2016

Community Health Needs Assessment

SIDNEY HEALTH CENTER

Exceptional Care for Life

Sidney, Montana

Sidney Health Center
Community Needs Assessment and Focus Groups

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Sidney Health Center Community Survey
Summary Report
July 2016

I. Introduction

Determination of Community

Sidney Health Center provides a complete range of health care services to the residents of Richland County and the surrounding area (Appendix I). The campus features a clinic, hospital, cancer care center, sleep center, retail pharmacy with durable medical equipment and extended care facility offering services from birth to end-of-life. Sidney Health Center also oversees The Lodge, an assisted living facility. Outreach services include the MonDak Family Clinic and the Richland County Ambulance Service in Sidney, Fairview, Savage and Lambert. Fourteen local physicians and specialists partner with Sidney Health Center to offer family medicine, internal medicine, pediatric care, radiation oncology, pathology, and surgical services including general, orthopedic, podiatric, obstetrics/gynecology, and ear/nose/throat. In addition, four family nurse practitioners, one physician assistant, an audiologist and contracted registered nurse anesthetists help round out the team. Sidney Health Center participated in the Community Health Services Development (CHSD) Project administrated by the Montana Office of Rural Health (MORH) and the National Rural Health Resource Center (NRHRC) in Duluth, Minnesota. A part of this project is community engagement, which includes a health care service survey and focus groups.

In the summer of 2016, Sidney Health Center's primary service area was surveyed about its health care system. This report shows the results of the survey in both narrative and chart formats. At the end of this report, we have included a copy of the survey instrument (Appendix D). Readers are invited to familiarize themselves with the survey instrument and then look at the findings. Our narrative report discusses the overall results, while the charts present a visual review of the data for highlighted areas. The information from these report will be used in determining Sidney Health Center's Community Benefit Plan.

II. Health Assessment Process

Sidney Health Center's 2011 Community Benefit Plan highlighted areas to be focused upon, which were also in alignment with the organizations strategic goals. These goals included a commitment of Sidney Health Center partnering with a collaborative group of community agencies identified as Richland Health Network, The Richland County Health Department and a broader affiliation called Communities in Action. This partnership was maintained throughout the 2011 plan and continued through the implementation of this current community needs assessment. In addition, the Public Health and Safety Division was invited to join our forces for this assessment resulting in the Richland County Health Department (RCHD), Sidney Health Center, and the Public Health and Safety Division (PHSD)all collaborating to complete a Community Assessment using a Public Health Emergency Response (CASPER) process to gather primary data to improve the understanding of the health status of Richland County for a community health assessment.

Determining Health Priorities

The needs and opportunities found in this report were identified using information obtained through the CASPER survey process, community town hall discussions, secondary data, demographics, and input from public and "special populations" representatives. With regards to the CASPER survey, "Need" was

identified on the survey on a four level response to a health issue whether it was considered a big problem, a problem, not a problem or the responder did not know or have an opinion.

III. Survey Methodology

Survey Instrument

CASPER is an epidemiologic technique designed to provide household-level information and to be efficiently and rapidly deployed with minimum resources. CASPERs can be conducted to assess the effect of a disaster on a population, to determine the health status and basic needs of an affected population, to evaluate response and recovery efforts, to gain a better understanding of the community for community health assessments, and to practice the CASPER technique as part of a preparedness exercise. The CASPER organization includes leadership, local coordination, logistics, data management, and field teams. Field teams consist of two persons with a target of 10–15 teams. A CASPER includes seven steps: 1) define the geographic area, 2) determine sampling method, 3) select instrument(s), 4) train field personnel, 5) conduct assessment, 6) analyze data, and 7) report results.

Sampling

CASPER uses a two-stage cluster design based on the World Health Organization epidemiology technique for estimating vaccine coverage from small pox eradication. In the first stage of the sampling method, 30 clusters (i.e. census blocks) with ≥7 housing units (HUs) are selected with their probability proportional to the estimated number of HUs in each cluster. In the second stage, seven HUs are randomly selected in each of the 30 clusters by the field teams for the purpose of conducting the interviews with the goal of 210 completed interviews. Eighty percent completion rates allows population needs to be estimated from the sample and the estimates are usually within 10 percent.

Sidney Health Center and RCHD initiated an incident command structure (ICS) for planning and execution of the CASPER. During the first call, July 29 and 30 were chosen for the exercise and duties were assigned. Sidney Health Center participated in development of the survey instrument with community stakeholders, volunteer management, exercise logistics including data collection, and the media campaign to raise awareness of the exercise. PHSD roles were coordinating the sampling and development of cluster maps with the Centers for Disease Control and Prevention, the just-in-time training for volunteers, completion of the volunteer evaluation, and writing of the final report.

The geographic area for the CASPER included all of Richland County, which is 2,084 square miles. The main population center is Sidney with a population of 6,253. Richland County contains 1,744 total census blocks including 989 blocks with 0 HUs, 522 blocks with 1–6 HUs, and 233 blocks with ≥7 HUs for a total of 4,528 HUs. The CDC Health Studies Branch logically combined census blocks taking into account boundaries, roads, rivers, and other features to create new clusters with ≥7 HUs. In the first stage sampling, 30 clusters were randomly selected with probability proportional to the number of HUs within the merged blocks. In the second stage, field teams used a standardized method for randomization to select HUs for the seven interviews.

Data

It is a difficult task to define the health of the 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 continue to be a challenge in Montana.

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

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

Limitations in Survey Methodology

To create sampling weights, information from the 2010 Census was used to determine the household probability of being selected. Richland County has experienced significant population changes since 2010, and thus the Census data might not be representative of the current population. The discrepancy between the 2010 Census and the current status, would not, however, affect the unweighted frequencies presented in this report.

In addition, the following areas were identified as lessons learned using the CASPER methodology:

1) CASPERs are a good method to gather local primary data for community health assessments.
Because of Montana's small population, granular local data can be hard to obtain. The CASPER method allows for collection of local data with population estimates. The data gained through a CASPER are invaluable to the health department and other local public health system partners for understanding the complete picture of community health.
2) Ensure cluster maps are adequate.
Some of the cluster maps created by CDC, especially the rural clusters, were not adequate. With future CASPERs, ensure both a street and topographic map are in the cluster packets with arrows designating the cluster entry point. These changes will decrease frustration for volunteer teams and ensure the correct households are being interviewed.
3) In addition to explaining the household tracking form, walk through an example and provide extra household tracking forms. Some confusion existed with the proper way to complete the household tracking form during data collection and many teams used the one form supplied and were unable to continue tracking homes. For future CASPER trainings, each volunteer should receive a tracking form during the training to practice filling out the form properly. In addition, multiple household tracking forms should be provided to ensure teams can track household contact during the data collection.
4) Extend data collection times for day one to try to complete as many clusters as possible.
As with the previous CASPER conducted in Montana, retaining volunteers for the second day of data collection was challenging. Options to ensure enough volunteers exist to complete the CASPER is to have more teams for the first day of data collection with extended data collection hours or have a set of volunteers for each day.
5) Improve the survey by decreasing the number of choices for questions.

Volunteers felt some questions had too many choices, which created difficulty for the respondents. As with any survey, improvements to questions can always be made to ensure the appropriate data is collected.

Survey Implementation

Sidney Health Center worked with community partners including the Richland County Health Department (RCHD) and Communities in Action Coalition to develop the survey instrument which was designed to capture 1) demographic information 2) health status and physical activity 3) community planning 4) access to care and preventive servicers 5) educational programs and 6) perceptions of community issues (Appendix A).

On Wednesday July 29, a just-in-time training session for 42 volunteers provided an overview of a CASPER, household selection, interview techniques, and safety immediately prior to their field placement. Twenty, 2-person teams were then dispatched and attempted to conduct seven interviews in each of the 30 clusters selected for the sample, with a goal of 210 completed interviews.

Residents of households who were at least 18 years of age were considered eligible respondents. Additionally, field teams distributed information on immunizations, high blood pressure, Sidney Health Center, RCHD, Boys and Girls Club, Foundation for Community Care, Volunteer Program, and seat belt usage.

Data collection occurred on Wednesday July 29 from 3:00 pm to 8:00 pm and again on Thursday July 30 from 3:00 pm to 7:00 pm. All forms used during the CASPER were from the CASPER toolkit and were modified accordingly. All volunteers completed an evaluation at the end of the exercise (Appendix B).

Epi Info 7.1.2, a free statistical software package produced by the CDC, was used for data entry and analysis. The completion rate was calculated by dividing the number of completed interviews by 210 (i.e., the goal for completed interviews in this CASPER). To account for the probability that the responding household was selected, we created sampling weights based on the total number of occupied houses according to the 2010 Census, the number of clusters selected, and the number of interviews completed in each cluster. This weight was used to calculate all weighted frequencies and percentages presented in this report.

IV. Survey Respondent Demographics

On July 29 and 30, the interview teams conducted 204 interviews, yielding a completion rate of 97.1%. The 204 interviewed households were a sample of the 4,659 total households in Richland County. Unweighted frequencies, percentages, and projected population estimates based on weighted analyses can be found in Tables 1–17 in Appendix A..

Seventy-one percent (71%) of respondents were female and 50.7% were between 25 and 54 years of age. Thirty-eight percent (38%) of respondents were employed full-time, 23% were retired, 14.7% were self-employed, and 12.3% were employed part-time. Table 1 contains complete demographic results.

V. Survey Findings

Of the interviewed households, 97.6% strongly agree or agree they feel safe in their home; 95.6% strongly agree or agree they feel safe in their community; 94.1% strongly agree or agree their community is a good place to raise children; 93.2% strongly agree or agree they have enough financial resources to meet their basic needs; 88.7% strongly agree or agree there are places to be physically active near their home; 88.2% strongly agree or agree they feel prepared for an emergency; 86.8% strongly agree or agree their community is a good place to grow old; 78.4% strongly agree or agree people of all races, ethnicities, backgrounds, and beliefs are treated fairly in their community; 70.6% strongly agree or agree they can get the health care they need near their home; and 57.9% strongly agree or agree they can buy affordable healthy food near their home. Respondents identified access to health care and other services (60.8%), affordable housing (39.7%), good schools (33.3%), and good jobs and a healthy economy (32.4%) as most important aspects to a health community. Tables 2–3 contain complete results for community perceptions.

Of the interviewed households, 82.7% rated their physical health as excellent, very good, or good; 63.5% rated their day-to-day stress level as moderate or high; 21.3% haven't visited a dentist for 3 or more years; 19.3% currently smoke; and 61.1% always wear their seatbelt. Respondents identified more parks, trails, or greenways (24.5%) and more/better sidewalks (23.5%) as improvements that would help them be more physically active. Thirty-three percent (33%) of interviewed persons stated the biggest barrier to being more physically active is they are too busy or don't have time. Barriers to healthy eating included healthy foods cost too much (30.4%), takes too long to prepare and shop for healthy food (21.6%), and hard to find healthy choices outside the home (19.6%). Tables 4–8 contain complete results for health questions.

Ninety-two percent (92%) of respondents stated local health care providers and services are important to the economic well-being of the area. Thirty percent (30.2%) were unaware of programs to help pay for health care expenses and 23.8% did not get or were delayed in health care services in the past 12 months. Reasons health care services were delayed or not received included couldn't get an appointment (39.6%), costs too much (29.2%), availability of services (27.1%), and too long to wait for an appointment (20.8%). Items identified that would improve access to health care included more primary care providers (49.5%), availability of visiting specialists (42.2%), and availability of walk-in clinics (34.8%). The most common preventive services used in the past year were routine health check-up with family physician (58.3%), birthday lab work (51%), and routine blood pressure check (44.6%). Only 43% of persons interviewed received an influenza immunization within the last year. Friends/family (65%), health care provider (48%), word of mouth/reputation (43%), and the newspaper (39%) were identified as the main sources of health services or health-related information available in the community. Tables 9–14 contain complete results for access to care questions.

The most important aspects of education identified by respondents were K-12 (57.8%) and early childhood (33.3%). However, 32% of persons interviewed didn't know what areas of education lacked resources. Educational classes of interest included first aid/CPR (32%), fitness (26%), health and wellness (25%), nutrition (24%), and weight loss (22%). Tables 15–16 contain complete results to educational questions.

Issues perceived as big problems in Richland County included availability of affordable housing (58%), illegal drug use (43%), alcohol abuse (38%), obesity (30%), cancer (29%), tobacco use (28%), availability of affordable childcare (25%), prescription drug abuse (22%), and motor vehicle injuries (22%). Table 17 contains complete information on perceptions of issues within Richland County.

VI: Town Hall Meeting Methodology

Seven town hall meetings were held in April 2016 in various locations of Richland County. In Sidney and Fairview, there were two different meetings held, one each for adults and high school students. The other communities included in the Town Hall meetings were Savage, Elmdale, and Girard. These groups represented various consumer groups of healthcare, including senior citizens and local community members. The focus groups were held in their own communities. Each group followed a consistent format to maintain consistency of questions. Tara Mastel, Associate Specialist with the Local Community Center and Community Development Department at Montana State University Extension Office facilitated the meetings. The meetings were advertised in local news media options and were open to the public.

The meetings focused on the overall health of the community as it relates to all socio-economic influences of health. Specifically, the questions focused on strengths in the community and provided discussion on what were focus areas for improvement.

VII: Town Hall Meeting Comments Summary

The focus of the town hall meetings emphasized identifying strengths and areas of need within the individual communities including areas pertinent to the wellness of a community such as socio-economic, environmental, etc. factors. The discussions were facilitated and recorded by third party, Tara Mastel and staff from Montana State University Extension Office.

In Sidney, participants listed Sidney Health Center and its physicians as a strength, and included HealthWorks, and also Mental Health opportunities for the city as an asset. Specifically, the Walk-in Clinic was favorably recognized, as well the Cancer Center, Rehab Services, The Lodge and Extended Care. Other favorable mentions relating to Sidney Health Center services included Richland County Transportation. No healthcare related negative issues were noted from the Sidney meetings.

Responses from the Fairview meeting identified strengths in their community being their EMS, Clinic and a strong culture of volunteerism. Health needs they expressed included a Fitness Center, a new Sr. Citizens Center and more Mental Health Services.

The community of Savage also stated EMS and Ambulance services as being strong healthcare assets for their community. Health related projects they were working on included increasing services to Sr. Citizens.

Lastly, the Elmdale Community consistently stated EMT and having a strong culture of volunteerism, such as EMT's, etc. as being a strong health trait for them. They included Telehealth in the list. For needs they expressed Mental Health services, and a concern for the possibility of losing physicians at Sidney Health Center.

APPENDIX A: CASPER DATA TABLES

CASPER Table 1. Demographics					
	Frequency (n=204)	**% Households**	**Projected Households**	**Projected %**	**95% CI**
Sex					
Female	145	71.1	3283	70.5	69.1-71.8
Male	54	26.5	1265	27.1	25.9-28.5
Race/Ethnicity					
Black or African American	1	0.49	22	0.48	0.31-.073
Asian	1	0.49	22	0.48	0.31-.073
American Indian or Alaska Native	10	4.9	285	6.1	5.5-6.9
White or Caucasian	191	93.6	4371	93.8	93.1-94.5
Hispanic or Latino	6	2.9	137	2.9	2.5-3.5
Age Range					
18-19	1	0.5	22	0.5	0.31-0.74
20-24	14	7.0	314	6.8	6.1-7.6
25-34	34	16.9	758	16.5	15.5-17.6
35-44	33	16.4	736	16.0	15.0-17.1
45-54	35	17.4	836	18.2	17.1-19.4
55-59	15	7.5	336	7.3	6.6-8.1
60-64	15	7.5	333	7.3	6.5-8.0
65-74	36	17.9	854	18.6	17.5-19.8
75+	17	8.5	381	8.3	7.5-9.1
Employment Status					
Employed full time	79	38.7	1760	37.8	36.4-39.2
Employed part time	25	12.3	558	12.0	11.1-13.0
Retired	47	23	1046	22.5	21.3-23.7
Student	3	1.5	67	1.4	1.1-1.8
Armed forces/military	2	0.98	44	0.95	0.7-1.3
Self-employed	30	14.7	780	16.8	15.7-17.9
Stay at home parents	17	8.3	381	8.2	7.4-9.0
Unable to work due to illness or injury	6	2.9	133	2.9	2.4-3.4
Unemployed <1 year	3	1.5	67	1.4	1.1-1.8
Unemployed >1 year	3	1.5	67	1.4	1.1-1.8

CASPER Table 2. Aspects of Richland County					
	Frequency (n=204)	% Households	Projected Households	Projected %	95% CI
I can get there health care I need near my home					
Strongly Agree	49	57.4	1146	24.6	23.4-25.9
Agree	117	13.2	2666	57.2	55.8-59.7
Disagree	27	1.5	603	12.9	12.0-13.9
Strongly Disagree	8	24.0	177	3.8	3.3-4.4
Don't know	3	3.9	67	1.4	1.1-1.8
My community is a good place to raise children					
Strongly Agree	91	44.6	2141	46.0	44.5-47.4
Agree	101	49.5	2252	48.3	46.9-49.8
Disagree	7	3.4	155	3.3	2.9-3.9
Strongly Disagree	1	0.49	22	0.5	0.3-0.7
Don't know	4	2.0	89	1.9	1.5-2.4
My community is a good place to grow old					
Strongly Agree	60	29.4	1446	31.0	29.7-32.4
Agree	117	57.4	2603	55.9	54.4-57.3
Disagree	15	7.4	336	7.2	6.5-8.0
Strongly Disagree	6	2.9	137	2.9	2.5-3.5
Don't know	6	2.9	137	2.9	2.5-3.5
I feel safe in my home					
Strongly Agree	94	46.1	2200	47.2	45.8-48.7
Agree	105	51.5	2348	50.4	49.0-51.8
Disagree	5	2.5	111	2.4	2.0-2.9
Strongly Disagree	0	0	0	0	0
Don't know	0	0	0	0	0
I feel safe in my community					
Strongly Agree	71	34.8	1690	36.3	34.9-37.7
Agree	124	60.8	2770	59.4	58.0-60.9
Disagree	8	3.9	177	3.8	3.3-4.4
Strongly Disagree	1	0.5	22	0.5	0.3-0.7
Don't know	0	0	0	0	0
I feel prepared for an emergency					
Strongly Agree	68	33.3	1575	33.8	32.5-35.2
Agree	112	54.9	2551	54.8	53.3-56.2
Disagree	21	10.3	466	10.0	9.2-10.9
Strongly Disagree	2	1.0	44	1.0	0.7-1.3
Don't know	1	0.5	22	0.5	0.3-0.7

	Frequency (n=204)	% Households	Projected Households	Projected %	95% CI
People of all races, ethnicities, backgrounds, and beliefs in my community are treated fairly					
Strongly Agree	39	19.1	980	21.0	19.9-22.2
Agree	121	59.3	2688	57.7	56.3-59.1
Disagree	26	12.8	581	12.5	11.5-13.5
Strongly Disagree	2	1.0	48	1.0	0.77-1.4
Don't know	16	7.8	362	7.8	7.0-8.6
I can buy affordable healthy food near my home.					
Strongly Agree	24	11.8	588	12.6	11.7-13.6
Agree	94	46.1	2148	46.1	44.7-47.6
Disagree	60	29.4	1335	28.7	27.4-30.0
Strongly Disagree	25	12.3	566	12.1	11.2-13.1
Don't know	1	0.5	22	0.5	0.3-0.7
There are places to be physically active near my home.					
Strongly Agree	50	24.5	1224	26.3	25.0-27.6
Agree	131	64.2	2917	62.6	61.2-64.0
Disagree	17	8.3	385	8.3	7.5-9.1
Strongly Disagree	4	2.0	89	1.9	1.5-2.4
Don't know	2	1.0	44	1.0	0.7-1.3
I have enough financial resources to meet my basic needs.					
Strongly Agree	55	27	1339	28.7	27.4-30.1
Agree	135	66.2	3010	64.6	63.2-66.0
Disagree	13	6.4	288	6.2	5.5-6.9
Strongly Disagree	1	0.5	22	0.5	0.3-0.7
Don't know	0	0	0	0	0

CASPER Table 3.

What is most important to a healthy community.

	Frequency (n=204)	% Households	Projected Households	Projected %	95% CI
Access to health care and other services	124	60.8	2873	61.7	60.3-63.1
Affordable housing	81	39.7	1808	38.8	37.4-40.2
Good schools	68	33.3	1512	32.5	31.1-33.8
Good jobs and a healthy economy	66	32.4	1578	33.9	32.5-35.3
Clean air/water	58	28.4	1287	27.6	26.3-28.9
Strong family life	54	26.5	1209	26.0	24.7-27.2
Low crime/safe neighborhood	37	18.1	825	17.7	16.6-18.8
Religious or spiritual values	34	16.7	821	17.6	16.5-18.8
Healthy behaviors and lifestyles	23	11.3	510	11.0	10.1-11.9
Healthy food choices	17	8.3	381	8.2	7.4-9.0
Parks and recreation	15	7.4	336	7.2	6.5-8.0
Good community involvement	10	4.9	281	6.0	5.4-6.8
Public transportation	10	4.9	222	4.8	4.2-5.4
	Frequency (n=204)	% Households	Projected Households	Projected %	95% CI
Strong early childhood (pre-K) education system	9	4.4	200	4.3	3.7-4.9
Access to adult learning opportunities	6	2.9	133	2.9	2.4-3.4
Low levels of domestic violence	5	2.5	111	2.4	2.0-2.9
Tolerance for diversity	4	2.0	89	1.9	1.5-2.4
Low death and disease rates	3	1.5	67	1.4	1.1-1.8
Arts and cultural events	3	1.5	67	1.4	1.1-1.8

CASPER Table 4. Health questions.					
	Frequency (n=204)	% Households	Projected Households	Projected %	95% CI
Physical Health					
Excellent	22	10.8	547	11.8	10.9-12.8
Very good	66	32.5	1531	33.0	31.7-34.4
Good	80	39.4	1779	38.4	37.0-39.8
Fair	24	11.8	536	11.6	10.7-12.5
Poor	10	4.9	222	4.8	4.2-5.5
Don't know	1	0.5	22	0.5	0.3-0.7
Day-to-day level of stress					
High	26	12.8	581	12.5	11.6-13.5
Moderate	103	50.7	2352	50.7	49.3-52.2
Low	66	32.5	1527	32.9	31.6-34.3
Don't know	3	1.5	67	1.4	1.1-1.8
Prefer not to say	5	2.5	111	2.4	2.0-2.9
Physically active in the past 7 days					
0 days	13	6.4	288	6.3	5.9-7.0
1-2 days	31	15.4	691	15.0	14.0-16.1
3-4 days	51	25.3	1143	24.8	23.5-26.0
5 or more days	98	48.5	2293	49.7	48.2-51.1
Don't know	9	4.5	200	4.3	3.8-5.0
Prefer not to say	0	0	0	0	0
Routine dental check-up					
<1 year	113	55.7	2629	56.7	55.3-58.1
1-2 years	43	21.2	954	20.6	19.4-21.8
3-5 years	11	5.4	251	5.4	4.8-6.1
>5 years	33	16.3	736	15.9	14.8-17.0
Never	2	1.0	44	1.0	0.7-1.3
Don't know	1	0.5	22	0.5	0.3-0.7
Currently smoke					
Yes	39	19.3	928	20.1	19.0-21.3
No	163	80.7	3687	79.9	78.7-81.0
Missing	2	1.0	44	1.0	0.7-1.3
Seatbelt use					
Always	123	61.5	2795	61.1	59.7-62.6
Nearly always	47	23.5	1109	24.3	23.0-25.6
Sometimes	14	7.0	311	6.8	6.1-7.6
Seldom	8	4.0	177	3.9	3.4-4.5
Never	6	3.0	133	2.9	2.5-3.5
Prefer not to say	2	1.0	44	1.0	0.7-1.3
Skipped meal in the past 12 months because there was not enough money for food					
Yes	11	5.4	244	5.2	4.6-5.9
No	190	93.1	4348	93.3	92.6-94.0

CASPER Table 5.

If currently smoke, where would you go for help if you wanted to quit?

	Frequency (n=39)	% Households	Projected Households	Projected %	95% CI
Quitline MT	13	33.3	292	31.5	28.5-34.6
Doctor	1	0.6	22	0.6	0.4-0.9
Don't know	4	10.3	89	9.6	7.8-11.7
Prefer not to say	2	5.1	44	4.8	3.5-6.4

CASPER Table 6.

What would help you be more physically active?

	Frequency (n=204)	% Households	Projected Households	Projected %	95% CI
More parks, trails, or greenways	50	24.5	1113	23.9	22.7-25.2
More/better sidewalks	48	23.5	1069	22.9	21.7-24.2
Access to a gym	34	16.7	817	17.5	16.5-18.7
Walking or exercise group	22	10.8	488	10.5	9.6-11.4
More programs or events	18	8.8	399	8.6	7.8-9.4
Stores within walking distance	16	7.8	355	7.6	6.9-8.4
More sports leagues	12	5.9	270	5.8	5.2-6.5
Increased neighborhood safety	10	4.9	222	4.8	4.2-5.4

CASPER Table 7.

What gets in the way of being more physically active?

	Frequency (n=204)	% Households	Projected Households	Projected %	95% CI
Too busy or don't have time	67	32.8	1501	32.2	30.9-33.6
Nothing gets in the way	48	23.5	1124	24.1	22.9-25.4
Too tired to exercise	27	13.2	603	12.9	12.0-13.9
Costs too much	20	9.8	447	9.6	8.8-10.5
Physically unable	17	8.3	377	8.1	7.3-8.9
Don't like or want to exercise	17	8.3	377	8.1	7.3-8.9
No friends or group to exercise with	15	7.4	333	7.1	6.4-7.9
No gym access					
Not important to me	5	2.5	111	2.4	2.0-2.8

CASPER Table 8. What are the barriers to eating healthy?					
	Frequency (n=204)	% Households	Projected Households	Projected %	95% CI
Healthy foods cost too much	62	30.4	1387	29.8	28.5-31.1
Takes too long to prepare and shop for health food	44	21.6	980	21.0	19.9-22.2
Hard to find healthy choices outside the home	40	19.6	891	19.1	18.0-20.3
Healthy food doesn't taste good	14	6.9	366	7.9	7.1-8.7
Nobody in my family would eat it	14	6.9	311	6.7	6.0-7.4
No place to buy healthy food	11	5.4	248	5.3	4.7-6.0
Don't know how to prepare healthy food	3	1.5	67	1.4	1.1-1.8

CASPER Table 9. Health care and health care access					
	Frequency (n=204)	% Households	Projected Households	Projected %	95% CI
How important are health care providers and services to the economic wellbeing of the area?					
A lot	185	91.6	4230	91.7	90.8-92.4
A little	7	3.5	155	3.4	2.9-3.9
Not at all	1	0.5	22	0.5	0.3-0.7
Don't know	8	4.0	185	4.0	3.5-4.6
Prefer not to say	1	0.5	22	0.5	.03-0.7
Are you aware of programs to help pay for health care expenses?					
Yes	137	67.8	3051	66.1	64.7-67.5
No	61	30.2	1475	32.0	30.6-33.3
Prefer not to say	4	2.0	89	1.9	1.6-2.4
In the past 12 months, was there a time you couldn't get health care services?					
Yes	48	23.8	1131	24.3	23.1-25.6
No	154	76.2	3483	74.8	73.5-76.0

CASPER Table 10. Reasons why health care was not received.					
	Frequency (n=48)	% Households	Projected Households	Projected %	95% CI
Couldn't get an appointment	19	39.6	429	37.9	35.1-40.8
Costs too much	14	29.2	322	28.4	25.8-31.2
Availability of services	13	27.1	288	25.5	23.0-28.2
Too long to wait for an appointment	10	20.8	229	20.3	18.0-22.8
No insurance	8	16.7	181	16.0	14.0-18.3
Office not open when I could go	8	16.7	177	15.7	13.6-18.0
Could not get off work	4	8.3	89	7.8	6.4-9.6
Do not like doctors	3	6.3	67	5.9	4.6-7.5
Unsure if services were available	3	6.3	67	5.9	4.6-7.5
Transportation problems	3	6.3	67	5.9	4.6-7.5
Insurance did not cover	3	6.3	67	5.9	4.6-7.5
Not treated with respect	2	4.2	44	3.9	2.9-5.3
Too nervous/afraid	2	4.2	44	3.9	2.9-5.3
No one to care for children	1	2.1	22	2.0	1.3-3.0
Language barrier	0	0	0	0	0

CASPER Table 11. What would improve community's access to health care?					
	Frequency (n=204)	% Households	Projected Households	Projected %	95% CI
More primary care providers	101	49.5	2256	48.4	47.0-49.9
Availability of visiting specialists	86	42.2	1978	42.5	41.0-43.9
Availability of walk-in clinics	71	34.8	1583	34.0	32.6-35.4
Improved quality of care	34	16.7	758	16.3	15.2-17.4
Telemedicine	22	10.8	495	10.6	9.8-11.6
Health education resources	20	9.8	447	9.6	8.8-10.5
Transportation assistance	16	7.8	355	7.6	6.9-8.4
Cultural sensitivity	8	3.9	177	3.8	3.3-4.4
Interpreter services	6	2.9	133	2.9	2.4-3.4

CASPER Table 12. Preventive services used in past year					
	Frequency (n=204)	% Households	Projected Households	Projected %	95% CI
Routine health check up with family physician	119	58.3	2766	59.4	57.9-60.8
Birthday lab work 104	51.0	2366	50.8	49.4-52.2	
Routine blood pressure check	91	44.6	2089	44.8	43.4-46.3
Flu shot	87	42.7	1989	42.7	41.3-44.1
Cholesterol check	55	27.0	1279	27.5	26.2-28.8
Children' checkup/well baby	32	15.7	714	15.3	14.3-16.4
None	18	8.8	399	8.6	7.8-9.4
Colonoscopy	17	8.3	433	9.3	8.5-10.2
Mammography	49	24.0	1142	24.5	23.3-25.8
Pap smear	55	27.0	1279	27.5	26.2-28.8
Prostate	14	6.9	366	7.9	7.1-8.7

CASPER Table 13. Mental health and substance abuse services					
	Frequency (n=204)	% Households	Projected Households	Projected %	95% CI
Do you know where someone could go for mental health services?					
Yes	98	48.8	2237	48.7	47.3-50.2
No	65	32.3	1509	32.9	31.5-34.2
Don't know	36	17.9	802	17.5	16.4-18.6
Prefer not to say	2	1.0	44	1.0	0.7-1.3
Where would you refer someone for mental health services?					
Eastern MT					
Community Mental					
Health Center	88	43.1	1960	42.1	40.6-43.5
Don't know	54	26.5	1205	25.9	24.6-27.2
Faith-based leader	37	18.1	887	19.1	17.9-20.2
Private doctor	36	17.7	862	18.5	17.4-19.6
Private Therapist/					
social worker	35	17.2	780	16.8	15.7-17.9
Emergency room	28	13.7	625	13.4	12.5-14.4
Friend	11	5.4	244	5.2	4.6-5.9
Do you know where someone could go for substance abuse services?					
Yes	104	51.7	2378	51.8	50.4-53.3
No	66	32.8	1464	31.9	30.5-33.3
Don't know	28	13.9	680	14.8	13.8-15.9
Prefer not to say	3	1.5	67	1.5	1.1-1.9

	Frequency (n=204)	% Households	Projected Households	Projected %	95% CI
Where would you refer someone for substance services?					
District II Alcohol & Drug	106	52.0	2418	51.9	50.5-53.4
Alcoholics Anonymous	62	30.4	1383	29.7	28.4-31.0
Don't know	42	20.6	939	20.1	19.0-21.4
Faith-based leader	39	19.1	932	20.0	18.9-21.2
Private doctor	28	13.7	629	13.5	12.5-14.5
Private Therapist/					
Private Therapist/ Social Worker	20	9.8	444	9.5	8.7-10.4
Emergency room	18	8.8	399	8.6	7.8-9.4
Friend	11	5.4	244	5.2	4.6-5.9

CASPER Table 14. How do you learn about health services and health-related information available in our community?					
	Frequency (n=204)	% Households	Projected Households	Projected %	95% CI
Friends/family	133	65.2	3072	66.0	64.6-67.3
Health care provider	97	47.6	2163	46.4	45.0-47.9
Word of mouth / reputation	87	42.7	1993	42.8	41.4-44.2
Newspaper	79	38.7	1767	37.9	36.5-39.4
Social media platforms	45	22.1	1013	21.8	20.6-23.0
Mailings/newsletters	43	21.1	958	20.6	19.4-21.8
Public health	39	19.1	873	18.7	17.6-19.9
Website/internet	32	15.7	714	15.3	14.3-16.4
Radio	31	15.2	695	14.9	13.9-16.0
TV	25	12.3	555	11.9	11.0-12.9
presentations	13	6.4	288	6.2	5.5-6.9

CASPER Table 15. Education					
	Frequency (n=204)	% Households	Projected Households	Projected %	95% CI
What aspect of education is most important?					
K-12	118	57.8	2740	58.8	57.4-60.2
Early childhood	68	33.3	1509	32.4	31.0-33.8
Job training	19	9.3	429	9.2	8.4-10.1
Don't know	13	6.4	292	6.3	5.6-7.0
Adult education	13	6.4	288	6.2	5.5-6.9
Advanced education	11	5.4	244	5.2	4.6-5.9
What two areas lack adequate resources?					
Don't know	66	32.4	1523	32.7	31.4-34.1
Early childhood	58	28.4	1302	27.9	26.7-29.3
K-12	52	25.5	1217	26.1	24.9-27.4
Job training	43	21.1	958	20.6	19.4-21.8
Adult education	40	19.6	887	19.1	17.9-20.2
Advanced education	37	18.1	825	17.7	16.6-18.8

CASPER Table 16. Educational classes/programs					
	Frequency (n=204)	% Households	Projected Households	Projected %	95% CI
First Aid/CPR	65	31.9	1560	33.5	32.1-34.9
Fitness	52	25.5	1157	24.8	23.6-26.1
Health and Wellness	51	25.0	1135	24.4	23.1-25.6
Nutrition	48	23.5	1065	22.9	21.7-24.1
Weight loss	46	22.3	1024	22.0	20.8-23.2
Parenting	33	16.2	732	15.7	14.7-16.8
Alzheimer's	31	15.2	691	14.8	13.8-15.9
Health insurance/ACA	30	14.7	669	14.4	13.4-15.4
Mental Health	27	13.2	599	12.9	11.9-13.9
Early childhood development	27	13.2	602	12.9	12.0-13.9
Diabetes	25	12.3	558	12.0	11.1-13.0
Cancer	22	10.8	488	10.5	9.6-11.4
Grief counseling	18	8.8	403	8.7	7.9-9.5
Pulmonary health	18	8.8	403	8.7	7.9-9.5
Support groups	16	7.8	355	7.6	6.9-8.4
Heart disease	14	6.9	311	6.7	6.0-7.4
Smoking cessation	12	5.9	270	5.8	5.2-6.5
Alcohol/substance abuse	11	5.4	244	5.4	4.6-5.9

CASPER Table 17. Issues considered big problems in Richland County					
	Frequency (n=204)	% Households	Projected Households	Projected %	95% CI
Heart Disease					
A big problem	18	8.2	399	8.6	7.8-9.4
A problem	76	37.3	1697	36.4	35.1-37.8
Not a problem	27	13.2	714	15.3	14.3-16.4
Don't know	83	40.7	1849	39.7	38.3-41.1
Diabetes					
A big problem	30	14.7	669	14.4	13.4-15.4
A problem	99	48.5	2263	48.6	47.1-50.0
Not a problem	24	11.8	588	12.6	11.7-13.6
Don't know	51	25.0	1139	24.4	23.2-25.7
Cancer					
A big problem	59	28.9	1313	28.2	26.9-29.5
A problem	84	41.2	1926	41.4	39.9-42.8
Not a problem	21	10.3	525	11.3	10.4-12.2
Don't know	40	19.6	895	19.2	18.1-20.4
Asthma					
A big problem	29	14.4	647	14.0	13.1-15.1
A problem	76	37.6	1745	37.9	36.5-39.3
Not a problem	31	15.4	747	16.2	15.2-17.3
Don't know	66	32.7	1472	31.9	30.6-33.3
COPD					
A big problem	14	6.9	311	6.7	6.0-7.4
A problem	72	35.3	1716	36.8	35.4-38.2
Not a problem	34	16.7	758	16.3	15.2-17.4
Don't know	84	41.2	1875	40.2	38.8-41.7
Obesity					
A big problem	61	29.9	1353	29.1	27.8-30.4
A problem	96	47.1	2141	46.0	44.5-47.4
Not a problem	17	8.3	495	10.6	9.8-11.6
Don't know	30	14.7	699	14.4	13.4-15.4
Alcohol abuse					
A big problem	78	38.2	1745	37.5	36.1-38.9
A problem	90	44.1	2056	44.1	42.7-45.6
Not a problem	17	8.3	381	8.2	7.4-9.0
Don't know	19	9.3	477	10.2	9.4-11.2
Tobacco use					
A big problem	58	28.4	1294	27.8	26.5-29.1
A problem	103	50.5	2356	50.6	49.1-52.0
Not a problem	21	10.3	521	11.2	10.3-12.1
Don't know	22	10.8	488	10.5	9.6-11.4

Prescription drug abuse					
A big problem	45	22.4	988	21.7	20.6-23.0
A problem	69	34.3	1546	33.7	32.3-35.1
Not a problem	25	12.4	666	14.5	13.5-15.6
Don't know	62	30.9	1383	30.1	28.8-31.5
Illegal drug use					
A big problem	88	43.1	2015	43.3	41.8-44.7
A problem	69	33.8	1542	33.1	31.8-34.5
Not a problem	32	15.7	336	7.2	6.5-8.0
Don't know	15	7.4	765	16.4	15.4-17.5
Access to mental health services					
A big problem	27	13.3	603	13.0	12.1-14.0
A problem	55	27.1	1228	26.5	25.2-27.8
Not a problem	45	22.2	1054	22.7	215-24.0
Don't know	76	37.4	1753	37.8	36.4-39.2
Access to substance abuse services					
A big problem	23	11.3	514	11.1	10.2-12.0
A problem	52	25.6	1165	25.1	23.9-26.4
Not a problem	25	25.6	1217	26.2	25.0-27.5
Don't know	76	37.4	1742	37.6	36.2-39.0
Motor vehicle injuries					
A big problem	44	21.6	979	21.0	19.8-22.2
A problem	79	38.7	1849	39.1	37.7-40.5
Not a problem	36	17.7	862	18.5	17.4-19.6
Don't know	45	22.1	1002	21.5	20.3-22.7
Falls resulting in injury					
A big problem	9	4.4	203	4.4	3.8-5.0
A problem	54	26.5	1202	25.8	24.6-27.1
Not a problem	59	28.9	1428	30.6	29.3-32.0
Don't know	82	40.2	1827	39.2	37.8-40.6
Good prenatal care					
A big problem	17	8.3	385	8.3	7.5-9.1
A problem	46	22.6	1024	22.0	20.8-23.2
Not a problem	90	44.1	2115	45.4	44.0-46.8
Don't know	51	25.0	1135	24.4	23.1-25.6
Availability of services for seniors					
A big problem	16	7.8	362	7.8	7.0-8.6
A problem	45	22.1	1009	21.7	20.5-22.9
Not a problem	70	34.3	1608	34.5	33.1-35.9
Don't know	73	35.8	1679	36.0	34.7-37.4
Availability of services for individuals with physical disabilities					
A big problem	16	7.8	359	7.7	7.0-8.5
A problem	66	32.4	1479	31.8	30.4-33.1

Not a problem	46	22.6	1131	24.3	23.1-25.6
Don't know	76	37.3	1690	36.3	34.9-37.7
Access to public transportation					
A big problem	9	4.4	200	4.3	3.8-4.9
A problem	47	23.2	1050	22.7	21.5-23.9
Not a problem	110	54.2	2566	55.3	53.9-59.8
Don't know	37	18.2	821	17.7	16.6-18.8
Availability of affordable childcare					
A big problem	50	25.3	1117	24.7	23.4-26.0
A problem	59	29.8	1320	29.2	27.9-30.5
Not a problem	41	20.7	969	21.4	20.2-22.6
Don't know	48	24.2	1120	24.8	23.5-26.0
Hunger					
A big problem	7	3.4	155	3.3	2.9-3.9
A problem	53	26.0	1180	25.3	24.1-26.6
Not a problem	68	33.3	1631	35.0	33.6-36.4
Don't know	76	37.3	1694	36.4	35.0-37.8
Poor housing conditions					
A big problem	32	15.7	714	15.3	14.3-16.4
A problem	72	35.3	1660	35.6	34.3-37.0
Not a problem	49	24.0	1154	24.8	23.5-26.0
Don't know	51	25.0	1131	24.3	23.1-25.6
Availability of affordable housing					
A big problem	119	58.3	2718	58.3	56.9-59.8
A problem	57	27.9	1320	28.3	27.1-29.7
Not a problem	12	5.9	266	5.7	5.1-6.4
Don't know	16	7.8	355	7.6	6.9-8.4
Homelessness					
A big problem	16	7.8	355	7.6	6.9-8.4
A problem	51	25.0	1139	24.4	23.2-25.7
Not a problem	53	26.0	1239	26.6	25.3-27.9
Don't know	84	41.2	1926	41.4	39.9-42.8
Access to clean water					
A big problem	11	5.4	244	5.2	4.6-5.9
A problem	26	12.8	581	12.5	11.5-13.5
Not a problem	139	68.1	3212	69.0	67.6-70.3
Don't know	28	13.7	621	13.3	12.4-14.4
Child abuse or neglect					
A big problem	19	9.4	478	10.3	9.4-11.2
A problem	74	36.5	1649	35.6	34.2-37.0
Not a problem	31	15.3	695	15.0	14.0-16.1
Don't know	79	38.9	1816	39.2	37.8-40.6

Domestic, dating, or sexual violence					
A big problem	20	9.8	503	10.8	9.9-11.7
A problem	69	33.8	1546	33.2	31.8-34.6
Not a problem	25	12.3	555	11.9	11.0-12.9
Don't know	90	44.1	2056	44.1	42.7-45.6
Unintended pregnancy including teen pregnancy					
A big problem	22	10.8	492	10.6	9.7-11.5
A problem	80	39.2	1841	39.5	38.1-41.0
Not a problem	22	10.8	488	10.5	9.6-11.4
Don't know	80	39.2	1838	39.4	38.0-40.9
Sexually transmitted infections					
A big problem	17	8.4	381	8.2	7.5-9.1
A problem	49	24.1	1146	24.7	23.5-26.0
Not a problem	26	12.8	581	12.5	11.6-13.5
Don't know	111	55.7	2529	54.6	53.1-56.0

Statements	**Projected Percent**				
	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
I can get the health care I need near my home.	24.6%	57.2%	12.9%	3.8%	1.4%
My community is a good place to raise children.	46.0%	48.3%	3.3%	0.5%	1.9%
My community is a good place to grow old.	31.0%	55.9%	7.2%	2.9%	2.9%
I feel safe in my home.	47.2%	50.4%	2.4%	0.0%	0.0%
I feel safe in my community.	36.3%	59.4%	3.8%	0.5%	0.0%
I feel prepared for an emergency.	33.8%	54.8%	10.0%	1.0%	0.5%
People of all races, ethnicities, backgrounds, and beliefs in my community are treated fairly.	21.0%	57.7%	12.5%	1.0%	7.8%
I can buy affordable healthy food near my home.	12.6%	46.1%	28.7%	12.1%	0.5%
There are places to be physically active near my home.	26.3%	62.6%	8.3%	1.9%	1.0%
I have enough financial resources to meet my basic needs.	28.7%	64.6%	6.2%	0.5%	0.0%

Issues	**Projected Percent**			
	A big problem	A problem	Not a problem	Don't know
Availability of affordable housing	58.3%	28.3%	5.7%	7.6%
Illegal drug use	43.3%	33.1%	7.2%	16.4%
Alcohol abuse	37.5%	44.1%	8.2%	10.2%
Obesity	29.1%	46.0%	10.6%	14.4%
Cancer	28.2%	41.4%	11.3%	19.2%
Tobacco use	27.8%	50.6%	11.2%	10.5%
Availability of affordable childcare	24.7%	29.2%	21.4%	24.8%
Prescription drug abuse	21.7%	33.7%	14.5%	30.1%
Motor vehicle injuries	21.0%	39.1%	18.5%	21.5%
Poor housing conditions	15.3%	35.6%	24.8%	24.3%
Diabetes	14.4%	48.6%	12.6%	24.4%
Asthma	14.0%	37.9%	16.2%	31.9%
Access to mental health services	13.0%	26.5%	22.7%	37.8%
Access to substance abuse services	11.1%	25.1%	26.2%	37.6%
Domestic, dating, or sexual violence	10.8%	33.2%	11.9%	44.1%
Unintended pregnancy including teen pregnancy	10.6%	39.5%	10.5%	39.4%
Child abuse or neglect	10.3%	35.6%	15.0%	39.2%
Heart Disease	8.6%	36.4%	15.3%	39.7%
Good prenatal care	8.3%	22.0%	45.4%	24.4%
Sexually transmitted infections	8.2%	24.7%	12.5%	54.6%
Availability of services for seniors	7.8%	21.7%	34.5%	36.0%
Availability of services for individuals with physical disabilities	7.7%	31.8%	24.3%	36.3%
Homelessness	7.6%	24.4%	26.6%	41.4%
COPD	6.7%	36.8%	16.3%	40.2%
Access to clean water	5.2%	12.5%	69.0%	13.3%
Falls resulting in injury	4.4%	25.8%	30.6%	39.2%
Access to public transportation	4.3%	22.7%	55.3%	17.7%
Hunger	3.3%	25.3%	35.0%	36.4%

Richland County Community Health Assessment

The following questions focus on aspects of your 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	Do Not Know
1. I can get the health care I need near my home. Consider the cost and quality, number of options, and availability of healthcare within a reasonable distance to your home.	1	2	3	4	5
2. My community is a good place to raise children. Consider the quality and safety of schools and child care, after school care, and places to play in your neighborhood.	1	2	3	4	5
3. 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
4. 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
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
6. I feel prepared for an emergency. Consider everything that makes you feel prepared, such as toolkits, smoke alarms, fire extinguisher, etc.	1	2	3	4	5
7. 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

8. I can buy affordable healthy food near my home. Consider grocery stores, supermarkets, corner stores, and Farmers markets that sell fresh fruits, vegetables, lean meats, and other healthy options.	1	2	3	4	5
9. There are places to be physically active near my home. Consider parks, trails, places to walk, playgrounds,	1	2	3	4	5
10. I have enough financial resources to meet my basic needs. Consider income for purchasing food, clothing, shelter, and utilities.	1	2	3	4	5

This next section of questions will focus on your health. Again, all the opinions you share with us will be completely confidential and will be reported as a group summary. You may decline to answer any question.

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

- ☐ Access to health care and other services
- ☐ Affordable housing
- ☐ Arts and cultural events
- ☐ Clean air/water
- ☐ Community involvement
- ☐ Good jobs and a healthy economy
- ☐ Good schools
- ☐ Healthy behaviors and lifestyles
- ☐ Healthy food choices
- ☐ Low crime/safe neighborhoods
- ☐ Low death and disease rates
- ☐ Low levels of domestic violence
- ☐ Parks and recreation
- ☐ Public transportation
- ☐ Religious or spiritual values
- ☐ Strong family life
- ☐ Strong early childhood (pre-k) education system
- ☐ Access to adult learning opportunities
- ☐ Tolerance for diversity
- ☐ Other _____

12. In general, would you say that your physical health is:

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know/prefer not to say

13. How would you describe your day-to-day level of stress?

- ☐ High
- ☐ Moderate
- ☐ Low
- ☐ Don't know/prefer not to say

14. During the past **7 days**, on how many days were you physically active for a total of at least 30 minutes per day? (Add up all the time you spent in any kind of physical activity that increased your heartrate and made you breathe hard some of the time.)

- ☐ 0 days
- ☐ 1-2 days
- ☐ 3-4 days
- ☐ 5 or more days per week
- ☐ Don't know/prefer not to say

15. Which of the following would help you to be more physically active?
(Check all that apply)

- ☐ More/better sidewalks or crosswalks
- ☐ More parks, tails or greenways
- ☐ Access to a gym
- ☐ Stores within walking distance
- ☐ Increased neighborhood safety
- ☐ A waling or exercise group
- ☐ More sports leagues
- ☐ More programs or events, like races or walking challenges
- ☐ Any other that I haven't said: _____
- ☐ None
- ☐ Don't know/prefer not to say

16. Which of the following gets in the way of you being more physical active or exercising?
(Check all that apply)

- ☐ I am too busy or don't have time
- ☐ It costs too much
- ☐ I'm physically unable
- ☐ I'm too tired to exercise
- ☐ I don't have access to a gym or facility
- ☐ It is not important to me
- ☐ I don't like or want to exercise
- ☐ I don't have friends or a group to exercise with
- ☐ Any others that I haven't said: _____
- ☐ Nothing gets in the way
- ☐ Don't know/prefer not to say

17. Most of us don't eat healthy all the time. When you aren't eating a healthy diet, what do you think makes it hard for you to eat healthy?
(Check all that apply)

- ☐ I don't know how to prepare the food we like in a healthy way
- ☐ Nobody in my family would eat it
- ☐ There aren't places in my community to buy healthy foods
- ☐ Healthy food doesn't taste good
- ☐ It's hard to find healthy choices when you eat outside the home
- ☐ Healthy food costs too much
- ☐ It takes too much time to prepare and shop for healthy choices

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
- ☐ Don't know/prefer not to say

19. 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 one year
- ☐ 1-2 years
- ☐ 3-5 years
- ☐ More than 5 years
- ☐ I have never been to the dentist for a routine checkup
- ☐ Don't know/prefer not to say

20. How important are local health care providers and services (i.e. Richland County Health Department, Sidney Health Center, clinics, nursing homes, assisted living, etc.) to the economic well-being of the area?

- ☐ A lot
- ☐ A little
- ☐ Not at all
- ☐ Don't know/prefer not to say

21. Are you aware of programs that help people pay for health care expenses?

- ☐ Yes
- ☐ No

22. 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 medical services?

- ☐ Yes
- ☐ No

23. If **YES**, what were the **three** most important reasons why you did not receive health care services? **(Check 3 that apply)**

- ☐ Could not get an appointment
- ☐ Availability of services
- ☐ Could not get off work
- ☐ Did not know where to go
- ☐ Do not like doctors
- ☐ Had no one to care for children
- ☐ It costs too much
- ☐ Language barrier
- ☐ My insurance did not cover
- ☐ No insurance
- ☐ Not treated with respect
- ☐ Office was not open when I could go
- ☐ Too long to wait for an appointment
- ☐ Too nervous/afraid
- ☐ Transportation problems
- ☐ Unsure if services were available
- ☐ Other _____

24. In your opinion, what would improve our community's access to health care?
(Check all that apply)

- ☐ Availability of visiting specialists
- ☐ Availability of walk-in clinic
- ☐ Cultural sensitivity
- ☐ Health education resources
- ☐ Improved quality of care
- ☐ Interpreter services
- ☐ More primary care providers
- ☐ Telemedicine
- ☐ Transportation assistance
- ☐ Other _____

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

- ☐ Birthday lab work
- ☐ Children's checkup/Well baby
- ☐ Cholesterol check
- ☐ Colonoscopy
- ☐ Flu shot
- ☐ Mammography
- ☐ Pap smear
- ☐ Prostrate (PSA)
- ☐ Routine blood pressure check
- ☐ Routine health checkup with family physician
- ☐ None
- ☐ Other _____

26. Do you know where someone in your community who may need mental health services like counseling or treatment could go to get them?

- ☐ Yes
- ☐ No
- ☐ Don't know/prefer not to say

27. Where would you refer that person for mental health services?
(Check all that apply)

- ☐ Eastern MT Community Mental Health Center
- ☐ Private therapist or social worker
- ☐ Private Doctor
- ☐ Faith-based leader (like priest or pastor)
- ☐ Emergency Room
- ☐ Friend
- ☐ Don't know/prefer not to say

28. Do you know where someone in your community who may need substance abuse services or treatment for alcohol or drug addiction could go to get them?

- ☐ Yes
- ☐ No
- ☐ Don't know/prefer not to say

29. Where would you refer that person for substance abuse services?
(Check all that apply)

- ☐ District II Alcohol & Drug
- ☐ Alcoholics Anonymous
- ☐ Private therapist or social worker
- ☐ Private Doctor
- ☐ Faith-based leader (like priest or pastor)
- ☐ Emergency Room
- ☐ Friend
- ☐ Don't know/prefer not to say

30. Do you currently smoke?

- ☐ Yes
- ☐ No

31. If **YES**, where would you go for help if you wanted to quit?

- ☐ Quitline MT
- ☐ Not Applicable
- ☐ Don't know
- ☐ Doctor
- ☐ Other _____

32. How often do you use your seatbelt when you drive or ride in a car?

- ☐ Always
- ☐ Nearly always
- ☐ Sometimes
- ☐ Seldom
- ☐ Never

33. How do you learn about the health services or health-related information available in our community?
(Check all that apply)

- ☐ Friends/Family
- ☐ Health care provider
- ☐ Mailings/newsletters
- ☐ Newspaper
- ☐ Presentations
- ☐ Public health
- ☐ Radio
- ☐ Social media platforms (i.e. Facebook)
- ☐ TV
- ☐ Website/internet
- ☐ Word of mouth/reputation
- ☐ Other _____

34. In a recent survey the community indicated that education was important to the community. What aspect of education is the most important?

- ☐ Early childhood
- ☐ K-12
- ☐ Advanced education
- ☐ Adult education
- ☐ Job training

35. Which **2 areas** of education lack adequate resources?

- ☐ Early Childhood
- ☐ K-12
- ☐ Advanced education
- ☐ Adult education
- ☐ Job training

36. If Richland County were to provide educational classes/programs to the community, which would you be most interested in taking?
(Check all that apply)

- ☐ Alcohol/substance abuse
- ☐ Alzheimer's
- ☐ Pulmonary health
- ☐ Cancer
- ☐ Diabetes
- ☐ Early Childhood Development
- ☐ First aid/CPR
- ☐ Fitness
- ☐ Grief counseling
- ☐ Health & wellness
- ☐ Health insurance/Affordable Care Act
- ☐ Heart disease
- ☐ Mental health
- ☐ Nutrition
- ☐ Parenting
- ☐ Parental
- ☐ Smoking cessation
- ☐ Support groups
- ☐ Weight loss
- ☐ Other _____

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.

Not a Problem The issue is not a problem and requires no additional attention by my community.
A Problem This issue is somewhat of a problem. My community needs to address this problem.
Big Problem This issue is a major problem. My community needs to address this problem now.
Don't Know I do not know enough information to determine whether or not this is a problem.

Issue	Not a Problem	A Problem	Big Problem	Don't know
Heart Disease	0	1	2	d/k
Diabetes	0	1	2	d/k
Cancer	0	1	2	d/k
Asthma	0	1	2	d/k

Chronic Obstructive Pulmonary Disease (lung disease)	0	1	2	d/k
Obesity	0	1	2	d/k
Alcohol Abuse	0	1	2	d/k
Tobacco Use (smoking, dip, chew, etc.)	0	1	2	d/k
Prescription Drug Abuse	0	1	2	d/k
Illegal Drug Use (meth, heroin, marijuana, etc.)	0	1	2	d/k
Access to Mental Health Services (like counseling, treatment)	0	1	2	d/k
Access to Substance Abuse Services (for alcohol and drug addiction)	0	1	2	d/k
Motor Vehicle Injuries	0	1	2	d/k
Falls resulting in injury	0	1	2	d/k
Good Prenatal Care-including access to care	0	1	2	d/k
Availability of Services for Seniors	0	1	2	d/k
Availability of Services for individuals with physical disabilities	0	1	2	d/k
Access to Public Transportation	0	1	2	d/k
Availability of Affordable Childcare or After School Care	0	1	2	d/k
Hunger (which is prolonged lack of food)	0	1	2	d/k
Poor Housing Conditions	0	1	2	d/k
Availability of Affordable Housing	0	1	2	d/k
Homelessness	0	1	2	d/k
Access to Clean Water	0	1	2	d/k
Child Abuse or Neglect	0	1	2	d/k
Domestic, Dating, or Sexual Violence	0	1	2	d/k
Unintended Pregnancy including teen pregnancy	0	1	2	d/k
Sexually Transmitted Infections including HIV/AIDS	0	1	2	d/k
Other: please specify _____	0	1	2	d/k

37. What is your employment status?

- ☐ Employed full-time
- ☐ Employed part-time
- ☐ Retired
- ☐ Student
- ☐ Armed forces/military
- ☐ 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
- ☐ Don't know/prefer not to say

38. What is your gender?

- ☐ Female
- ☐ Male
- ☐ Other
- ☐ Prefer not to say

39. What age range represents you?

- ☐ 18-19
- ☐ 20-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-59
- ☐ 60-64
- ☐ 65-74
- ☐ >85

40. How would you describe your race or ethnicity?
(Check all that apply)

- ☐ Black or African American
- ☐ Asian
- ☐ American Indian or Alaska Native
- ☐ White or Caucasian
- ☐ Hispanic or Latino
- ☐ Don't know/prefer not to say
- ☐ Other: Please specify_____

Volunteer Evaluation Form

1. In your opinion, what went well? What did not go well?

2. To what extent do you think this assessment will be useful to your community in learning how to respond to an emergency?

3. Did you think you were prepared (e.g., training, food, safety, communications, supplies) for your assignment?

4. Would you want to participate on a team in the future?

5. If we were to do this assessment again, what improvements can be made?

6. Did you learn anything from this experience?

7. Were there specific situations that you encountered that you want to tell us about relating to:

   a. Orientation of field teams?

   b. Assessment methods?

   c. Questionnaire?

   d. Supplies and equipment?

   e. Food?

   f. Safety?

   g. Communications?

   h. Transportation?

8. Please provide any additional comments

Source: Montana Department of Public Health and Human Services Richland County Health Profile. 2015

Methods

Methods for all data analyses are in a separate document, "Health Profile Methodology."

Demographic Information[a]

	Richland County	Montana
Population, Census, April 1, 2010	9,746	989,415
Population estimates, July 1, 2014	11,576	1,023,579
Population, percent change April 1, 2010–July 1, 2014	18.8%	3.5%
Persons under 5 years, July 1, 2013	7.2%	6.0%
Persons under 18 years, July 1, 2013	24.1%	22.1%
Persons 65 years and over, July 1, 2013	13.2%	16.2%
Female persons, July 1, 2013	47.9%	49.8%
White alone, July 1, 2013	95.0%	89.5%
Black or African American alone, July 1, 2013	0.5%	0.6%
American Indian and Alaska Native alone, July 1, 2013	1.8%	6.5%
Asian alone, July 1, 2013	0.4%	0.8%
Native Hawaiian and Other Pacific Islander alone, July 1, 2013	Z	0.1%
Two or more races, July 1, 2013	2.3%	2.5%
Hispanic or Latino, July 1, 2013	4.6%	3.3%
White alone, not Hispanic or Latino, July 1, 2013	90.9%	87.0%
Foreign born persons, 2009–2013	1.5%	2.0%
Language other than English spoken at home, percent of persons age 5 years+, 2009–2013	3.6%	4.4%

[a]Z Value greater than zero but less than half unit of measure shown.
Data from http://quickfacts.census.gov/

Demographic Information[a]

	Richland County	Montana
High school graduate or higher, percent of persons age 25 years+, 2009–2013	90.2%	92.1%
Bachelor's degree or higher, percent of persons age 25 years+, 2009–2013	17.7%	28.7%
Veterans, 2009–2013	759	94,404
With a disability, under age 65 years, 2009–2013	8.2%	9.0%
Mean travel time to work (minutes), workers age 16 years+, 2009–2013	17.3 minutes	18 minutes
Median gross rent, 2009–2013	$665	$682
Owner-occupied housing units, 2009–2013	69.1%	68.3%
Persons per household, 2009–2013	2.40	2.39
Median household income, 2009–2013	$58,112	$46,230
Persons without health insurance, under age 65 years	16.8%	19.5%
Persons in poverty	7.7%	16.5%
Population per square mile, 2010	4.7	6.8

[a]Z Value greater than zero but less than half unit of measure shown.
Data from http://quickfacts.census.gov/

Communicable Disease

Table 1. Number and rate of selected communicable diseases — Montana, 2011–2013.

	Richland County		Medium County Data		Montana
Health Indicator	Number	Rate per 100,000[a] (95% CI)	Number per County	Rate per 100,000[a] (95% CI)	Rate per 100,000[a] (95% CI)
Chlamydia	146	453.8 (383.3, 533.2)	3,344	485.0 (468.9, 501.7)	366.2 (359.5, 373.1)
Hepatitis C	19	59.1 (35.5, 92.2)	1,185	171.9 (162.4, 181.9)	123.0 (119.1, 127.0)
Pertussis	15	46.6 (25.9, 76.8)	253	36.7 (32.4, 41.5)	44.6 (42.3, 47.0)
Campylobacteriosis	2	6.2 (0.39, 22.6)	169	24.5 (21.1, 28.5)	22.2 (20.6, 24.0)

[a]Department of Corrections population included in county rate where applicable.
Data provided by the Communicable Disease Epidemiology Section.

Table 2. Up-to-date (UTD) on childhood vaccinations for 24–35 month old children as of March 1st of the year of assessment based on imMTrax data reviewed during Vaccines for Children Program Clinic Reviews conducted every other year — Montana, 2011 and 2014.[a]

Health Indicator	Richland County	Medium County Data	Montana
Number assessed 2011[b]	-	731	2,249
Number UTD 2011	-	471	1,305
Percent UTD 2011[c]	-	64.4	58.7
Number assessed 2014[d]	124	1,536	4,042
Number UTD 2014	93	987	2,651
Percent UTD 2014 (95% CI)	75.0 (66.4, 82.3)	64.3 (61.8, 66.7)	65.6 (64.1, 67.1)

[a]UTD = 4 DTaP, 3 Polio, 1 MMR, 3/4 HIB, 3 Hep B, 1 Var, 4 PCV by 24 months.
[b]In 2011, chart reviews occurred. Clinics with fewer 50 chart, the review included all available charts. Clinics with more than 50 charts, a sample of charts were reviewed and validated.
[c]Confidence interval cannot be calculated because the total number of records reviewed is unknown.
[d]In 2014, all immunization records were reviewed electronically in the Montana Immunization Information System (imMTrax). The precision of each estimate was quantified using 95% confidence intervals.
Data provided by the Immunization Section of the Communicable Disease Bureau.

3

Chronic Disease

Table 3. Inpatient admissions for selected chronic conditions — Montana, 2011–2013.

	Richland County		Medium County Data		Montana
Health Indicator	Number	Rate per 100,000[a] (95% CI)	Average Number per County	Rate per 100,000[a] (95% CI)	Rate per 100,000[a] (95% CI)
Asthma	14	‡ ‡	26.6	52.0 (46.7, 57.9)	47.7 (45.2, 50.3)
Chronic Obstructive Pulmonary Disease (COPD)[b]	316	865.7 (771.2, 970.3)	536.2	819.0 (800.0, 838.3)	716.8 (708.1, 725.6)
Cardiovascular Disease	304	859.2 (763.3, 965.4)	518.6	807.9 (788.8, 827.4)	746.7 (737.7, 755.8)
Diabetes (types 1 and 2)	396	1,115.2 (1005.4, 1235.2)	608.0	1,000.7 (978.5, 1023.4)	822.5 (812.8, 832.3)

[a]Rates are age standardized to the 2000 Projected US Population using Distribution #1 as described in Klein and Schoenborn 2001 and given per 100,000 person years.

[b]Chronic obstructive pulmonary disease (COPD), includes chronic bronchitis, emphysema, bronchiectasis, and chronic airway obstruction.

‡Does not meet standards of reliability or precision.

Inpatient admission and ED visit data provided courtesy of participating MHA members, collected through the Montana Hospital Discharge Data System (MHDDS).

Table 4. Inpatient admissions for injury by type and mechanism of injury — Montana, 2011–2013.

	Richland County		Medium County Data		Montana
Health Indicator	Number	Rate per 100,000[a] (95% CI)	Average Number per County	Rate per 100,000[a] (95% CI)	Rate per 100,000[a] (95% CI)
All Unintentional Injury	243	721.2 (631.4, 821.6)	369.7	671.1 (652.1, 690.7)	538.6 (530.6, 546.8)
Falls	119	338.5 (279.5, 408.0)	189.5	312.1 (299.9, 324.7)	268.7 (263.2, 274.3)
Struck by/against	8	‡ ‡	12.4	24.6 (20.9, 28.9)	18.0 (16.5, 19.6)
Motor Vehicle	41	132.1 (94.2, 181.5)	42.2	93.6 (86.0, 101.8)	60.6 (57.8, 63.6)
Poisoning	16	‡ ‡	19.6	36.8 (32.3, 41.8)	36.3 (34.2, 38.5)
Intentional Self-Harm	19	‡ ‡	42.4	100.1 (92.0, 108.8)	106.5 (102.6, 110.5)
Traumatic Brain Injury	37	113.9 (79.5, 159.7)	59.1	117.5 (109.2, 126.2)	91.3 (87.9, 94.8)

[a]Rates are age standardized to the 2000 Projected US Population using Distribution #1 as described in Klein and Schoenborn 2001 and given per 100,000 person years.

‡Does not meet standards of reliability or precision.

Inpatient admission and ED visit data provided courtesy of participating MHA members, collected through the Montana Hospital Discharge Data System (MHDDS).

Table 5. Emergency Department visits for selected chronic conditions — Montana, 2011–2013.

	Richland County		Medium County Data		Montana
Health Indicator	Number	Rate per 100,000[a] (95% CI)	Average Number per County	Rate per 100,000[a] (95% CI)	Rate per 100,000[a] (95% CI)
Asthma	111	357.5 (293.0, 433.3)	138.3	305.8 (292.0, 320.2)	260.0 (254.0, 266.2)
Chronic Obstructive Pulmonary Disease (COPD)[b]	636	1,871.0 (1725.6, 2027.7)	700.7	1,204.0 (1179.2, 1229.3)	804.9 (795.2, 814.8)
Cardiovascular Disease	206	596.5 (516.4, 687.0)	349.1	563.3 (547.1, 580.1)	372.7 (366.2, 379.3)
Diabetes (types 1 and 2)	593	1,695.8 (1558.7, 1843.2)	952.3	1,688.5 (1658.3, 1719.2)	1,235.6 (1223.3, 1248.0)

[a]Rates are age standardized to the 2000 Projected US Population using Distribution #1 as described in Klein and Schoenborn 2001 and given per 100,000 person years.
[b]Chronic obstructive pulmonary disease (COPD), includes chronic bronchitis, emphysema, bronchiectasis, and chronic airway obstruction.
‡Does not meet standards of reliability or precision.
Inpatient admission and ED visit data provided courtesy of participating MHA members, collected through the Montana Hospital Discharge Data System (MHDDS).

Table 6. Emergency department visits for injury by type and mechanism of injury — Montana, 2011–2013.

	Richland County		Medium County Data		Montana
Health Indicator	Number	Rate per 100,000[a] (95% CI)	Average Number per County	Rate per 100,000[a] (95% CI)	Rate per 100,000[a] (95% CI)
All Unintentional Injury	3,235	10,438.7 (10075.6, 10812.7)	3,487.3	7,504.0 (7435.4, 7573.1)	5,901.8 (5873.1, 5930.4)
Falls	1,018	3,174.4 (2978.9, 3380.6)	1,236.1	2,495.5 (2457.0, 2534.5)	2,020.0 (2003.7, 2036.5)
Struck by/against	484	1,599.6 (1458.4, 1751.9)	470.5	1,057.0 (1031.2, 1083.5)	820.2 (809.4, 831.1)
Motor Vehicle	246	805.9 (706.7, 916.2)	262.4	589.3 (569.9, 609.3)	520.0 (511.5, 528.6)
Poisoning	73	224.9 (175.2, 285.7)	56.4	119.8 (111.3, 128.8)	95.4 (91.8, 99.1)
Intentional Self-Harm	14	‡ ‡	62.3	148.1 (138.2, 158.5)	104.5 (100.6, 108.4)
Traumatic Brain Injury	164	536.6 (456.6, 627.8)	320.4	690.4 (669.7, 711.5)	649.9 (640.5, 659.5)

[a]Rates are age standardized to the 2000 Projected US Population using Distribution #1 as described in Klein and Schoenborn 2001 and given per 100,000 person years.

‡Does not meet standards of reliability or precision.

Inpatient admission and ED visit data provided courtesy of participating MHA members, collected through the Montana Hospital Discharge Data System (MHDDS).

Table 7. Cancer incidence — Montana, 2011–2013.

	Richland County		Medium County Data		Montana
Health Indicator	Number	Rate per 100,000 (95% CI)	Average Number per County	Rate per 100,000 (95% CI)	Rate per 100,000 (95% CI)
All Cancer	172	454.2 (387.2, 531.4)	290.1	442.1 (428.1, 456.6)	439.8 (432.9, 446.8)
Prostate (males)	16	‡ ‡	36.4	103.0 (94.0, 113.0)	112.8 (108.1, 117.8)
Breast (female)	25	140.5 (89.5, 215.4)	38.0	113.9 (104.0, 124.8)	115.7 (110.8, 120.9)
Lung and Bronchus	34	86.7 (59.5, 124.6)	38.2	56.7 (51.9, 62.0)	56.4 (54.0, 58.9)
Colon and Rectum	10	‡ ‡	25.2	37.9 (33.9, 42.4)	36.9 (35.0, 39.0)
Corpus Uteri (female)	6	‡ ‡	10.4	29.8 (25.0, 35.7)	25.4 (23.2, 27.9)
Melanoma	5	‡ ‡	14.6	23.4 (20.1, 27.1)	24.9 (23.2, 26.7)

‡Does not meet standards of reliability or precision.
Cancer incidence data are from the Montana Central Tumor Registry.

Figure 1: Age-adjusted cancer incidence rates by cancer site — Montana, 2011–2013.

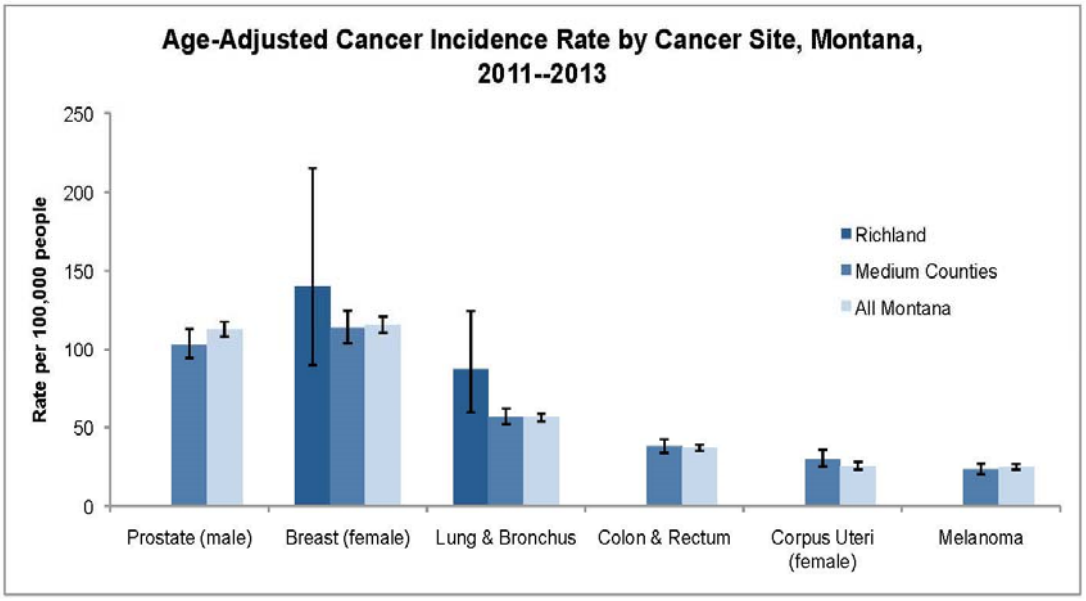


Table 8. Tobacco retailers by county, Montana 2013.

Health Indicator	Richland County
Retailer Number	13
Retailers per 1,000 population	1.20

Data from: http://dphhs.mt.gov/Portals/85/Documents/MTUPPapp/index.html

Maternal and Child Health

Table 9. Total births occurring in Richland County, 2011–2013.

Health Indicator	Richland County	Montana
Number of births	346	35,881

Data about births were tabulated from birth certificates of infants to Montana-resident mothers who delivered in Montana, 2011–2013, covering more than 95% of all births.

Table 10. Teen birth rate per 1,000 females age 15–19 years, 2009–2013.[a,b]

Health Indicator	Richland County	Montana
Teen birth rate per 1,000	44.2	32.0

[a]Due to the small number of events in some counties, five year rates have been used to include more counties with at least 20 events over the five years. Not all counties had enough events to be included.
[b]Full report can be found at:
http://dphhs.mt.gov/Portals/85/publichealth/documents/WMH/2014%20Teen%20Birth%20and%20Pregnancy%20Report%20Final.pdf
†Denominator less than 20; rates based on fewer than 20 events are not statistically reliable.

Table 11. WIC data by county — Montana, 2011–2013.

Health Indicator	Richland County Percent	Medium County Data Percent	Montana Percent
Children (2–5 years of age) overweight or obese	13.3	31.8	27.9
Initiate breastfeeding	†	76.7	84.7

†Denominator less than 20; rates based on fewer than 20 events are not statistically reliable.
Data provided by the WIC Program in the Family and Community Health Bureau.

Table 12. Births to Montana resident mothers occurring in Richland County, 2011–2013.[a]

	Richland County		Medium County Data		Montana	
Health Indicator	Number	Percent (95% CI)	Number	Percent (95% CI)	Number	Percent (95% CI)
Born less than 37 weeks	35	10.1 (7.1, 13.8)	820	9.7 (9.1, 10.4)	3,265	9.1 (8.8, 9.4)
Born weighing less than 2,500 grams	†	‡ ‡	634	7.5 (6.9, 8.1)	2,619	7.3 (7.0, 7.6)
Women entering prenatal care after first trimester	95	27.4 (22.8, 32.5)	2,823	33.4 (32.4, 34.4)	9,580	26.7 (26.2, 27.2)
Women whose Kotelchuk Index is ≥ 80%[b]	280	80.8 (76.4, 84.9)	5,527	65.4 (64.4, 66.4)	26,911	75.0 (74.6, 75.5)
Smoking during pregnancy	73	21.2 (16.9, 25.8)	1,893	22.4 (21.5, 23.3)	5,849	16.3 (15.9, 16.7)
Education less than high school graduate	42	12.1 (8.9, 16.1)	1,528	18.1 (17.3, 18.9)	4,281	12.0 (11.6, 12.3)
Any insurance	292	84.4 (80.1, 88.1)	7,826	92.6 (92.0, 93.2)	33,118	92.3 (92.0, 92.6)
Receiving WIC	51	14.8 (11.2, 18.9)	3,794	44.9 (43.8, 46.0)	12,415	34.6 (34.1, 35.1)
Breastfeeding at discharge	281	81.2 (76.7, 85.2)	6,871	81.3 (80.5, 82.1)	31,898	88.9 (88.6, 89.2)

[a]Data about births were tabulated from birth certificates of infants to Montana-resident mothers who delivered in Montana, 2011–2013, covering more than 95% of all births. Demographic information on the birth certificates is self-reported by parents; medical information is abstracted from medical records.

[b]Kotelchuk Index: computed index of adequacy of prenatal care, function of early initiation and enough visits, 80% or greater is defined as adequate.

†Too few events to report or complimentary suppression of corresponding cell.

‡Does not meet standards of reliability or precision.

Mortality

Table 13. Median age at death in years by race and sex — Montana, 2011–2013.

	Richland County		Medium County Data		Montana	
Health Indicator	Male	Female	Male	Female	Male	Female
White	76.5	82.5	75.0	82.0	76.0	83.0
American Indian	†	†	59.0	65.0	62.5	63.5

†Too few events to report or complimentary suppression of corresponding cell.

Table 14. Frequency and age-adjusted rates of selected causes of death by county all cause Montana residents, 2011–2013.

	Richland County		Medium County Data		Montana	
Health Indicator	Number	Age-adjusted Rate per 100,000 (95% CI)[a]	Number	Age-adjusted Rate per 100,000 (95% CI)[a]	Number	Age-adjusted Rate per 100,000 (95% CI)[a]
All Causes	305	888.1 (790.1, 996.3)	7,201	832.4 (812.7, 852.6)	27,334	744.8 (735.8, 753.9)
Homicide	†	‡ ‡	25	‡ ‡	80	‡ ‡
Suicide	†	‡ ‡	171	‡ ‡	688	22.3 (20.6, 24.1)
All injuries	36	‡ ‡	512	71.3 (65.0, 78.2)	1,726	53.3 (50.7, 56.0)
Motor vehicle Accidents	†	‡ ‡	202	‡ ‡	603	19.8 (18.2, 21.5)

[a]Confidence Intervals (95%) For The Age Adjusted Rate Are Computed Using the Fay-Feuer (1997) Method National Center for Health Statistics. Vintage 2013 postcensal estimates of the resident population of the United States (April 1, 2010, July 1, 2010–July 1, 2013), by year, County, single-year of age (0, 1, 2, .., 85 years and over), bridged race, Hispanic origin, and sex. Prepared under a collaborative arrangement with the U.S. Census Bureau. Available from: http://www.cdc.gov/nchs/nvss/bridged_race.htm as of June 26, 2014, following release by the U.S. Census Bureau of the unbridged Vintage 2013 postcensal estimates by 5-year age group on June 26, 2014.
†Too few events to report or complimentary suppression of corresponding cell.
‡Does not meet standards of reliability or precision.
Data provided by the Office of Epidemiology and Scientific Support.

Table 15. Frequency and age-adjusted rates of selected causes of death by county all cause Montana residents, 2011–2013.

	Richland County		Medium County Data		Montana	
Health Indicator	Number	Age-adjusted Rate per 100,000 (95% CI)[a]	Number	Age-adjusted Rate per 100,000 (95% CI)[a]	Number	Age-adjusted Rate per 100,000 (95% CI)[a]
Deaths Attributed to Drugs	†	‡ ‡	31	‡ ‡	87	2.7 (2.2, 3.4)
All Cancer	68	‡ ‡	1,490	161.4 (153.1, 170.1)	5,902	156.2 (152.1, 160.3)
Cerebrovascular	†	‡ ‡	338	37.8 (33.8, 42.2)	1,339	35.8 (33.9, 37.9)
Heart Disease	52	‡ ‡	1,599	177.3 (168.5, 186.5)	5,757	152.4 (148.5, 156.5)
All Liver	†	‡ ‡	212	‡ ‡	566	16.3 (14.9, 17.8)
Alcohol-Related Liver Disease	†	‡ ‡	115	‡ ‡	292	8.6 (7.6, 9.7)
Diabetes	†	‡ ‡	198	‡ ‡	729	19.8 (18.4, 21.4)
Pneumonia and Influenza	†	‡ ‡	137	‡ ‡	517	13.8 (12.6, 15.1)
Chronic Lower Respiratory Disease and Asthma	†	‡ ‡	490	54.4 (49.6, 59.6)	1,881	50.6 (48.3, 53.0)

[a]Confidence Intervals (95%) For The Age Adjusted Rate Are Computed Using the Fay-Feuer (1997) Method
National Center for Health Statistics. Vintage 2013 postcensal estimates of the resident population of the United States (April 1, 2010, July 1, 2010–July 1, 2013), by year, County, single-year of age (0, 1, 2, .., 85 years and over), bridged race, Hispanic origin, and sex. Prepared under a collaborative arrangement with the U.S. Census Bureau. Available from: http://www.cdc.gov/nchs/nvss/bridged_race.htm as of June 26, 2014, following release by the U.S. Census Bureau of the unbridged Vintage 2013 postcensal estimates by 5-year age group on June 26, 2014.
†Too few events to report or complimentary suppression of corresponding cell.
‡Does not meet standards of reliability or precision.
Data provided by the Office of Epidemiology and Scientific Support.

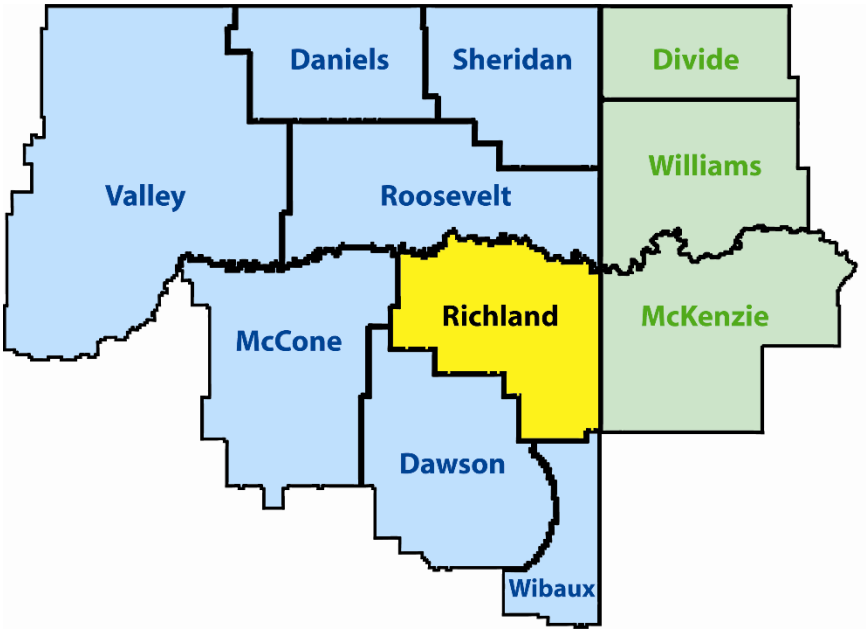
Behavioral Risk Factors

Because of the small numbers in Montana, behavioral risk factor health indicators are reported by Montana's Health Planning Regions as demonstrated below. Here is the link to the 2013 annual report, regional comparisons of 2013 health indicators start on page 32:
http://dphhs.mt.gov/Portals/85/publichealth/documents/BRFSS/Annual%20Reports/2013%20Annual/2013MTBRFSSAnnualReport.pdf

Map of Montana's Health Planning Regions

Sidney Health Center Service Area

Sidney Health Center draws customers from eight counties in Montana and three in North Dakota. Richland County is considered the primary market area while the surrounding counties constitute the secondary market area. The majority (86%) of Sidney Health Center's market share for inpatient and outpatient procedures is made up of residents from Richland County.



Available Community and Facility Resources

- Agency for Healthcare Research & Quality (AHRQ)
- Alanon, Alcoholics Anonymous [AA]
- Area Medical Providers Sidney Health Center medical providers and visiting specialists (complete current listing located on SHC's Website)
- Boys and Girls Club
- Civic Organizations – Sidney Lions Club and Kiwanis
- District II Alcohol & Drug Program
- Eastern Montana Community Mental Health Center (EMMHC)
- Eastern Montana Telemedicine Network (EMTN).
- Local Law Enforcement - Richland County Sheriff's Department, Sidney and Fairview Police Departments
- Ministerial Association
- MonDak Stock Growers Association
- Montana Nutrition and Physical Activity program (NAPA)
- Montana Office of Rural Health/Area Health Education Center (MORH/AHEC)
- MSU Extension Service
- National Alliance for the Mentally Ill
- Regional Healthcare Facilities
- Richland County Cancer Coalition
- Richland County Coalition Against Domestic Violence
- Richland County Commissioners
- Richland County Health Department
- Richland County Nutrition Coalition
- Richland County Public Schools (Sidney, Fairview, Savage, Lambert, Rau and Brorson)
- Richland County Transportation Advisory Council
- Sidney Area Chamber of Commerce and Agriculture
- Sidney Parks and Recreation Board
- The Montana Department of Public Health and Human Services (MT DPHHS)

Sidney Town Hall Meeting – April 11, 2016

Human Capital (Education, Skills, Health, Creativity)

- Hospital
- Doctors
- Heath Works (2)
- Yoga
- Strength Trainer – Comes to High School
- Mental Health
- Health care workers
- Active Richland County Action Group
- Good healthcare
- Walk Track

Social Capital (Groups, Cooperation, Trust, Leadership, Strong Social Networks)

- Foundation For Community Care
- Meals on Wheels
- Run Club
- The Groups Working Well Together
- Willingness to collaborate
- Healthcare
- Volunteers
- County Coalitions
- Senior Citizens Club
- Walk in Clinic
- Sunrise Women's Center
- Cancer Center
- Rehab Center

Cultural Capital (Traditions, Values, Rituals, Heritage, Language)

- Community Involvement
- Strong Family values
- Sense of Community
- Accepting new ideas
- Friendly
- Welcoming
- Frontier Spirit

Built Capital (Infrastructure, Utilities, Health Systems, Housing)

- The Lodge
- Low income housing (2)
- Crestwood
- Nursing Home
- Sidney Health Center (3)
- Richland County Transportation (2)
- Health Clinics

- Multiple Dentist
- New eye doctor facility
- Bike/Walk paths (3)
- Senior Housing
- Richland County Health Department
- EMT's

Financial Capital (Security, Credit, Grants, Investments, Income, Wealth, Community found)

- Foundation for Community Care (2)
- Sidney Health Center (2)
- Senior Coalition
- Cancer Coalition
- Active Richland Action Group
- Richland County Health Department

Community Changes due to oil/gas slow down:

- Fewer job opportunities - more competition
- Increase need mental health services
- DUI's
- Less traffic (5)
- Increase in behavioral health issues
- More applicants for service industry jobs
- Increase in substance abuse and assault and domestic violence
- Slowdown in traffic/trucking
- Less waiting for professional service/doctor/dentist
- With slowdown more domestic abuse/alcohol offences
- Increase mental health needs

Things wanted in the Community

No healthcare comments obtained

Sidney High School – April 13, 2016

70 Students in Attendance

Ideas to Improve Our Community

- Better facilities for drug and alcohol help
- More safety and kid friendly (ages 3-7)
- Lifestyle and fitness programs
- More healthy Options

Positive Comments

- Tight knit and supportive community
- Education
- Opportunities to get involved
- Generosity
- Healthcare
- Safe

Fairview Town Hall Meeting – April 13, 2016

Community Changes

- Less violence
- Less Traffic (5)
- More Crime
- Stress
- Less accidents
- Safer Roads
- Increased Unemployment
- Increased demand on Social Services
- Increased need for Mental Health Services
- More drugs
- More domestic abuse

Built Capital (Infrastructure, Utilities, Buildings, Roads, Housing)

- Clinic
- Senior Citizen

Political Capital (Power, Voice, Recognition by regional/state/nation)

- Volunteer EMT's

Cultural Capital (Values, Heritage, Rituals, Traditions)

- Work ethic
- Family values

Financial Capital (Donations, Wealth, Investment, Endowments, Credit, Security)

- Foundation for Community Care

Social Capital (Community groups, strong relationships among residents, Leadership, Trust, Networks of People)

- Sponsors for organizations
- Festival Sponsors

Human Capital (Experienced people, knowledge, health, skills, creativity, education)

- EMS
- Clinic
- Giving spirit
- Volunteers

FAIRVIEW TOP PROJECTS

Fitness Center
Community Recreation Center

Fairview High School – April 12, 2016

10 Senior Students in Attendance

What would you like to see

- Internship Work opportunities
- Cleaning up Drug Activity
- Lock up Park/Stop Drug Deals

What is good?

- Quiet
- Centralization - easy to find
- Location Nice

Changes

- Crime
- Law Enforcement looking for small crimes
- Traffic Down

Elmdale Town Hall Meeting – April 12, 2016

Built Capital

- Telemed
- Internet
- Lambert Senior Center
- Lambert Teen Center
- EMT's

Political Capital

- Local Community Strong

Social Capital

- Teen Center
- Great part in Week of the Young Child
- 30 plus kids

Human Capital

- Young people coming back
- Very involved
- Wealth of knowledge in our residents that are here
- Diversity of people that can do more than Ranching
- Etc. Nursing and Techers
- Generosity people are there in emergency
- EMT's in area

Cultural Capital

- Value of Hard work
- Value Community
- High level of Volunteer
- Natural Capital
- We have Richland County Resources

Financial Capital

- Concern – lose Doctors
- Mental Health needs
- Work depression (Mental Health)

- Alcohol/DUI crime raising
- Other Concerns
- More Mental Health Help
- Don't want to lose Doctors

Savage Town Hall Meeting – April 14, 2016

Community Changes due to slow down in oil and gas activity

- Less Traffic
- Senior Issue

Built Capital (Utilities, sewer, buildings, roads, water systems)

- Fire Department
- EMT
- Ambulance Service
- Air Ambulance
- Assisted Living (The Manor)
- Transportation

Political Capital (Powerful people-groups, Power, Ability to get money, Recognition by other government bodies

- People that write grants

Human Capital (Health, skills, creativity, education, know-how)

- Massage therapists
- Volunteers
- Foot care for Seniors
- LCSW
- Blood Pressure
- EMT

Culture Capital (values, heritages, celebrations, traditions)

- Friendly and approachable

Social Capital (strong networks and relationships, leaderships, shared vision, trust, groups)

- Senior Citizens Center
- Foundation for Community Care
- EMT's
- Fire Department
- All volunteers
- Ambulance

Natural Capital (Clean Air, Land, Open Sky, Water)

- Clean Air and water

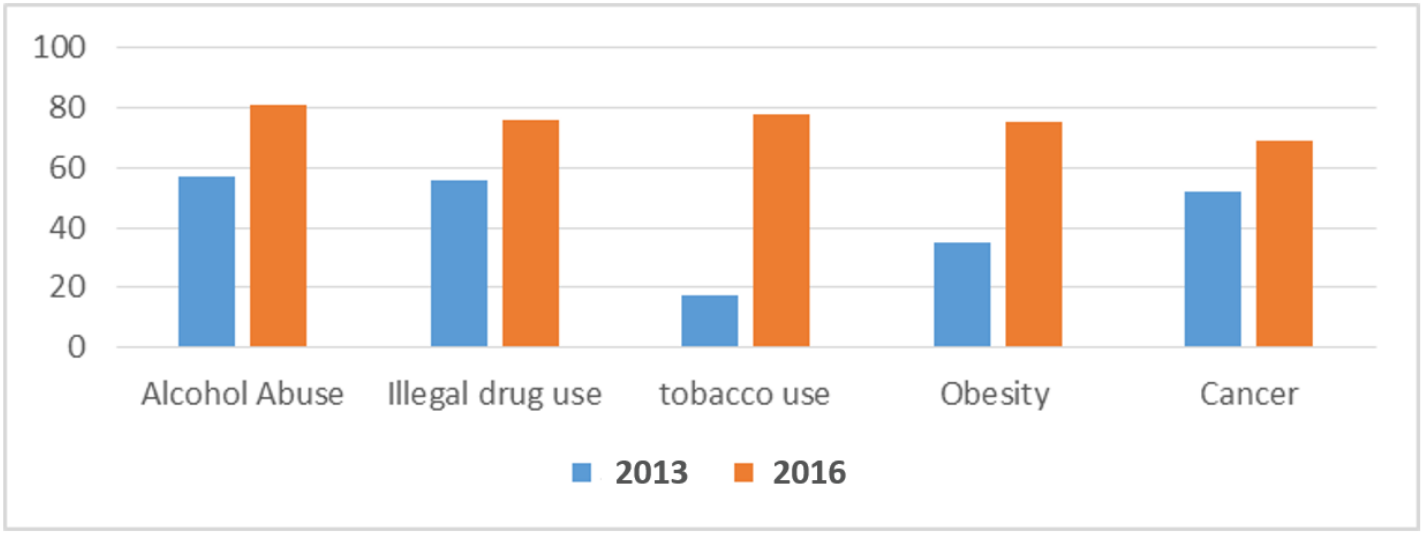
Financial Capital (Wealth, credit, investments, donations/donors, income, financial resources)

- Manor – Assisted Living = Jobs

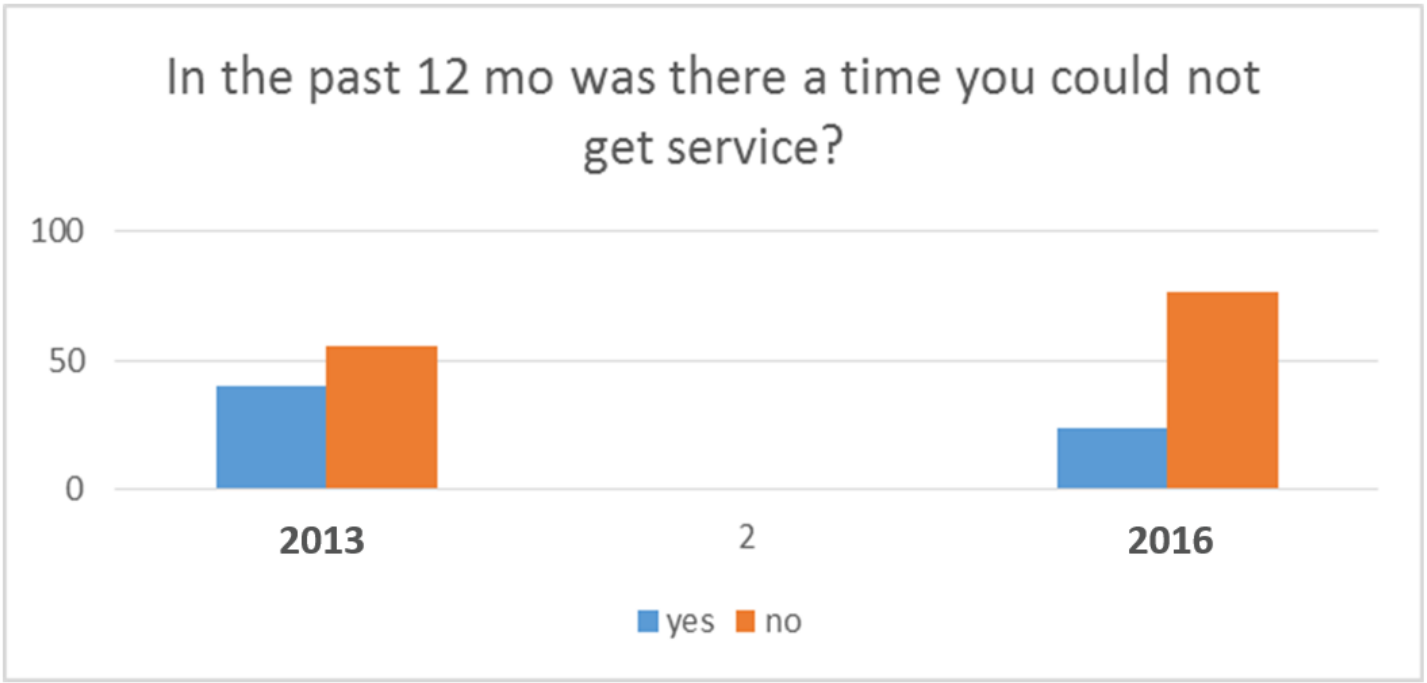
TOP PROJECTS FOR SAVAGE

- Give more funding to the Senior Center to raise wages and increase programs
- Public transportation to Boys and Girls Club from Savage to Sidney
- Exercise for people with Arthritis
- Expand Transportation to 3
- Senior Services Information

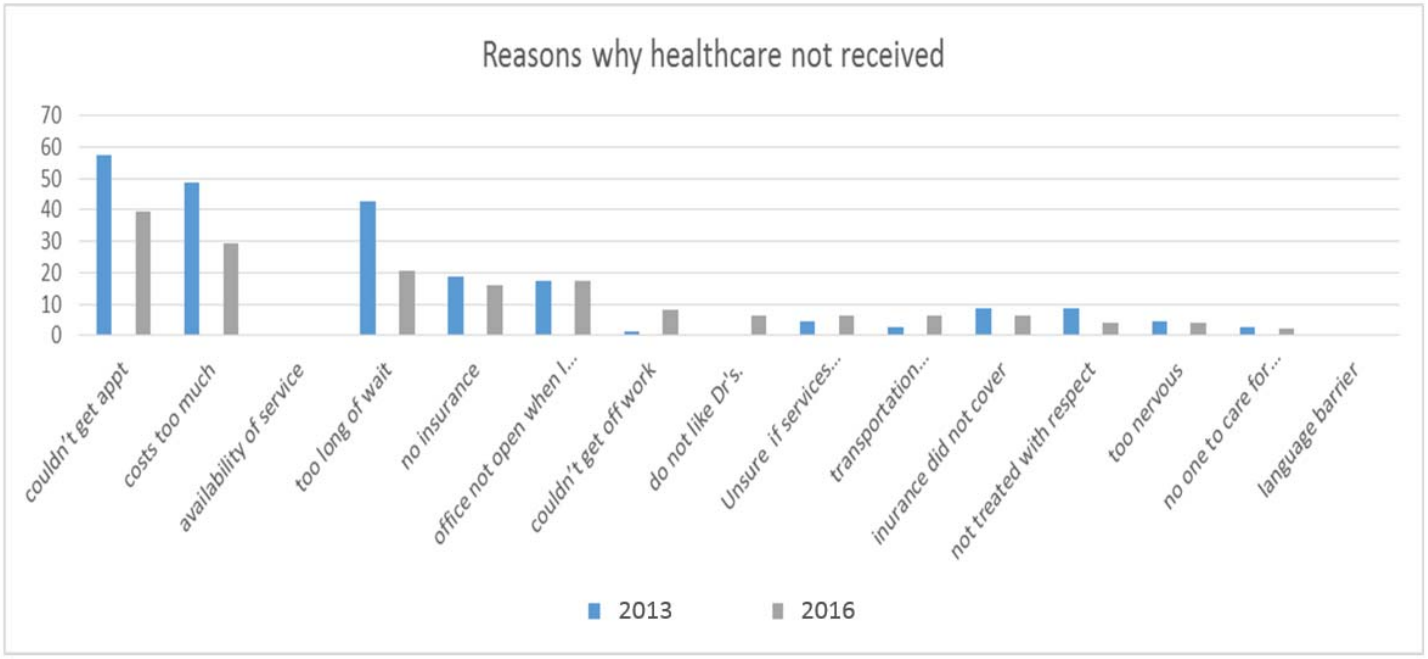
2013 and 2016 Top Health Issues

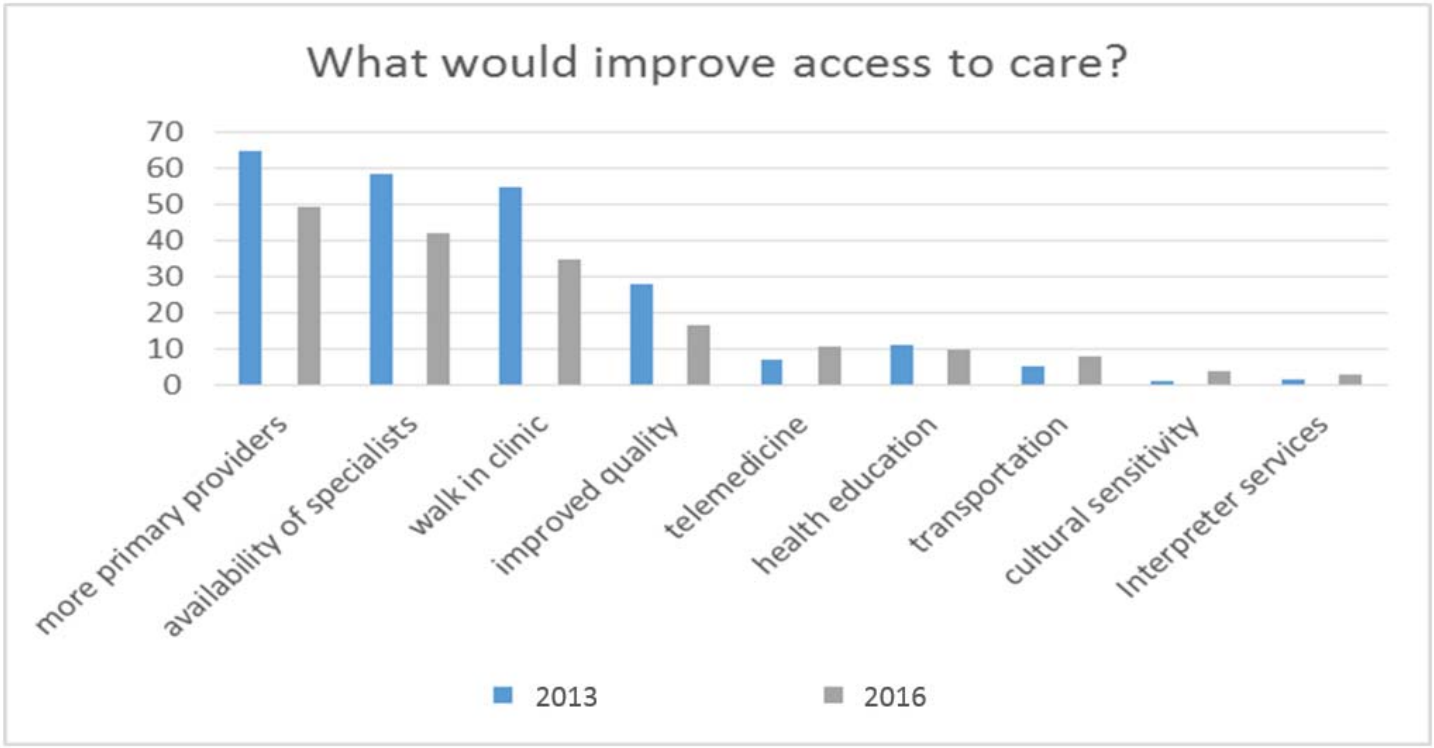


Improvements in Perceptions of Access



APPENDIX H: THREE YEAR COMPARISON DATA





APPENDIX H: THREE YEAR COMPARISON DATA