant change over the last three assessments.

Components of a Healthy Community	2017 % (n)	2020 % (n)	2023 % (n)	SIGNIFICANT CHANGE
Number of respondents	210	244	186	
Good jobs and a healthy economy	61.9% (130)	53.3% (130)	46.8% (87)	■
Affordable housing	11.4% (24)	17.2% (42)	39.2% (73)	■
Access to healthcare services	43.3% (91)	35.2% (86)	36.6% (68)	<input type="checkbox"/>
Affordable healthcare	38.6% (81)	30.3% (74)	19.9% (37)	■
Healthy behaviors and lifestyles	29.0% (61)	19.3% (47)	19.9% (37)	■
Access to mental health services		13.9% (34)	17.2% (32)	<input type="checkbox"/>
Religious or spiritual values	18.6% (39)	14.8% (36)	16.1% (30)	<input type="checkbox"/>
Strong family life	21.9% (46)	14.8% (36)	14.5% (27)	<input type="checkbox"/>
Access to senior living options	7.6% (16)	11.9% (29)	11.8% (22)	<input type="checkbox"/>
Access to adequate foods		7.8% (19)	11.3% (21)	<input type="checkbox"/>
Good schools	18.6% (39)	9.8% (24)	10.8% (20)	■
Clean environment/water	10.0% (21)	18.0% (44)	8.6% (16)	■
Low crime/safe neighborhoods	11.4% (24)	7.4% (18)	8.6% (16)	<input type="checkbox"/>
Community involvement	1.0% (2)	4.5% (11)	7.5% (14)	■
Access to childcare/after school programs		4.1% (10)	5.4% (10)	<input type="checkbox"/>
Youth recreation activities	4.8% (10)	4.9% (12)	5.4% (10)	<input type="checkbox"/>

Table continued on the next page.

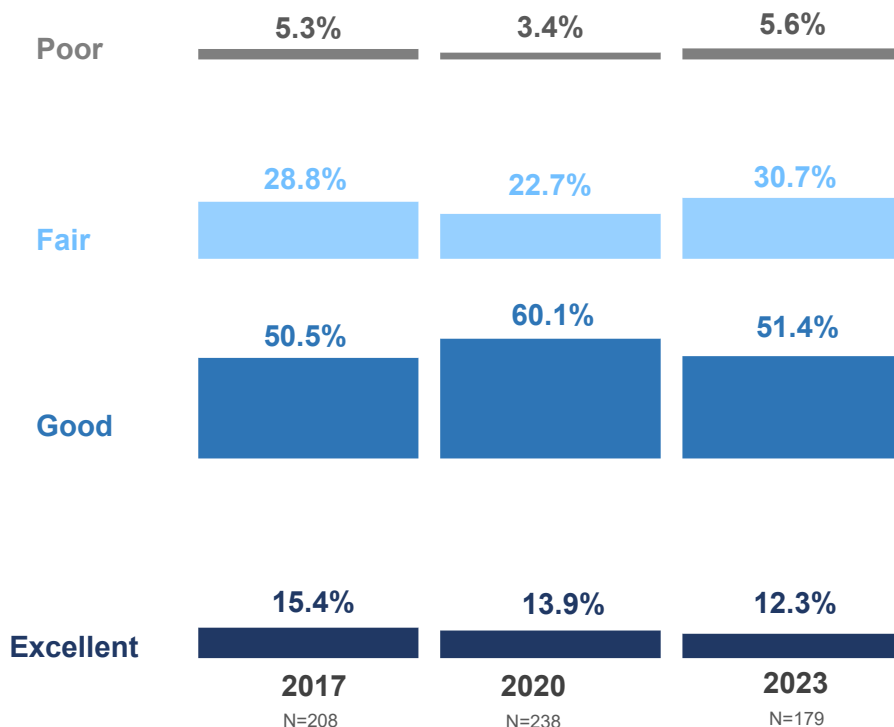
Tolerance for diversity	4.3% (9)	2.0% (5)	3.8% (7)	<input type="checkbox"/>
Activities for seniors	4.8% (10)	3.3% (8)	3.2% (6)	<input type="checkbox"/>
Parks and recreation	4.3% (9)	5.3% (13)	2.7% (5)	<input type="checkbox"/>
Low level of domestic violence	3.3% (7)	3.7% (9)	2.2% (4)	<input type="checkbox"/>
Transportation services		2.9% (7)	1.1% (2)	<input type="checkbox"/>
Arts and cultural events	1.9% (4)	2.0% (5)	0.5% (1)	<input type="checkbox"/>
Other*	1.0% (2)	2.5% (6)	2.7% (5)	<input type="checkbox"/>

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to pick their top three components of a healthy community, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year. *Respondents (N=3) who selected over the allotted amount were moved to "Other."

Knowledge of Health Services (Question 4)

Respondents were asked to rate their knowledge of the health services available in Lincoln County. Fifty-one point four percent of respondents (n=92) rated their knowledge of health services as "Good." "Fair" was selected by 30.7% percent (n=55), "Excellent" was chosen by 12.3% of respondents (n=22), and "Poor" was selected by 5.6% (n=10).

Over 60% of 2023 respondents rated their knowledge of services as **Good** or **Excellent**



How Respondents Learn of Health Services (Question 5)

When asked how survey respondents learn about health services available in the community, the most frequently indicated methods of learning were “Friends/family” and “Word of mouth/reputation” at 65.6% (n=122, each).

How Respondents Learn About Community Health Services	2017 % (n)	2020 % (n)	2023 % (n)	SIGNIFICANT CHANGE
Number of respondents	210	244	186	
Friends/family	61.9% (130)	61.9% (151)	65.6% (122)	<input type="checkbox"/>
Word of mouth/reputation	63.3% (133)	60.2% (147)	65.6% (122)	<input type="checkbox"/>
Healthcare provider	55.7% (117)	60.2% (147)	59.1% (110)	<input type="checkbox"/>
Newspaper	41.4% (87)	33.2% (81)	31.2% (58)	<input type="checkbox"/>
Google/internet			30.1% (56)	<input type="checkbox"/>
Facebook			19.9% (37)	<input type="checkbox"/>
Mailings/newsletter	17.1% (36)	16.4% (40)	19.4% (36)	<input type="checkbox"/>
Website			16.1% (30)	<input type="checkbox"/>
Billboards/posters		8.6% (21)	9.1% (17)	<input type="checkbox"/>
Yellow pages	5.7% (12)	5.3% (13)	7.0% (13)	<input type="checkbox"/>
Public health nurse	6.2% (13)	9.4% (23)	5.9% (11)	<input type="checkbox"/>
Schools	1.0% (2)	4.1% (10)	4.8% (9)	<input type="checkbox"/>
Radio	3.3% (7)	4.5% (11)	4.3% (8)	<input type="checkbox"/>
Presentations	1.9% (4)	3.3% (8)	1.6% (3)	<input type="checkbox"/>
Instagram			1.1% (2)	<input type="checkbox"/>
Twitter			0.0% (0)	<input type="checkbox"/>
Other	6.2% (13)	6.1% (15)	3.2% (6)	<input type="checkbox"/>

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to indicate all methods of receiving information, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included: Health insurance list of “preferred providers” and Reviews on website

View a cross tabulation of how respondents learn with how they rate their knowledge on p. 82

Utilized Community Health Resources (Question 6)

Respondents were asked which community health resources, other than the hospital or clinic, they had used in the last three years. “Pharmacy” was the most frequently utilized community health resource cited by respondents at 78.3% (n=141). The “Dentist” was utilized by 61.1% (n=110) of respondents followed by “Optometrist” at 40.6% (n=73).

Use of Community Health Resources	2017 % (n)	2020 % (n)	2023 % (n)	SIGNIFICANT CHANGE
Number of respondents	210	244	180	
Pharmacy	72.4% (152)	75.8% (185)	78.3% (141)	<input type="checkbox"/>
Dentist	65.2% (137)	61.1% (149)	61.1% (110)	<input type="checkbox"/>
Optometrist	41.9% (88)	36.1% (88)	40.6% (73)	<input type="checkbox"/>
Chiropractor	30.5% (64)	31.1% (76)	33.3% (60)	<input type="checkbox"/>
Physical therapy		31.6% (77)	27.8% (50)	<input type="checkbox"/>
Health club or fitness center	15.7% (33)	24.2% (59)	23.3% (42)	<input type="checkbox"/>
County Health Department	3.8% (8)	10.7% (26)	22.8% (41)	<input checked="" type="checkbox"/>
Health screenings	14.3% (30)	20.5% (50)	20.6% (37)	<input type="checkbox"/>
Health food store	27.6% (58)	29.1% (71)	18.9% (34)	<input checked="" type="checkbox"/>
Massage therapy	19.5% (41)	21.3% (52)	17.2% (31)	<input type="checkbox"/>
Food assistance programs	11.0% (23)	6.6% (16)	15.6% (28)	<input checked="" type="checkbox"/>
Mental health services/counselor	8.6% (18)	9.4% (23)	9.4% (17)	<input type="checkbox"/>
Senior center	12.4% (26)	13.9% (34)	5.6% (10)	<input checked="" type="checkbox"/>
Home health assistance	6.7% (14)	3.7% (9)	2.8% (5)	<input type="checkbox"/>
Occupational therapy			2.8% (5)	<input type="checkbox"/>
Housing assistance		0.8% (2)	1.7% (3)	<input type="checkbox"/>
Prenatal care		1.6% (4)	1.7% (3)	<input type="checkbox"/>
Speech therapy			1.7% (3)	<input type="checkbox"/>
Transportation services		4.1% (10)	1.7% (3)	<input type="checkbox"/>
Women, Infants, Children (WIC)	0.0% (0)	0.0% (0)	1.7% (3)	<input checked="" type="checkbox"/>
Home birth			1.1% (2)	<input type="checkbox"/>
Support groups	2.9% (6)	1.2% (3)	1.1% (2)	<input type="checkbox"/>
Midwife			0.6% (1)	<input type="checkbox"/>

Table continued on the next page.

Parish nursing	0.5% (1)	0.0% (0)	0.6% (1)	<input type="checkbox"/>
Substance addiction treatment			0.6% (1)	<input type="checkbox"/>
Other	2.9% (6)	5.3% (13)	5.6% (10)	<input type="checkbox"/>

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to select all other community health resources used, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included: Venture Inn pool, Self-care, VA, and COVID boosters

Improve Community’s Access to Healthcare (Question 7)

Respondents were asked to indicate what they felt would improve their community’s access to healthcare. The majority of respondents (47%, n=85) reported that “More specialists” would make the greatest improvement. Forty-one point four percent of respondents (n=75) indicated that an “Assisted living facility” followed by “More primary care providers” at 38.7% (n=70) would improve access.

More specialists would make the greatest improvement to healthcare access.

What Would Improve Community Access to Healthcare	2017 % (n)	2020 % (n)	2023 % (n)	SIGNIFICANT CHANGE
Number of respondents	210	244	181	
More specialists	47.1% (99)	42.2% (103)	47.0% (85)	<input type="checkbox"/>
Assisted living facility			41.4% (75)	<input type="checkbox"/>
More primary care providers	37.6% (79)	35.7% (87)	38.7% (70)	<input type="checkbox"/>
Availability of long-term care	10.0% (21)	27.5% (67)	38.1% (69)	<input checked="" type="checkbox"/>
More information about available services			23.8% (58)	<input type="checkbox"/>
Expanded home health services			26.5% (48)	<input type="checkbox"/>
Mental health crisis stabilization			18.9% (46)	<input type="checkbox"/>
Improved quality of care	27.1% (57)	16.4% (40)	24.3% (44)	<input checked="" type="checkbox"/>
Payment assistance programs			20.1% (49)	<input type="checkbox"/>
Better appointment availability	31.0% (65)	23.8% (58)	21.0% (38)	<input type="checkbox"/>
Transportation assistance	16.2% (34)	17.2% (42)	17.7% (32)	<input type="checkbox"/>
Greater health education services	18.6% (39)	16.8% (41)	16.6% (30)	<input type="checkbox"/>
Telemedicine	7.1% (15)	18.9% (46)	12.2% (22)	<input checked="" type="checkbox"/>
Clinic services expanded hours	20.0% (42)	13.9% (34)	11.6% (21)	<input type="checkbox"/>

Table continued on the next page.

Cultural sensitivity	2.4% (5)	4.1% (10)	2.8% (5)	<input type="checkbox"/>
Interpreter services	1.4% (3)	0.4% (1)	0.6% (1)	<input type="checkbox"/>
Other	7.1% (15)	7.8% (19)	5.5% (10)	<input type="checkbox"/>

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to select any items that would improve community access to healthcare, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included: Walk-in clinic or urgent care clinic, Pharmacy open on Sunday, More dentists, and Better coverage of medical insurance through CPMC [Cabinet Peaks Medical Center]

Interest in Educational Classes/Programs (Question 8)

Respondents were asked which topics they would be most interested in learning about. The most frequently selected topic was “Health and wellness” at 33.1% (n=49). Interest in “Weight loss” followed with 30.4% (n=45), while 29.7% of respondents (n=44) were interested in “Living will.”

Interest in Classes or Programs	2017 % (n)	2020 % (n)	2023 % (n)
Number of respondents	210	244	148
Health and wellness	24.3% (51)	23.8% (58)	33.1% (49)
Weight loss	28.6% (60)	27.5% (67)	30.4% (45)
Living will	18.1% (38)	27.0% (66)	29.7% (44)
Nutrition	15.7% (33)	17.2% (42)	25.7% (38)
Women's health	15.7% (33)	16.8% (41)	23.6% (35)
Alzheimer's	14.3% (30)	15.2% (37)	23.0% (34)
First aid/CPR	20.0% (42)	14.8% (36)	23.0% (34)
Anxiety/depression			21.6% (32)
Fitness	19.0% (40)	21.3% (52)	21.6% (32)
Health insurance education	7.1% (15)	14.8% (36)	20.9% (31)
Diabetes	10.5% (22)	16.4% (40)	16.2% (24)
Mental health	5.7% (12)	11.5% (28)	15.5% (23)
Cancer	7.1% (15)	10.2% (25)	14.2% (21)
Heart disease	10.5% (22)	10.7% (26)	14.2% (21)

Table continued on the next page.

Men's health	5.2% (11)	11.1% (27)	13.5% (20)
Post-Traumatic Stress Disorder (PTSD) services	11.0% (23)	8.6% (21)	13.5% (20)
Grief counseling	8.1% (17)	8.6% (21)	12.8% (19)
Personal finance	7.1% (15)	10.7% (26)	9.5% (14)
Suicide prevention	2.4% (5)	9.4% (23)	9.5% (14)
Trauma/Adverse Childhood Experiences (ACES)			8.8% (13)
Support groups	7.1% (15)	5.7% (14)	6.8% (10)
Parenting/Family engagement		4.1% (10)	5.4% (8)
Smoking/tobacco cessation	3.3% (7)	5.3% (13)	5.4% (8)
Alcohol/substance abuse	3.3% (7)	5.3% (13)	4.1% (6)
Lung disease	10.0% (21)	11.5% (28)	4.1% (6)
Sexual Health Education		2.0% (2)	4.1% (6)
Early childhood education	1.0% (2)	2.0% (5)	3.4% (5)
Lactation/breastfeeding support		2.0% (5)	0.7% (1)
Prenatal		1.2% (3)	0.7% (1)
Other	2.9% (6)	5.7% (14)	5.4% (8)

Statistical significance was not measured as reporting differed between 2023 and the two previous years. A larger number of missing values in 2023 compared to previous years would result in a skewed test for significance, indicating a meaningful change when one may not exist. Respondents were asked to pick all classes or programs that are of interest, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included:

- Education on how to manage day-to-day life
- Resources for senior citizens, autism spectrum disorders
- Agency on Aging
- Osteoarthritis Degeneration
- Senior Mental Health
- Cancer screening
- Trusts/wills

Utilization of Preventive Services (Question 9)

Respondents were asked if they or someone in their household had utilized any of the preventive services listed in the past year. “Annual wellness exam/physical” was selected by 76.4% of respondents (n=139), followed by “Blood pressure check” at 67.0% (n=122). Sixty-three point two percent of respondents (n=115) indicated they had an “Eye exam.” Survey respondents could select all services that applied.

Use of Preventive Services	2017 % (n)	2020 % (n)	2023 % (n)	SIGNIFICANT CHANGE
Number of respondents	210	244	182	
Annual wellness exam/physical	50.5% (106)	73.0% (178)	76.4% (139)	■
Blood pressure check	41.4% (87)	63.1% (154)	67.0% (122)	■
Eye exam	49.5% (104)	61.1% (149)	63.2% (115)	■
Dental exam	61.4% (129)	60.2% (147)	62.1% (113)	□
Blood screening labs	49.5% (104)	51.6% (126)	54.4% (99)	□
Routine immunizations	43.3% (91)	57.8% (141)	36.3% (66)	■
Mammography	25.2% (53)	33.6% (82)	33.0% (60)	□
Asbestos health screening	26.2% (55)	25.8% (63)	19.8% (36)	□
Bone density scan (DEXA)	7.6% (16)	14.3% (35)	19.8% (36)	■
Colonoscopy	16.7% (35)	18.4% (45)	19.8% (36)	□
Pap test/cervical cancer screenings	9.0% (19)	15.6% (38)	15.9% (29)	□
Hearing check		11.5% (28)	13.7% (25)	□
Prostate (PSA)	10.5% (22)	15.2% (37)	13.2% (24)	□
Lung cancer screening			9.3% (17)	□
Children's checkup/Well baby	4.3% (9)	9.4% (23)	8.8% (16)	□
Counseling		7.8% (19)	8.8% (16)	□
Work/Insurance Wellness program	11.4% (24)	7.0% (17)	8.2% (15)	□
Health fair	8.1% (17)	7.0% (17)	5.5% (10)	□
None	5.7% (12)	2.5% (6)	1.1% (2)	■

Table continued on the next page.

STD Screenings		0.8% (2)	0.0% (0)	<input type="checkbox"/>
Other	2.4% (5)	3.3% (8)	1.6% (3)	<input type="checkbox"/>

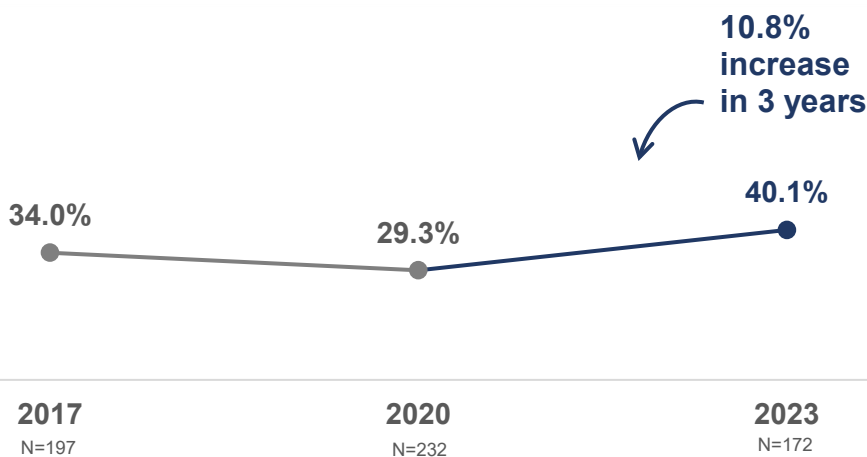
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents could select any of the preventive services listed, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included: Oncologist and “We can't afford doctors”

Delay of Services (Question 10)

Forty point one percent of respondents (n=69) reported that they or a member of their household thought they needed healthcare services but did not get them or had to delay getting them. Fifty-nine point nine percent of respondents (n=103) felt they were able to get the healthcare services they needed without delay.

More 2023 respondents delayed or did not receive needed services compared to the previous assessments



View a cross tabulation of where respondents live and ‘delay of healthcare services’ on p. 83

Reason for Not Receiving/Delaying Needed Services (Question 11)

Sixty-seven of the 69 survey respondents who indicated they were unable to receive or had to delay services, shared their top three reasons for not receiving or delaying needed services. The reason most cited was that “It cost too much” (31.3%, n=21). “My insurance didn’t cover it” was the next most cited reason at 28.4% (n=19).

Reasons for Delay in Receiving Needed Healthcare	2017 % (n)	2020 % (n)	2023 % (n)	SIGNIFICANT CHANGE
Number of respondents	67	68	67	
It cost too much	34.3% (23)	36.8% (25)	31.3% (21)	<input type="checkbox"/>
My insurance didn't cover it	16.4% (11)	16.2% (11)	28.4% (19)	<input type="checkbox"/>
Could not get an appointment	28.4% (19)	23.5% (16)	19.4% (13)	<input type="checkbox"/>
It was too far to go	9.0% (6)	7.4% (5)	16.4% (11)	<input type="checkbox"/>
COVID-19 barriers/concerns			14.9% (10)	<input type="checkbox"/>
No insurance	13.4% (9)	16.2% (11)	10.4% (7)	<input type="checkbox"/>
Too long to wait for an appointment	40.3% (27)	22.1% (15)	10.4% (7)	<input checked="" type="checkbox"/>
Didn't know where to go	3.0% (2)	5.9% (4)	9.0% (6)	<input type="checkbox"/>
Too nervous or afraid	10.4% (7)	10.3% (7)	9.0% (6)	<input type="checkbox"/>
Don't like doctors	13.4% (9)	11.8% (8)	7.5% (5)	<input type="checkbox"/>
Transportation problems	4.5% (3)	2.9% (2)	4.5% (3)	<input type="checkbox"/>
Unsure if services were available	4.5% (3)	0.0% (0)	3.0% (2)	<input type="checkbox"/>
Could not get off work	3.0% (2)	8.8% (6)	1.5% (1)	<input type="checkbox"/>
Don't understand healthcare system		2.9% (2)	1.5% (1)	<input type="checkbox"/>
Had no childcare	0.0% (0)	0.0% (0)	1.5% (1)	<input type="checkbox"/>
Not treated with respect	10.4% (7)	4.4% (3)	1.5% (1)	<input type="checkbox"/>
Office wasn't open when I could go	9.0% (6)	4.4% (3)	1.5% (1)	<input type="checkbox"/>
Language barrier	0.0% (0)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Other*	17.9% (12)	30.9% (21)	23.9% (16)	<input type="checkbox"/>

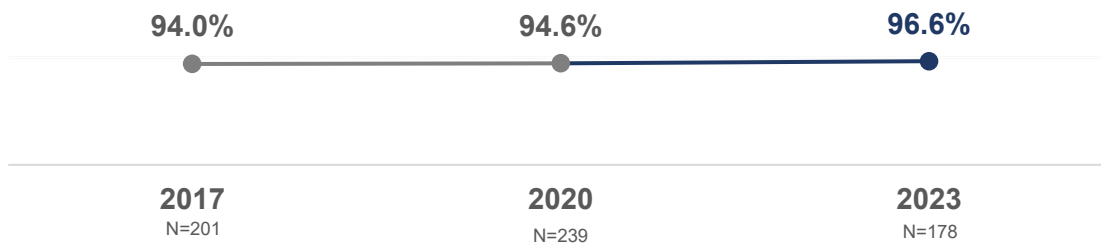
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to indicate the top three reasons for a delay in seeking or receiving healthcare, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year. *Respondents (N=6) who selected over the allotted amount were moved to “Other.”

“Other” comments included: Never know how much it will cost after insurance, “Deductible not met, so waited for the new year,” and Long time to get appointment

Primary Care Services (Question 12)

Ninety-six point six percent of respondents (n=172) indicated they or someone in their household had been seen by a primary care provider (such as a family physician, physician assistant, or nurse practitioner) for healthcare services in the past three years. Three point four percent of respondents (n=6) indicated they had not received primary care.

More 2023 respondents saw a primary care provider in the last three years compared to the previous assessments



Location of Primary Care Services (Question 13)

One-hundred seventy of the 172 who indicated receiving primary care services in the previous three years shared the location where they received services. The majority of respondents (26.5%, n=45) reported receiving care at “Northwest Community Health Center (Libby and Troy locations),” and 18.8% of respondents (n=32) received care at “Cabinet Peaks Clinic.” Thirty-two respondents were moved to “other” due to selecting more than one primary care provider location.

Location of Primary Care Provider	2017 % (n)	2020 % (n)	2023 % (n)
Number of respondents	169	225	170
Northwest Community Health Center (Libby and Troy locations)	29.0% (49)	21.8% (49)	26.5% (45)
Cabinet Peaks Clinic	20.7% (35)	12.0% (27)	18.8% (32)
Libby Clinic	39.1% (66)	21.8% (49)	15.9% (27)
Family Health and Wellness (Libby)			8.2% (14)
Kalispell	4.7% (8)	7.1% (16)	3.5% (6)
Logan Health Primary Care Eureka		16.4% (37)	2.9% (5)
VA Clinic	2.4% (4)	1.3% (3)	2.4% (4)
Eureka Family Health and Wellness			1.8% (3)
Whitefish		0.9% (2)	0.6% (1)
Bonnars Ferry, ID	1.8% (3)	0.4% (1)	0.0% (0)
Sandpoint, ID		0.9% (2)	0.0% (0)
Other*	2.4% (4)	17.3% (39)	19.4% (33)
TOTAL	100.0% (169)	100.0% (225)	100.0% (170)

Statistical significance was not measured as reporting differed between 2023 and the two previous years. A larger number of missing values in 2023 compared to previous years would result in a skewed test for significance, indicating a meaningful change when one may not exist. Grayed out cells indicate the question was not asked that year. *Respondents (N=32) who selected over the allotted amount were moved to “Other.”

“Other” comments included: Libby Family Health and Wellness, Coeur d'Alene, Big Fork-Swan Valley Herbs, Post Falls, ID, and PromptCare (Eureka)

View a cross tabulation of where respondents live with where they utilize primary care services on p. 84

Reasons for Primary Care Provider Selection (Question 14)

One-hundred sixty-nine of the 172 respondents who indicated they or someone in their household had been seen by a primary care provider within the past three years, shared why they chose that primary care provider. “Prior experience with clinic” was the most frequently selected reason at 40.8% (n=69), followed by “Closest to home” at 33.7% (n=57), and “Clinic/provider’s reputation for quality at 32% (n=54).

Reasons for Selecting Primary Care Provider	2017 % (n)	2020 % (n)	2023 % (n)	SIGNIFICANT CHANGE
Number of respondents	189	226	169	
Prior experience with clinic	39.7% (75)	44.2% (100)	40.8% (69)	<input type="checkbox"/>
Closest to home	33.9% (64)	38.9% (88)	33.7% (57)	<input type="checkbox"/>
Clinic/provider's reputation for quality	20.1% (38)	39.4% (89)	32.0% (54)	<input checked="" type="checkbox"/>
Appointment availability	23.8% (45)	23.9% (54)	27.8% (47)	<input type="checkbox"/>
Recommended by family or friends	15.3% (29)	20.8% (47)	24.9% (42)	<input type="checkbox"/>
VA/Military requirement	3.2% (6)	9.3% (21)	11.2% (19)	<input checked="" type="checkbox"/>
Length of waiting room time	7.4% (14)	8.4% (19)	8.9% (15)	<input type="checkbox"/>
Cost of care	8.5% (16)	7.5% (17)	8.3% (14)	<input type="checkbox"/>
Referred by physician/provider	9.0% (17)	8.0% (18)	7.1% (12)	<input type="checkbox"/>
Privacy/confidentiality		10.2% (23)	4.7% (8)	<input checked="" type="checkbox"/>
Required by insurance plan	4.2% (8)	5.3% (12)	3.6% (6)	<input type="checkbox"/>
Other	14.8% (28)	7.5% (17)	8.9% (15)	<input checked="" type="checkbox"/>

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to pick the reasons for selection of their primary care provider, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

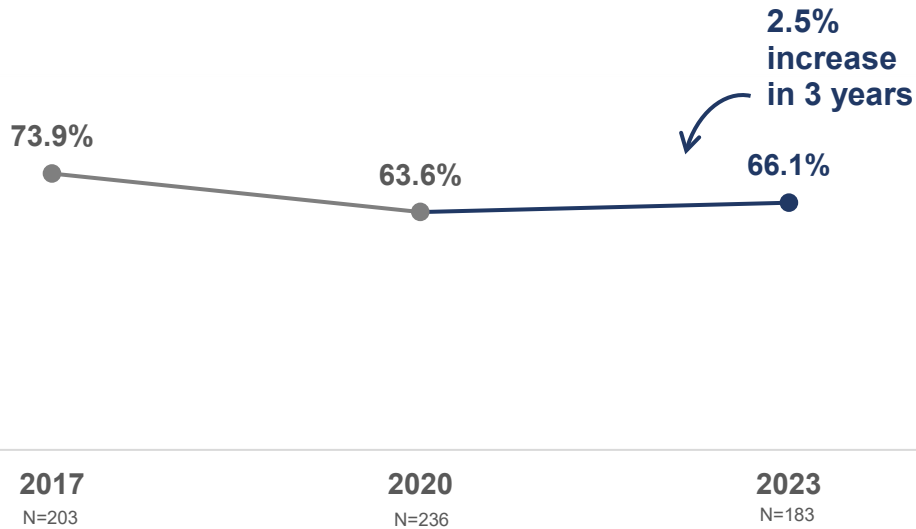
“Other” comments included: Unaware of other options, Local doctor, and I can get Rx [prescription] under 340B program

View a cross tabulation of where respondents utilize primary care services with their reasons for selecting their provider on p. 85

Hospital Care Services (Question 15)

Respondents were asked if they or someone in their household had received hospital care in the last three years. Hospitalization was quantified as hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care. Sixty-six point one percent of respondents (n=121) reported that they or a member of their family had received hospital care during the previous three years, and 33.9% (n=62) had not received hospital services.

Hospital utilization increased slightly since the last assessment



Location of Hospital Services (Question 16)

Of the survey respondents who indicated receiving hospital care in the last three years (n=121), the majority (55.4%, n=67) report utilizing “Cabinet Peaks Medical Center (Libby)” most often. Twenty-seven point three percent of respondents (n=33) received services at “Logan Health Medical Center (Kalispell).”

Hospital Used Most Often	2017 % (n)	2020 % (n)	2023 % (n)
Number of respondents	124	150	121
Cabinet Peaks Medical Center (Libby)	75.8% (94)	46.0% (69)	55.4% (67)
Logan Health Medical Center (Kalispell)	14.5% (18)	32.7% (49)	27.3% (33)
Coeur d’Alene area hospital	0.8% (1)	2.7% (4)	1.7% (2)
Logan Health – Whitefish	1.6% (2)	5.3% (8)	1.7% (2)
Spokane hospital	3.2% (4)	0.7% (1)	1.7% (2)
Bonner General Hospital (Sandpoint)	0.0% (0)	1.3% (2)	0.0% (0)
Boundary Community Hospital (Bonners Ferry)	1.6% (2)	0.0% (0)	0.0% (0)
Missoula area hospital	0.0% (0)	0.7% (1)	0.0% (0)
VA Hospital	0.8% (1)	0.0% (0)	0.0% (0)
Other*	1.6% (2)	10.7% (16)	12.4% (15)
TOTAL	100.0% (124)	100.0% (150)	100.0% (121)

Statistical significance was not measured as reporting differed between 2023 and the two previous years. A larger number of missing values in 2023 compared to previous years would result in a skewed test for significance, indicating a meaningful change when one may not exist. Grayed out cells indicate the question was not asked that year. *Respondents (N=11) who selected over the allotted amount were moved to “Other.”

View a cross tabulation of where respondents live with where they utilize hospital services on p. 86

Reasons for Hospital Selection (Question 17)

Of the survey respondents who indicated receiving hospital care in the last three years (n=121), the majority of respondents (62.0%, n=75) stated that “Closest to home” was their top reason for selecting the facility they used most often. “Emergency, no choice” was selected by 38.0% of the respondents (n=46), followed closely by “Referred by physician/provider” at 37.2% (n=45).

Reasons for Selecting Hospital	2017 % (n)	2020 % (n)	2023 % (n)	SIGNIFICANT CHANGE
Number of respondents	150	150	121	
Closest to home	67.3% (101)	47.3% (71)	62.0% (75)	■
Emergency, no choice	44.7% (67)	34.0% (51)	38.0% (46)	□
Referred by physician/provider	40.7% (61)	44.7% (67)	37.2% (45)	□
Prior experience with hospital	28.0% (42)	34.0% (51)	26.4% (32)	□
Specialty services	16.0% (24)	14.0% (21)	13.2% (16)	□
Closest to work	4.7% (7)	3.3% (5)	8.3% (10)	□
Hospital's reputation for quality	17.3% (26)	20.7% (31)	8.3% (10)	■
Recommended by family or friends	5.3% (8)	8.0% (12)	8.3% (10)	□
VA/Military requirement	2.7% (4)	4.0% (6)	6.6% (8)	□
Required by insurance plan	2.7% (4)	1.3% (2)	3.3% (4)	□
Financial assistance programs		1.3% (2)	1.7% (2)	□
Cost of care	2.0% (3)	2.7% (4)	0.0% (0)	□
Privacy/confidentiality		1.3% (2)	0.0% (0)	□
Other*	3.3% (5)	13.3% (20)	13.2% (16)	■

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to pick their top three reasons for selecting a hospital, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year. *Respondents (N=5) who selected over the allotted amount were moved to “Other.”

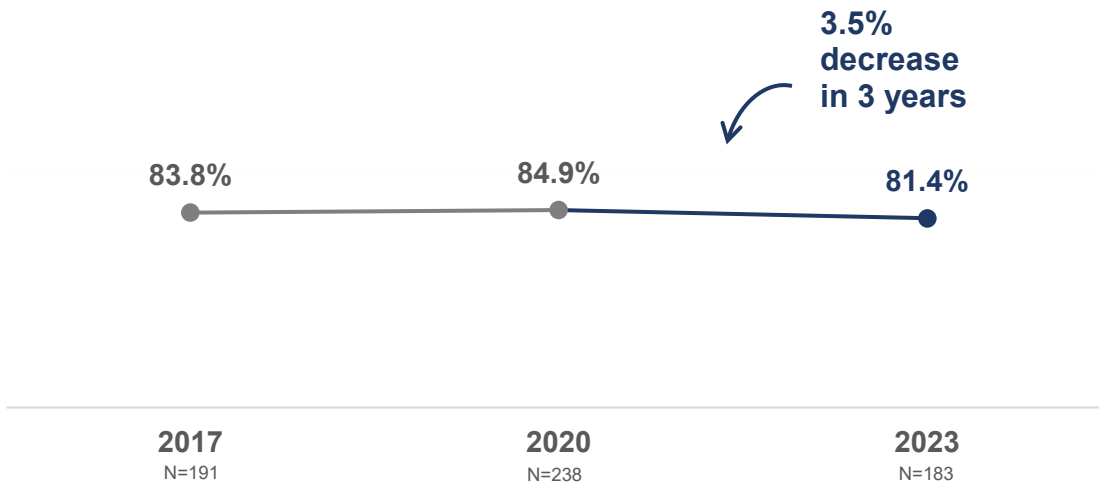
“Other” comments included: Specialists for pediatrics, Surgeon with highest qualifications, and In insurance network

View a cross tabulation of where respondents utilize hospital services with their reasons for selecting that facility p. 87

Specialty Care Services (Question 18)

Respondents were asked if they or someone in their household had seen a healthcare specialist in the last three years. Specialty care was quantified as a health provider other than their primary care provider or family doctor. Eighty-one point four percent of the respondents (n=149) indicated they or a household member had seen a healthcare specialist during the past three years, while 18.6% (n=34) indicated they had not.

Specialist visits slightly decreased since the 2022 assessment



Location of Healthcare Specialist(s) (Question 19)

One-hundred forty-six of the 149 survey respondents who indicated that they or someone in their household had seen a healthcare specialist in the last three years shared where they received services. The majority (71.2%, n=104) sought specialty care in “Kalispell.” Forty-two point five percent of respondents (n=62) utilized specialty services in “Libby.” Respondents could select more than one location, so percentages do not equal 100%.

Location of Specialist	2017 % (n)	2020 % (n)	2023 % (n)	SIGNIFICANT CHANGE
Number of respondents	160	202	146	
Kalispell	65.0% (104)	72.8% (147)	71.2% (104)	<input type="checkbox"/>
Libby	65.0% (104)	35.1% (71)	42.5% (62)	<input checked="" type="checkbox"/>
Spokane	8.1% (13)	10.4% (21)	9.6% (14)	<input type="checkbox"/>
Whitefish	4.4% (7)	8.4% (17)	6.2% (9)	<input type="checkbox"/>
Missoula	5.6% (9)	4.0% (8)	4.8% (7)	<input type="checkbox"/>
Eureka		6.4% (13)	2.1% (3)	<input type="checkbox"/>
Bonnors Ferry, ID	2.5% (4)	3.0% (6)	1.4% (2)	<input type="checkbox"/>
Other	5.6% (9)	12.4% (25)	13.7% (20)	<input checked="" type="checkbox"/>

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to indicate the location of any specialist seen in the past three years, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included: Coeur d'Alene (8), Sandpoint, ID (7), Ponderay, ID (2), and Seattle (2)

Type of Healthcare Specialist Seen (Question 20)

The most frequently utilized specialist was the “Cardiologist” at 31.1% (n=46). A “Dentist” was seen by 30.4% of respondents (n=29), which experienced a significant decrease over the last three needs assessments. “Dermatologist” followed at 25.0% (n=37). Respondents were asked to choose all that apply, so percentages do not equal 100%.

Type of Specialists Seen	2017 % (n)	2020 % (n)	2023 % (n)	SIGNIFICANT CHANGE
Number of respondents	160	202	148	
Cardiologist	28.7% (46)	23.8% (48)	31.1% (46)	<input type="checkbox"/>
Dentist	54.4% (87)	29.2% (59)	30.4% (45)	<input checked="" type="checkbox"/>
Dermatologist	24.4% (39)	22.3% (45)	25.0% (37)	<input type="checkbox"/>
Orthopedic surgeon	30.0% (48)	24.8% (50)	20.9% (31)	<input type="checkbox"/>
Optometrist		22.3% (45)	19.6% (29)	<input type="checkbox"/>
General surgeon	11.9% (19)	12.4% (25)	17.6% (26)	<input type="checkbox"/>
ENT (ear/nose/throat)	8.8% (14)	9.9% (20)	16.2% (24)	<input type="checkbox"/>
Radiologist	17.5% (28)	14.9% (30)	16.2% (24)	<input type="checkbox"/>
Gastroenterologist	14.4% (23)	17.3% (35)	14.9% (22)	<input type="checkbox"/>
Physical therapist	19.4% (31)	14.4% (29)	14.9% (22)	<input type="checkbox"/>
Neurologist	10.0% (16)	10.4% (21)	14.2% (21)	<input type="checkbox"/>
Urologist	13.1% (21)	17.8% (36)	14.2% (21)	<input type="checkbox"/>
Ophthalmologist	18.1% (29)	16.3% (33)	13.5% (20)	<input type="checkbox"/>
Oncologist	6.9% (11)	8.4% (17)	12.8% (19)	<input type="checkbox"/>
Asbestos Related Disease	20.6% (33)	11.9% (24)	12.2% (18)	<input checked="" type="checkbox"/>
Endocrinologist	5.0% (8)	3.5% (7)	10.1% (15)	<input checked="" type="checkbox"/>
Chiropractor	32.5% (52)	11.4% (23)	9.5% (14)	<input checked="" type="checkbox"/>
OB/GYN	9.4% (15)	7.4% (15)	8.1% (12)	<input type="checkbox"/>
Audiologist		5.9% (12)	6.8% (10)	<input type="checkbox"/>
Pulmonologist	5.0% (8)	4.5% (9)	6.8% (10)	<input type="checkbox"/>
Mental health counselor	12.5% (20)	4.5% (9)	6.1% (9)	<input checked="" type="checkbox"/>
Rheumatologist	5.0% (8)	8.9% (18)	6.1% (9)	<input type="checkbox"/>

Table continued on the next page

Podiatrist	10.0% (16)	5.9% (12)	5.4% (8)	<input type="checkbox"/>
Neurosurgeon	5.6% (9)	4.0% (8)	4.7% (7)	<input type="checkbox"/>
Allergist	2.5% (4)	3.5% (7)	4.1% (6)	<input type="checkbox"/>
Diabetes educator		2.0% (4)	4.1% (6)	<input type="checkbox"/>
Occupational therapist	3.1% (5)	3.5% (7)	4.1% (6)	<input type="checkbox"/>
Psychiatrist (M.D.)	1.9% (3)	1.0% (2)	2.0% (3)	<input type="checkbox"/>
Psychologist	4.4% (7)	2.5% (5)	2.0% (3)	<input type="checkbox"/>
Dietician	1.3% (2)	1.0% (2)	1.4% (2)	<input type="checkbox"/>
Pediatrician	3.1% (5)	2.0% (4)	1.4% (2)	<input type="checkbox"/>
Speech therapist	0.6% (1)	0.5% (1)	0.7% (1)	<input type="checkbox"/>
Addiction counselor	0.6% (1)	0.5% (1)	0.0% (0)	<input type="checkbox"/>
Geriatrician	0.0% (0)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Sensory specialist		0.0% (0)	0.0% (0)	<input type="checkbox"/>
Other	7.5% (12)	10.4% (21)	7.4% (11)	<input type="checkbox"/>

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to indicate each type of specialist seen, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included: Orthodontist, Bone density test, Vascular surgeon, and Naturopath

Overall Quality of Care of Services in Lincoln County (Question 21)

Respondents were asked to rate various services available in Lincoln County using the scale of 4= Excellent, 3= Good, 2= Fair, 1=Poor, and Don't know/Haven't used. The service that received the highest score was "Immunization Services" (3.4 out of 4.0). Overall, the average rating on quality and availability of the health services listed was 3.2 out of 4.0.

Quality of Care Rating for Lincoln County	2017 Average (n)	2020 Average (n)	2023 Average (n)	SIGNIFICANT CHANGE
Total number of respondents	190	228	172	
Immunization Services		3.4 (127)	3.4 (106)	<input type="checkbox"/>
Imaging/Radiology	3.5 (160)	3.4 (183)	3.3 (146)	<input type="checkbox"/>
Laboratory	3.5 (133)	3.5 (183)	3.2 (141)	<input checked="" type="checkbox"/>
Physical/speech/occupational therapy	3.3 (53)	3.4 (66)	3.2 (45)	<input type="checkbox"/>
Surgery	3.3 (53)	3.3 (72)	3.2 (63)	<input type="checkbox"/>
Birthing services (hospital based)	3.1 (18)	3.3 (29)	3.1 (26)	<input type="checkbox"/>
Emergency room	3.3 (127)	3.2 (142)	3.1 (119)	<input type="checkbox"/>
Primary Care	3.2 (91)	3.3 (202)	3.1 (158)	<input type="checkbox"/>
Overall average	3.4 (190)	3.4 (228)	3.2 (172)	<input checked="" type="checkbox"/>

Respondents were asked to rate the quality of hospital services on a 4-point Likert Scale, with 1 corresponding with poor, 2 corresponding with Fair, 3 corresponding with Good, and 4 corresponding with Excellent. A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Grayed out cells indicate the question was not asked that year.

Desired Local Services (Question 22)

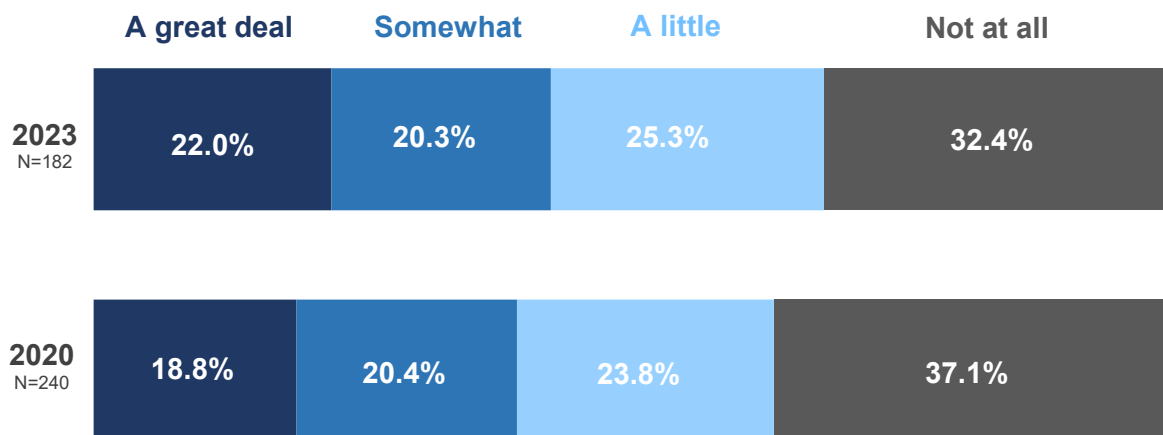
Respondents were asked to write in which additional services they would utilize if available locally. Below are the most frequently written in responses, but you may view all desired local services in Appendix G.

- N/A (3)
- Dermatology
- Rheumatology
- Neurology
- Urology
- OB/GYN
- Affordable mental health services
- Community pool
- More dentists

Impact of Mental Health (Question 23)

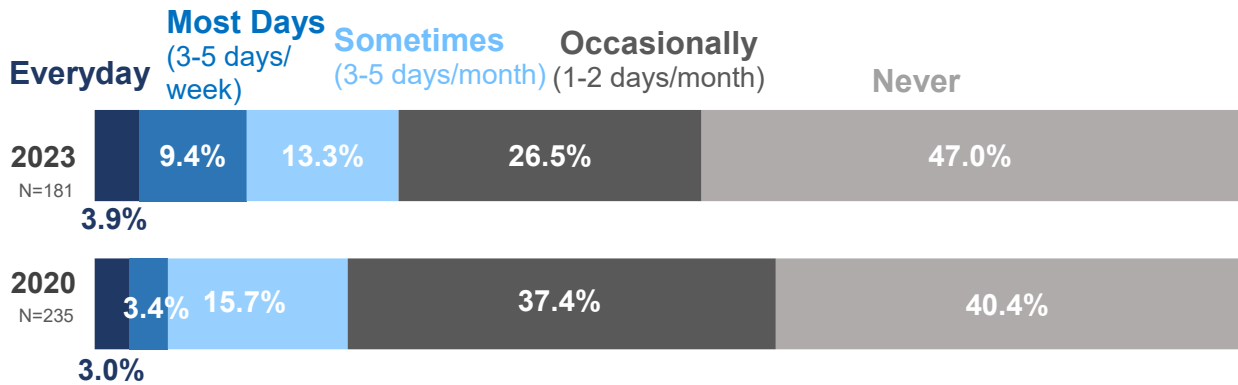
Respondents were asked to indicate to what degree their life has been negatively affected by their own or someone else’s mental health issues, including stress, anxiety, depression, troubling or confusing thoughts, and problems with emotions. Thirty-two point four percent of respondents (n=59) indicated their life was “Not at all” affected. Twenty-five point three percent (n=46) reported they were “A little” affected, and 22.0% (n=40) indicated they were “A great deal” negatively affected. Six respondents chose not to answer this question.

More 2023 respondents shared that they are affected to some degree by mental health compared to 2020.



Social Isolation (Question 24)

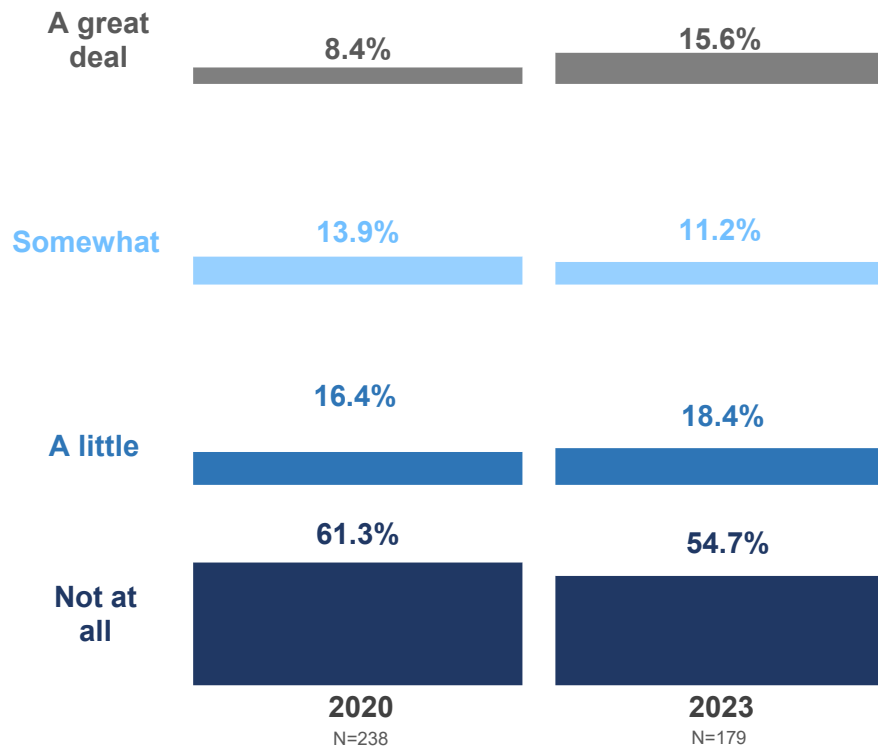
Respondents were asked to indicate how often they felt lonely or isolated in the past year. Forty-seven percent of respondents (n=85) indicated they never felt lonely or isolated, and 26.5% of respondents (n=48) indicated they “Occasionally (1-2 days per month)” felt lonely or isolated. Thirteen point three percent (n=24) reported they felt lonely or isolated “Sometimes (3-5 days per month),” 9.4% (n=17) indicated they felt lonely or isolated on “Most days (3-5 days per week),” and 3.9% (n=7) reported they felt lonely or isolated “Everyday.”



Impact of Substance Abuse (Question 25)

Respondents were asked to indicate to what degree their life has been negatively affected by their own or someone else’s substance abuse issues including alcohol, prescription, or other drugs. Fifty-four point seven percent of respondents (n=98) indicated their life was “Not at all” affected. Eighteen point four percent (n=33) were “A little” affected, 15.6% (n=28) were “A great deal” affected, and 11.2% (n=20) indicated they were “Somewhat” negatively affected.

More 2023 respondents are a great deal affected by their own or someone else’s substance abuse compared to 2020



Availability of Behavioral Health Services (Question 26)

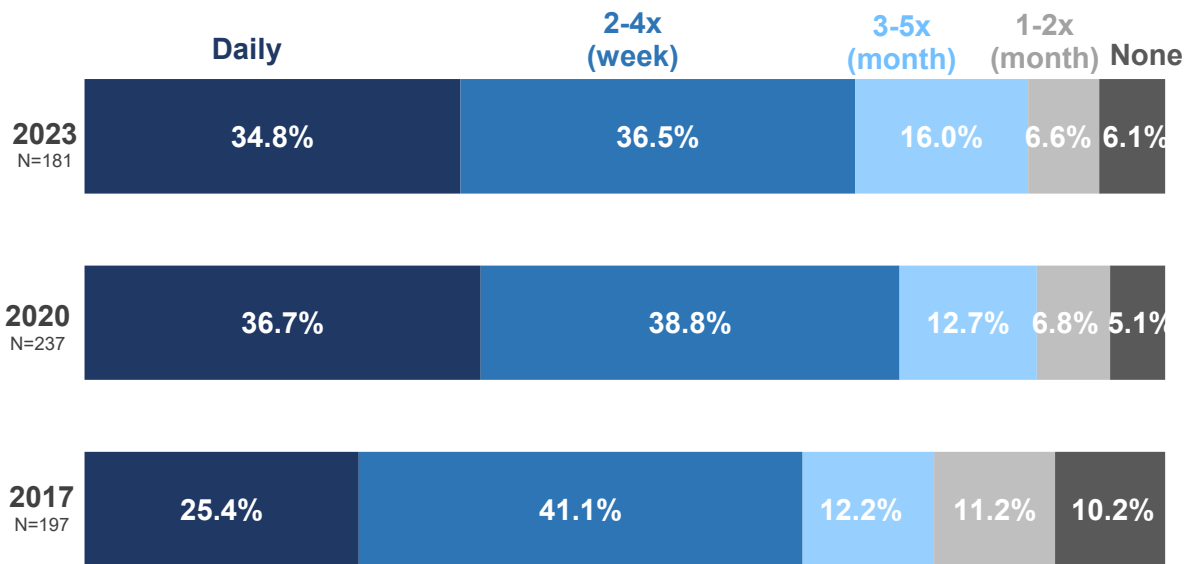
Respondents were asked to rate their perception of the availability of behavioral health services in the county using the scale of 4=Excellent, 3=Good, 2=Fair and 1=Poor. The sums of the average scores were then calculated with “Availability of Alcoholics Anonymous groups” receiving the top average score of 2.3 out of 4.0. The total average score was 2.0, indicating the overall quality and availability of services to be to “Fair.”

Availability of Behavioral Health Services in Lincoln County	2017 Average (n)	2020 Average (n)	2023 Average (n)	SIGNIFICANT CHANGE
Total number of respondents	91	112	80	
Availability of Alcoholics Anonymous groups	2.6 (54)	2.5 (72)	2.3 (51)	<input type="checkbox"/>
Availability of substance use treatment programs	2.4 (55)	2.0 (74)	2.0 (51)	<input type="checkbox"/>
Availability of prevention programs	2.5 (64)	2.0 (71)	2.0 (44)	<input checked="" type="checkbox"/>
Availability of mental health services	2.4 (64)	2.0 (94)	1.9 (65)	<input checked="" type="checkbox"/>
Overall average	2.5 (91)	2.1 (112)	2.0 (80)	<input checked="" type="checkbox"/>

Physical Activity (Question 27)

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Thirty-six point five percent of respondents (n=66) indicated they had physical activity “2-4 times per week,” and 34.8% (n=63) indicated they had physical activity “Daily.” Sixteen percent of respondents (n=29) indicated they had physical activity “3-5 times per month,” 6.6% (n=12) indicated they had physical activity “1-2 times per month,” and 6.1% (n=11) indicated they had “No physical activity.”

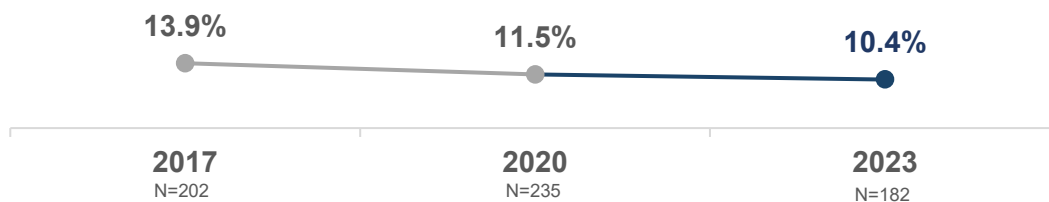
Respondents report being less physically active in 2023 compared to 2020



Difficulty Getting Prescriptions (Question 28)

Respondents were asked to indicate if, during the last year, medication costs had prohibited them from getting a prescription or taking their medication regularly. Ten point four percent of respondents (n=19) indicated that they had difficulty getting a prescription or taking their medication regularly in the last year. Seventy-four point seven percent of respondents (n=136) indicated that they did not have trouble getting or taking prescriptions, while 14.8% of respondents (n=27) stated it was not a pertinent question for them.

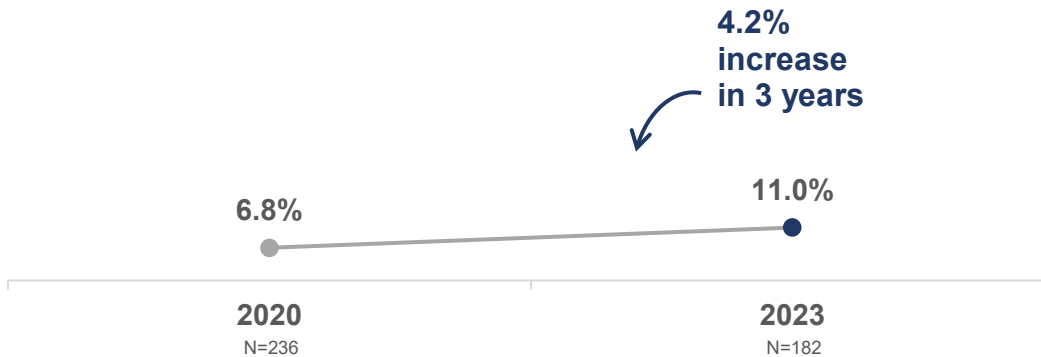
Cost as a barrier to taking medications has slightly decreased since the 2020 assessment



Food Insecurity (Question 29)

Respondents were asked to indicate if, during the last year, they had worried that they would not have enough food to eat. The majority, 89.0% (n=162), were not worried, but 11.0% (n=20) were concerned about not having enough to eat.

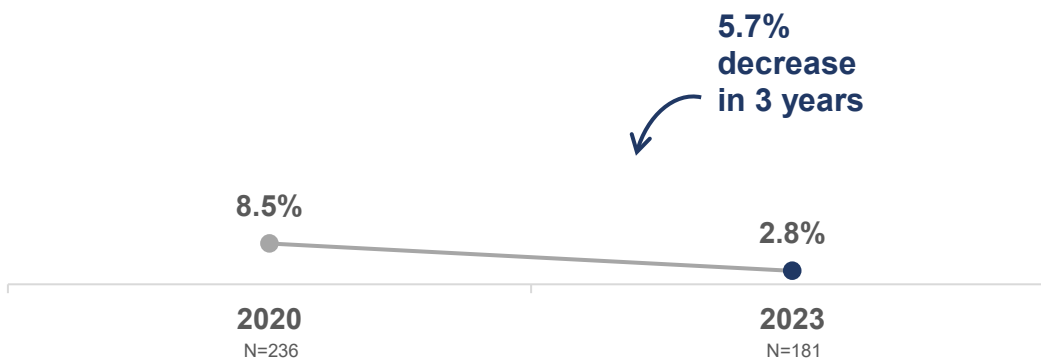
More survey respondents worry about having enough food to eat compared to 2020



Housing (Question 30)

Respondents were asked to indicate if they felt the community has adequate and affordable housing options available. Sixty-four point six percent of respondents (n=117) indicated that they feel there are not adequate and affordable housing options available in the community, 2.8% (n=5) felt there are adequate and affordable options available, and 32.6% (n=59) didn't know.

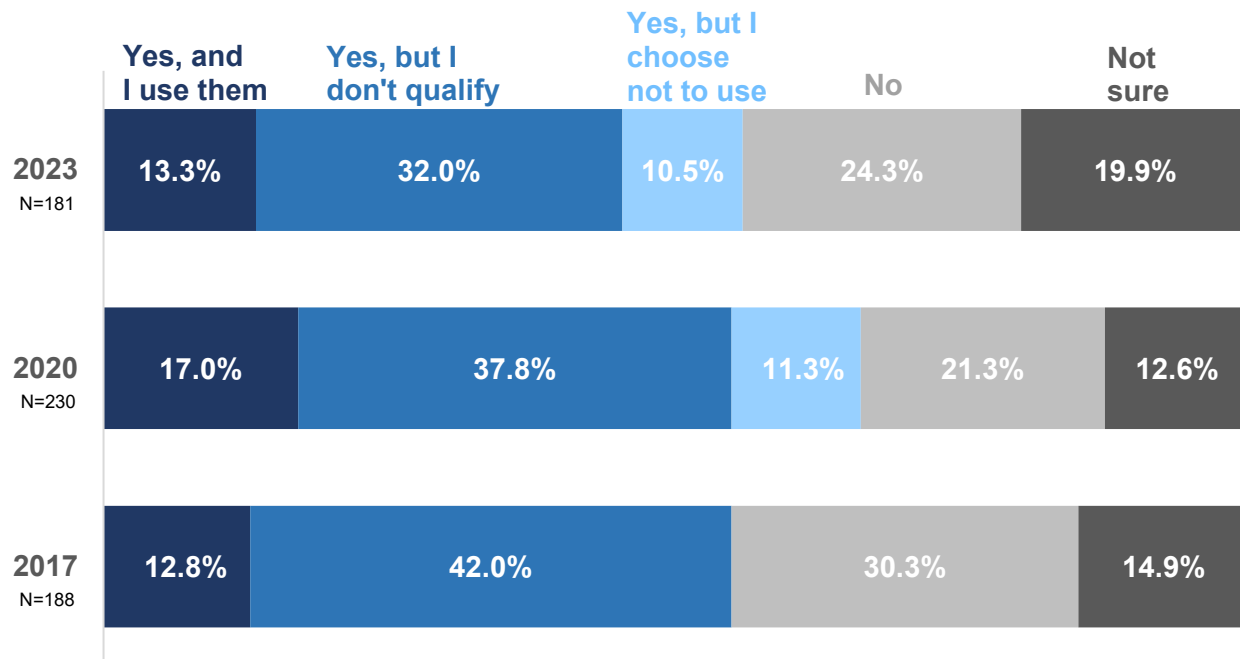
Fewer survey respondents feel the community has affordable housing options compared to 2020



Awareness of Health Cost Assistance Programs (Question 31)

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. The majority of respondents (32.0%, n=58) shared that they are aware of these programs but do not qualify. Twenty-four point three percent of respondents (n=44) indicated they were not aware of these programs, 19.9% (n=36) were not sure if they were aware of health cost assistance programs, 13.3% (n=24) were aware of these programs and use them, and 10.5% (n=19) were aware of the programs, but choose not to utilize them.

More 2023 respondents are not aware of programs that help people pay for healthcare expenses compared to 2020.



Children in the Home (Question 32)

Respondents were asked if they had (young/dependent) children at home. The majority, 85.0% did not have children in the home (n=153). Eight respondents chose not to answer this question.

Fewer survey respondents report having a child/dependent at home compared to the 2020 assessment



Programs/Services to Support Parents/Guardians (Question 33)

Respondents who had children in the home (n=26) were asked how parents/guardians could be better supported in the community. The majority, 84.6% (n=22) felt “More recreational opportunities for families” would benefit the community. Fifty-three point eight percent (n=14) indicated “Increased information on existing programs and services for parents.”

Community Support for Parents	2020 % (n)	2023 % (n)	SIGNIFICANT CHANGE
Total number of respondents	39	26	
More recreational opportunities for families	56.4% (22)	84.6% (22)	■
Increased information on existing programs and services for parents	28.2% (11)	53.8% (14)	□
More opportunities to socialize and get support from other parents and community members	28.2% (11)	46.2% (12)	□
Greater availability and range of programs for parents (support groups, drop-ins, workshops, etc.)	15.4% (6)	42.3% (11)	■
Better access to resources that support basic needs	15.4% (6)	38.5% (10)	□
Greater awareness of common parenting challenges	23.1% (9)	38.5% (10)	□
More availability and access to parenting information	15.4% (6)	19.2% (5)	□
Other	7.7% (3)	3.8% (1)	□

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to indicate all community supports, so percentages do not equal 100%.

“Other” comments included: Better parks, pools, etc.

More recreational opportunities for families would help support parents in the community.

Childcare Challenges (Question 34)

Those respondents who have children in the home were asked to indicate what challenges they have faced accessing childcare. Fifty-nine point three percent (n=16) indicated it “Cost too much.” Forty-four point four percent had trouble “Finding quality childcare (safe, trained staff, reliable, educational)” (n=12), and 37.0% (n=10) felt there were “Not enough available options.”

Challenges Regarding Access to Childcare	2020 % (n)	2023 % (n)	SIGNIFICANT CHANGE
Total number of respondents	39	27	
Costs too much	28.2% (11)	59.3% (16)	■
Finding quality childcare (safe, trained staff, reliable, educational)	23.1% (9)	44.4% (12)	□
Not enough available options	10.3% (4)	37.0% (10)	■
Couldn't find childcare for the times needed	10.3% (4)	25.9% (7)	□
Not having childcare was a barrier to employment and/or education	10.3% (4)	25.9% (7)	□
None	43.6% (17)	25.9% (7)	□
Anxiety about leaving child	17.9% (7)	22.2% (6)	□
Finding information about available options	5.1% (2)	22.2% (6)	■
Too far from home/work	5.1% (2)	7.4% (2)	□
Other	7.7% (3)	3.7% (1)	□

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to indicate all challenges related to accessing childcare, so percentages do not equal 100%.

Challenges as a Parent/Guardian (Question 35)

Respondents were asked to indicate what challenges they have struggled with as a parent/guardian. Fifty percent (n=11) indicated they have struggled with “Feelings of guilt/inadequacy/being overwhelmed.” Forty-five point five percent (n=10) indicated they struggled with “Financial stress,” while 36.4% (n=8) indicated “Dealing with difficult child behaviors.”

Parental Challenges	2020 % (n)	2023 % (n)	SIGNIFICANT CHANGE
Total number of respondents	39	22	
Feelings of guilt/inadequacy/being overwhelmed	28.2% (11)	50.0% (11)	<input type="checkbox"/>
Financial stress	35.9% (14)	45.5% (10)	<input type="checkbox"/>
Dealing with difficult child behaviors	28.2% (11)	36.4% (8)	<input type="checkbox"/>
Personal physical and/or mental health needs	12.8% (5)	31.8% (7)	<input type="checkbox"/>
Access to childcare	12.8% (5)	27.3% (6)	<input type="checkbox"/>
Access to quality healthcare	10.3% (4)	22.7% (5)	<input type="checkbox"/>
Single parenting	10.3% (4)	22.7% (5)	<input type="checkbox"/>
Supporting a child with physical or mental health needs	7.7% (3)	22.7% (5)	<input type="checkbox"/>
Transportation of children to school/childcare	10.3% (4)	18.2% (4)	<input type="checkbox"/>
Co-parenting with an ex	17.9% (7)	13.6% (3)	<input type="checkbox"/>
Differing parenting styles within the household	15.4% (6)	13.6% (3)	<input type="checkbox"/>
Meeting family’s basic needs (food, housing)	15.4% (6)	9.1% (2)	<input type="checkbox"/>
One or both parent(s) being absent frequently (i.e., military deployment)	17.9% (7)	9.1% (2)	<input type="checkbox"/>
Lack of parenting resources	2.6% (1)	4.5% (1)	<input type="checkbox"/>
Other	12.8% (5)	4.5% (1)	<input type="checkbox"/>

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to indicate all parental challenges, so percentages do not equal 100%.

“Other” comments included: None (2) and Not applicable (2)

Health Insurance Type (Question 36)

Respondents were asked to indicate what type of health insurance covers the majority of their medical expenses. Thirty-five point six percent (n=64) indicated they have “Medicare” coverage. Nineteen point four percent (n=35) indicated they have “Employer sponsored” coverage. Thirty-eight respondents were moved to “Other” for selecting over the allotted one health insurance type.

Type of Medical Insurance	2020 % (n)	2023 % (n)
Total number of respondents	238	180
Medicare	36.6% (87)	35.6% (64)
Employer sponsored	17.6% (42)	19.4% (35)
Private insurance/private plan	5.9% (14)	8.9% (16)
VA/Military	4.2% (10)	5.6% (10)
Medicaid	5.9% (14)	3.9% (7)
Healthy MT Kids (CHIP)	2.5% (6)	1.7% (3)
Do not have health insurance	4.6% (11)	1.7% (3)
Health Savings Account	0.8% (2)	0.6% (1)
Indian Health	0.0% (0)	0.0% (0)
Other*	21.8% (52)	22.8% (41)
TOTAL	100.0% (238)	100.0% (180)

Statistical significance was not measured as reporting differed between 2023 and the two previous years. A larger number of missing values in 2023 compared to previous years would result in a skewed test for significance, indicating a meaningful change when one may not exist. Grayed out cells indicate the question was not asked that year. *Respondents (N=38) who selected over the allotted amount were moved to “Other.”

“Other” comments included: Healthcare sharing and Tricare Life

Barriers to Having Insurance (Question 37)

Among the survey respondents who indicated they did not have insurance (n=3), the top reasons for not having health insurance were “Can’t afford to pay for medical insurance” and “Choose not to have health insurance” (66.7%, n=2 each). Respondents could select all barriers that applied.

Reasons for No Health Insurance	2017 % (n)	2020 % (n)	2023 % (n)	SIGNIFICANT CHANGE
Number of respondents	14	11	3	
Can’t afford to pay for medical insurance	85.7% (12)	63.6% (7)	66.7% (2)	<input type="checkbox"/>
Choose not to have health insurance	14.3% (2)	18.2% (2)	66.7% (2)	<input type="checkbox"/>
Employer does not offer insurance	42.9% (6)	27.3% (3)	33.3% (1)	<input type="checkbox"/>
Too confusing/don’t know how to apply		9.1% (1)	0.0% (0)	<input type="checkbox"/>
Other	0.0% (0)	36.4% (4)	33.3% (1)	<input checked="" type="checkbox"/>

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Grayed out cells indicate the question was not asked that year.

“Other” comments included:

- I have insurance, but it’s very confusing
- In a gap where I made too much money to qualify for Obama Care, but not enough to pay for it myself as my debts exceed my income from not having insurance.
- VA
- I was scammed by someone pretending to be a Medicare Aetna provider. He took money out of my bank accounts electronically from Tampa Bay, Florida



KEY INFORMANT INTERVIEW RESULTS

Key Informant Interview Methodology

Six key informant interviews were conducted in February 2023. Participants were identified as people living in Cabinet Peaks Medical Center, Cabinet Peaks Clinic, Northwest Community Health Center, and Lincoln County Health Department's service area.

The interviews were conducted over the telephone. The meetings lasted up to 15 minutes in length and followed the same line of questioning. Interview transcripts can be found in Appendix I. Interviews were facilitated by Montana Office of Rural Health staff.



Arnica flowers on the Grinnell Glacier Hike - Rachel Hopkins

Key Informant Interview Themes

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



MENTAL & BEHAVIORAL HEALTH

Mental and behavioral health was a top theme identified among community members. They identified limited access to mental and behavioral health services/resources across the lifespan as noteworthy concerns.

The majority of key informant interview participants shared that they thought the area's biggest health issue relates to mental health. One participant described that while Western Montana Mental Health Center (WMMHC) is situated locally, they only deal with the severe cases. Many community members are instead referred to Kalispell with is nearly 90 miles one way.

One key informant interview participant expressed their appreciation for the investment the Lincoln County Health Department is making in mental health. Specifically, they shared that it's great to see the connections being made among community partners and the opportunities like Teen Mental Health First Aid being made available.

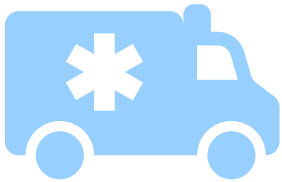


PREVENTIVE MEASURES

Considering Lincoln County's history with asbestos, each of the conversations with community members highlighted the resilience of the area and a desire to focus on more upstream or preventive measures.

In tandem with mentions of preventive care, there was an undercurrent of hope that Lincoln County is already moving in the right direction. Specifically, there was praise for the collaborative efforts among community partners to address shared goals.

AMBULANCE SERVICES



The top concern expressed in the interviews was related to the volunteer ambulance service. Due to the rural nature of Lincoln County, nearly all of the participants described the challenges facing the service including limited volunteers, funding, and resources.

One participant shared hope through the Sparks Day event, championed by the local Sheriff's Office and related emergency services. They shared that this event was hosted at Libby High School and allowed kids to interface with professionals within the various fields, promote volunteerism, and civic mindedness. They said, "I thought it was a very creative way to expose youth to volunteering and professional opportunities."

Ultimately, community members were very appreciative of the volunteers but hoped the service could be enhanced through additional support and resources.

SERVICES NEEDED IN THE COMMUNITY



- Awareness of local services and resources
- Expanded local mental and behavioral health services and resources
- Dentists that accept Medicaid
- Home health
- Affordable housing
- Support services for those of middle to low income
- Substance use resources
- Oncology
- Orthopedics
- OB/GYN
- More health education opportunities
- Continuity of care between all local health organizations
- Preventive health measures
- EMS volunteers and funding
- More outreach of services and resources specifically in outlying areas (i.e., outside of Libby)
- Naturopath or wellness-oriented services such as massage
- Swimming/lap pool



EXECUTIVE SUMMARY

Executive Summary

The table below shows a summary of results from the Cabinet Peaks Medical Center (CPMC), Cabinet Peaks Clinic, Northwest Community Health Center (NWCHC), and the Lincoln County Health Department (LCHD) Community Health Needs Assessment. Areas of opportunity were determined after consideration of various criteria, including a comparison to data from local, state, and federal sources (Secondary data); survey results; those issues of greatest concern identified by the community partners through key informant interviews; and the potential impact of a given issue.

Areas of Opportunity	Secondary Data	Survey	Interviews
Access to Healthcare Services			
Barriers to access			
<i>Specialty services (i.e., OB/GYN, Dermatology, Rheumatology, Neurology, Urology, etc.)</i>	⊗	✓	☑
<i>More dentists</i>	⊗	✓	☑
<i>Awareness of health services and resources</i>		✓	☑
Senior Services			
<i>High percentage of population 65+</i>	⊗	✓	☑
<i>Enhanced aging in place services (i.e., exercise opportunities, affordable housing, more workforce, etc.)</i>		✓	☑
Chronic Disease Management & Prevention			
<i>Asbestos related disease</i>		✓	☑
<i>Tobacco use</i>		✓	☑
<i>Healthy behaviors and lifestyles- weight loss, fitness, health & wellness, nutrition</i>	⊗	✓	☑
Mental and Behavioral Health			
<i>More mental and behavioral health services/resources</i>	⊗	✓	☑
<i>Alcohol/substance use</i>	⊗	✓	☑

Summary continued on the next page.

Socioeconomic & Health Measures		
<i>Housing accessibility and affordability</i>	✓	☑
<i>Community supports for parents</i>	✓	☑
<i>Percentage of uninsured children and adults</i>	⊗	



NEXT STEPS & RESOURCES

Prioritization of Health Needs

The community steering committee, comprised of staff leaders from Cabinet Peaks Medical Center (CPMC), Cabinet Peaks Clinic (CPC), Lincoln County Health Department (LCHD), and the Northwest Community Health Center (NWCHC) and community members from Lincoln County, convened to begin an implementation planning process to systematically and thoughtfully respond to all issues and opportunities identified through the Community Health Services Development (CHSD) Process.

The community steering committee determined the most important health needs to be addressed by reviewing the CHNA, secondary data, community demographics, and input from representatives representing the broad interest of the community, including those with public health expertise (see Appendix B for additional information regarding input received from community representatives). The prioritized health needs as determined through the assessment process and which the collaborators will be addressing over the next three years relates to the following healthcare issues:

- Access to care (i.e., mental health and specialty services)
- Social determinants of health
- Healthy lifestyles

Cabinet Peaks Medical Center, Cabinet Peaks Clinic, Lincoln County Health Department, and the Northwest Community Health Center will determine which needs or opportunities could be addressed considering their organization's parameters of resources and limitations. The committee will prioritize the needs/opportunities using the additional parameters of the organizational vision, mission, and/or values, as well as existing and potential community partners.

The participants will create goals to achieve through strategies and activities, as well as the general approach to meeting the stated goal (i.e., staff member responsibilities, timeline, potential community partners, anticipated impact(s), and performance/evaluation measures). This plan will be documented and posted along with the CHSD assessment report.

Available Community Resources

In prioritizing the health needs of the community, the following list of potential community partners and resources in which to assist in addressing the needs identified in this report were identified. As the steering committee continues to meet, more resources will continue to be identified, therefore, this list is not exhaustive.

- Lincoln County Health Alliance
- Zero to Five
- Care Mountain Home Care
- Addus
- Lincare
- Norco
- Lincoln County Emergency Management
- Montana Office of Rural Health and Area Health Education Center
- Montana Hospital Association
- Montana Department of Health and Human Services (DPHHS), Public Health and Safety Division (PHSD)
- Montana Healthcare Foundation
- Schools
- Unite for Youth
- Libby Area Chamber of Commerce
- Center for Asbestos Related Disease
- Western Montana Mental Health
- Law Enforcement
- Ministerial Association
- Lincoln County Transportation
- Agency on Aging
- Pure North Athletic Club
- Studio B
- Local Senior Centers
- Gateway Community Services

Evaluation of Previous CHNA & Implementation Plan

Cabinet Peaks Medical Center, Cabinet Peaks Clinic, Lincoln County Health Department, and Northwest Community Health Center provided the Montana Office of Rural Health with an update on their Implementation Plan activities from their previous CHNA process. The CPMC Board of Directors approved the previous implementation plan on December 9, 2020. The plan prioritized the following health issues:

- Social determinants of health (SDOH)
- Access to mental and behavioral health services
- Enhancement of senior services

The following tables include completed activities, accomplishments and impacts/outcomes within the facility’s proposed goals. To view the full Implementation Plan visit: cabinetpeaks.org

Goal 1: Improve health, wellbeing, and access to preventative health services in Lincoln County by examining and addressing social determinants of health (SDOH)

	Activities	Accomplishments/Community Impact/Outcomes
Strategy 1.1: Engage with community partners to streamline processes that work to address social determinants of health in Lincoln County.	Utilize the Social Determinants of Health in Rural Communities Tool Kit to develop and implement community-wide strategies. ruralhealthinfo.org/toolkits/sdoh	The organizations referenced the RHI toolkit as a resource.
	Building upon Montana Healthcare Foundation Grant awarded to CPMC, create education and process to collectively capture and share data related to social determinants of health with the care teams.	
	Work with community partners to develop outreach/education to community about SDOH and how they affect health (drinking, smoking, ACES, grief/loss, socio-economic status, insurance coverage, etc.) Create panel or educational opportunities to hold community discussions around SDOH.	Upon completion in 2021, the organizations brought in community resources with county-wide collaboration. This included regular meetings, introducing resources and utilization.

	Explore development of tools/programs to disseminate resources to community as related to SDOH.	
Strategy 1.2: Continue to foster collaboration between health systems of care to enhance access to preventative services in Lincoln County.	Contact area health service partners to discuss referral and care coordination needs in Lincoln County.	A standard of practice at discharge was developed for referrals and care coordination. To aid in supporting this SOP, CPMC hired a certified Community Health Worker.
	Contact DPHHS Coordinator of Care Connect to explore feasibility to utilize/share Care Connect referral system platform connectmontana.org/	This was explored but with change of county staffing, implementation has not been consistent. This was not found to be a viable solution as a whole.
	Explore current resources and gaps in our community and how and best to improve access to care in Lincoln County.	CPMC Quality Risk Manager sat on the County Health Board, but stepped off in 2021.
Strategy 1.3: Improve access to healthcare services in Lincoln County.	Monitor developing programs or funding opportunities that assist in improving access to insurance via navigator model or similar.	
	Expand access to specialty services available via telehealth or on site.	
	Continue to participate in County EMS committee and other programs/grants that are working to enhance EMS services in Lincoln County. Utilize RHI Rural Community Paramedicine Tool Kit as a resource: ruralhealthinfo.org/toolkits/community-paramedicine	
Strategy 1.4: Collaborate with community partners to implement and support programs/education related to healthy behaviors and lifestyles.	Conduct an environmental scan to determine opportunities to support/enhance/coordinate with community programs that promote health and wellness (example: Zero to Five Lincoln Co.).	CPMC participated in: <ul style="list-style-type: none"> • Kiwanis “Day in the Park” in May • Farmer’s Market: Zero to Five Kids Zone in Summer 2021 • Christmas Tree Lighting- disseminated health & educational materials. • Meet and Greet with many health and wellness businesses in Libby to collaborate in local projects.

	CPMC, NWCHC, Health Department will develop a unified messaging campaign on immunizations and disease prevention (quarterly).	CPMC met bi-weekly with County COVID-19 Task Force and used the information shared to educate public.
	Continue sponsorship of community health and wellness programs and events.	Rehab played strong role in overall fitness and injury prevention during all 2021 Fall Sports at Libby High School. CPMC advertised for Prevent, Prenatal Classes CPMC worked with the Rehabilitation Dept. to offer a 1-hour learning session regarding Pelvic Floor Health for community members.
	Continue to offer and participate in the annual Community Health Fair promoting health, wellness, education and prevention.	CPMC continues to support an annual health fair in June.
	Continue ongoing screening and prevention programs that provide outreach related various health conditions in Lincoln County.	Free lab draws continue to be offered at the annual health fair. CPMC continues to support and champion the annual Paint it Pink event to raise awareness of breast health.

Goal 2: Enhance access, prevention and coordination of mental health, behavioral health and chemical dependency services for area residents.

	Activities	Accomplishments/Community Impact/Outcomes
Strategy 2.1: Engage with community partners to access mental and behavioral health needs and gaps in the County.	Reconnect with Western Montana Mental Health Center and other area mental health providers to explore current mental health resources and availability as well as determining potential gaps in services.	CPMC meets regularly with Western Montana Mental Health and their providers. With the continued communication, the referral process has become much smoother.
	Partner with a variety of entities in Lincoln County to conduct sequential mapping (Sequential intercept mapping -SAMHSA).	This activity was in process, but had to be paused due to the COVID-19 pandemic.
	Participate in community mental health action groups to have global discussion - utilize areas of need and strategies/resources to work toward goals.	The local Mental Health Coalition continues to host regular meetings in which CPMC has active members.

<p>Strategy 2.2: Engage with community partners to enhance access to mental and behavioral health programs/resources.</p>	<p>Explore grant/resources opportunities to address mental/behavioral health needs.</p>	
	<p>Explore opportunities to enhance crisis intervention/evaluation services (workforce expansion, grant programs, etc.).</p>	<p>In fiscal year 2022, CPMC began discussions with Frontier OnCall, a Montana based tele-psych organization, that can provide mental health evaluations for patients presenting at the Hospital and potential follow-up services.</p>
	<p>Expand pain management services by sponsoring staff to obtain their Fellowship of Pain Management certification or other educational opportunities at the Montana Pain Management Conference.</p>	<p>In fiscal years 2021 and 2022, CPMC continued to support the education of its CRNA's [Certified Registered Nurse Anesthetist] in pain management services and continued to grow the service line.</p>

Goal 3: Enhance senior services and age in place resources in Lincoln County

	Activities	Accomplishments/Community Impact/Outcomes
<p>Strategy 3.1: Collaborate with community partners to make Lincoln County more age friendly.</p>	<p>Identify and implement strategies to promote primary palliative care in Lincoln Co.</p>	<p>CPMC designed and remodeled a room specifically for palliative care.</p>
	<p>Explore implementing appropriate best practices/models from the Aging in Place Toolkit for Rural Communities to become a more age friendly community. ruralhealthinfo.org/toolkits/aging</p>	



APPENDICES

Appendix A- Steering Committee

Steering Committee Member	Organization Affiliation
Dorey Rowland	Lincoln County Zero to Five Program
Scott Beagle	Libby Public Schools
Diane Rewerts	Troy Community, Retired Population
Jordan Stow	Cedar Creek Integrated Health
Crystal Allan	Troy Community, Working Population, Young Family
Dawn Sonju	Western MT Area IV Agency on Aging
Zach Sherbo	Treatment Court
Lucy Orr	Lincoln County Library
Kindra Hagness	Youth Probation
Tracey McNew	Executive Director, CARD Clinic
Dorothy Smith	Discharge Planning, CPMC
Maria Clemons	CEO, Northwest Community Health Center
Nicci Hollingsworth	Quality, Cabinet Peaks Medical Center (CPMC)
Jenn McCully	Lincoln County Health Department
Paula Collins	Marketing Manager, CPMC
Kim Compton	CFO, CPMC
Jessica Brown	CPMC



Appendix B- Public Health & Populations Consultation

Public Health & Populations Consultation - a leader or representative of populations such as medically underserved, low-income, minority and/or populations with chronic disease.

Name/Organization

Dorey Rowland, Lincoln County Zero to Five Program
Scott Beagle, Public Schools
Diane Rewerts, Troy Community Representative
Jordan Stow, Cedar Creek Integrated Health
Crystal Allan, Troy Community Representative
Dawn Sonju, Western MT Area IV Agency on Aging
Zach Sherbo, Treatment Court
Lucy Orr, Lincoln County Library
Kindra Hagness, Youth Probation
Tracey McNew, Executive Director – Center for Asbestos Related Disease (CARD) Clinic
Dorothy Smith, Discharge Planning – Cabinet Peaks Medical Center (CPMC)
Maria Clemons, CEO – Northwest Community Health Center
Nicci Hollingsworth, Quality – CPMC
Jenn McCully, Lincoln County Health Department
Paula Collins, CPMC
Kim Compton, CFO – CPMC

Type of Consultation (Steering Committee, Key Informant Interviews, etc.)

First Steering Committee Meeting	Dec. 8, 2022
Key Informant Interviews	February 2023
Second Steering Committee Meeting	March 15, 2023

Public and Community Health

- I believe it is important to break out social media separately on the survey to see utilization (Instagram vs Facebook). It might really help our outreach and communication modes.
- I would like an open ended question about additional services that people would like to see. Responses may include several answers that wouldn't otherwise be listed.
- We should consider adding Occupational and Speech therapy as response options for services used in the past three years.
- And we should also add substance abuse services to that same list (services used in the past 3 years).

- Can we include vaccine education and parenting/family engagement as programs/classes that individuals may be interested in. Like some of the other questions, these responses could be useful in guiding our future opportunities.
- There have been some changes with primary care locations since our last CHNA. We need to add Eureka Family Health and Wellness and Logan Health Primary Care Eureka to the list of local options.
- Can we clarify “birthing services” on the list of services available in Lincoln County to be hospital births because I know there are a lot that utilize home birthing options around here.

Population: Seniors

- I know home health services are a big need here. We should add it as an option for what would improve access to care.

Population: Youth

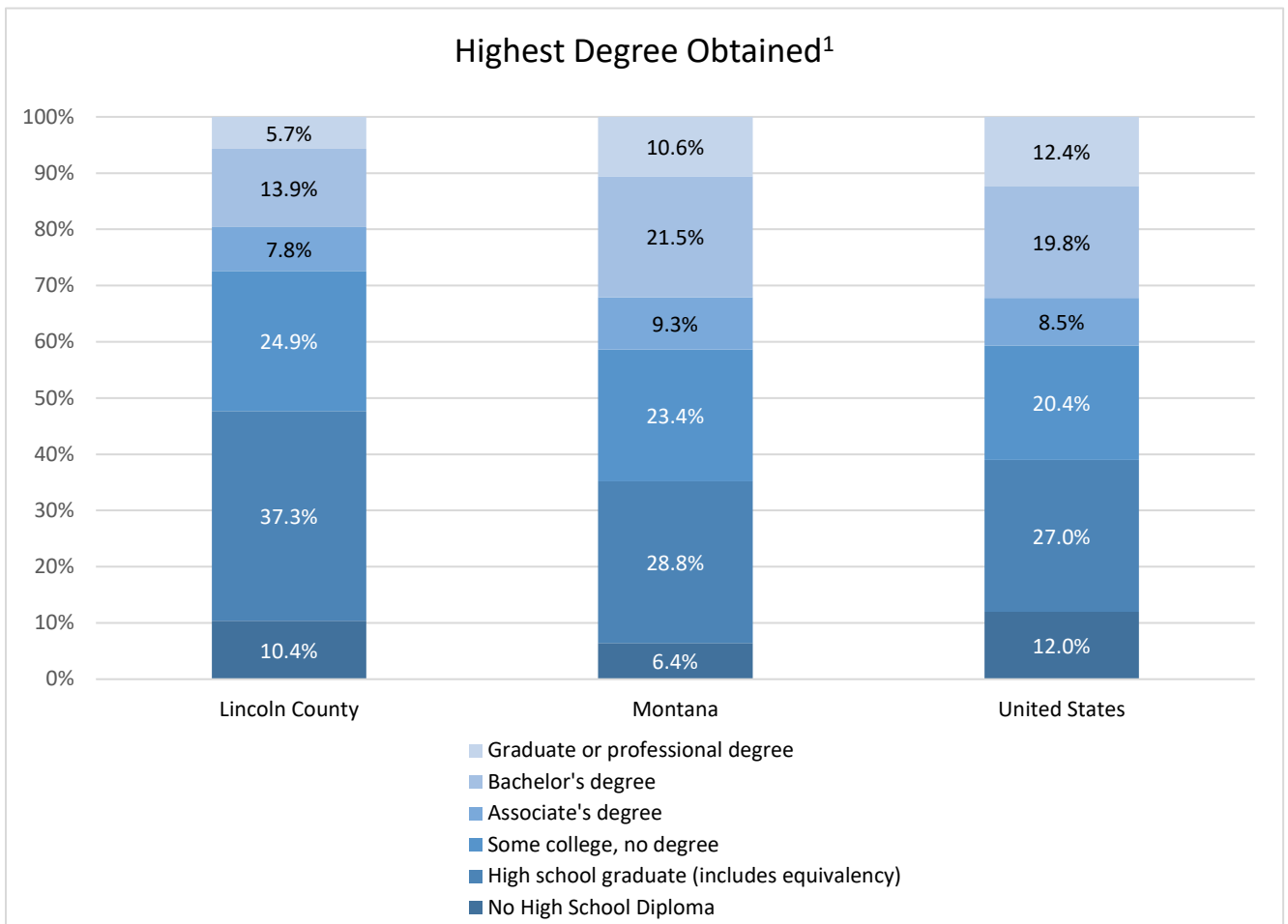
- I think it’s really important to include ACEs [Adverse Childhood Experiences] in the survey, although I am not sure that people outside of healthcare would know what that is. And I do think that ACEs is different than “child abuse and neglect” so it should still be a separate response option.
- We hear the term ‘ACEs’ in the local schools as well but it is not really a common term known to the community. I’m not sure of an alternative term to use though, so maybe we should just leave it as is.

Appendix C- Lincoln Co. Secondary Data

Demographic Measure (%)		County			Montana			Nation		
Population ¹		19,537			1,050,649			324,697,795		
Population Density ¹		5.3			7.1			85.5		
Veteran Status ¹		14.8%			10.4%			7.3%		
Disability Status ¹		22.2%			13.6%			12.6%		
Age ¹		<5	18-64	65+	<5	18-64	65+	<5	18-64	65+
		4.3%	54.1%	27.7%	5.8%	60.1%	18.2%	6.1%	61.7%	15.6%
Gender ¹		Male		Female	Male		Female	Male		Female
		49.7%		50.3%	50.3%		49.7%	49.2%		50.8%
Race/Ethnic Distribution ¹		White			91.4%			75.3%		
		American Indian or Alaska Native			8.3%			1.7%		
		Other [†]			3.7%			26.5%		

¹ US Census Bureau - American Community Survey (2019)

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



¹ US Census Bureau - American Community Survey (2019)

Socioeconomic Measures (%)	County	Montana	Nation
Median Income ¹	\$40,140	\$54,970	\$62,843
Unemployment Rate ¹	9.5%	4.0%	5.3%
Persons Below Poverty Level ¹	17.4%	13.1%	13.4%
Children in Poverty ¹	29.1%	15.8%	18.5%
Internet at Home ²	75.7%	81.5%	-
Households with Population Age 65+ Living Alone ²	1,306	52,166	-
Households Without a Vehicle ²	332	21,284	-
Households Receiving SNAP ²	1,100	56,724	-
Eligible Recipients of Free or Reduced Price Lunch ³ 2019/2020 school year	56.2%	42.9%	-
Enrolled in Medicaid ^{4, 1}	12.2%	9.7%	19.8%
Uninsured Adults ^{5, 6} Age <65	14.0%	12.0%	12.1%
Uninsured Children ^{5, 6} Age <18	7.0%	6.0%	5.1%

¹ US Census Bureau - American Community Survey (2019), ² US Census Bureau - COVID-19 Impact Planning Report (2021), ³ Kids Count Data Center, Annie E. Casey Foundation (2020), ⁴ Medicaid Expansion Dashboard, MT-DPHHS (2020), ⁵ County Health Ranking, Robert Wood Johnson Foundation (2020), ⁶ Health Insurance Coverage, Centers for Disease Control and Prevention (CDC) (2019)

Maternal Child Health	County	Montana	Nation
General Fertility Rate* ⁷ Per 1,000 Women 15-44 years of age (2017-2019)	61.2	59.3	-
Preterm Births ⁷ Born less than 37 weeks (2017-2019)	7.0%	9.4%	-
Adolescent Birth Rate ⁷ Per 1,000 years females 15-19 years of age (2017-2019)	16.5	18.3	-
Smoking during pregnancy ^{3, 8}	22.1%	16.5%	7.2%
Kotelchuck Prenatal Care** ⁷ Adequate or Adequate-Plus (2017-2019)	78.0%	75.7%	-
Low and very low birth weight infants ⁷ Less than 2500 grams (2017-2019)	7.0%	7.6%	-
Childhood Immunization Up-To-Date (UTD) ^{§ 9}	51.9%	64.8%	-

⁷ IBIS Birth Data Query, MT-DPPHS (2020), ³ Kids Count Data Center, Annie E. Casey Foundation (2020), ⁸ National Center for Health Statistics (NCHS), CDC (2016), ⁹ Clinic Immunization Results, MT-DPHHS (2020)

* General fertility rate is the number of live births per 1,000 females of childbearing age between the ages of 15-44 years.

**The Kotelchuck Index, also called the Adequacy of Prenatal Care Utilization (APNCU) Index, uses two crucial elements obtained from birth certificate data-when prenatal care began (initiation) and the number of prenatal visits from when prenatal care began until delivery (received services). The Kotelchuck index classifies the adequacy of initiation as follows: pregnancy months 1 and 2; months 3 and 4; months 5 and 6; and months 7 to 9. A ratio of observed to expected visits is calculated and grouped into four categories: Inadequate (received less than 50% of expected visits); Intermediate (50%-79%); Adequate (80%-109%); Adequate Plus (110% or more).

§ UTD = 4 DTaP, 3 Polio, 1 MMR, 3/4 Hib, 3 Hep B, 1 Var, 4 PCV by 24 – 35-month-old children.

Behavioral Health	County	Montana	Nation
Adult Smoking ⁵	22.0%	19.0%	16.0%
Excessive Drinking ⁵	20.0%	22.0%	15.0%
Adult Obesity ⁵	27.0%	27.0%	26.0%
Poor Mental Health Days ⁵ (Past 30 days)	4.5	3.9	3.8
Physical Inactivity ⁵	21.0%	22.0%	19.0%
Do NOT wear seatbelts ¹⁰ State Age-Adjusted Prevalence (2018) Nation Crude Prevalence (2018)	-	10.3%	6.3%
Drink and Drive ¹⁰ State Age-Adjusted Prevalence (2018) Nation Crude Prevalence (2018)	-	3.7%	3.1%

⁵ County Health Ranking, Robert Wood Johnson Foundation (2020), ¹⁰ Behavioral Risk Factor Surveillance System, CDC (2019)

Cancer prevention & screening	County	Montana	Nation
Human Papillomavirus (HPV) vaccination UTD ^{†† 11, 12} Adolescents 13-17 years of age (2020)	14.1%	54.4%	58.6%
Cervical cancer screening in past 3 years ^{13, 10} Age adjusted (county/state) and crude (nation) prevalence among adult women aged 21–65 years (2018)	82.5%	76.8%	80.1%
Mammography in past 2 years ^{13, 10} Age adjusted (county/state) and crude (nation) prevalence among women 50-74 years (2018)	65.4%	73.4%	78.3%
Colorectal Cancer Screening ^{13, 10} Age adjusted (county) and crude (state/nation) prevalence among adults age 50-75 years (2018)	59.4%	64.5%	69.7%

¹¹ Adolescent Immunization Coverage by County, MT-DPHHS (2020), ¹² National Center for Immunization and Respiratory Diseases, CDC (2021), ¹³ PLACES Project, CDC (2020), ¹⁰ Behavioral Risk Factor Surveillance System, CDC (2019)

^{††} An up-to-date HPV vaccination measure assesses the completion of the HPV vaccine series (2 doses separated by 5 months [minus 4 days] for immunocompetent adolescents initiating the HPV vaccine series before their 15th birthday, and 3 doses for all others).

Infectious Disease Incidence Rates ¹⁴ Per 100,000 people (2015-2017)	County	Montana
Enteric Diseases *	57.3	80.1
Hepatitis C virus	108.4	93.4
Sexually Transmitted Diseases (STD) †	258.8	551.6
Vaccine Preventable Diseases (VPD) §	71.2	91.5

¹⁴ IBIS Community Snapshot, MT-DPPHS

* Foodborne illness † STD analyses include chlamydia, gonorrhea, and primary/secondary syphilis

§ VPD analyses include: Chickenpox, *Haemophilus influenzae*, Meningococcal disease, Mumps, Pertussis, *Streptococcus pneumoniae*, Tetanus

Chronic Conditions ¹⁰	County	Montana	Nation
Cardiovascular Disease (CVD) prevalence <i>Adults aged 18 years and older (2014-2016)</i>	**	7.9	8.6
Chronic Obstructive Pulmonary Disease (COPD) prevalence <i>Adults aged 18 years and older (2014-2016)</i>	**	6.6	6.4
Diabetes Prevalence <i>Adults aged 18 years and older (2014-2016)</i>	**	8.3	10.6
Breast Cancer Incidence Rate <i>Age-Adjusted Per 100,000 population (2014-2016)</i>	105.1	125.0	124.1
Cervical Cancer Incidence Rate <i>Age-Adjusted Per 100,000 population (2014-2016)</i>	**	7.9	7.4
Colon and Rectum Cancer (CRC) Incidence Rate <i>Age-Adjusted Per 100,000 population (2014-2016)</i>	39.9	37.1	38.9
Lung Cancer Incidence Rate <i>Age-Adjusted Per 100,000 population (2014-2016)</i>	89.0	52.2	60.0
Melanoma Cancer Incidence Rate <i>Age-Adjusted Per 100,000 population (2014-2016)</i>	27.2	26.3	21.0
Prostate Cancer Incidence Rate <i>Age-Adjusted Per 100,000 population (2014-2016)</i>	121.5	109.6	103.0

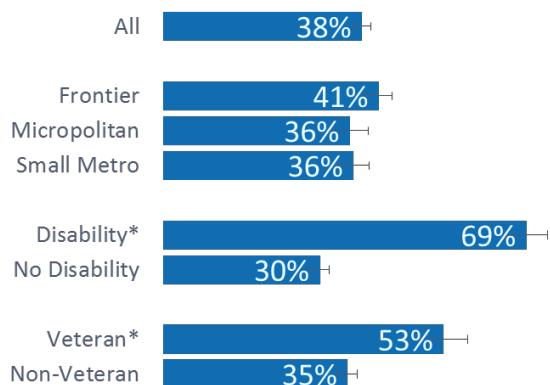
¹⁴ IBIS Community Snapshot, MT-DPPHS

** Data were suppressed to protect privacy.

Montana Adults with Self-Reported Chronic Condition ¹⁰	
1. Arthritis	29.0%
2. Depression	24.1%
3. Asthma	10.0%
4. Diabetes	7.6%
5. COPD	6.8%
6. Cardiovascular disease	3.9%
7. Kidney disease	2.4%

¹⁰ Behavioral Risk Factor Surveillance System, CDC (2019)

Percent of Montana Adults with Two or More Chronic Conditions



Mortality	County	Montana	Nation
Suicide Rate¹⁵ <i>Per 100,000 population (2009-2018)</i>	34.2	23.9	-
Veteran Suicide Rate¹⁵ <i>Per 100,000 population (2009-2018)</i>	-	65.7	38.4
Alzheimer's Disease Mortality Rate¹⁶ <i>Age-Adjusted per 100,000 population (2017- 2019)</i>	-	21.7	-
Pneumonia/Influenza Mortality Rate¹⁷ <i>Age-Adjusted per 100,000</i>	-	10.5	12.3
Leading Causes of Death^{16, 18}	-	1. Heart Disease 2. Cancer 3. Chronic Lower Respiratory Disease (CLRD)	1. Heart Disease 2. Cancer 3. Unintentional injuries

¹⁵ Suicide in Montana, MT-DPHHS (2021), ¹⁶ IBIS Mortality Query, MT- DPPHS (2019), ¹⁷ Kaiser State Health Facts, National Pneumonia Death Rate (2019), ¹⁸ National Vital Statistics, CDC (2019)

** Data were suppressed to protect privacy.

Montana Health Disparities ¹⁰	White, non-Hispanic	American Indian/Alaska Native	Low Income*
14+ Days when physical health status was NOT good <i>Crude prevalence (2019)</i>	13.0%	17.9%	28.9%
14+ Days when mental health status was NOT good <i>Crude prevalence (2019)</i>	13.2%	19.2%	30.0%
Current smoker <i>Crude prevalence (2019)</i>	14.5%	41.5%	32.9%
Routine checkup in the past year <i>Crude prevalence (2019)</i>	72.8%	74.1%	81.1%
No personal doctor or health care provider <i>Crude prevalence (2019)</i>	26.5%	28.8%	23.8%
No dental visit in the last year for any reason <i>Crude prevalence (2020)</i>	34.9%	41.6%	48.1%
Consumed fruit less than one time per day <i>Crude prevalence (2019)</i>	40.5%	46.8%	49.5%
Consumed vegetables less than one time per day <i>Crude prevalence (2019)</i>	16.7%	18.0%	22.0%
Does not always wear a seat belt <i>Crude prevalence (2020)</i>	10.8%	15.9%	16.0%

¹⁰ Behavioral Risk Factor Surveillance System, CDC (2019)

*Annual household income < \$15,000

Youth Risk Behavior ¹⁹	Montana		Nation
	White, non-Hispanic	American Indian/Alaska Native	
Felt Sad or Hopeless <i>Almost every day for two weeks or more in a row, during the past 12 months</i>	35.3%	39.6%	36.7%
Attempted Suicide <i>During the past 12 months</i>	8.7%	15.4%	8.9%
Lifetime Cigarette Use <i>Students that have ever tried smoking</i>	28.3%	48.9%	24.1%
Currently Drink Alcohol <i>Students that have had at least one drink of alcohol on at least one day during the past 30 days</i>	34.3%	25.3%	29.2%
Lifetime Marijuana Use <i>Students that have used marijuana one or more times during their life</i>	36.9%	58.9%	36.8%
Texting and Driving <i>Among students who drove a car in the past 30 days</i>	55.2%	39.6%	39.0%
Carried a Weapon on School Property <i>In the last 30 days</i>	7.2%	3.2%	2.8%

¹⁹ Montana Youth Risk Behavior Survey (2019)

Secondary Data – Healthcare Workforce Data 2021

Health Professional Shortage Area & Medically Underserved Areas/Populations

The uneven geographic distribution of health system resources has long been a problem in the United States. As a result, many individuals do not have adequate access to health services in their community. State and Federal programs have been put in place to attempt to ameliorate this problem and reduce the barriers to access healthcare. The Health Professional Shortage Area (HPSA) program and the Medically Underserved Areas/Populations (MUA/P) are among the tools used to increase the supply, capacity, and distribution of health professionals to areas of greatest need. HPSA designations indicate shortages of healthcare professionals who provide primary care, dental, and mental health services. Designation may help communities attract new healthcare workforce and it may increase Medicare and Medicaid reimbursement to already existing healthcare providers.

Health Professional Shortage Area Designation ¹ – Lincoln County, Montana		
Discipline	HPSA Score	HPSA
Primary Care	14	✓ Low income population
Dental Health	17	✓ Low income population
Mental Health	18	✓ High needs geographic population
HPSA Scores range from 0 to 25 (primary care and mental health) and 0 to 26 (dental health) where the higher the score, the greater the priority		

¹ Health Resources and Services Administration (2021)

Provider Supply and Access to Care ²				
Measure	Description	Lincoln Co. (N = 1) **	Montana (N = 49) **	National (N = 1347) **
Primary care physicians	Ratio of population to primary care physicians	1284:1	1349:1	1050:1
Other primary care providers	Ratio of population to other primary care providers including nurse practitioners, physician assistants, and clinical nurse specialists	884:1	878:1	726:1
Dentists	Ratio of population to dentists	1767:1	1388:1	1260:1
Mental health providers	Ratio of population to mental health providers	512:1	356:1	310:1

² Critical Access Hospital Measurement and Performance Assessment System (CAHMPAS) - FLEX Monitoring (2019)

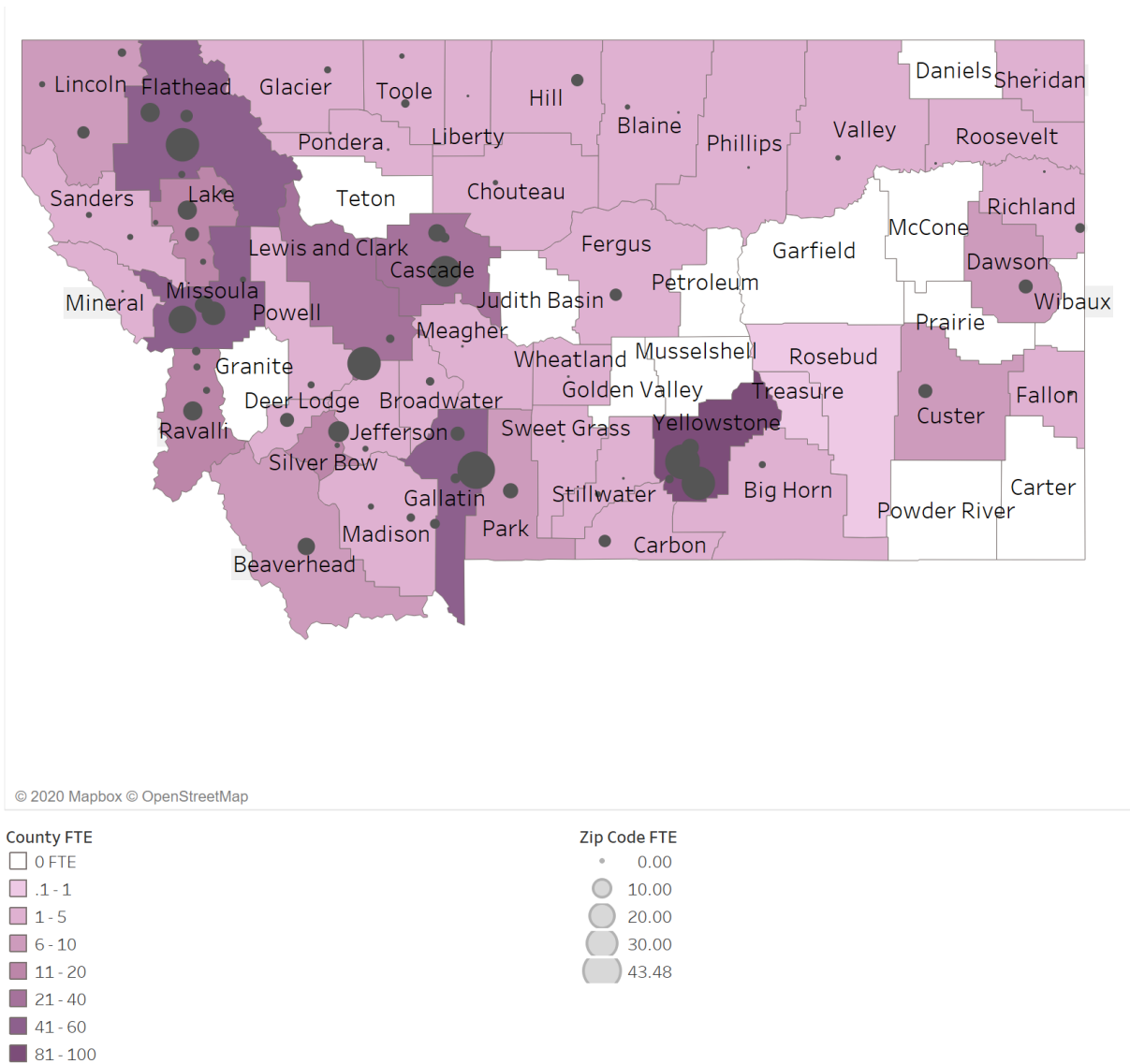
** Total number of CAHs in region

Healthcare workforce Distribution Maps

WIM Tracking is a Montana-based health workforce research company. WIM Tracking proactively monitors the movement of healthcare professionals in Wyoming, Idaho and Montana and maintains the data within a relational database.

- Counts only include actively practicing providers.
- Counts do not include providers at limited access facilities (VA, Malmstrom AFB, Indian Health Services, Montana State Prison, Montana State Hospital, therapeutic boarding schools)
- Counts only include primary practice locations. Locum Tenens providers are not included.
- Primary Care specialties include Family Medicine, Internal Medicine and Pediatrics.

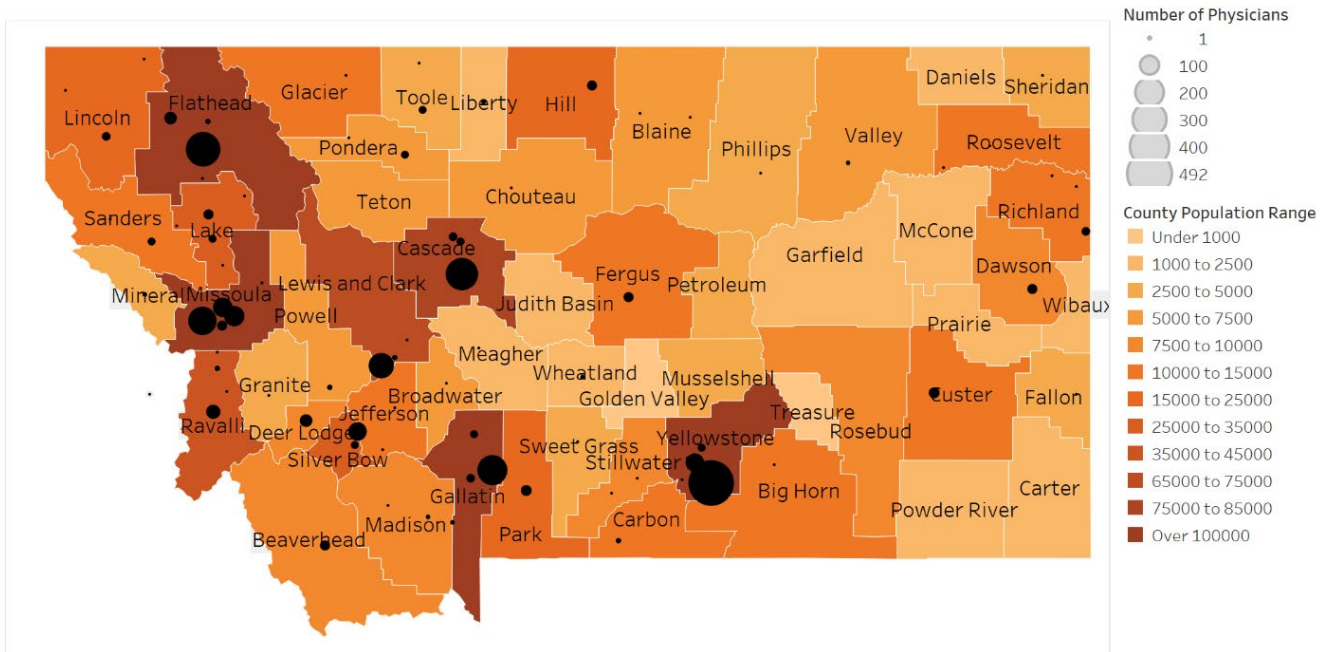
Primary Care Physician FTE: Practice Locations Plotted by Zip Code



Data Source: Montana Primary Care Office data (2020) compiled and analyzed by WIM Tracking (Sept. 2020)

*Note: Does not include IHS or Tribal Health physicians.

Physicians (All Specialties) by County Population Range



Data Source: Montana Primary Care Office data (2020) and WIM Tracking (Sept. 2020)

*Note: Does not include IHS or Tribal Health physicians.

Appendix D- Survey Cover Letter



January 6, 2023

Dear [LASTNAME] household:

Participate in our Community Health Needs Assessment survey for a chance to
WIN one of three (3) \$50 Visa gift cards!

Cabinet Peaks Medical Center, Cabinet Peaks Clinic, Northwest Community Health Center, and Lincoln County Health Department are partnering with the Montana Office of Rural Health (MORH) to administer a joint community health needs assessment survey. The purpose of the survey is to obtain information from a wide range of participants to assist in planning our programs, services, and facilities to best serve our community. Your help is critical in determining health priorities and planning for future needs.

Your name has been randomly selected as a resident who lives in the county. The survey covers topics such as: use of health care services, awareness of services, community health, health insurance and demographics. We know your time is valuable, so we have made an effort to keep the survey to about 15 minutes. Participating in this survey is completely voluntary and your identity and answers will remain confidential.

1. Due date to complete survey: February 10, 2023
2. Complete the enclosed survey and return it in the envelope provided - no stamp needed.
3. You can also access the survey at <http://helpslab.montana.edu/survey.html>. Select "Lincoln County Survey." Your access code is [CODED]
4. The winners of the \$50 Visa gift cards will be contacted the week of February 20th.

All survey responses will go to the Human Ecology Learning and Problem Solving (HELPS) Lab at Montana State University in Bozeman, the organization that is assisting MORH with this project. If you have any questions about the survey, please call MORH at 406-994-6986. We believe, with your help, we can continue to improve health care services in our region.

Thank you for your assistance. We appreciate your time.

In good health,

Tadd Greenfield, CEO
Cabinet Peaks Medical Center

Maria Clemons, Director
NW Community Health Center

Kathi Hooper, RS, Director
Lincoln County Health Department

Appendix E- Survey Instrument

Community Health Needs Assessment Survey Libby, Montana

INSTRUCTIONS: Please complete this survey by marking the appropriate boxes and then return it in the enclosed postage-paid envelope. If you need assistance, please contact the Montana Office of Rural Health at 406-994-6986. Participation is voluntary, and your responses will remain confidential. You can choose not to answer any question and can stop at any time.

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

- Very healthy Healthy Somewhat healthy Unhealthy Very unhealthy

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

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Alcohol/drug use | <input type="checkbox"/> Hunger | <input type="checkbox"/> Recreation related accidents/injuries | <input type="checkbox"/> Trauma/Adverse Childhood Experiences (ACES) |
| <input type="checkbox"/> Alzheimer's/dementia | <input type="checkbox"/> Lack of access to care (health, dental, mental, etc.) | <input type="checkbox"/> Respiratory issues/illness | <input type="checkbox"/> Work/economic stress |
| <input type="checkbox"/> Asbestos related disease | <input type="checkbox"/> Lack of exercise | <input type="checkbox"/> Social isolation/loneliness | <input type="checkbox"/> Work related accidents/injuries |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Mental health (Depression/anxiety/etc.) | <input type="checkbox"/> Stroke | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Child abuse/neglect | <input type="checkbox"/> Motor vehicle accidents | <input type="checkbox"/> Suicide | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Overweight/obesity | <input type="checkbox"/> Tobacco use (cigarettes/cigars, vaping, smokeless) | |
| <input type="checkbox"/> Domestic violence | | | |
| <input type="checkbox"/> Heart disease | | | |
| <input type="checkbox"/> Housing/homelessness | | | |

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

- | | | |
|--|---|---|
| <input type="checkbox"/> Access to childcare/after school programs | <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Low level of domestic violence |
| <input type="checkbox"/> Access to healthcare services | <input type="checkbox"/> Arts and cultural events | <input type="checkbox"/> Parks and recreation |
| <input type="checkbox"/> Access to adequate foods | <input type="checkbox"/> Clean environment/water | <input type="checkbox"/> Religious or spiritual values |
| <input type="checkbox"/> Access to mental health services | <input type="checkbox"/> Community involvement | <input type="checkbox"/> Strong family life |
| <input type="checkbox"/> Access to senior living options | <input type="checkbox"/> Good jobs and a healthy economy | <input type="checkbox"/> Tolerance for diversity |
| <input type="checkbox"/> Activities for seniors | <input type="checkbox"/> Good schools | <input type="checkbox"/> Transportation services |
| <input type="checkbox"/> Affordable healthcare | <input type="checkbox"/> Healthy behaviors and lifestyles | <input type="checkbox"/> Youth recreation activities |
| | <input type="checkbox"/> Low crime/safe neighborhoods | <input type="checkbox"/> Other: _____ |

4. How do you rate your knowledge of the health services that are available in Lincoln County?

- Excellent Good Fair Poor

5. How do you learn about health services available in our community? **(Select ALL that apply)**

- | | | |
|--|--|---|
| <input type="checkbox"/> Billboards/posters | <input type="checkbox"/> Mailings/newsletter | <input type="checkbox"/> Twitter |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Website |
| <input type="checkbox"/> Friends/family | <input type="checkbox"/> Presentations | <input type="checkbox"/> Word of mouth/reputation |
| <input type="checkbox"/> Google/internet | <input type="checkbox"/> Public health nurse | <input type="checkbox"/> Yellow pages |
| <input type="checkbox"/> Healthcare provider | <input type="checkbox"/> Radio | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Instagram | <input type="checkbox"/> Schools | |

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

- | | | |
|--|---|---|
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Housing assistance | <input type="checkbox"/> Physical therapy |
| <input type="checkbox"/> County Health Department | <input type="checkbox"/> Massage therapy | <input type="checkbox"/> Senior center |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Mental health services/counselor | <input type="checkbox"/> Speech therapy |
| <input type="checkbox"/> Food assistance programs | <input type="checkbox"/> Midwife | <input type="checkbox"/> Substance addiction treatment |
| <input type="checkbox"/> Health club or fitness center | <input type="checkbox"/> Occupational therapy | <input type="checkbox"/> Support groups |
| <input type="checkbox"/> Health food store | <input type="checkbox"/> Optometrist | <input type="checkbox"/> Transportation services |
| <input type="checkbox"/> Health screenings | <input type="checkbox"/> Parish nursing | <input type="checkbox"/> Women, Infants, Children (WIC) |
| <input type="checkbox"/> Home birth | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Home health assistance | <input type="checkbox"/> Prenatal care | |

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Assisted living facility | <input type="checkbox"/> Greater health education services | <input type="checkbox"/> More specialists |
| <input type="checkbox"/> Availability of long-term care | <input type="checkbox"/> Improved quality of care | <input type="checkbox"/> Mental health crisis stabilization |
| <input type="checkbox"/> Better appointment availability | <input type="checkbox"/> Interpreter services | <input type="checkbox"/> Payment assistance programs |
| <input type="checkbox"/> Clinic service expanded hours | <input type="checkbox"/> More information about available services | <input type="checkbox"/> Telemedicine |
| <input type="checkbox"/> Cultural sensitivity | <input type="checkbox"/> More primary care providers | <input type="checkbox"/> Transportation assistance |
| <input type="checkbox"/> Expanded home health services | | <input type="checkbox"/> Other: _____ |

8. Which of the following topics would you be most interested in learning about? **(Select ALL that apply)**

- | | | |
|---|---|--|
| <input type="checkbox"/> Alcohol/substance abuse | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Prenatal |
| <input type="checkbox"/> Alzheimer's | <input type="checkbox"/> Lactation/breastfeeding support | <input type="checkbox"/> Sexual health education |
| <input type="checkbox"/> Anxiety/depression | <input type="checkbox"/> Living will | <input type="checkbox"/> Smoking/tobacco cessation |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Lung disease | <input type="checkbox"/> Suicide prevention |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Men's health | <input type="checkbox"/> Support groups |
| <input type="checkbox"/> Early childhood education | <input type="checkbox"/> Mental health | <input type="checkbox"/> Trauma/Adverse Childhood Experiences (ACES) |
| <input type="checkbox"/> First aid/CPR | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Weight loss |
| <input type="checkbox"/> Fitness | <input type="checkbox"/> Parenting/Family engagement | <input type="checkbox"/> Women's health |
| <input type="checkbox"/> Grief counseling | <input type="checkbox"/> Personal finance | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Health and wellness | <input type="checkbox"/> Post-Traumatic Stress Disorder (PTSD) services | |
| <input type="checkbox"/> Health insurance education | | |

9. Which of the following preventive services have you or someone in your household used in the past year?

(Select ALL that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Annual wellness exam/physical | <input type="checkbox"/> Counseling | <input type="checkbox"/> Pap test/cervical cancer screenings |
| <input type="checkbox"/> Asbestos health screening | <input type="checkbox"/> Dental exam | <input type="checkbox"/> Prostate (PSA) |
| <input type="checkbox"/> Blood pressure check | <input type="checkbox"/> Eye exam | <input type="checkbox"/> Routine immunizations |
| <input type="checkbox"/> Blood screening labs | <input type="checkbox"/> Health fair | <input type="checkbox"/> STD Screenings |
| <input type="checkbox"/> Bone density scan (DEXA) | <input type="checkbox"/> Hearing check | <input type="checkbox"/> Work/Insurance Wellness program |
| <input type="checkbox"/> Children's checkup/ Well baby | <input type="checkbox"/> Lung cancer screening | <input type="checkbox"/> None |
| <input type="checkbox"/> Colonoscopy | <input type="checkbox"/> Mammography | <input type="checkbox"/> Other: _____ |

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

- Yes No **(If no, skip to question 12)**

- 11. If yes, what were the **three** most important reasons why you did not receive healthcare services? (Select ONLY 3)**
- | | | |
|---|---|--|
| <input type="checkbox"/> Could not get an appointment | <input type="checkbox"/> Had no childcare | <input type="checkbox"/> Office wasn't open when I could go |
| <input type="checkbox"/> Could not get off work | <input type="checkbox"/> It cost too much | <input type="checkbox"/> Too long to wait for an appointment |
| <input type="checkbox"/> COVID-19 barriers/concerns | <input type="checkbox"/> It was too far to go | <input type="checkbox"/> Too nervous or afraid |
| <input type="checkbox"/> Didn't know where to go | <input type="checkbox"/> Language barrier | <input type="checkbox"/> Transportation problems |
| <input type="checkbox"/> Don't like doctors | <input type="checkbox"/> My insurance didn't cover it | <input type="checkbox"/> Unsure if services were available |
| <input type="checkbox"/> Don't understand healthcare system | <input type="checkbox"/> No insurance | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Not treated with respect | |

- 12. In the past three years, have you or a household member seen a primary healthcare provider such as a family physician, physician assistant or nurse practitioner for healthcare services?**
- Yes No **(If no, skip to question 15)**

- 13. Where was that primary healthcare provider located? (Select ONLY 1)**
- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Bonners Ferry, ID | <input type="checkbox"/> Family Health and Wellness (Libby) | <input type="checkbox"/> Logan Health Primary Care Eureka | <input type="checkbox"/> Sandpoint, ID |
| <input type="checkbox"/> Cabinet Peaks Clinic | <input type="checkbox"/> Kalispell | <input type="checkbox"/> Northwest Community Health Center (Libby and Troy locations) | <input type="checkbox"/> VA Clinic |
| <input type="checkbox"/> Eureka Family Health and Wellness | <input type="checkbox"/> Libby Clinic | | <input type="checkbox"/> Whitefish |
| | | | <input type="checkbox"/> Other: _____ |

- 14. Why did you select the primary care provider you are currently seeing? (Select ALL that apply)**
- | | | |
|---|---|---|
| <input type="checkbox"/> Appointment availability | <input type="checkbox"/> Length of waiting room time | <input type="checkbox"/> Referred by physician/provider |
| <input type="checkbox"/> Clinic/provider's reputation for quality | <input type="checkbox"/> Prior experience with clinic | <input type="checkbox"/> Required by insurance plan |
| <input type="checkbox"/> Closest to home | <input type="checkbox"/> Privacy/confidentiality | <input type="checkbox"/> VA/Military requirement |
| <input type="checkbox"/> Cost of care | <input type="checkbox"/> Recommended by family or friends | <input type="checkbox"/> Other: _____ |

- 15. In the past three years, has anyone in your household received care in a hospital? (i.e., hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology or emergency care)**
- Yes No **(If no, skip to question 18)**

- 16. If yes, which hospital does your household use MOST for hospital care? (Select ONLY 1)**
- | | | |
|--|--|---|
| <input type="checkbox"/> Bonner General Hospital (Sandpoint) | <input type="checkbox"/> Coeur d'Alene area hospital | <input type="checkbox"/> Spokane hospital |
| <input type="checkbox"/> Boundary Community Hospital (Bonners Ferry) | <input type="checkbox"/> Logan Health Medical Center (Kalispell) | <input type="checkbox"/> VA Hospital |
| <input type="checkbox"/> Cabinet Peaks Medical Center (Libby) | <input type="checkbox"/> Logan Health - Whitefish | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Missoula area hospital | |

- 17. Thinking about the hospital you were at most frequently, what were the **three** most important reasons for selecting that hospital? (Select ONLY 3)**
- | | | |
|--|--|---|
| <input type="checkbox"/> Closest to home | <input type="checkbox"/> Hospital's reputation for quality | <input type="checkbox"/> Required by insurance plan |
| <input type="checkbox"/> Closest to work | <input type="checkbox"/> Prior experience with hospital | <input type="checkbox"/> Specialty services |
| <input type="checkbox"/> Cost of care | <input type="checkbox"/> Privacy/confidentiality | <input type="checkbox"/> VA/Military requirement |
| <input type="checkbox"/> Emergency, no choice | <input type="checkbox"/> Recommended by family or friends | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Financial assistance programs | <input type="checkbox"/> Referred by physician/provider | |

18. In the past three years, have you or a household member seen a healthcare specialist (other than your primary care provider/family doctor) for healthcare services?
 Yes No (If no, skip to question 21)

19. Where was the healthcare specialist seen? (Select ALL that apply)

- Bonners Ferry, ID Libby Missoula Whitefish
 Eureka Kalispell Spokane Other: _____

20. What type of healthcare specialist was seen? (Select ALL that apply)

- Addiction counselor Diabetes educator Occupational therapist Pulmonologist
 Allergist Endocrinologist Oncologist Radiologist
 Asbestos Related Disease ENT (ear/nose/throat) Ophthalmologist Rheumatologist
 Audiologist Gastroenterologist Optometrist Sensory specialist
 Cardiologist General surgeon Orthopedic surgeon Speech therapist
 Chiropractor Geriatrician Pediatrician Urologist
 Dentist Mental health counselor Physical therapist Other: _____
 Dermatologist Neurologist Podiatrist
 Dietician Neurosurgeon Psychiatrist (M.D.)
 OB/GYN Psychologist

21. The following services are available in Lincoln County. Please rate the overall quality for each service by circling your answer. (Please circle N/A if you have not used the service)

	Excellent	Good	Fair	Poor	Don't know/ Haven't used
Birthing services (hospital based)	4	3	2	1	N/A
Emergency room	4	3	2	1	N/A
Primary Care	4	3	2	1	N/A
Imaging/Radiology	4	3	2	1	N/A
Laboratory	4	3	2	1	N/A
Physical/speech/occupational therapy	4	3	2	1	N/A
Surgery	4	3	2	1	N/A
Immunization Services	4	3	2	1	N/A

22. What additional healthcare and community services would you use if available locally?

23. To what degree has your life been negatively affected by your own or someone else's mental health (which includes stress, anxiety, depression, troubling or confusing thoughts, and problems with emotions)?

- A great deal Somewhat A little Not at all

24. In the past year, how often have you felt lonely or isolated?

- Everyday Sometimes (3-5 days per month) Never
 Most days (3-5 days per week) Occasionally (1-2 days per month)

25. To what degree has your life been negatively affected by your own or someone else's substance use issues, including alcohol, prescription or other drugs? Would you say:

- A great deal
 Somewhat
 A little
 Not at all

26. Please rate your perception of the availability of behavioral health services in the county.

	Excellent	Good	Fair	Poor	Don't know/ Haven't used
Availability of substance use treatment programs	4	3	2	1	N/A
Availability of Alcoholics Anonymous groups	4	3	2	1	N/A
Availability of prevention programs	4	3	2	1	N/A
Availability of mental health services	4	3	2	1	N/A

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

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

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

- Yes
 No
 Not applicable

29. In the past year, did you worry that you would not have enough food?

- Yes
 No

30. Do you feel that your community has adequate and affordable housing options available?

- Yes
 No
 Don't know

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

- Yes, and I use them
 Yes, but I do not qualify
 Yes, but choose not to use
 No
 Not sure

32. Do you have (young/dependent) children at home?

- Yes
 No (If no, skip to question 36)

33. How can parents/guardians be better supported in the community? (Select ALL that apply)

- Better access to resources that support basic needs
 More availability and access to parenting information
 Greater availability and range of programs for parents (support groups, drop-ins, workshops, etc.)
 More opportunities to socialize and get support from other parents and community members
 Greater awareness of common parenting challenges
 More recreational opportunities for families
 Increased information on existing programs and services for parents
 Other: _____

34. What challenges have you faced with access to childcare? (Select ALL that apply)

- Anxiety about leaving child
 Finding information about available options
 Not having childcare was a barrier to employment and/or education
 Costs too much
 Finding quality childcare (safe, trained staff, reliable, educational)
 Too far from home/work
 Couldn't find childcare for the times needed
 Not enough available options
 None
 Other: _____

35. What have you struggled with as a parent/guardian? (Select ALL that apply)

- Access to childcare
 Access to quality healthcare

- Co-parenting with an ex
- Dealing with difficult child behaviors
- Differing parenting styles within the household
- Feelings of guilt/inadequacy/being overwhelmed
- Financial stress
- Lack of parenting resources
- Meeting family's basic needs (food, housing)
- One or both parent(s) being absent frequently (i.e., military deployment)
- Personal physical and/or mental health needs
- Single parenting
- Supporting a child with physical or mental health needs
- Transportation of children to school/childcare
- Other: _____

36. What type of health insurance covers the majority of your household's medical expenses? (Select ONLY 1)

- Employer/group sponsored
- Healthy MT Kids (CHIP)
- Private insurance/private plan
- Do not have health insurance
- Health Savings Account
- Indian Health
- VA/Military
- Other: _____
- Medicaid
- Medicare

37. If you do NOT have health insurance, why? (Select ALL that apply) Skip question if you have health insurance.

- Can't afford to pay for health insurance
- Choose not to have health insurance
- Other: _____
- Employer does not offer insurance
- Too confusing/don't know how to apply

Demographics

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

38. Where do you currently live, by zip code?

- 59923 Libby
- 59917 Eureka
- 59930 Rexford
- 59934 Trego
- 59935 Troy
- 59918 Fortine
- 59933 Stryker
- Other: _____

39. What is your gender?

- Male
- Female
- Prefer to self-identify: _____

40. What age range represents you?

- 18-24
- 35-44
- 55-64
- 75-84
- 25-34
- 45-54
- 65-74
- 85+

41. What is your employment status?

- Work full time
- Seasonal/temporary
- Unemployed, but looking
- Other: _____
- Work part time
- Student
- Not currently seeking employment
- Retired
- Disabled

[CODED]

Please return in the postage-paid envelope enclosed with this survey or mail to:

HELPS Lab
 Montana State University
 PO Box 172245
 Bozeman, MT 59717

THANK YOU VERY MUCH FOR YOUR TIME
Please note that all information will remain confidential

Appendix F- Cross Tabulation Analysis

Knowledge Rating of Lincoln County Services by How Respondents Learn About Healthcare Services

	Excellent	Good	Fair	Poor	Total
Friends/family	10.9% (13)	60.5% (72)	26.1% (31)	2.5% (3)	119
Word of mouth/reputation	13.8% (16)	55.2% (64)	26.7% (31)	4.3% (5)	116
Healthcare provider	14.8% (16)	56.5% (61)	25.0% (27)	3.7% (4)	108
Newspaper	19.6% (11)	55.4% (31)	23.2% (13)	1.8% (1)	56
Google/internet	11.3% (6)	45.3% (24)	35.8% (19)	7.5% (4)	53
Facebook	11.1% (4)	63.9% (23)	22.2% (8)	2.8% (1)	36
Mailings/newsletter	17.1% (6)	45.7% (16)	31.4% (11)	5.7% (2)	35
Website	28.6% (8)	46.4% (13)	25.0% (7)	-	28
Billboards/posters	11.8% (2)	58.8% (10)	29.4% (5)	-	17
Yellow pages	16.7% (2)	41.7% (5)	25.0% (3)	16.7% (2)	12
Public health nurse	9.1% (1)	63.6% (7)	27.3% (3)	-	11
Schools	11.1% (1)	77.8% (7)	11.1% (1)	-	9
Radio	25.0% (2)	50.0% (4)	25.0% (2)	-	8
Presentations	-	66.7% (2)	33.3% (1)	-	3
Instagram	50.0% (1)	50.0% (1)	-	-	2
Other	-	16.7% (1)	50.0% (3)	33.3% (2)	6

Twitter removed from modes of learning (first column) due to non-response.

Delay or Did Not Get Need Healthcare Services by Residence

	Yes	No	Total
59923 Libby	37.2% (48)	62.8% (81)	129
59935 Troy	35.7% (10)	64.3% (18)	28
59917 Eureka	88.9% (8)	11.1% (1)	9
59930 Rexford	66.7% (2)	33.3% (1)	3
59918 Fortine	-	100.0% (1)	1
59934 Trego	-	100.0% (1)	1
Other	100.0% (1)	-	1
TOTAL	40.1% (69)	59.9% (103)	172

59933 Stryker removed from residence (first column) due to non-response.

Location of primary care clinic most utilized by residence

	Cabinet Peaks Clinic	Eureka Family Health and Wellness	Family Health and Wellness (Libby)	Kalispell	Libby Clinic	Logan Health Primary Care Eureka	Northwest Community Health Center (Libby and Troy Locations)	VA Clinic	Whitefish	Other	TOTAL
59923 Libby	19.8% (25)	-	9.5% (12)	3.2% (4)	19.0% (24)	-	28.6% (36)	1.6% (2)	-	18.3% (23)	126
59935 Troy	25.0% (7)	-	7.1% (2)	3.6% (1)	10.7% (3)	-	32.1% (9)	-	-	21.4% (6)	28
59917 Eureka	-	20.0% (2)	-	10.0% (1)	-	30.0% (3)	-	-	10.0% (1)	30.0% (3)	10
59930 Rexford	-	-	-	-	-	50.0% (1)	-	50.0% (1)	-	-	2
59918 Fortine	-	-	-	-	-	100.0% (1)	-	-	-	-	1
59933 Stryker	-	-	-	-	-	-	-	-	-	100.0% (1)	1
59934 Trego	-	-	-	-	-	-	-	100.0% (1)	-	-	1
Other	-	100.0% (1)	-	-	-	-	-	-	-	-	1
TOTAL	18.8% (32)	1.8% (3)	8.2% (14)	3.5% (6)	15.9% (27)	2.9% (5)	26.5% (45)	2.4% (4)	0.6% (1)	19.4% (33)	170

Bonnors Ferry, ID and Sandpoint, ID removed from primary care clinic location (first row) due to non-response.

Location of primary care provider most utilized by reasons for clinic/provider selection

	Cabinet Peaks Clinic	Eureka Family Health and Wellness	Family Health and Wellness (Libby)	Kalispell	Libby Clinic	Logan Health Primary Care Eureka	Northwest Community Health Center (Libby and Troy Locations)	VA Clinic	Whitefish	Other	TOTAL
Prior experience with clinic	15.9% (11)	1.4% (1)	4.3% (3)	7.2% (5)	17.4% (12)	2.9% (2)	33.3% (23)	1.4% (1)	-	15.9% (11)	69
Closest to home	19.3% (11)	5.3% (3)	1.8% (1)	1.8% (1)	10.5% (6)	5.3% (3)	31.6% (18)	1.8% (1)	-	22.8% (13)	57
Clinic/provider's reputation for quality	14.8% (8)	1.9% (1)	16.7% (9)	3.7% (2)	13.0% (7)	1.9% (1)	24.1% (13)	1.9% (1)	1.9% (1)	20.4% (11)	54
Appointment availability	21.3% (10)	-	8.5% (4)	4.3% (2)	12.8% (6)	-	27.7% (13)	2.1% (1)	2.1% (1)	21.3% (10)	47
Recommended by family or friends	26.2% (11)	2.4% (1)	16.7% (7)	-	7.1% (3)	-	23.8% (10)	-	2.4% (1)	21.4% (9)	42
VA/Military requirement	-	-	-	-	36.8% (7)	5.3% (1)	10.5% (2)	21.1% (4)	-	26.3% (5)	19
Length of waiting room time	20.0% (3)	-	6.7% (1)	-	20.0% (3)	-	13.3% (2)	6.7% (1)	6.7% (1)	26.7% (4)	15
Cost of care	14.3% (2)	-	-	-	7.1% (1)	-	50.0% (7)	7.1% (1)	-	21.4% (3)	14
Referred by physician or other provider	27.3% (3)	-	-	9.1% (1)	18.2% (2)	-	18.2% (2)	-	9.1% (1)	18.2% (2)	11
Privacy/ confidentiality	12.5% (1)	-	-	12.5% (1)	12.5% (1)	-	37.5% (3)	12.5% (1)	-	12.5% (1)	8
Required by insurance plan	16.7% (1)	-	-	-	33.3% (2)	-	33.3% (2)	-	-	16.7% (1)	6
Other	13.3% (2)	-	6.7% (1)	-	6.7% (1)	13.3% (2)	33.3% (5)	-	-	26.7% (4)	15

Indian Health Services removed from reason clinic selected (first column) due to non-response. Bonners Ferry, ID and Sandpoint, ID removed from primary care clinic location (first row) due to non-response.

Location of most utilized hospital by residence

	Cabinet Peaks Medical Center (Libby)	Coeur d'Alene area Hospital	Logan Health Medical Center (Kalispell)	Logan Health - Whitefish	Spokane hospital	Other	Total
59923 Libby	61.8% (55)	1.1% (1)	21.3% (19)	1.1% (1)	2.2% (2)	12.4% (11)	89
59935 Troy	50.0% (11)	4.5% (1)	36.4% (8)	-	-	9.1% (2)	22
59917 Eureka	12.5% (1)	-	50.0% (4)	12.5% (1)	-	25.0% (2)	8
59930 Rexford	-	-	100.0% (1)	-	-	-	1
59934 Trego	-	-	100.0% (1)	-	-	-	1
TOTAL	55.4% (67)	1.7% (2)	27.3% (33)	1.7% (2)	1.7% (2)	12.4% (15)	121

59918 Fortine, 59933 Stryker, and Other removed from residence (first column) due to non-response. Bonner General Hospital (Sandpoint), Boundary Community Hospital (Bonners Ferry), Missoula area hospital, and VA Hospital removed from hospital location (first row) due to non-response.

Location of most recent hospitalization by reasons for hospital selection

	Cabinet Peaks Medical Center (Libby)	Coeur d'Alene area Hospital	Logan Health Medical Center (Kalispell)	Logan Health - Whitefish	Spokane hospital	Other	Total
Closest to home	81.3% (61)	-	8.0% (6)	1.3% (1)	-	9.3% (7)	75
Emergency, no choice	82.6% (38)	2.2% (1)	6.5% (3)	-	2.2% (1)	6.5% (3)	46
Referred by physician/provider	42.2% (19)	2.2% (1)	40.0% (18)	-	-	15.6% (7)	45
Prior experience with hospital	62.5% (20)	-	31.3% (10)	-	-	6.3% (2)	32
Specialty services	-	-	81.3% (13)	-	6.3% (1)	12.5% (2)	16
Closest to work	40.0% (4)	10.0% (1)	20.0% (2)	10.0% (1)	-	20.0% (2)	10
Hospital's reputation for quality	40.0% (4)	10.0% (1)	20.0% (2)	10.0% (1)	-	20.0% (2)	10
Recommended by family or friends	30.0% (3)	-	30.0% (3)	-	-	40.0% (4)	10
VA/Military requirement	62.5% (5)	-	25.0% (2)	-	-	12.5% (1)	8
Required by insurance plan	-	25.0% (1)	50.0% (2)	-	-	25.0% (1)	4
Financial assistance programs	100.0% (2)	-	-	-	-	-	2
Other	31.3% (5)	6.3% (1)	43.8% (7)	6.3% (1)	-	12.5% (2)	16

Cost of care and Privacy/confidentiality removed from reason hospital selected (first column) due to non-response. Bonner General Hospital (Sandpoint), Boundary Community Hospital (Bonners Ferry), Missoula area hospital, and VA Hospital removed from hospital location (first row) due to non-response.

Appendix G- Responses to Other & Comments

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

- Don't have numbers. The MOST important depends on numbers.
- Lazy people
- Rare diseases
- Meth-drugs
- Closing access to public lands
- No pediatric care, no appointments available
- Over population
- Corrupt Legal Institutions
- Corruption

*Responses when more than 3 were selected (6 participants)

- Alcohol/drug use (2)
- Alzheimer's/dementia (1)
- Asbestos related disease (1)
- Cancer (2)
- Diabetes (2)
- Domestic violence (1)
- Housing/homelessness (1)
- Lack of access to care (health, dental, mental, etc.) (2)
- Lack of exercise (2)
- Mental health (Depression/anxiety/etc.) (3)
- Overweight/obesity (4)
- Respiratory issues/illness (2)
- Social isolation/loneliness (1)
- Stroke (1)
- Tobacco use (cigarettes/cigars, vaping, smokeless) (2)
- Trauma/Adverse Childhood Experiences (ACES) (1)
- Work/economic stress (1)
- Work related accidents/injuries (1)

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

- Can't do only three!
- Paid, high-quality EMS/Ambulance services
- A pool
- Low population

*Responses when more than 3 were selected (3 participants):

- Access to healthcare services (1)
- Access to adequate foods (1)
- Access to mental health services (1)
- Affordable healthcare (2)
- Affordable housing (1)
- Good jobs and a healthy economy (2)
- Good schools (1)
- Healthy behaviors and lifestyles (1)
- Low crime/safe neighborhoods (1)
- Low level of domestic violence (1)
- Tolerance for diversity (1)

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

- Facebook groups: Libby Community Libby/Troy for sale site
- Lack of information
- Health insurance list of "preferred providers"
- Reviews on website
- TV

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

- Libby Clinic
- Venture Inn pool
- Self-care
- VA
- COVID boosters
- Primary Care
- None
- Doctor
- Dermatologist

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

- Walk-in clinic or urgent care clinic
- The county transportation is only available per 24-hour notice
- Herbal care
- Pharmacy open on Sunday
- Employment
- More dentists

- More information about available services, more primary care providers, more specialists, pediatrics, specialty services
- Doctors in town
- Better coverage of medical insurance through CPMC [Cabinet Peaks Medical Center]
- Psychiatric nurses

8. Which of the following topics would you be most interested in learning about? (Select ALL that apply)

- Education on how to manage day-to-day life
- Resources for senior citizens, autism spectrum disorders
- Agency on Aging
- Osteoarthritis Degeneration
- None of the above
- Senior Mental Health
- Cancer screening
- Trusts/wills

9. Which of the following preventive services have you or someone in your household used in the past year? (Select ALL that apply)

- We can't afford doctors
- Oncologist
- Doctor

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

- Dental COVID restrictions
- Age against me for needed surgery
- No one in our area with expertise in autism spectrum disorders
- Cabinet Peaks and NWCHC [Northwest Community Health Center] can't schedule. All of my appointments that were scheduled, they didn't have on their books.
- COVID took over and nothing else mattered
- Needed specialist from Kalispell
- Lack of trust
- N/A
- Never know how much it will cost after insurance
- No appointments available for psych counseling with a psychologist (PHD)
- Deductible not met, so waited for the new year
- Long time to get appointment
- "Obama Care is a Joke"
- Provider overlooked a diagnosis

***Responses when more than 3 were selected (6 participants):**

- Could not get an appointment (2)
- COVID-19 barriers/concerns (1)
- Didn't know where to go (3)
- Don't like doctors (1)
- Had no childcare (2)
- It cost too much (5)
- It was too far to go (4)
- My insurance didn't cover it (2)
- No insurance (1)
- Office wasn't open when I could go (1)
- Too long to wait for an appointment (1)
- Too nervous or afraid (1)
- Transportation problems (1)
- Unsure if services were available (3)

13. Where was that primary healthcare provider located? (Select ONLY 1)

- Libby Family Health and Wellness
- Coeur d'Alene
- Big Fork-Swan Valley Herbs
- Post Falls, ID
- PromptCare (Eureka)

***Responses when more than 1 was selected (32 participants):**

- Bonners Ferry, ID (1)
- Cabinet Peaks Clinic (9)
- Eureka Family Health and Wellness
- Family Health and Wellness (Libby) (7)
- Kalispell (14)
- Libby Clinic (13)
- Logan Health Primary Care Eureka (4)
- Northwest Community Health Center (Libby and Troy locations) (18)
- Sandpoint, ID (1)
- VA Clinic (6)
- Whitefish (3)

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

- Love CHC's [Community Health Centers]
- Saw several
- Continue care when he left NWCHC to go to Cabinet Peaks
- Now that I have insurance that will change

- Assigned PA [Physicians Assistant] because they didn't understand. Needed to pick a doctor to when Dr. Thomson left.
- Great doctor, Dr. Williams
- Personal friend
- Unaware of other options
- Dr. Pyle and awesome team are the best of the best.
- Changed from CHC to Libby Clinic due to lack of care
- I can get Rx [prescription] under 340B program
- Dr. Rice retired
- Local doctor
- Family member worked at CHC

16. Which hospital does your household use MOST for hospital care? (Select ONLY 1)

- St. Peter's Hospital in Helena (at the time)
- Surgery in Kalispell
- X-rays at Cabinet Peaks Clinic
- Pennsylvania for emergency care

***Responses when more than 1 was selected (11 participants):**

- Boundary Community Hospital (Bonners Ferry) (1)
- Cabinet Peaks Medical Center (Libby) (8)
- Coeur d'Alene area hospital (1)
- Logan Health Medical Center (Kalispell) (8)
- Logan Health – Whitefish (4)
- Spokane hospital (1)

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

- The doctor performing procedure practiced there.
- Support our community
- Availability of surgery date
- Procedure not done at Cabinet Peaks
- Operation
- Don't like Libby so would go any place else except in was an emergency
- Specialists for pediatrics
- Surgeon with highest qualifications
- In insurance network
- No choice the Libby hospital sends almost everyone to Kalispell anyway

***Responses when more than 3 were selected (5 participants):**

- Closest to home (5)
- Closest to work (1)

- Cost of care (1)
- Emergency, no choice (1)
- Hospital's reputation for quality (4)
- Prior experience with hospital (3)
- Privacy/confidentiality (1)
- Recommended by family or friends (1)
- Referred by physician/provider (4)
- Specialty services (2)
- VA/Military requirement (1)

19. Where was the healthcare specialist seen? (Select ALL that apply)

- Coeur d'Alene (8)
- Ada, OK
- Ponderay, ID (2)
- Seattle (2)
- Columbia Falls
- Sandpoint, ID (7)
- Billings
- Great Falls
- Post Falls, ID

20. What type of healthcare specialist was seen? (Select ALL that apply)

- Orthodontist
- Very disappointed in doctor- made my condition worse.
- Knee doctor
- Bone density test
- Vascular surgeon
- Heart
- Knee surgery and Post operation care
- Vascular
- Medical Doctor P.A.
- Naturopath

22. What additional healthcare and community services would you use if available locally?

- Grief counseling, endocrinology, dermatology
- More local specialists (without drive to Kalispell), community pool
- Nephrologist, Neurologist, Surgical Oncology, Oral Surgeon, Urologist
- Chiropractor
- Don't know
- More dentists

- None
- Orthopedic appointments, dermatology & a swimming pool for exercise (more often)
- N/A (3)
- Community center with a swimming pool and inside walking path
- Orthopedic surgeon, dermatologist
- Dental
- Surgery - Pulmonology
- More mental services that are affordable.
- Use of specialists that would come to Libby monthly.
- Chiropractor better covered by ins./ use of coverage for massages
- Hydrotherapy, acupuncture, red light therapy, ozone therapy, better health clubs
- Dermatology
- Herbal care
- Rheumatology, neurology
- Cardiologist, Neurologist, Prompt Care facility with evening and weekend hours
- Urology choices, Orthopedic choices
- Rheumatologist and Dermatologist
- Dental - only one dentist in town and they won't take new patients.
- OB/GYN
- A small hospital in Eureka.
- Dermatologist
- More senior services, Cancer screening- free mammograms, Help homeless teenagers
- See #20
- Urologist
- Ones that actually help, care, and don't cost
- Can't say
- Child psychiatrist
- Radiation oncology
- Home assistance
- Dental, eye care, wellness, nutrition, massage- fitness for elderly and injuries
- Women wellness info, services, programs
- Gynecologist
- Gynecology (women's health)
- Fibromyalgia support group
- Dermatologist, hearing testing and fittings of hearing aids.
- Dental
- Family activities
- Dermatologist in Lincoln County, Not Traveler
- Confidential support groups

- Orthopedics, dermatologist, an imaging department that our health insurance would accept for routine mammography
- Doctor office not Logan Health
- PhD psychologist for therapy- none available
- Assisted living
- Don't know
- Specialists
- Surgery
- Immunization Services - COVID Shots
- OB/GYN - Elder care

33. How can parents/guardians be better supported in the community? (Select ALL that apply)

- Better parks, pools, etc.

34. What challenges have you faced with access to childcare? (Select ALL that apply)

- It really wasn't necessary

35. What have you struggled with as a parent/guardian? (Select ALL that apply)

- None (2)
- Not applicable (2)

36. What types of health insurance cover the majority of your household's medical expenses?
(Select ONLY 1)

- Medishare
- Secondary in to medical
- Really none they are a joke.
- Humana HMO
- Humana
- Supplemental
- Healthcare sharing
- Tricare Life

*Responses when more than 1 was selected (38 participants):

- Employer/group sponsored (6)
- Health Savings Account (3)
- Healthy MT Kids (CHIP) (5)
- Medicaid (9)
- Medicare (28)
- Private insurance/private plan (16)

- VA/Military (7)
- Do not have health insurance (4)

37. If you **do NOT have health insurance, why?**

- I have insurance, but it's very confusing
- In a gap where I made too much money to qualify for Obama Care, but not enough to pay for it myself as my debts exceed my income from not having insurance.
- VA
- Can't afford dental, eye, or hearing
- I was scammed by someone pretending to be a Medicare Aetna provider. He took money out of my bank accounts electronically from Tampa Bay, Florida

38. Where do you currently live, by zip code?

- 59917 Eureka (Mail) & 59918 Fortine (Home)

39. What is your gender? Prefer to self-describe:

- We did this as a household
- Male and Female
- Male; Female

41. What is your employment status?

- Stay at home mom
- Self employed
- Owner of business
- Would like to work 1-2 days a week- have much to contribute
- Collect disability

***Responses when more than 1 was selected (11 participants):**

- Work full time (1)
- Work part time (4)
- Retired (7)
- Disabled (4)
- Unemployed, but looking (1)
- Not currently seeking employment (3)

General comments

- (Q2)
 - Selected "Tolerance for diversity" and wrote "(religious)" next to it.
 - Selected 3 choices and wrote "Too many choices!" next to the question.
- (Q3)
 - Selected 3 choices and wrote "All are important!" next to the question.

- Wrote “Young families have nothing to do! – Old families too!” under the question.
- Selected “Access to senior living options” and wrote “for this area”
- Crossed off “Tolerance for diversity” and wrote “??Health??” next to it.
- (Q6)
 - Selected “Mental health services/counselor” and wrote “Social worker because no Ph.D. psych available, nice lady but left [illegible]”
 - Selected “County Health Department” and wrote “Shots” next to it.
 - Selected “Health club or fitness center” and wrote “rehab” next to it.
 - Selected “Optometrist” and wrote “Flathead county” next to it.
- (Q7)
 - Did not select “Cultural sensitivity” and wrote “what does this mean?” next to the choice.
 - Selected “Clinic service expanded hours” and wrote “People get sick during weekends” next to it.
 - Crossed off “Cultural sensitivity” and wrote “??access??” next to it.
 - Selected “More specialists” and wrote “weekly” next to it.
- (Q8)
 - Next two the question wrote “For the community, not me personally”
 - Selected “Post-Traumatic Stress Disorder (PTSD) services” and wrote “Not just for veterans!!!”
- (Q9)
 - Selected “Routine immunizations” and wrote “COVID” next to it.
- (Q11)
 - Wrote “Urologist needed” under choices.
- (Q13)
 - Selected one choice and wrote “Three family members go to two clinics.” next to the question.
 - Selected two choices and wrote “Interesting, in my household we went to 2 different facilities. I selected them both.”
- (Q14)
 - Selected “Required by insurance plan” and wrote “In network” next to it.
- (Q16)
 - Selected one choice and wrote “I visit each for my wife and I. We went to two different hospitals.”
- (Q20)
 - Selected “Radiologist” and wrote “? Xrays” next to it.
- (Q21)
 - Selected “2” for “Imaging/Radiology” and wrote “Northwest Imaging not a preferred provider for our insurance.”
 - Selected “1” for “Imaging/Radiology” and wrote “No MRI or sonogram at night at Radiology Logan Health”
- (Q24)

- Selected “Occasionally (1-2 days per month)” and wrote “Lost my husband” next to it.
- Selected “Most days (3-5 days per week)” and wrote “Due to COVID restrictions” next to it.
- (Q25)
 - Selected “A little” and wrote “tobacco” next to it.
 - Selected “A great deal” and wrote “Alcoholic family member who discovered the joys of pharmaceutical fun helped ruin my life.”
- (Q26)
 - Did not make a selection for “Availability of Alcoholics Anonymous groups” and wrote “Do not recommend” next to it.
 - Wrote “Very little” next to the question text.
 - Wrote “Please support! Mental health facility!” next to the question.
 - Selected “N/A” for “Availability of prevention programs” and “Availability of mental health services” and wrote “Don’t know” next to them.
 - Selected “N/A” for all items and wrote “I haven’t [illegible] but of what I know I’m not impressed.”
- (Q27)
 - Selected “3-5 times per month” and wrote “hard to do in winter”
 - Selected “No physical activity” and wrote “because of illness” next to it.
 - Selected “Daily” and wrote “Walk 2 miles every day”
- (Q28)
 - Selected “Not applicable” and wrote “have insurance” next to it.
- (Q30)
 - Selected “No” and “Don’t know” and wrote “appears no, but I am not affected”
 - Selected “No” and wrote “See others struggling with this”
- (Q32)
 - Selected “No” and wrote “I object to people who ‘use the system’ don’t work to ‘pay their own way’ – expect the tax payer to give them a free ride.”
 - Selected “No” and wrote “Please stop helping people to be sexually incontinent and irresponsible for the redundant humans they generate.”
- (Q35)
 - Selected “No” for question 32 and wrote “Can’t afford children to begin with. ‘Can’t feed ‘em, don’t breed ‘em.’”
- (Q36)
 - Selected “Medicaid, Medicare, and private insurance/private plan” and wrote “I’m not sure, I do have private insurance. I am 72 years old.”
 - Selected “Medicare” and “Private insurance/private plan” and wrote “Advantage plan” next to the latter.
- (Q41)

- Selected “Work full time” and wrote “almost” next to it.
 - Selected “Unemployed, but looking” and wrote “recently lost job of 10 years” next to it.
- General:
 - The Affordable Health Insurance is a joke!!! It should be called Unaffordable Care.

Appendix H – Key Informant Interview - Questions

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

1. How do you feel about the general health of your community?

2. What are your views/opinions about these local services:
 - Hospital/clinic
 - EMS Services (ER/Ambulance)
 - Public/County Health Department
 - Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - Services for Low-Income Individuals/Families

3. What do you think are the most important local healthcare issues?

4. What other healthcare services are needed in the community?

5. What would make your community a healthier place to live?

Appendix I – Key Informant Interviews - Transcripts

Key Informant Interview #1

Wednesday, February 8, 2023 – Anonymous

Via phone interview

1. How do you feel about the general health of your community?

- I would say the general health of our area is probably fair, if not low. I come to this conclusion due to the lack of resources and services especially for the elderly segment of our population.
- There is so much travel involved for everything. We have no behavioral health locally.

2. What are your views/opinions about these local services:

- Hospital/clinic:
 - In my experience with the Northwest Community Health Center (NWCHC), I feel like they push you through as quickly as possible, and oftentimes, you're waiting longer than you actually see the doctor.
 - There's not a dentist at NWCHC and a lot of our dentists around here don't accept Medicaid.
 - As for the hospital, I've never had a bad experience.
 - In general, I feel as though our local health system lacks a continuity of care locally. That is to say, it feels like there's a bit of competition between the local organizations.
- EMS Services (ER/Ambulance)
 - I have heard quite a few complaints about Emergency Room. I've heard some people say they feel as if they are not welcome in the ER or even turned away.
 - In another instance, I heard of someone who was told that they cannot call the ambulance anymore and that they'd be charged fees if they continued. I'm not sure where this guidance exactly came from – if it was from the EMS service themselves or someone higher up in charge of discharges – because I'm not sure they can actually do that.
 - I've personally had fine experience with emergency room.
- Public/County Health Department
 - They sure seemed to work hard during the COVID-19 pandemic.

- The health department even seems to be implementing new programs, which is wonderful to see. They're working hard on the Zero to Five collaboration and even a resource van.
 - I can see that the community has a much more positive outlook of them because of all of the hard work they are doing.
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - We do have Senior Life Solutions that provides some mental health support to local seniors. But I've heard of a lot of people who are turn away because of insurance.
 - There's a Home Options program through Cabinet Peaks, but they don't provide in-home support anymore. To use this program, the individual has to have it approved through insurance and it only supports one visit per week. I think they have a pilot project that supports things like snow shoveling, yard work, etc.!
 - If the individual has Medicaid or VA benefits/coverage and are deemed home bound, then those systems make support available.
 - The Senior Center has a Meals on Wheels program which is popular.
 - Case management services are offered through the local Center for Asbestos Related Disease (CARD) clinic.
 - We have a local nursing home and assisted living facility.
 - Unfortunately, during COVID, there were a lot of landlords who raised rent and even went so far as to evict people. This left some seniors with nowhere to turn except to live in their car or move in with family if that was a possibility.
- Services for Low-Income Individuals/Families
 - There is no low-income housing here. Renters would have to find a rental and meet section 8 requirements to qualify.
 - We have a Public Assistance Office in Libby. They didn't have a Children's Health Insurance Plan (CHIP) counselor for a really long time which was hard.
 - The Northwest Community Health Center (NWCHC) offers services on a sliding fee scale.
 - Even still, much of our area experiences gaps with income. That is to say that they make too much money to qualify for certain resources/services, but cannot afford to pay for them.
 - With many of the programs for low-income individuals, there can be challenging hurdles to overcome related to income requirements.
 - Family Health and Wellness is a new clinic that was started by a local Family Nurse Practitioner (FNP). I've heard nothing but positive experiences and comments from community members.

3. What do you think are the most important local healthcare issues?

- There's a lack of mental health resources for all ages and demographics here, but it's especially an issue among children. There's no behavioral health modification services.
- We do have Western Montana Mental Health Center (WMMHC) locally, but they only deal with the severe cases.
- We have lots of mental health referrals to Kalispell, which is nearly 90 miles one way.
- If Youth Court is involved in a child's case, there is support. Youth Court requires the parents to be involved in the process, which can be a barrier in some situations.
- We don't have any services for bullying.
- There's also a lack of addiction resources to manage diseases and/or addictions unless you access them through a church.

4. What other healthcare services are needed in the community?

- I would like to see improvements made to the ER protocols when someone comes in with an overdose. In some cases, they are sent to treatment, but in others there is no follow up services/support afterwards. When WMMHC shut down, there is nothing left. There's no case manager/ worker. Elderly are not going use online resources.
- Before COVID, there was momentum to offer a class called "Living Well with a Disability." With lung issues prevalent in our community, it was intended that this class would give community members tools for living a "normal" life rather than feeling as though there were limitations.
- I know there are some other projects going on locally with trying to change out wood fire stoves.
- In general, I have seen better attendance at events when the hospital is not necessarily associated.
- Cancer services! We have minimal services locally. If you require radiation, you have to go over to Kalispell. Many of our community members can't afford to do this for many reasons such as the time commitment of themselves and their caregiver, finances, transportation, etc.

5. What would make your community a healthier place to live?

- I think we need more non-alcoholic events made available in the area. We're pretty secluded, so more community interaction would be good for all. When there are events, they're usually just banquet dinners. The Memorial Center is available for events, but you have to rent it and pay a big fee. There's no real space for kids and families to gather and spend time together.

- I think we lack in some preventive measures. Things like addiction in children are an issue around here – they implemented a new drug court, but I’d like to see other preventive measures taken.

Key Informant Interview #2

Monday, February 13, 2023 – Anonymous

Via phone interview

1. How do you feel about the general health of your community?

- I would say that I feel things are improving here.
- A lot more of the local organizations are adopting preventive measures rather than reacting to situations.

2. What are your views/opinions about these local services:

- Hospital/clinic:
 - From my perspective, I’ve seen a lot of community members referred to Kalispell for more of the significant health issues.
 - I’ve found a really good local primary care provider.
 - Billing situations can be stressful, though. If something is coded incorrectly, I call in to make sure it’s corrected and the customer service has been helpful at navigating. I know there are a lot of folks that receive those incorrect statements and instead of dealing with the headache to get it corrected, they just end up paying it.
- EMS Services (ER/Ambulance)
 - I’ve thankfully never been in a situation where I’ve had to use the emergency room.
 - I know some local EMT’s though. They are just an all-around well trained, quality group of people. To my knowledge they volunteer, so we’re really lucky to have them. In a place as isolated as Lincoln County, you just hope that if you do need them, they have enough on call during that time to be able to help.
- Public/County Health Department
 - I think our local health department is pretty supportive of all the work happening locally. There is this real effort and desire from the leadership to look more at prevention like tobacco cessation, car seat fittings, etc.
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - I have less experience with our local senior services, so I have a hard time sharing a view or opinion.
- Services for Low-Income Individuals/Families

- It seems like there are quite a few local services and resources for people in need, but geography is a big challenge! Most of our services for this population are concentrated in Libby. Some organizations make an effort to do outreach in areas throughout Lincoln County, but I know it's hard. One thing that is exciting and may help in this area is that the County recently acquired a mobile resource van with ARPA [American Rescue Plan Act of 2021] funding. It sounds like the intent will be for different resources/programs to go around the county and connect residents with the resources they need.

3. What do you think are the most important local healthcare issues?

- My guess for this area is that there is probably a lot of concern for asbestos.
- But thinking more broadly, I would think general health, like starting healthy behaviors and protective factors from a young age is an important issue for the area.

4. What other healthcare services are needed in the community?

- Traveling out of town to access specialty care is a burden. We shoulder a lot and have to forego a lot to live in a rural area like this.
- We don't have many naturopath or wellness-oriented services, such as massage.
- Mental health services are certainly a need!

5. What would make your community a healthier place to live?

- What a hard question! I would just like to see a continued collaborative effort to provide the opportunity for families to have good experience with one another.

Key Informant Interview #3

Friday, February 17, 2023 – Anonymous

Via phone interview

1. How do you feel about the general health of your community?

- Our community has been heavily impacted by asbestos.
- Aside from that, I feel that in general, people could do a better job of taking care of themselves. For example, we have a lots of people who smoke and probably shouldn't due to health conditions.

2. What are your views/opinions about these local services:

- Hospital/clinic:
 - I've never had an issue with either the hospital and clinic. I'm always a little shocked when I do hear bad things.

- Overall, I really like and trust my local primary care provider.
- COVID made it challenging to get an appointment, but now there's no issue getting something scheduled!
- EMS Services (ER/Ambulance)
 - I think our emergency room is great. In a recent experience, I know they were short staffed, but you never would have known with the quick triage time and great service received.
 - I have limited knowledge of our ambulance services, but I know there were community discussions recently about the fact that they can't transport to Kalispell. I don't fully know the intricacies of the conversations and decisions, but it's probably the right move in case it's on a transport to Kalispell, yet needed for an emergency in this area.
- Public/County Health Department
 - I just love them!
 - I feel that everything they try to do is in our community's best interest.
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - I would say these are pretty good too. I know they're all short staffed, but doing the best that they can.
- Services for Low-Income Individuals/Families
 - I don't have a lot of knowledge about these services, but I know that Cabinet Peaks does not turn anyone away.

3. What do you think are the most important local healthcare issues?

- I think Cabinet Peaks is headed in right direction by recruiting more doctors. I heard there are a couple of new provider's coming in soon, one of whom has a focus on pediatrics.
- The Cabinet Peaks facility is so nice already.
- Right now I can't think of anything more that's an issue – everyone is so pleasant around here!

4. What other healthcare services are needed in the community?

- Orthopedics is a big need, but I think we're getting one soon though!
- OB/GYN services are also a need. Currently, women have to go over to Kalispell for even preventive care.
- We seem to fly a lot of cases out to Kalispell, and I'm not sure where the bottleneck lies, but I've heard that it can take up to seven hours to get the helicopter here.

5. What would make your community a healthier place to live?

- Some think we don't have the qualified physicians, but as I mentioned earlier, I think Cabinet Peaks is moving in the right direction with recruiting more. I think that if people can have access to physicians and the care they need, it ought to help them make better choices to leading a healthier life.

Key Informant Interview #4

Monday, February 20, 2023 – Anonymous

Via phone interview

1. How do you feel about the general health of your community?

- I would say that it's probably multi-tiered. I suppose there are multiple levels of health – we have individuals who are motivated and staying on track with eating healthy and taking preventive measures, but there are also those who really struggle. I do hope that our area is moving in right direction in terms of health.

2. What are your views/opinions about these local services:

- Hospital/clinic:
 - Personally, I really appreciate all that we have locally. I've experienced great care at the hospital.
 - I really appreciate that Northwest Community Health Center (NWCHC) opened a new clinic in Troy. It is much needed for that area.
 - The hospital has an urgent care and NWCHC accepts walk-ins. If community members can't get in immediately, they typically both have availability either later in the day or even are prioritized on the next day.
- EMS Services (ER/Ambulance)
 - I only hear good things about both the emergency room and EMS services.
 - The emergency room is well staffed. The staff meets everyone with kindness and compassion, then they receive swift and good care.
 - I think the ambulance service is understaffed. I'm sure all of the volunteers wished there were more to tap into so they didn't have to be on call all the time.
 - I think I saw an announcement that they are starting EMT classes again soon, even within the local high school.
 - Several of the local emergency services, such as the Sheriff's Office, volunteer fire department, etc., got together and hosted a Sparks Day at the Libby High School. It essentially allowed emergency services and kids interested in volunteering and allowed them to interface with professionals of the different expertise. I thought

it was a very creative way to expose youth to volunteering and professional opportunities.

- Public/County Health Department
 - I think the local health department is doing a good job with the resources they have available to them.
 - I think they're bouncing back from pressure of the COVID world. My heart really went out to them - all their workers were pulled off of their regular programs and forced into supporting and triaging the area through the COVID-19 pandemic. The political nature of COVID depleted them emotionally, so I'm truly happy to see them bouncing back.
 - An example of a positive direction that I've seen recently is that the Public Health Director is making a lot of connections among community partners and championing opportunities for things like Teen Mental Health First Aid.
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - I'm not as familiar with these services. I hear great things about the senior center, but I wonder if they are well staffed enough or if they too struggle like other organizations.
 - I think the senior population is a focus area of hospital. Riley Black at Cabinet Peaks Medical Center is promoting wellness in the senior population through a program called Senior Life Solutions. They distribute a newsletter among other programming, but some of the topics include things like mental health.
- Services for Low-Income Individuals/Families
 - I think that the NWCHC has done an amazing job of tapping into what people need. Building the new location in Troy is among one of those needs. They've really seen and responded to the needs of the area.
 - I'd like to see more focus on families with teens and tweens. As a community, we've started conversations in recent years about positive childhood experiences and strengthening family systems (i.e., lifting families up to thrive). In the growing spirit of collaboration, I'd like to see our area come together across all sectors. We do best we can working in our silos, but if we could view it as a Venn diagram and focus on that crossover section, I think we could be more successful in creating a culture of health rather than fixing and dealing with what comes at us.

3. What do you think are the most important local healthcare issues?

- I think that's the question! I'm not sure we're digging down to the root of our problems. Mental health, substance use, lack of access to resources potentially not promoted in right way – I suppose these are the symptoms of something deeper that we haven't figured out how to address.

4. What other healthcare services are needed in the community?

- While we have some mental health providers, we need more. And we need more that can address the psychoeducational components of mental health. For example, I think it would be good to create opportunities for seniors, youth, families to learn what it really means to be healthy. If we could tap into that and allow community members to experience that feeling, I think it could go a long way.

5. What would make your community a healthier place to live?

- Where my mind goes is that I think we all want a safe and healthy community, but not all think it's possible. I think we need to come together to develop a shared vision, though I'm not sure what it takes to get folks to believe it except for speaking it into life.

Key Informant Interview #5

Friday, February 24, 2023

Anonymous –Via phone interview

1. How do you feel about the general health of your community?

- As far as physical and emotional health, I would say that it is mediocre at best. There are a lot of struggles around here.

2. What are your views/opinions about these local services:

- Hospital/clinic:
 - Unfortunately, the services that you get here are pretty limited. The clinic fills up pretty fast - they try and have a lot of availability on hand for those urgent needs that come up (i.e., children sick and can't go to school, etc.)
 - The providers are fine, but you can get the feeling that they are rushing you through and jumping to next step.
 - As for the hospital, their mental health response is a little disappointing.
- EMS Services (ER/Ambulance)
 - I know that the ambulance service does the best they can with what they have. I know they struggle with volunteers when they get a call. For example, they need a second person to support the call and that's often hard to come by.
 - Even still, the ambulance volunteers provide a fantastic service and for the most part, they're timely.
 - The emergency room (ER) can be hit or miss. If you're not in a life or death situation, there's often a lot of waiting. There's a bit of a spectrum with the

nurses and doctors, you can get some that are very caring and provide exceptional care, to a few that can be more brash.

- Public/County Health Department
 - I think for the amount of staff they have, they do a fantastic job. I think they're stretched a little thin, but they do the best they can in the amount of time they have.
 - In general, I think they want to do the right thing for the community.
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - I think there could always be more services for our seniors. We have such limited services here so a lot of community members just go without what they might need.
- Services for Low-Income Individuals/Families
 - That's tough too. A lot of people took advantage of things when they weren't considered low income. If you're middle class, you're struggling through. If I made a couple dollars less, I could get things like energy assistance. There's just no help.

3. What do you think are the most important local healthcare issues?

- Right now, mental health services are an issue, hands down. We have ability to be referred to different places, like Kalispell, Missoula, Helena, etc. The ER utilizes an assessment for those presenting in crisis, but in some cases, they can discharge the individual later that same day, even if you tried to take your life.
- If you are referred to one of those larger areas, there's no support after they release you. It's on the individual and/or family to coordinate things like transportation home or follow up care once returning to town. You can try and call local counselors, but they're all booked up.
- Libby already does a lot around Asbestos, so I wouldn't necessarily consider that as a big issue right now.

4. What other healthcare services are needed in the community?

- There's a huge need for youth and teen mental health services. We primarily have private counselors locally, there's nothing in the schools. In the school systems, mental health services seem to be dependent on the administration. In Eureka and Libby it seems to be more favorable, but Troy refuses to do anything to promote the available mental health programs.
- As for seniors, there are some opportunities for improvement as the only real options for care are either the care center or hospice, nothing really in between. There's some home health services, but it can come down to a lot of out of pocket costs.

- Maternal care is very limited here. We have some general practice providers that have some background in maternal care, but we don't currently have a dedicated OB/GYN. A lot of people have to go out of town to access needed maternal care.

5. What would make your community a healthier place to live?

- This is a tough question. We have the good ol' boy mentality here – that is to say a lot of people who have lived here forever want no change. There's the have's and have not's here. There's a real stigma between the two sides, so it's a constant struggle finding a way to help. New ideas are hard to adopt here since they're often labeled a "California perspective" even though it's often just a fresh idea.

Key Informant Interview #6

Friday, February 24, 2023

Anonymous –Via phone interview

1. How do you feel about the general health of your community?

- I feel like we have an aging population. Young healthy people with kids aren't moving here. Those that are moving to the area are often retired or closer to retirement who inherently have significant health differences and/or needs. Because of this, having a strong hospital is important.

2. What are your views/opinions about these local services:

- Hospital/clinic:
 - Like every place, there's good and bad. We're fortunate to have new facility and new equipment that a lot of comparable areas don't have. Do we have issues with workforce? Sure.
 - I think the Northwest Community Health Center (NWCHC) is necessary in our community. A lot of community members either don't have insurance or are on Medicaid. I have heard of some who aren't comfortable going there due to arbitrary reasons.
 - The Libby Clinic feels like a dying clinic for lack of a better term. One provider retired and another is at retirement age. They're having a hard time retaining providers, but they have a strong patient base though. If Dr. Gunther retires, I'm afraid the clinic would crumble. They have a VA contract so Veteran's can receive care locally. I believe the Libby Clinic is trying to recruit a new provider who may be groomed to take over, but I think they've been searching for a while.
 - The Cabinet Peaks also has Family Medicine Clinic. There are a couple of providers, but it's recruiting for another.

- The OB/GYN services are a little more fragile right now. I believe Cabinet Peaks is currently recruiting for an OB/GYN and NWCHC has someone coming in soon.
- Logan Health over in Kalispell rents space in Cabinet Peaks to see cardiac patients. It seems to be well established. I've heard that they're too busy in Kalispell to be able to continue outreach clinic so patients might have to eventually travel to Kalispell to seek these services.
- I've heard that the Center for Asbestos Related Disease (CARD) Clinic is going through lawsuits so that might be a significant issue if something happens to it.
- The new Family Health and Wellness Clinic is doing a fine job!
- EMS Services (ER/Ambulance)
 - In the emergency room, we're very lucky to have solid providers who are established. Paramedics are hired in ER and can go out with ambulance.
 - Transports are one of the biggest issues. Getting a patient out can be difficult by both air and ground.
 - The local ambulance is mostly volunteer service. They're struggling and that's one of the most dangerous things for our area. They don't have enough people to volunteer, so they often put the call out to all volunteers and see who can respond. Somehow the fire department doesn't have the same issues with volunteers.
- Public/County Health Department
 - I don't know a lot about them. I felt that during COVID they were somewhat inexperienced, young for the job, and didn't have a lot of support. I suppose they learned lessons of life through the process. As for COVID, I don't know a lot of what they do, but maybe that's because they're not out there doing outreach.
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - This is always a difficult one. We have a senior center that does Meals on Wheels, provides socializing, etc. The nursing home seems to have a cyclical trend – there's time that you hear more negative comments about it and other times, more favorable.
 - Cabinet Peaks has a program called Senior Life Solutions which provides psychiatric care during the day.
 - Other than those services, there's not a lot of organized activities. Everything's a bit more independent in this population. This is likely the section of our community that needs the most help.
- Services for Low-Income Individuals/Families
 - I don't have a lot of experience in this area, so I can't share a view or opinion.

3. What do you think are the most important local healthcare issues?

- I've already discussed the top issues with EMS/transport and the cardiac clinic in the previous questions.

4. What other healthcare services are needed in the community?

- We already have some infusion services for chemotherapy here locally, but some still have to travel for treatment.
- I think we have enough dental.
- I don't know of anything realistic to add for a rural area like ours.

5. What would make your community a healthier place to live?

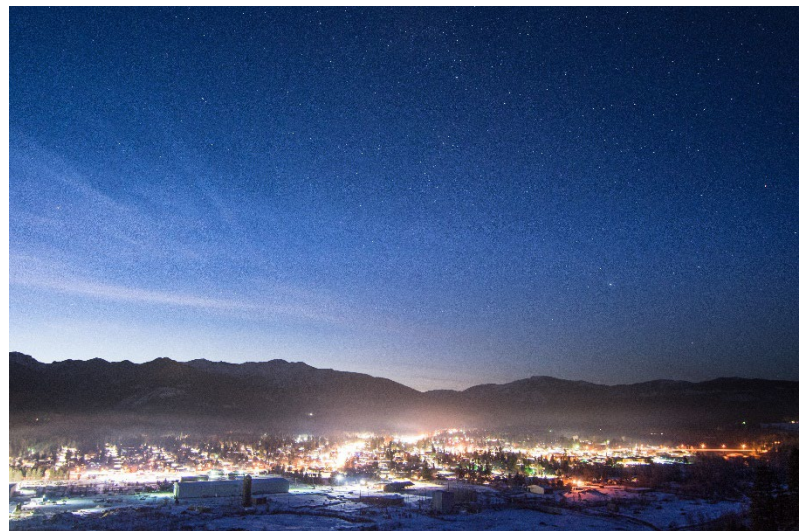
- Well, something that's been on horizon for 20 years is a swimming and/or lap pool. I think a pool could even really help the senior population!
- We have a lot of smokers, but I don't think we have a lot of services for smokers.
- We have a lot of fitness centers and great outdoors (skiing, tennis, organized sports for kids, etc.). We have walking trails, and in winter you can walk in the school hallways.

Appendix J – Request for Comments

Written comments on this 2023 Community Health Needs Assessment Report can be submitted to Cabinet Peaks Medical Center:

Cabinet Peaks Medical Center
Public Relations Manager
209 Health Park Drive
Libby, Montana 59923

Please contact Cabinet Peaks Medical Center’s Public Relation Manager at 406-283-7221 or paula.collins@cabinetpeaks.org with questions.



Small town, big sky. Libby, MT - Grant Golden