

LAKE COUNTY COMMUNITY HEALTH ASSESSMENT

Lake County Health Department
September 2018



Public Health
Prevent. Promote. Protect.

Community Partners

In order to complete this study, the Lake County Health Department gathered together a group of professionals to form an advisory group from the Community that both work with and understand the issues related to health and health care in Lake County. These invaluable people are acknowledged as the **Stakeholder Group** and include:

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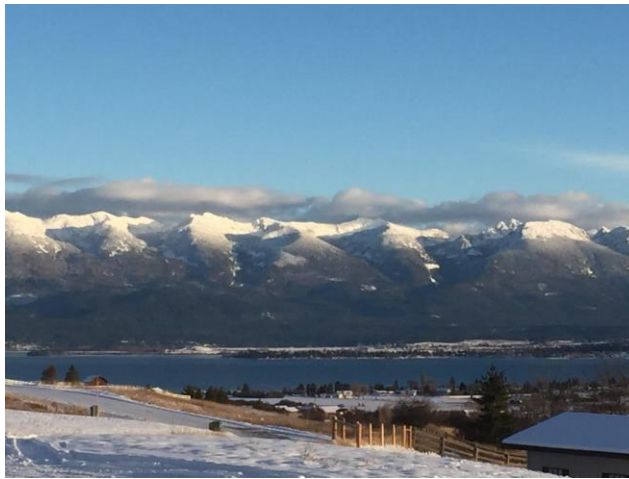
Executive Summary

In May 2018, the Lake County Health Department embarked on the process of conducting a community health assessment in an attempt to understand the issues impacting health from the perspective of the residents of Lake County and the Flathead Reservation. A community health assessment is a process that uses quantitative and qualitative methods to systematically collect and analyze data to understand health within a specific community.

We engaged stakeholders from diverse areas including health care, behavioral health, education, service industry, CSKT employees, and private citizens. This invaluable group of professionals and community members helped guide the process from designing the survey questions to the method of distribution.

In reading through the description of Lake County, it will become evident that the unique history of the area and the challenges our communities face impact the health and economy of the people. The key categories of concern as identified by the stakeholder group were maternal-child health, nutrition, adverse childhood experiences (ACEs), mental health, and drug & alcohol abuse.

This document is a snapshot in time and is intended for information purposes to provide key indicators of health and to assist in identifying a means for improvement moving forward. It is important to understand that not all problems have a feasible solution; however, an increased awareness of the issue is often a good starting point.



A view of the Mission Mountains overlooking Flathead Lake, Polson, MT

Lake County Public Health Mission Statement

“To protect the public’s health through prevention, protection of the environment, and promotion of healthy lifestyles.”

Description of Lake County

With a land area of 1,490 square miles, Lake County is lakes, valleys and mountain ranges, including publicly-accessible lands that provide a haven for wildlife and outdoor recreation pursuits. Flathead Lake, the largest natural freshwater lake in the western United States, is the most prominent geographic feature of Lake County. Working farms and ranches dominate the rural landscapes of the valley floors and continue to be an important way of life for many county residents. Over two-thirds of the county overlaps with the Flathead Indian Reservation of the Confederated Salish and Kootenai Tribes, with the remaining portions of the Reservation lands overlapping into neighboring Missoula, Flathead and Sanders Counties.



Lake County was formed by the Montana Legislature in 1923. Portions of Flathead County and Missoula County were taken from those counties to create Lake County, the 55th of 56 Montana counties. It is a relatively small county for Montana, 46th in size, but it is rather populous compared to other Montana counties, even with less than 30,000 people, ranking 9th of 56 according to the US Census, 2016 estimates. Like any place, however, the history of this place we call Lake County, Montana extends well prior to its official founding 95 years ago and cannot be fully described without some understanding of how the “place” was settled by current inhabitants. The land had been distributed through various public and private means for years prior to the governmental formation of Lake County.

This “place” is comprised of the Mission and Jocko Valleys, the Mission Mountains, most of Flathead Lake and its surrounding shorelines and hills, and much of the north/lower half of the Swan River drainage and the middle, west flank of the Swan Range. Two-thirds of that place comprising the new “Lake County” had been defined 68 years earlier at a pivotal time in American history in the western United States. That “place” that comprises most of today’s Lake County and other portions of the surrounding area had already been a government-defined sovereign nation known as the Flathead Indian Reservation, home of the Bitterroot Salish, Kootenai, and Pend ‘Oreilles Tribes, or the Confederated Salish and Kootenai Tribes of the Flathead Nation. Although the place could already be called “home” (or a part of home territory) to these and other American Indian tribes, the area became a federally declared Indian reservation per the Treaty of Hellgate in 1855. Before that, archeological evidence suggests the American Indians had inhabited the area for more than 14,000 years. Indian inhabitants left less of a trace than white settlement, and Indian tribes had not fractionalized the land for ownership, that being a foreign concept. With a newly established county government in 1923, Lake County set up shop in Polson. The Mission Valley had been opened to non-native settlement well prior to Lake County being formed, and in the period preceding World War I, congress “encouraged non-Indian settlement of lands within the reservation”. Drawn by the promise of productive farms, homesteaders poured steadily into the valley. The basic economy for most of Lake County in its early

years was founded on agriculture and the development of the Flathead Indian Irrigation Project and Kerr Dam southwest of Polson. Population fluctuated at times throughout the 20th century, but overall, the county population grew. Recreational activity was recognized in the 1970s as attracting a relatively high number of temporary residents and in the ensuing years, subdivision and development pressure grew as people from around the world sought their own pieces of western Montana.¹

Demographic Profile of Lake County (2016)

Polson is the county seat and the state’s 18th largest city. There are three incorporated towns in Lake County, of which Polson is the largest (city population of 4,674) and the County Seat; and seven unincorporated townships. In 2016, the County’s population was reported at 29,311, an increase of 2.9% over the 2010 census reports. The population is slightly more female (50.8%) than male (49.2%)².

Because the Reservation was opened to settlement by non-Indian homesteaders in 1910, a large percentage of the of the original treaty lands held in trust for Tribal members were converted to “fee” land owned by others. This has resulted in a County managed under multiple jurisdictions, primarily including the Tribe and County, but also the State and Federal Governments. The following chart shows the population as reported by Native and Non-native persons within the county.

American Indian & Alaska Native Population, 2016*				
	Lake County, MT	Montana	Montana Non-Metro	U.S.
Total Population	29,311	1,023,391	447,409	318,558,162
Total Native Population	7,414	67,222	35,888	2,597,817
American Indian Tribes	6,845	61,109	33,557	1,980,977
Alaska Native Tribes	18	201	100	110,675
Non-Specified Tribes	465	4,657	1,708	428,721
Percent of Total				
Total Native Population	25.3%	6.6%	8.0%	0.8%
American Indian Tribes	23.4%	6.0%	7.5%	0.6%
Alaska Native Tribes	0.1%	0.0%	0.0%	0.0%
Non-Specified Tribes	1.6%	0.5%	0.4%	0.1%

Total households reported are 11,952 with a median income per household of \$39,898 as compared with \$48,380 for the State and \$51,441 for all non-metropolitan areas in the State. While 71.1% of household income is from labor earnings, 55.4 % of households, either singularly or in combination with other household members, receive income from retirement and/or social security. Public assistance income is received in 26.4% of households. While the median household income is \$39,898,

¹ This descriptive information is taken in-part from the proposed Lake County 2018 Growth Policy

² All demographic statistics were provided by the Economic Profile System (EPS) produced by Headwaters Economics (headwaterseconomics.org) using published statistics from federal data sources, including Bureau of Economic Analysis and Bureau of the Census, US Department of Commerce; and Bureau of Labor Statistics, US Dept of Labor. Comparative Data was compiled for Lake County, Montana State and Montana Non-Metro Areas with reports covering both demographic and social subject matters.

it is largely a result of income sourced from two or more resident earners of income, as per capita income is only \$23,191. No less than 21.4% of people in Lake County live below the poverty level, the highest percentage of which are in families with a female head of household, with no husband present, with children under 18. The poverty rate in Lake County is significantly higher than that shown for other non-metropolitan areas in Montana, as well as the State as-a-whole, and the U.S. This statistic, alone, has a significant impact on the County's overall capacity to provide adequate social and healthcare services to its constituents.

Poverty Rate by Age & Family Type, 2016*				
	Lake County, MT	Montana	Montana Non-Metro	U.S.
People	21.4%	14.9%	13.7%	15.1%
Under 18 years	28.8%	18.6%	18.7%	21.2%
65 years and older	11.0%	8.5%	8.4%	9.3%
Families	15.1%	9.6%	8.9%	11.0%
Families with related children <18	24.6%	16.2%	15.5%	17.4%
Married couple families	9.3%	5.0%	5.9%	5.5%
with children <18	14.5%	7.2%	9.1%	7.9%
Female householder, no husband present	34.5%	32.7%	30.8%	29.9%
with children <18	44.7%	42.6%	41.6%	39.7%

The median age in Lake County is 41.5, a 1.5% increase over 2010. The largest increase in age grouping between 2010 and 2016 was in the 65 and older category, where over 1,100 persons transitioned into the group. The rising median age is consistent, although rising at a slower rate in Lake County, with other non-metropolitan areas in Montana, where it is as high as 4.8%. This is may be due to the large number of farming communities where fewer young people are remaining to take over farm management from aging parents. This is a significant factor when considering the future health care needs of Lake County – and, indeed, all rural areas in Montana.

Poverty by Race & Ethnicity, 2016*				
	Lake County, MT	Montana	Montana Non-Metro	U.S.
Total Population (all races) in Poverty	6,206	148,677	60,400	46,932,225
Percent of Total**				
White alone	53.6%	79.0%	76.1%	60.6%
Black or African American alone	0.2%	0.6%	0.3%	21.5%
American Indian alone	39.5%	15.3%	19.5%	1.5%
Asian alone	0.0%	0.8%	0.5%	4.3%
Native Hawaiian & Other Pacific Is. alone	0.3%	0.0%	0.0%	0.2%
Some other race	0.3%	0.6%	0.6%	8.0%
Two or more races	6.1%	3.6%	2.9%	3.9%
Hispanic or Latino (of any race)	6.6%	5.1%	4.0%	27.0%
Not Hispanic or Latino (of any race)	49.9%	75.6%	73.3%	43.5%

Income and Employment

Most of income from labor in Lake County is from the service sector at 56.7% (including health care, social services, retail, tourism, etc.). The other two major sectors include Government at 22% (including Tribal, local and county, state and federal) and Agriculture at 8.5%.

Of the Service Sector jobs, 43.8% are within Retail Trade and Accommodations/Food Service, both of which traditionally offer lower wage jobs. The next highest employment is 21.8% from Health Care and Social Assistance sectors at 21.8%. This number is generally lower than actual, because those employed by the Tribe in these two sectors are most often classified under "Government" rather than by industry sector.

Percent of Total Private Employment in Services, 2015				
	Lake County, MT	Montana	Montana Non-Metro	U.S.
Services Total	~88.9%	86.4%	~84.0%	85.1%
Utilities	~0.4%	0.8%	~1.1%	0.5%
Wholesale trade	1.4%	4.4%	~3.2%	4.9%
Retail Trade	22.0%	16.0%	~16.9%	12.7%
Transportation & Warehousing	1.8%	3.7%	~3.3%	3.7%
Information	2.6%	2.3%	~2.2%	2.7%
Finance and Insurance	4.0%	4.5%	~4.2%	4.9%
Real Estate and Rental and Leasing	0.9%	1.5%	~1.6%	1.7%
Professional, Scientific, and Tech.	7.1%	5.3%	~4.6%	7.1%
Mgmt. of Companies and Enterprises	0.6%	1.0%	~1.1%	2.7%
Administrative and Support Services	1.3%	6.6%	~3.6%	9.0%
Educational Services	~6.3%	1.6%	~2.1%	2.9%
Health Care and Social Assistance	21.8%	18.1%	~18.3%	15.5%
Arts, Entertainment, and Recreation	1.4%	3.0%	~3.2%	1.8%
Accommodation and Food Services	13.0%	13.3%	~14.2%	10.6%
Other Services	4.1%	4.3%	~4.3%	4.4%
Non-Services	~11.4%	13.6%	~15.7%	14.9%
Unclassified	~0.0%	0.0%	~0.0%	0.0%

This table does not include employment data for government, agriculture, railroads, or the self-employed because these are not reported by the County Business Patterns. Estimates for data that were not disclosed are indicated with tildes (~).



Kwa Taq Nuk Resort, Flathead Lake, Polson, MT.

The 2017 Montana Economic Report prepared by Bureau of Business and Economic Research at the University of Montana indicates that Montana's rural communities play an important role in our state's economy. Growth in Missoula and Kalispell has helped construction and visitor spending growth in Lake County. Professional services growth specific to health care continues to experience significant changes, and at the same time faces substantial uncertainty. This same report shows surges in health insurance

coverage, health care employment and health insurance premiums.

The year 2016 also saw a surge in healthcare employment in the state of Montana after a couple years of relatively slow employment growth, and Lake County is no different. St. Luke Community Hospital is now reflected in the table below as the largest non- government employer in the county with St. Joseph Hospital not far behind. Industrial and manufacturing activity, while increasing in Lake County, has traditionally struggled as a major industry. Light manufacturing plants provide a steadily increasing number of jobs, with Jore Corporation, dba Rocky Mountain Twist, employing over 200. Pablo is home to S&K Electronics, a defense contractor manufacturing electronic products. S & K Technologies, located in St. Ignatius, is the parent organization for seven enterprises involved in things as diverse as defense and logistics to wildland restoration. Both S&K Electronics and S&K Technologies are tribally-owned businesses; therefore, their employment data is not reflected in the table below. ³

Business Name	Size Class
Black Mountain Software	4
Designs for Health	5
Glacier Bank	5
Home Caregivers	4
Jore Corporation dba Rocky Mountain Twist	6
McDonald's of Polson & Ronan	5
Mission Mountain Enterprises	6
Mission Valley Power	5
Safeway	5
Providence St. Joseph Medical Center	6
St. Luke Community Healthcare Network	7
Super 1 Foods	6
Walmart	6
Western Bee Supplies	5

Class Size 3 = 10-19 Employees
Class Size 4 = 20-49 Employees
Class Size 5 = 50-99 Employees
Class Size 6 = 100-249 Employees
Class Size 7 = 250-499 Employees
Class Size 8 = 500-999 Employees
Class Size 9 = 1000 and over employees

As the prominence of both employment and economic influence indicate, Lake County and the Confederated Salish & Kootenai Tribes host a variety of both public and private health care and social service providers. In addition, the metropolitan cities of Missoula (to the south) and Kalispell (to the north) offer complete medical and healthcare services open to the people of Lake County. The following is a table of Lake County providers and the communities in which they serve clients.

Type of Service	Name	Community Location(s)	Populations Served
Hospital	Providence St. Joseph Medical Center	Polson	All
Hospital	St. Luke Community Healthcare Network	Ronan	All
Clinic	Providence St. Joseph Medical Center	Polson, Ronan	All
Clinic	St. Luke Community Healthcare Network	Polson, Ronan, St. Ignatius	All

³ Excerpted in part from 2018-2022 *Comprehensive Economic Development Strategy (CEDS)*, Lake County Community Development Corp. (January 2018)

Clinic/Community Health Services	CSKT Tribal Health Departments	Elmo, Polson, Ronan, St. Ignatius, Arlee and SKC Campus/Pablo	Enrolled Tribal Members and Descendants
Clinic	Kalispell Regional Healthcare	Polson	All
Mental Health Services	Sunburst Mental Health Center	Polson	All
Mental Health Services	Western MT Mental Health Center	Ronan	All
Public Health	Lake County Public Health	Polson	All

In addition, there are multiple offices providing an array of medical, dental, chiropractic, nutritional counseling, dialysis and other such services primarily located in Polson, Ronan and St. Ignatius. Assisted Care and Skilled Nursing Facilities (Long-Term Care) are also available.

Further, Lake County’s location in relationship to mountains, lakes, streams, wilderness areas and scenic beauty lends itself to creating an environment in which people have plenty of access to lifestyle options such as walking, biking, fishing, sports and other ways of getting exercise. There are also indoor options with workout facilities, school gyms, Tribal fitness centers, and studios offering yoga and other such programs and classes that help people of all ages and capabilities engage in activities that promote good health.



Salish Kootenai College, Pablo, MT. Photo credit: S&K Technologies

Methodology

The Lake County Community Health Assessment project was undertaken by the Lake County Public Health Department as a way to assemble the array of information regarding the status of health in our community in one place and provide a composite resource for future planning. Lake County adapted the framework put forth by the Association for Community Health Improvement's Community Health Assessment Toolkit (Steps 1-6)⁷.



Figure 1. Community Health Assessment Framework utilized by Lake County Health Department to guide the community health assessment process.

In its first meeting, the Team discussed and determined there were two general types of indicators of “health” in our communities:

1. Those that contribute to a “healthy community” – ones that create an environment where people thrive and have access to the amenities and services that sustain and support them as individuals and families; and
2. Those that demonstrate how the personal health of individuals reflects the degree to which they are either thriving within those communities.

It was determined that the study should develop in two stages:

1. Determine what we know about the health of our communities and citizens at this point in time; and

2. Conduct further study to help us either confirm what we know or determine if there are areas of concern that have not been sufficiently addressed

The Team identified various studies, surveys and assessments that have been completed related to the overall health of our communities in Lake County and the specific health issues of our communities. The following table shows those that the Public Health Department and the Advisory Team have accessed in order to provide indicators as to what we know.

Study Name	Study Sponsor
Community Health Assessment—2016	St. Luke Community Healthcare Network
Community Health Assessment—2018	Providence St. Joseph Medical Health Center
County Health Rankings—2018	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute
Youth Risk Behavioral Survey--Lake County 2017	Office of Public Instruction

In a second meeting, the Team identified and listed those things that they thought should be evaluated in terms of both contributing to a “healthy community” and prioritized areas they thought should be examined further related to “health concerns”.

The indicators of a “healthy community” were identified as follows:

1. Economic Health
 - a. Low poverty rates
 - b. Jobs paying a living wage
 - c. Diverse types of companies offering employment across all sectors
 - d. Suitable and qualified workforce
 - e. Access to affordable and safe housing
 - f. Access to affordable childcare
 - g. Access to a variety of aging services including assisted living, nursing home and home-health options
 - h. Access to a system of public transportation for school, healthcare services and work
2. Environmental Health
 - a. Access to public/green spaces (Opportunities for physical activities)
 - b. Access to clean air and water
 - c. Access to nutritious, affordable foods
3. Cultural Diversity
4. Mental/Social Health
 - a. Access to mental health services and addiction counseling
 - b. Low rates of use of alcohol, drugs and tobacco
 - c. Access to a diversity of healthy, social activities
5. Education
 - a. Availability of early childhood education programs throughout the County

- b. 3rd grade reading and math proficiency
- c. High school graduation rates
- d. Access to college/adult and lifelong learning opportunities
- 6. Physical Health
 - a. Access to quality medical and dental care for all
 - b. Prenatal care and low infant mortality rates
 - c. Healthy lifestyles promoted through access to nature, walking and biking pathways, fitness gyms, exercise, etc.

The top five “health concerns” identified in Lake County were:

1. Mental Health
2. Maternal and Child Health
3. Drug and Alcohol Abuse
4. Nutrition
5. ACEs (Adverse Childhood Experiences)

Health Indicators

Montana’s Public Health Information System operated by the Department of Public Health and Human Services provides ongoing research and reporting relative to the health of the community as shown by reports of admissions for certain diseases as reported by local hospitals and clinics. As an interactive reporting system, it is updated as reporting is received and can be downloaded as a “Community Snapshot” for the geographic area requested. The following is an unannotated table showing reported information of admissions for various health related issues as of March 2018. Whereas the full report includes comparative data for the State and US, as available, these items have not been included here.⁴

Indicator	Count/Rate
Asthma Hospital Admissions (2012 – 2014)	40
Acute Myocardial Infarction (AMI), Crude Rate of Admissions per 1000, Population (2012 – 2014)	122
Hospitalization with Diabetes (2012 – 2014)	1,096
Cardiovascular Disease – Stroke Hospital Admissions (2012 – 2014)	120
Percentage of Births with Mother Receiving Prenatal Care during First Trimester (2011 – 2015)	65.7%
Percentage of Infants Weighing Less than 2500 Grams at Birth (2011 – 2015)	9.4%
Maternal and Child Health – Percentage of Births with Mother Smoking During Pregnancy (2011 – 2015)	29.1%
Heart Disease Age-adjusted Death Rates (2011 – 2015)	155
Cardiovascular Disease Age-adjusted Death Rates (2011 – 2015)	33
Diabetes Disease Age-adjusted Death Rates (2011 – 2015)	17

⁴ (<http://ibis.mt.gov/community/snapshot/report/CommunityInd/GeoCnty/47.html?PageName=>)

Survey Tool

In order to confirm/update the previous findings and to further determine what gaps may exist in the system, the project developed a survey to be completed by the general public. The results of this survey were examined by the Advisory Team and a more comprehensive list of apparent health issues and related concerns was developed.

The Community Health Assessment Survey was designed from existing community health surveys provided by Montana DPHHS and the Montana Healthcare Foundation and adapted to suit the characteristics of Lake County. The draft survey was presented to the stakeholder group for input and feedback. A Core Group of health department staff made the suggested changes to both the content of the individual questions and the language used to ensure that the questions being asked would result in what the stakeholders wanted to learn. In other words, what information would we gather from this question, and is it what we want to know?

The final survey tool was created in SurveyMonkey in order to be able to analyze the data collected from the community's responses. Surveys were distributed primarily via a link in an email sent to various distribution lists such as Lake County's HAN (Health Alert Network) contacts, the Best Beginnings Children's Partnership, the Stakeholder Group, Salish Kootenai College (SKC) employees, and Confederated Salish & Kootenai Tribal (CSKT) employees. Each group was encouraged to share and distribute the link widely.

Hard copies of the survey were distributed in partnership with CSKT Tribal Health (THD) through clinic staff. Patients waiting for their appointments were given the survey to complete and collected by staff. Hard copies were also distributed during Summer Safety Days at Walmart and at various senior centers throughout the county.

Other methods of distribution included a link to the survey and a survey-specific QR code posted to Lake County Health Department Facebook pages and website. An article in the local newspaper with a link to the survey was also published. The survey period was open from July 10 to August 15 and the deadline was later extended to September 30 to ensure return of hard copies. Lake County Health Department staff entered the data from the hard copies into SurveyMonkey for analysis.

Refer to Appendix A for the complete survey.

Data Summary

Because of the method of survey distribution, a response rate was unable to be determined. The fact that 513 survey responses were returned provides a reasonable sample of the population from which to consider.

Table 1. Distribution of Responses by Community*

Community	Zip Code	Number of Responses
Polson	59860	221
Ronan	59864	138
St. Ignatius	59865	60
Arlee	59821	31
Charlo	59824	22
Pablo	59855	19
Big Arm	59910	5
Bigfork	59911	4
Elmo	59915	3
Missoula	59808	3
Ravalli	59863	2
Dixon	59831	2
Dayton	59914	1
Proctor	59929	1
Hot Springs	59845	1

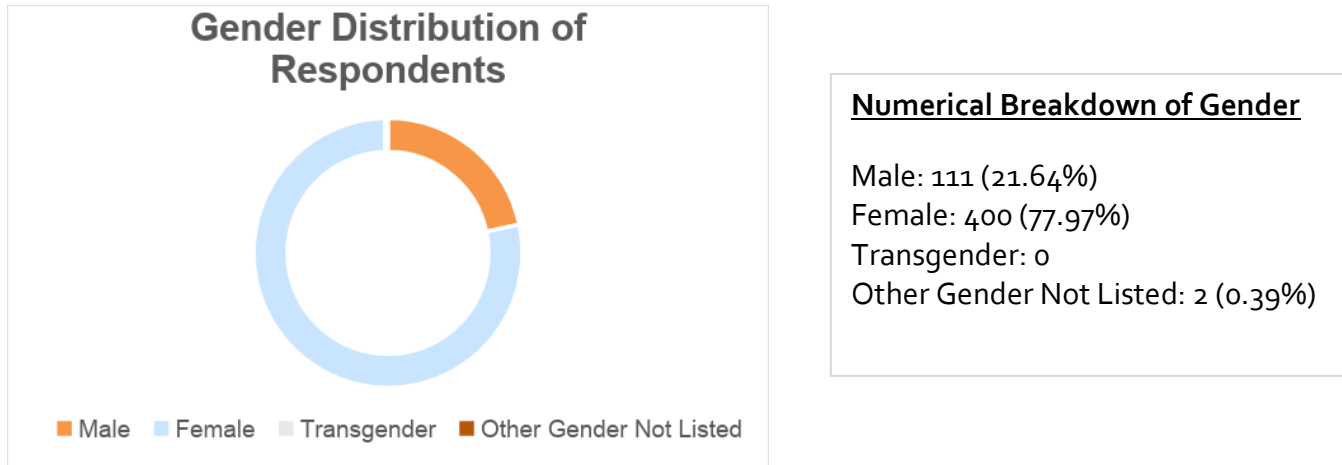
*Some communities reported were not in Lake County proper; however, they were located on the Flathead Reservation, and therefore included in the overall data analysis.



A view of the Mission Mountains from the south, St. Ignatius, MT

Most of the respondents live in the Polson area, followed by Ronan, then St. Ignatius. These results are consistent with the population distribution of Lake County with Polson (the county seat) having the highest percentage of the county's total population; Ronan has the second highest percentage, and St. Ignatius, the third highest percentage of the county's population.

Chart 1. Gender Identification



According to the U.S. Census Bureau (Quick Facts, 2017), the gender distribution of Lake County is 49.4% Male and 50.6 % Female. The majority of respondents of the community health assessment survey identified as female. The reported age distribution of respondents is represented in Chart 2.

Chart 2. Ages of Respondents

The reported age distribution of respondents is represented in Chart 2.

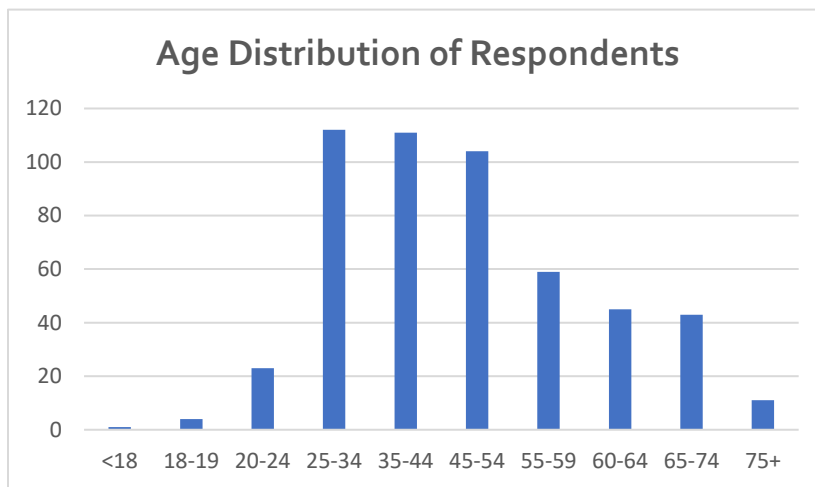
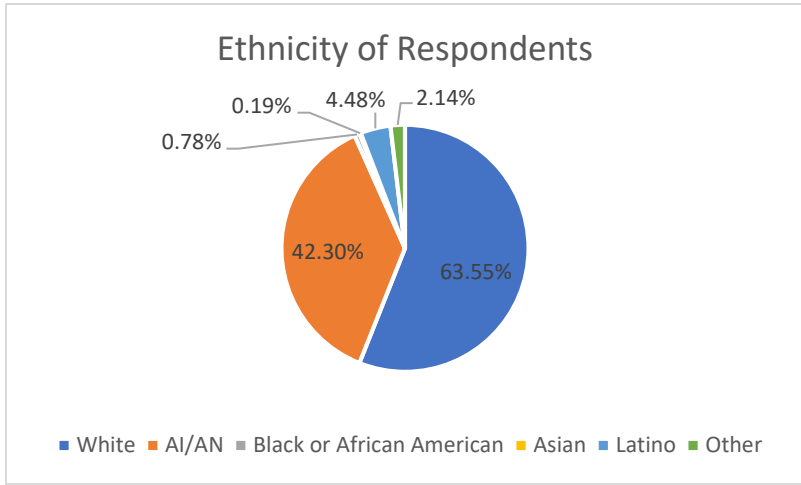


Chart 3. Ethnicity of Respondents

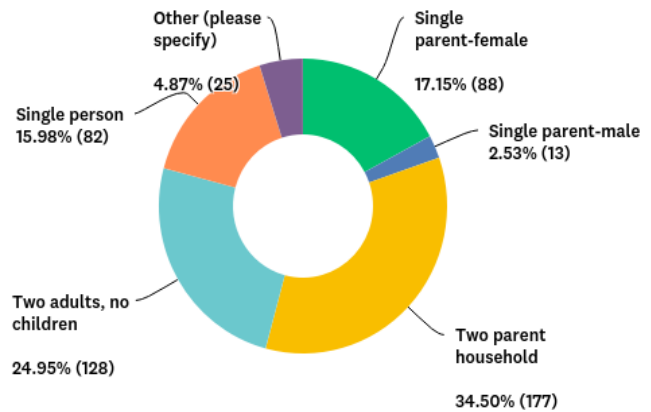
Lake County’s population is 24.7% American Indian and 67% White (US Census Bureau, Quick Facts, 2017). The survey respondents demonstrate a suitable representation of the total population of Lake County. Of the 217 respondents identifying as American Indian, 67.24% (n=156) reported being a tribal member, and another 22.84% (n=53) reported tribal descendency. Eight respondents skipped the question regarding tribal membership.



Employment Status, Income & Other Household Information

Of the respondents reporting employment status, 70.57% are employed full time. Interestingly, of those employed full-time, approximately 56.72% report making less than the median household income for Lake County (\$42,582⁵). Other household information includes:

- 34.50% are in a 2-parent household
- 24.95% report a household consisting of two adults and no children
- 25 respondents reported having some “other” household composition. 9 of those 25 reported having grandchildren living in the household (with or without the parent).
- # in household ranged from 1-11
 - 163 respondents reported 2 in the household
 - 37 respondents reported 6 or more in the household

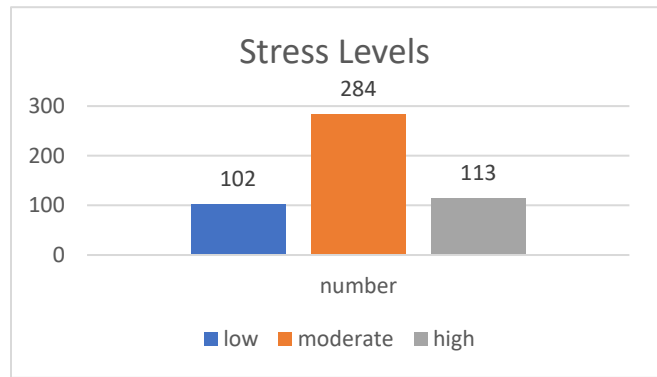


Perceptions of Physical and Mental Health

The survey asked respondents’ perceptions of their physical and mental health. In general, 68.59% (n=345) of respondents reported “good” or “very good” physical health. Another 8.8% (n=44) reported being in excellent physical health. The remainder 22.4% (n=112) reported “fair” or “poor” health (13 people skipped the question).

The majority of respondents (71.96% or 362 people) stated that their mental health was “good” or “very good” with 15.6% reporting “excellent” mental health. Yet, the 12.53% (n=63) reporting “fair” or “poor” health cannot be ignored. Again 13 people skipped this question.

It is well-known that long-term stress has negative effects on both mental and physical health⁶. The survey asked, "How would you describe your day-today level of stress?" The majority of respondents (79.56%) reported stress levels of "moderate" or "high". In comparison, this does not seem to impact the reported physical and mental health conditions of respondents who report good to excellent mental health status.

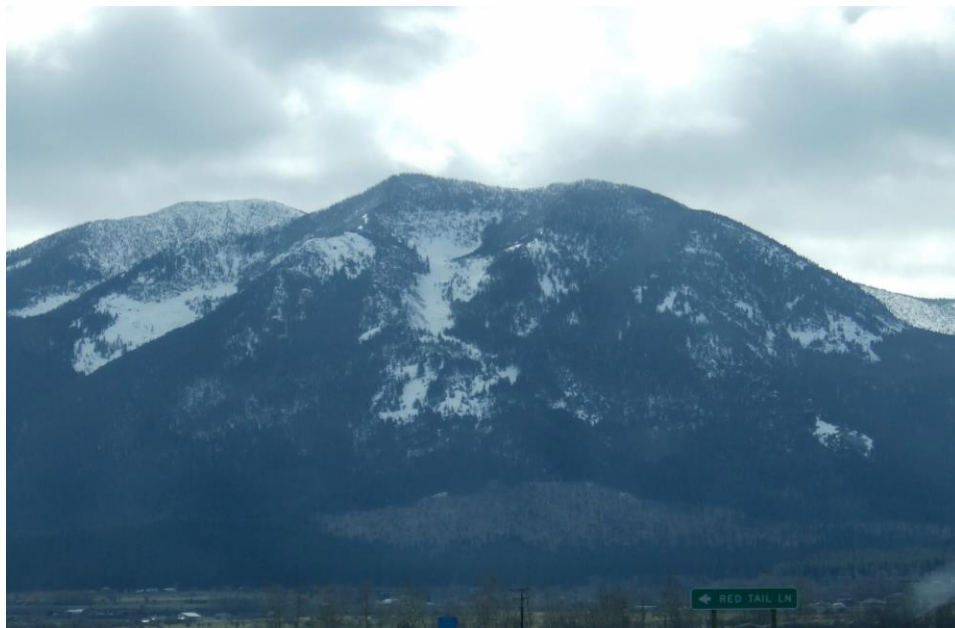


Scarcity of Resources

When asked whether, in the past 12 months, the respondent others in the household ever cut the size of a meal or skip meals because there was not enough money for food, 21.29% of respondents (n=106) said, "yes".

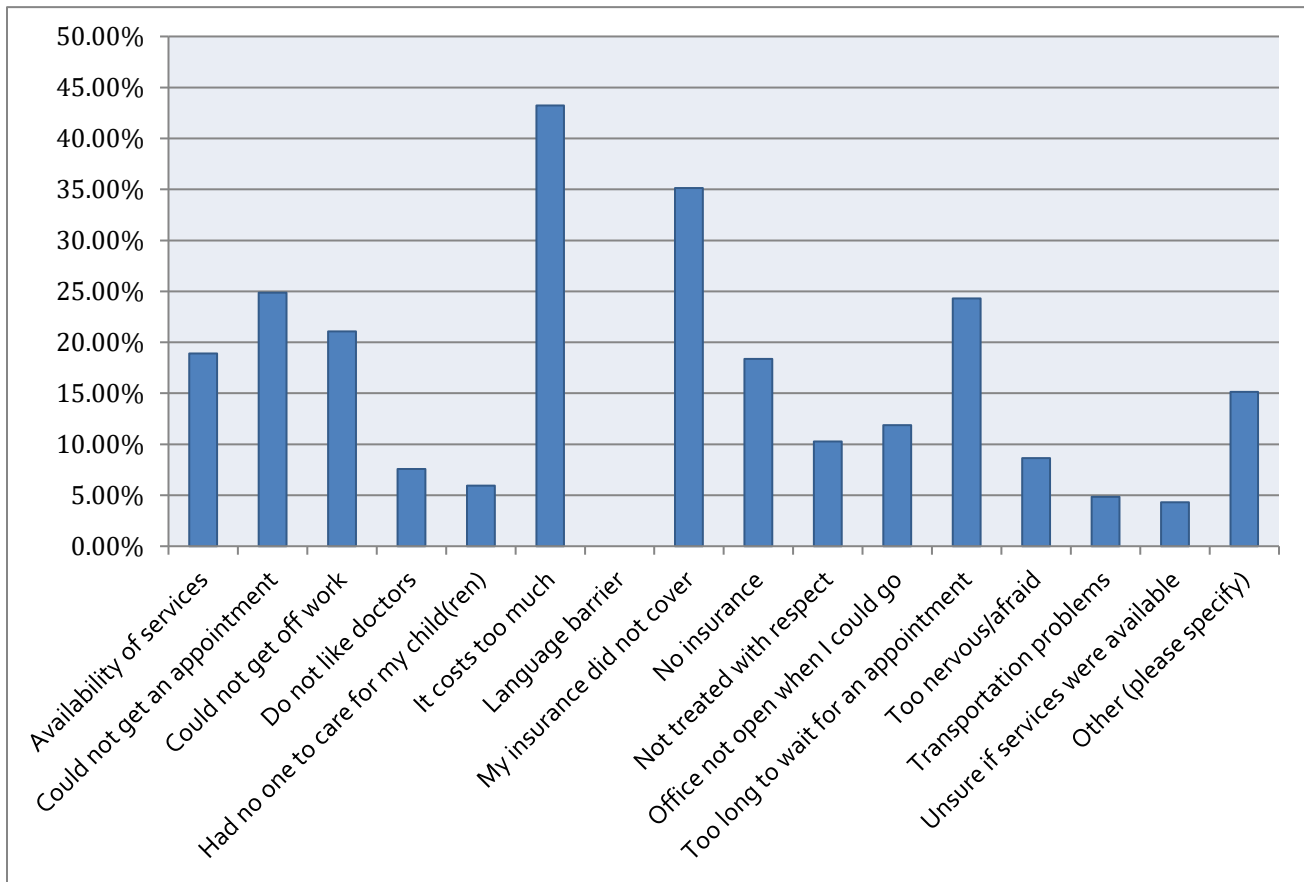
We also asked whether, in the past 12 months, the respondent or others in the household went without needed medication because other expenses were more important. Most (83%, n=414) did not; however, 16.7% (n=83) respondents admitted to having to decide between medications and other expenses.

Another question asked if the respondent or other member of the household delayed or declined getting needed health care services in the past 12 months. Again, most of the respondents (67.76%; n=332) answered "no"; however, 32.24% (n=158) indicated that there had been a time in the past 12 months that they delayed or declined getting health care services.



"Dancing Boy", Arlee MT

Chart 4. Reasons Health Care Services Were Not Received



The top five reasons for not accessing health care services include:

1. It costs too much
2. Insurance doesn't cover
3. Couldn't get an appointment
4. Too long to wait for an appointment
5. Couldn't get off work

It is worth noting that there were 28 "Other" responses that described reasons respondents delayed or went without health care services. They included: couldn't take time off; still have deductibles to meet; Tribal Health denied services. Some respondents felt that providers did not listen to them or they felt as if they were being judged for seeking pain relief ("not everyone is an addict"). Others were frustrated with the fact that it was difficult (or the wait was too long) to get in to see their primary care provider, and they were forced to see a mid-level provider instead.

Improved Access to Health Care Services

Respondents to the survey were asked what would improve access to health care services. Table 2 demonstrates the distribution of responses.

Table 2. Factors that would improve access to health care services

ANSWER CHOICES	RESPONSES	
Availability of walk-in clinic	47.57%	225
More primary care providers	41.86%	198
Availability of visiting specialists	38.48%	182
Improved quality of care	35.10%	166
Transportation assistance	26.43%	125
Health education resources	22.20%	105
Cultural sensitivity	16.49%	78
Telemedicine (provider visit via electronic communication)	16.28%	77
Other (please specify)	10.57%	50
Interpreter services	2.96%	14
Total Respondents: 473		

Fifty respondents specified “other” factors would improve access. Those included expanded hours of walk-in/convenient care services; more primary care providers (doctors); improved confidentiality; increased visit time with providers; lower wait times to see a specialist (“seeing a specialist you have to wait months”); lower prescription drug costs and overall health care fees. Many respondents (n>10) believed that better health insurance options were necessary.

A few survey participants vocalized that health care should extend beyond the walls of hospitals and clinics citing school clinics, drug treatment options, and mental health facilities that could help address access to care and reduce the burden on primary care.

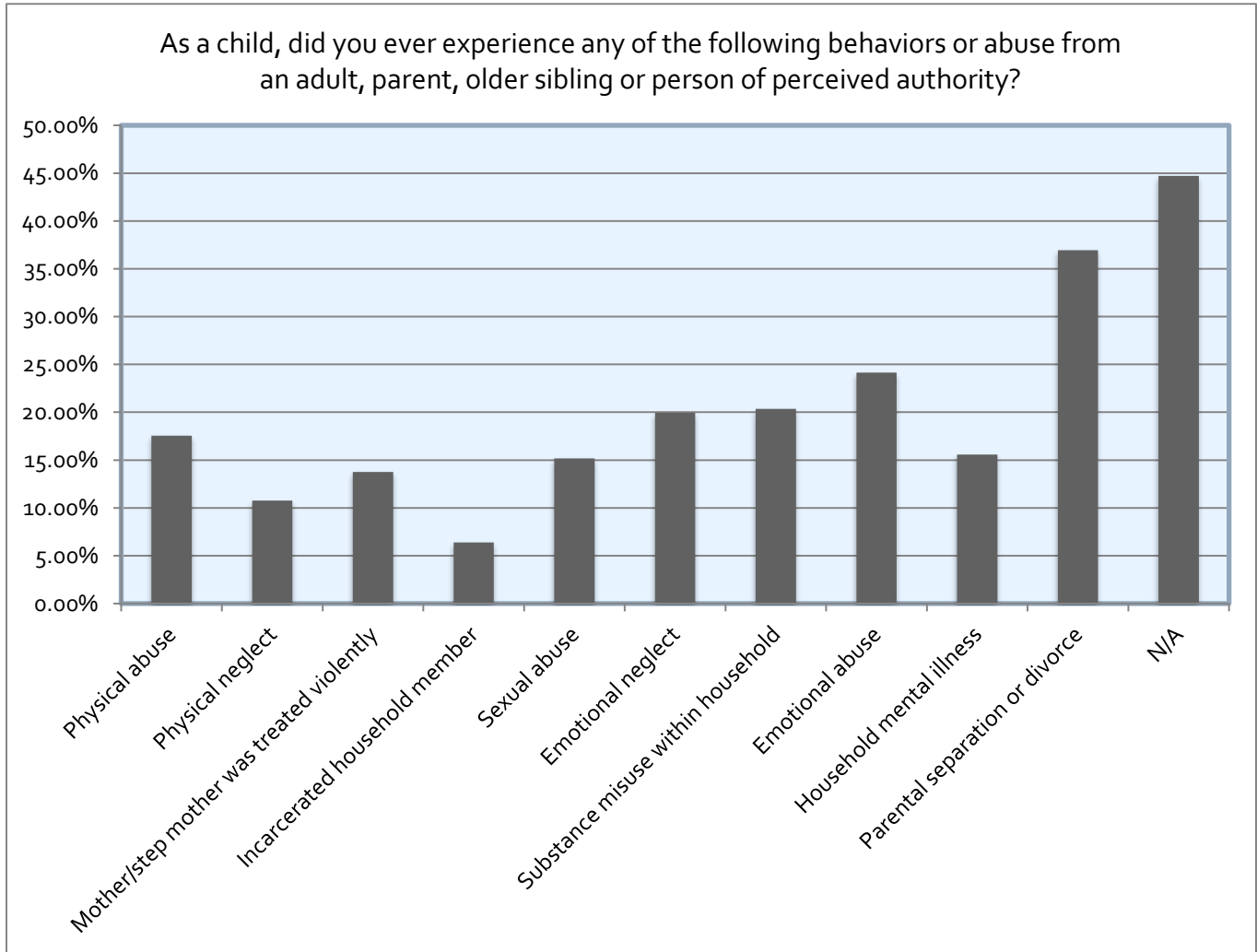


A young bison calf stands in front of its mother. National Bison Range. Photo credit: Dave Fitzpatrick, Volunteer, NBR/USFWS. April 2014

Adverse Childhood Experiences (ACEs)

We asked a question based on the respondents' experiences as a child in an attempt to understand the extent of Adverse Childhood Experiences that exists among the population. Table 3 summarizes the responses received.

Table 3. Adverse Childhood Experiences



Early experiences are an important aspect in a child's development. Research shows that an unfavorable environment in childhood contributes to lifelong social and health consequences such as:

- risky health behaviors,
- chronic health conditions,
- low life potential, and
- early death

Of the individuals that answered the question (n=501), 224 reported the (ACE) factors were not applicable. Of the remaining respondents, the most common ACE was parental separation or divorce followed by emotional abuse, substance abuse in the household, emotional neglect, and physical abuse.

Issues Facing Our Communities

We gave respondents a list of 39 potential issues our communities face and were asked to determine whether each issue was:

1. Not a problem;
2. A problem;
3. A big problem;
4. Don't know.

The issues were ranked according to the calculated weighted average of whether respondents perceived the issue as “a problem” or “a big problem”. The top 20 issues (in no particular order) identified were:

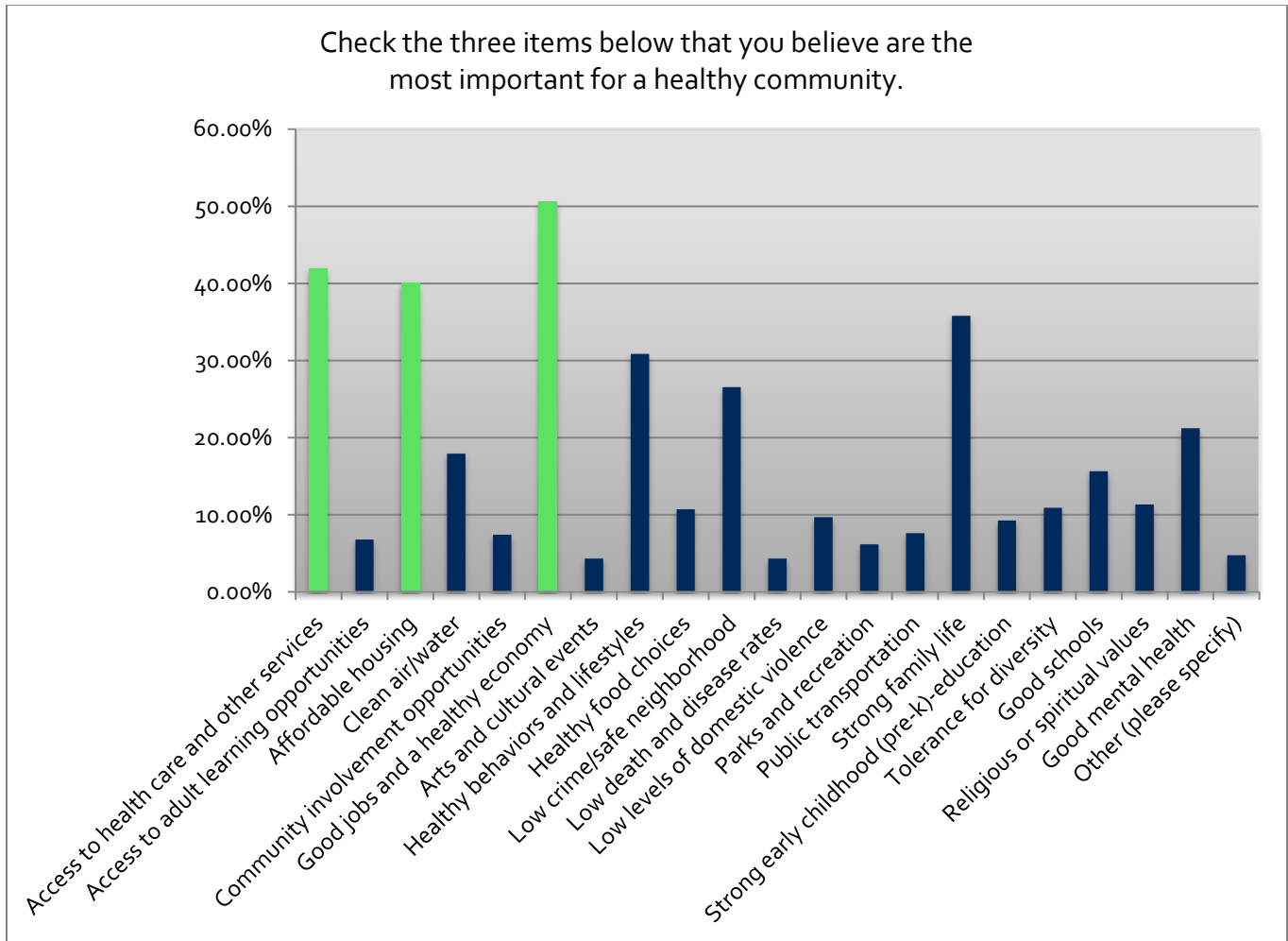
1. Illegal Drug Use (meth, heroin, cocaine, etc.)
2. Access to jobs with a living wage
3. Prescription Drug Abuse (Opioids)
4. Alcohol Abuse
5. Racism
6. Child Abuse/Neglect/Trauma
7. Domestic, Dating or Sexual Violence
8. Poor Housing Conditions
9. Access to Mental Health Services
10. Hunger
11. Access to Substance Abuse Services (for alcohol and drug addiction)
12. Motor Vehicle Injuries
13. Obesity
14. Unintended Pregnancies (including teen pregnancy)
15. Tobacco Use
16. Availability of Affordable Childcare or After School Care
17. Access to Public Transportation
18. Access to Affordable Housing
19. High Crime Rates
20. Homelessness

It is also worth considering the written comments that accompanied this question. **Suicide**, although not on the original list of issues, was considered a big problem in the community along with mental health issues. **Discrimination** was also a noteworthy issue with some respondents citing discrimination exists against the LGBTQ community (“not being well educated enough on what kids are going through”) as well as bias against various ethnic groups. **Sexually transmitted infections** also made the list as a noteworthy problem.

The Most Important Factors for A Healthy Community

Chart 5 depicts respondents' most important factors for a healthy community. The top three responses were good jobs and a healthy community; access to healthcare and other services, and affordable housing. These results demonstrate that many factors create a healthy community, and this population understands this concept.

Chart 5. Respondents' "most important" factors for a healthy community.



Mental Health & Substance Abuse Resources

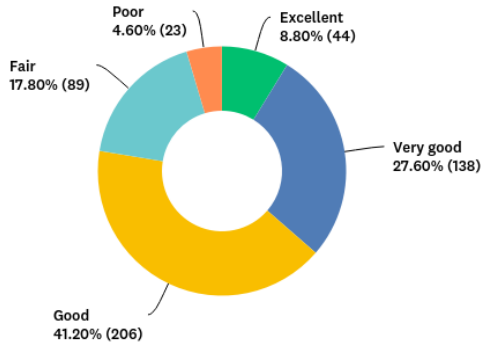
When asked where they would refer someone for mental health services, most respondents identified a private therapist or social worker followed by Sunburst Mental Health and CSKT Behavioral Health. Many of the comments suggested that there were not enough options for patients seeking help especially for those with no coverage for mental health services.

According to respondents, substance abuse is a widespread problem in Lake County, and again, there are few resources to address the problem. Most would refer someone to Western Montana Addiction Services, a private outpatient facility or Tribal Behavioral Health; however, almost 23% of respondents did not know. "There are just not enough support services for people with substance abuse issues".

Health, Physical Activity & Nutrition

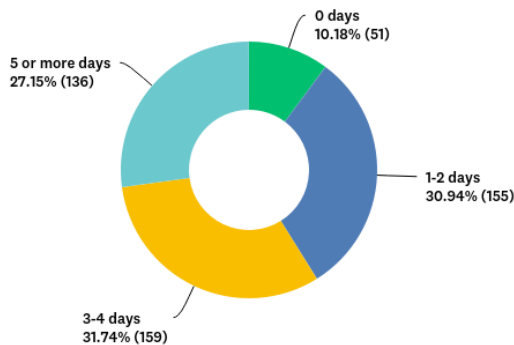
Respondents were asked several questions about their general health, nutrition, and physical activity. The following represents the distribution of their responses:

In general, would you say your general health is: Excellent, Very Good, Good, Fair, or Poor?



ANSWER CHOICES	RESPONSES	
Excellent	8.80%	44
Very good	27.60%	138
Good	41.20%	206
Fair	17.80%	89
Poor	4.60%	23
TOTAL		500

During the past 7 days, how many days were you physically active for a total of at least 30 minutes per day?

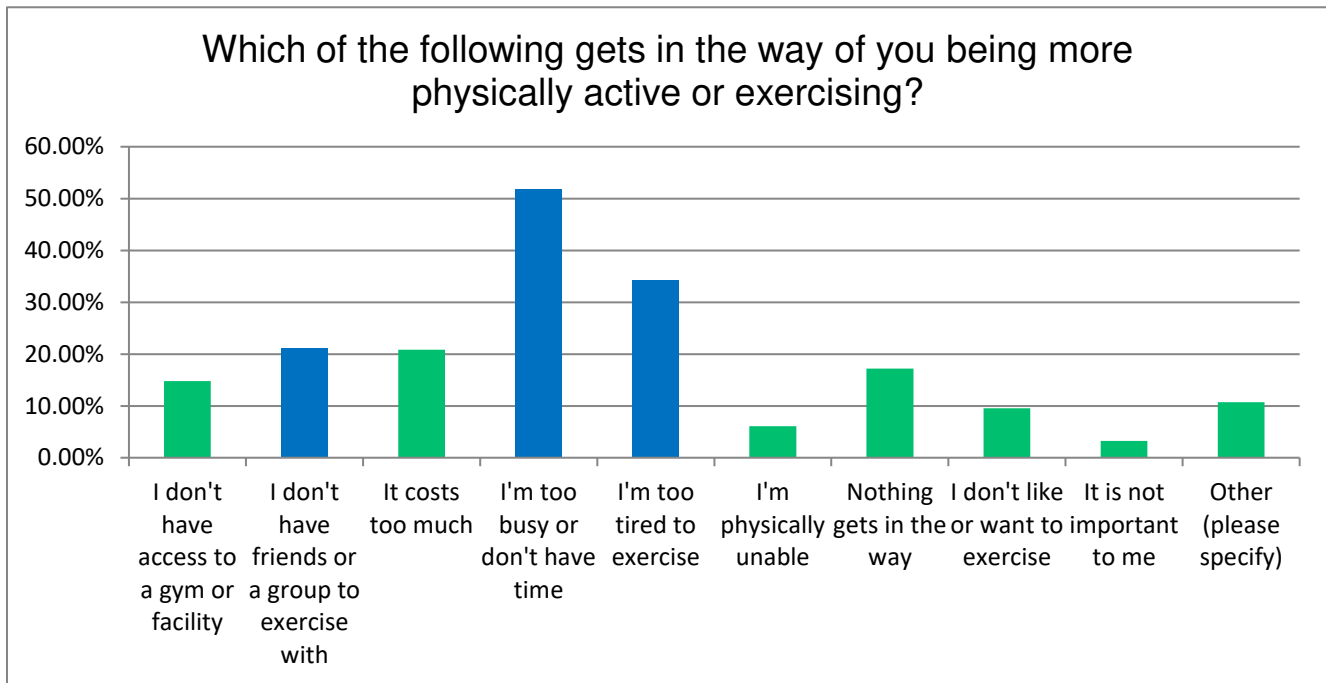


ANSWER CHOICES	RESPONSES	
0 days	10.18%	51
1-2 days	30.94%	155
3-4 days	31.74%	159
5 or more days	27.15%	136
TOTAL		501

When asked what would help them be more physically active, 32.93% replied **more parks/trails**, 31.53% stated **access to a gym** would help followed by a **walking or exercise group** (29.52%). Others through that more walking challenges, better sidewalks, and improved neighborhood safety were factors in increasing physical activity. Others (21.08%) admitted nothing would get them moving more. Of the "other" responses, more hours in the day; childcare options; increased motivation, control of the aggressive dogs, and a walking path close to their home would help increase physical activity.

Similarly, we asked what gets in the way of your being more physically active or exercising. Chart 6 represents the responses:

Chart 6. Factors that impede physical activity



Fifty-three respondents named “other” factors that get in the way of their physical activity. Of those, childcare, physical limitations/disabilities, and finding a family-friendly gym where kids can also work out topped the list.

For the most part, many (40.58%) respondents feel as if they eat a healthy diet; however, of those who were not always eating healthy, barriers noted were that healthy food costs too much; it is hard to find healthy choices when eating out; and they didn’t know how to prepare healthy foods. In the past 12 months of taking the survey, 21.29% (n=106) respondents admitted they cut the size of a meal or skipped a meal because there was not enough money for food. This is consistent with the County Health Rankings 2018⁴ that reports 15% of Lake County experiences food insecurity (lack of access to adequate food).

Tobacco Use & Cessation

According to the 2018 County Health Rankings, 19% of Lake County adults are current smokers⁴. Of the 480 survey participants that answered the question, 37.71% stated that they or someone in their household used tobacco products (including e-cigarettes and smokeless tobacco). One-third of respondents did not know where to turn if they or a household member wanted to quit. About the same percentage would use the MT QuitLine and/or turn to their health care provider for assistance in quitting tobacco.

Sources of Information

It is not surprising that most people get their information from the internet. Healthcare providers, word of mouth, Facebook, and the newspaper round out the list of sources of information on which respondents rely.

Transportation

The majority of respondents (98.58%) have a reliable source of transportation; however, for those who do not, the lack of transportation impacts their ability to get to medical appointments, work, and the grocery store. There are public transportation options, but they are not always convenient when trying to get to an unscheduled destination or when children are in tow. The “Strengths and Opportunities” section further addresses this issue.

Community Characteristics

Survey participants were asked to respond, “strongly agree”, “agree”, “disagree”, “strongly disagree”, or “don’t know”, to statements regarding specific aspects of their community. Most respondents either agreed or strongly agreed with all of the statements. This was not the case for the statement regarding discrimination. Almost 62.8% of participants disagreed or strongly disagreed with the statement that people of all races, ethnicities, backgrounds, and beliefs in my community are treated fairly. This belief was also revealed in other questions throughout the survey with regard to reasons they did not get the health care needed, what would improve access to health care services, accessing mental health services, and problem issues in the community. Types of discrimination named include racial/ethnic bias, religious, and discrimination against the LGBTQ population.

The following table demonstrates how much respondents agree with the statements regarding their community characteristics.

Statements	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know
I can get the health care I need. Consider the cost and quality, number of options and availability of health care within a reasonable distance to your home.	31.20% 146	51.50% 241	10.04% 47	5.34% 25	1.92% 9
My community is a good place to raise children. Consider the quality and safety of school and child care, after school care and places to play in your neighborhood.	12.21% 57	56.75% 265	21.41% 100	5.78% 27	3.85% 18
My community is a good place to grow old. Consider elder friendly housing, transportation to medical services, access to shopping centers and businesses, recreation, and services for the elderly.	13.73% 133	51.07% 238	25.32% 118	4.72% 22	5.15% 24
I feel safe in my home. Consider everything that makes you feel safe, such as neighbors, presence of law enforcement, etc., and everything that could make you feel unsafe at home, including family violence, robbery, housing conditions, etc.	28.48% 133	55.67% 260	11.99% 56	3.00% 14	0.86% 4
I feel safe in my community. Consider how safe you feel in and around your neighborhood, schools, playgrounds, parks, businesses, and shopping centers.	14.59% 68	57.94% 270	19.74% 92	6.44% 30	1.29% 6
I feel prepared for an emergency. Consider everything that makes you feel prepared, such as toolkits, smoke alarms, fire extinguishers, etc.	15.27% 71	55.27% 257	21.29% 99	6.02% 28	2.15% 10

People of all races, ethnicities, backgrounds and beliefs in my community are treated fairly. Consider any form of discrimination as well as programs and institutions that treat diversity as an asset.	4.95% 23	25.59% 119	40.65% 189	22.15% 103	6.67% 31
Healthy food is available in my community. Consider grocery stores, supermarkets, corner stores, and Farmers' markets that sell fresh fruits, vegetables, lean proteins/meats and other healthy options.	15.24% 71	62.45% 291	17.60% 82	3.65% 17	1.07% 5
There are places to be physically active near my home. Consider parks, trails, places to walk and playgrounds.	25.59% 119	57.20% 266	11.61% 54	4.52% 21	1.08% 5
I have enough financial resources to meet my basic needs. Consider income for purchasing food, clothing, housing and utilities.	23.18% 108	47.42% 221	19.31% 90	8.37% 39	1.72% 8

Data Limitations

Although we made every attempt to make this a fair process, the data presented have limitations. First of all, because of the way the survey was distributed, we do not know what the response rate is. However, we believe that 513 valid responses was a reasonable sample from which to draw conclusions.

Selection bias also is a limiting factor in this case since in order to have access to the survey, respondents would have had to gain access to the online survey or be present at one of the locations where hard copies were distributed.

The data itself is based on self-reporting and may reflect the respondents' likelihood of reporting a behavior or rating their personal health status. Not all questions were answered by the respondents, which leads us to believe that the survey may have been too long, or that some of the questions were not relevant. It does result in incomplete data (whether statistically significant or not).

Finally, we relied on SurveyMonkey to analyze the data, and it is presented as such. We did not use data experts to interpret the findings; therefore, there may be areas where the reader disagrees with the findings. Please understand that it is in no way a deliberate attempt to misrepresent the data gathered.



Selis Ksanka Qlispe Dam, Polson, MT

Conclusion

The conditions where we live and work matter to our health. Many factors influence our health and wellness including our environment (sidewalks, walking paths, clean air and water), economy (availability of jobs, levels of poverty, affordable housing), safety, our proximity to grocery stores, and access to healthcare.

There is no disputing that the geography of Lake County & the Flathead Reservation is rich with physical assets such as Flathead Lake, Ninepipe National Wildlife Refuge, National Bison Range, and numerous mountain views among other hidden gems. The perceptions of health as described by the people through this health assessment depict a community that has some work to do.

Health disparities brought on, in part, by unique circumstances creates challenges such as historical and childhood trauma, generate conditions that impact health outcomes. The key issues identified in this assessment provide opportunities for change and improvement as well as a foundation for a path forward.

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7. Association for Community Health Improvement (2017). Retrieved on May 15, 2018 from <http://www.healthycommunities.org/Resources/toolkit.shtml#.XGAgas9KhE4>.

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<http://www.countyhealthrankings.org/app/montana/2018/rankings/lake/county/outcomes/overall/snapshot>

Strengths and Opportunities

We have identified many challenges that face our community. This section identifies the many organizations and efforts that serve as strengths to assist in improving the conditions described. It may not list all of the assets of our community as there are several efforts to improve health and wellness that exist within some of the smaller communities.

The Lake County Health Department provides such services as WIC, family planning, immunizations, home visiting, communicable disease investigation, and tobacco prevention efforts. There has historically been a strong relationship with CSKT Tribal Health and more recently Tribal Social Services that provide similar services. This relationship facilitates the availability of services and referrals to all residents of Lake County and Flathead Reservation.

The CSKT Tribal Health Department's (THD) newly developed "Guided Care" program provides tribal health beneficiaries with comprehensive care in an attempt to improve health and reduce costs by coordinating health care and community resources. A team of professionals provide nutrition support by a registered dietician, social support by a social advocate, community and patient/family advocacy, and referrals to internal and external health care providers facilitating access to all tribal resources.

There are many collaborations that exist to improve conditions for residents including the Young Child Wellness Council (created by the CSKT Project LAUNCH program), which brings together early childhood professionals to help enhance the early childhood system in our communities. Together this dedicated group has increased awareness for the need to address childhood trauma in the schools and has formed a workgroup to focus on such issues. The Best Beginnings Children's Partnership has also been an integral piece of this equation providing resources to improve children's health and wellness.

CSKT Behavioral Health and Sunburst Mental Health Services are ways to access mental health services, but the data show that more mental health resources are necessary. Other areas of need include access to substance abuse services for those struggling with addiction. CSKT Behavioral Health and Western Montana Addiction Services are the two agencies identified that provide evaluations and outpatient counseling for such patients. There also exists a suboxone clinic at Providence St. Joseph

Medical Center (SJMC) to address opioid addiction and a syringe exchange program that provides risk reduction services for injections drug users.

The Lake House in Polson, MT, provides behavioral health crisis stabilization as an alternative for using scarce resources to drive a patient in crisis to Warm Springs.

Also addressing substance use, particularly in pregnant women, is Wrapped in Hope. This is a collaboration among the Lake County Health Department, Tribal Health, SJMC, and St. Luke Community Healthcare, to help improve birth outcomes for pregnant women battling drug addiction.

Lake County Drug Court offers services for people facing jail time for their drug use. Not only does this keep them out of the already overcrowded jail, but also offers them services to help them recover from their addiction.

Salish Kootenai College is an accredited educational institution that offers two- and four- year degrees as well as certificate programs and adult education to provide better opportunities for students looking to advance their employment opportunities.

In a rural community, affordable transportation services are rare. CSKT Department of Human Resources Development (DHRD) provides transportation for anyone that is in need of a ride to medical appointments, the grocery store, or anywhere within its dedicated routes. Rides are available for a small fee and must be arranged at least 24 hours in advance. Bus schedules and routes can be found on their website (<http://www.csktribes.org/services/dhrd-transportation>).

As always there is room to improve what already exists by further fostering relationships among agencies and organizations, and coming together to promote innovative ways to address health issues. The major strength of our community is the collective desire to improve conditions and opportunities under which all people can live their best lives.

Funding for this activity was made available through the Montana Department of Health and Human Services Public Health Systems Improvement Office.



Appendix A: Community Health Assessment Survey Tool

Lake County Community Health Assessment

- 1) Are you a full-time resident of Lake County? Yes No What is your current zip code? _____
- 2) What is your gender?
 Male Female Transgender Other _____
- 3) What age represents you?
 Under 18 years 18-19 years 20-24 years 25-34 years 35-44 years
 45-54 years 55-59 years 60-64 years 65-74 years 75+ years
- 4) How would you describe your race or ethnicity? **Check all that apply.**
 White or Caucasian Black or African American Hispanic or Latino
 American Indian or Alaska Native Asian Other _____
- 5) **IF** you identify as American Indian, are you a:
 Tribal Member Descendent Affiliated with Tribes of the Flathead Reservation Affiliated with Tribes Elsewhere
- 6) What is your highest level of education?
 Less than 12th grade High school diploma or equivalent Some college
 Technical/Vocational school Two-year degree Four-year degree
 Postgraduate
- 7) What is your employment status?
 Armed forces/military Employed full-time Employed part-time Retired
 Student Self-employed Stay at home parent Unable to work due to illness or injury
 Unemployed for less than one-year Unemployed for more than one year
 Other _____
- 8) What was your total household income before taxes during the past 12 months?
 Less than \$25,000 \$25,000-\$34,999 \$35,000-\$49,000 \$50,000-\$74,000
 \$75,000-\$99,999 \$100,000-\$149,000 \$150,000 or more
- 9) What best describes your household?
 Single parent/female Single parent/male Two parent household Two adults, no children
 Single person Other _____
- 10) How many people currently live in your household? _____ Ages: _____

The following section is related to your personal health. Please remember that you are not personally identified with this survey and all results are reported collectively, not individually.

- 11) In general, would you say that your **physical** health is:
 Excellent Very good Good Fair Poor
- 12) During the **past 7 days**, how many days were you physically active for a total of at least 30 minutes per day?
 0 days 1-2 days 3-4 days 5 or more days
- 13) Which of the following would help you to be more physically active? **Check all that apply.**
 Access to a gym More sports leagues Increased neighborhood safety
 A walking or exercise group More/better sidewalks or crosswalks More parks/trails
 More programs or events, like races or walking challenges Other _____
 Nothing

- 14) Which of the following gets in the way of you being more physically active or exercising? **Check all that apply.**
- I don't have access to a gym or facility
 - I'm too busy or don't have time
 - Nothing gets in the way
 - I don't have friends or a group to exercise with
 - I'm too tired to exercise
 - I don't like/want to
 - It costs too much
 - I'm physically unable
 - It is not important to me
 - Other _____
- 15) In general, would you say that your **mental** health is:
- Excellent
 - Very good
 - Good
 - Fair
 - Poor
- 16) How would you describe your day-to-day level of stress?
- High
 - Moderate
 - Low
- 17) If you aren't eating a healthy diet, what are your reasons why? **Check all that apply.**
- Healthy food costs too much
 - I don't know how to prepare the food we like in a healthy way
 - Healthy food doesn't taste good
 - There aren't places in my community to buy healthy foods
 - Nobody in my family would eat it
 - It takes too much time to prepare and shop for healthy choices
 - It's hard to find healthy choices when you eat outside the home
 - Other _____
 - N/A
- 18) In the past **12 months**, did you or others in your household ever cut the size of a meal or skip meals because there was not enough money for food?
- Yes
 - No
- 19) In the past **12 months**, did you or others in your household ever go without needed medication because you had other expenses that were more important?
- Yes
 - No
- 20) About how long has it been since you last visited a dentist for a routine checkup or cleaning? **Do not** include times you visited the dentist because of pain or an emergency.
- Less than 1 year
 - 3-5 years
 - I have never been to the dentist for a routine checkup
 - 1-2 years
 - More than 5 years
- 21) In the past **12 months**, was there a time when you or a member of your household thought you needed health care services but did NOT get (or delayed getting) health services?
- Yes
 - No
- 22) If YES, what were the **most important** reasons why you did not receive health care services? **Check 3 that apply.**
- Availability of services
 - Language barrier
 - Too nervous/afraid
 - Could not get an appointment
 - My insurance did not cover
 - Transportation problems
 - Could not get off work
 - No insurance
 - Unsure if services were available
 - Do not like doctors
 - Not treated with respect
 - Other _____
 - Had no one to care for children
 - Office not open when I could go
 - It costs too much
 - Too long to wait for an appointment
- 23) Where do you **FIRST** go to obtain non-emergency health services? **Check all that apply.**
- Personal Physician
 - Public walk-in medical clinic
 - Tribal Health Clinic
 - Emergency Room
 - Naturopath or other alternative practitioner
 - Other _____
- 24) In your opinion, what would improve our community's access to health care? **Check all that apply.**
- Availability of visiting specialists
 - Improved quality of care
 - Transportation assistance
 - Availability of walk-in clinic
 - Interpreter services
 - Other _____
 - Cultural sensitivity
 - More primary care providers
 - Health education resources
 - Telemedicine (provider visit via electronic communication)
- 25) Which of the following recommended preventive services do you routinely receive? **Check all that apply.**
- Children's checkup/well baby check
 - Health fair lab offering
 - Routine blood pressure check
 - Cholesterol check
 - Mammography
 - Routine health checkup with family physician
 - Flu shot
 - Prostate (PSA)
 - Other _____
 - None

26) As a child, did you ever experience any of the following behaviors or abuse from an adult, parent, older sibling or person of perceived authority? **Check all that apply.**

- Physical abuse
- Sexual abuse
- Emotional abuse
- Physical neglect
- Emotional neglect
- Household mental illness
- Mother/step mother was treated violently
- Substance misuse within household
- Parental separation or divorce
- Incarcerated household member

This next section of questions will focus on potential problems in your community. For each potential problem, please tell us if this is “not a problem,” “a problem,” “a big problem,” or “don’t know” thinking specifically about your community as you see it.

Issue	Not a problem	A problem	A big problem	Don't know
Access to affordable housing	0	1	2	DK
Access to adult learning opportunities	0	1	2	DK
Access to arts & cultural events	0	1	2	DK
Access to birth control	0	1	2	DK
Access to clean water	0	1	2	DK
Access to dental care	0	1	2	DK
Access to health care	0	1	2	DK
Access to housing/services for seniors	0	1	2	DK
Access to indoor gymnasium or fitness centers	0	1	2	DK
Access to jobs paying a living wage (above minimum wage plus benefits)	0	1	2	DK
Access to mental health services (counseling, treatment)	0	1	2	DK
Access to public transportation	0	1	2	DK
Access to substance abuse services (for alcohol and drug addiction)	0	1	2	DK
Alcohol abuse	0	1	2	DK
Arthritis	0	1	2	DK
Asthma	0	1	2	DK
Availability of services for individuals with physical disabilities	0	1	2	DK
Availability to affordable childcare or after school care	0	1	2	DK
Cancer	0	1	2	DK
Child abuse/neglect/trauma	0	1	2	DK
Diabetes	0	1	2	DK
Domestic, dating or sexual violence	0	1	2	DK
Heart disease	0	1	2	DK
High crime rates	0	1	2	DK
Homelessness	0	1	2	DK
Hunger (prolonged lack of food)	0	1	2	DK
Illegal drug use (meth, heroin, cocaine, etc.)	0	1	2	DK
Lung disease	0	1	2	DK
Marijuana use	0	1	2	DK
Motor vehicle injuries	0	1	2	DK
Obesity	0	1	2	DK
Prenatal care, including access to care	0	1	2	DK
Prescription drug abuse (opioids)	0	1	2	DK
Poor housing conditions	0	1	2	DK
Racism	0	1	2	DK
Safe neighborhoods	0	1	2	DK
Sexually transmitted infections including HIV/AIDS	0	1	2	DK
Tobacco use (smoking, dip, chew, e-cigarettes, etc.)	0	1	2	DK
Unintended pregnancy, including teen pregnancy	0	1	2	DK
Other: please specify	0	1	2	DK

27) Check the **three** items below that you believe are **most** important for a healthy community.

- Access to health care and other services Healthy behaviors and lifestyles Strong family life
 Access to adult learning opportunities Healthy food choices Strong early childhood (pre-k)

education

- Affordable housing Low crime/safe neighborhood Tolerance for diversity
 Clean air/water Low death and disease rates Good schools
 Community involvement opportunities Low levels of domestic violence Religious or spiritual

values

- Good jobs and a healthy economy Parks and recreation Good mental health
 Arts and cultural events Public transportation Other _____

28) Do you know where in your community someone could access mental health services like counseling or treatment?

- Yes No

29) Where would you refer someone for mental health services? **Check all that apply.**

- Private therapist or social worker Emergency room
 Faith-based leader (like Priest or Pastor) CSKT Behavioral Health
 Friend Sunburst Mental Health Services
 Private doctor Don't know
 Other _____

30) Do you know where in your community someone could access substance abuse services or treatment for alcohol or drug addiction?

- Yes No

31) Where would you refer someone for substance abuse services? **Check all that apply.**

- Alcoholics Anonymous Friend Emergency room
 Western MT Addiction Services Private doctor Faith-based leader (like Priest or Pastor)
 Private therapist or social worker Other _____ Don't know

32) Do you or anyone in your household use commercial tobacco products (cigarettes, e-cigarettes, cigars, smokeless tobacco, etc.)?

- Yes No

33) If YES, where would you go for help if you wanted to quit?

- Healthcare Provider Quitline MT Other _____ Don't know

34) What are your top three sources of information? **Check 3 that apply.**

- Health care providers Public Health Website/internet Radio
 Word of mouth Mailings/newsletter Newspaper TV
 Facebook Instagram Twitter Snapchat
 Other _____

35) What area of education lacks adequate resources? **Check 1.**

- Early Childhood (Head Start/Pre-K) Kindergarten – 8th grade 9th – 12th grade
 Higher education (college, Votech) Other _____ Don't know

36) In the past 12 months how often have you been in need of transportation for medical and other reasons?

- 0 times 1-5 times 6-10 times 10 or more times Don't know

The following questions focus on aspects of your geographical community. Please tell us whether you “strongly agree,” “agree,” “disagree,” or “strongly disagree” with each of the next 10 statements thinking specifically about your community as you see it. If you don’t know, please respond “I don’t know.” Please circle the number that best represents your opinion of each statement below.

Statements	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know
I can get the health care I need. Consider the cost and quality, number of options and availability of health care within a reasonable distance to your home.	1	2	3	4	5
My community is a good place to raise children. Consider the quality and safety of school and child care, after school care and places to play in your neighborhood.	1	2	3	4	5
My community is a good place to grow old. Consider elder friendly housing, transportation to medical services, access to shopping centers and businesses, recreation, and services for the elderly.	1	2	3	4	5
I feel safe in my home. Consider everything that makes you feel safe, such as neighbors, presence of law enforcement, etc., and everything that could make you feel unsafe at home, including family violence, robbery, housing conditions, etc.	1	2	3	4	5
I feel safe in my community. Consider how safe you feel in and around your neighborhood, schools, playgrounds, parks, businesses, and shopping centers.	1	2	3	4	5
I feel prepared for an emergency. Consider everything that makes you feel prepared, such as toolkits, smoke alarms, fire extinguishers, etc.	1	2	3	4	5
People of all races, ethnicities, backgrounds and beliefs in my community are treated fairly. Consider any form of discrimination as well as programs and institutions that treat diversity as an asset.	1	2	3	4	5
Healthy food is available in my community. Consider grocery stores, supermarkets, corner stores, and Farmers' markets that sell fresh fruits, vegetables, lean proteins/meats and other healthy options.	1	2	3	4	5
There are places to be physically active near my home. Consider parks, trails, places to walk and playgrounds.	1	2	3	4	5
I have enough financial resources to meet my basic needs. Consider income for purchasing food, clothing, housing and utilities.	1	2	3	4	5