Executive Report

2016 Community Health Needs Assessment

Total Service Area

Daniels, Phillips, Roosevelt & Valley Counties, Montana

Prepared for:

Frances Mahon Deaconess Hospital

By:

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2015-1025-02

Professional Research Consultants, Inc.

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Introduction

Professional Research Consultants, Inc.

Project Overview

Project Goals

This Community Health Needs Assessment is a systematic approach to determining the health status, behaviors and needs of residents in the service area of Frances Mahon Deaconess Hospital. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- **To improve residents' health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents' health.
- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

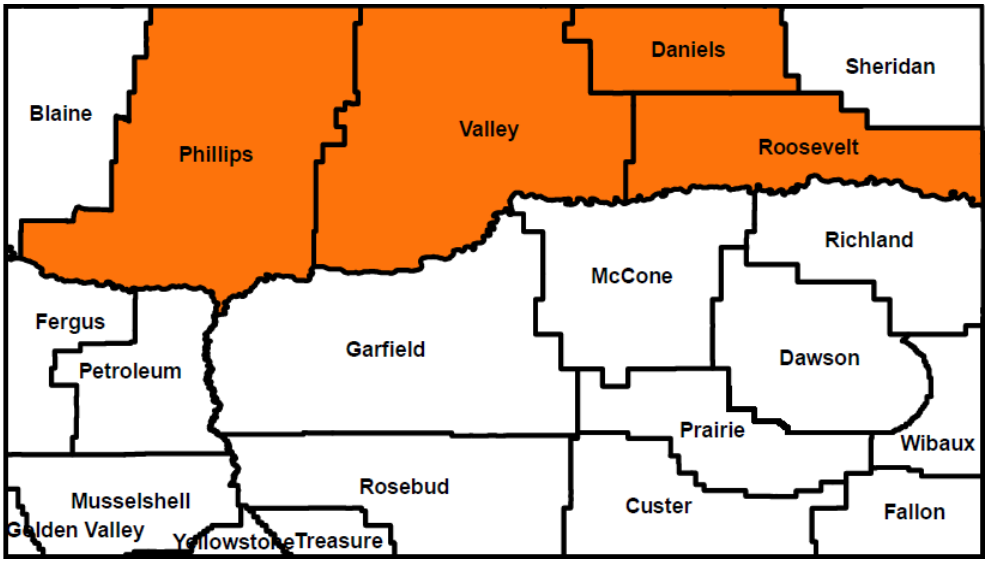
This assessment was conducted on behalf of Frances Mahon Deaconess Hospital by Professional Research Consultants, Inc. (PRC). PRC is a nationally-recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes secondary research (vital statistics and other existing health-related data) that allows for comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through the PRC Online Key Informant Survey.

Community Defined for This Assessment

The study area for this effort (referred to as the "Total Service Area" in this report) includes four Montana counties: Daniels, Phillips, Roosevelt, and Valley. This community definition, determined based on the areas of residence of most recent patients of Frances Mahon Deaconess Hospital, is illustrated in the following map.



Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey was also implemented as part of this process. A list of recommended participants was provided by Frances Mahon Deaconess Hospital; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 63 community stakeholders took part in the Online Key Informant Survey, as outlined below:

Online Key Informant Survey Participation		
Key Informant Type	**Number Invited**	**Number Participating**
Community/Business Leader	37	22
Other Health Provider	28	16
Physician	11	4
Public Health Representative	12	11
Social Services Provider	16	10

Final participation included representatives of the organizations outlined below.

- Action for Eastern Montana (AEMT) Head Start
- City of Glasgow
- Daniels County Health Department
- Daniels Memorial Healthcare Center
- Eastern Montana Community Mental Health Center
- Frances Mahon Deaconess Hospital
- Frazer Public Schools
- Glasgow Police Department
- Glasgow Public Schools
- Glendive Medical Center
- Hi Line Home Programs, Inc.
- Integrity Health Solutions
- Malta Public Schools
- Northeast Montana STAT Air Ambulance Cooperative
- Prairie Ridge Village
- Roosevelt County Health Department
- Saco School District
- Southside School
- Valley County Health Department
- Valley County Public Education Facility
- Valley View Home
- Wilderness Medical Staffing
- Wolf Point School District
- Youth Dynamic

Through this process, input was gathered from several individuals whose organizations work with low-income, minority populations, or other medically underserved populations.

Minority populations represented:

> *African-Americans, Asians, children with disabilities, the disabled, the elderly, Filipinos, Hispanics, the homeless, immigrants, low income residents, Medicaid/Medicare recipients, the mentally ill, minorities, multi-racial persons, Native Americans, people in the legal system, people involved with Child & Family Services, residents who are new to the community, single parents, substance abusers, the uninsured/underinsured*

Medically underserved populations represented:

> *children, the disabled, the elderly, emancipated minors, foster children, the homeless, Hospice patients, LGBT residents, low functioning individuals, low income residents, Medicaid/Medicare recipients, the mentally ill, Native Americans, rural residents, single parents, substance abusers, teenagers, undocumented residents, the uninsured/underinsured, veterans, young adults*

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such, and how these might be better addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

NOTE: The Online Key Informant Survey was designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for the service area were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- Community Commons
- ESRI ArcGIS Map Gallery
- Montana KIDS COUNT
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Note that data are not available for all counties for all measures (see footnotes for charts throughout this report).

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly a great number of medical conditions that are not specifically addressed.

IRS Form 990, Schedule H Compliance

For non-profit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Form 990 Schedule H, the following table cross-references related sections.

IRS Form 990, Schedule H	See Report Page(s)
Part V Section B Line 1a *A definition of the community served by the hospital facility*	7
Part V Section B Line 1b *Demographics of the community*	23
Part V Section B Line 1c *Existing health care facilities and resources within the community that are available to respond to the health needs of the community*	119
Part V Section B Line 1d *How data was obtained*	6
Part V Section B Line 1f *Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups*	Addressed Throughout
Part V Section B Line 1g *The process for identifying and prioritizing community health needs and services to meet the community health needs*	14
Part V Section B Line 1h *The process for consulting with persons representing the community's interests*	7
Part V Section B Line 1i *Information gaps that limit the hospital facility's ability to assess the community's health needs*	9

Summary of Findings

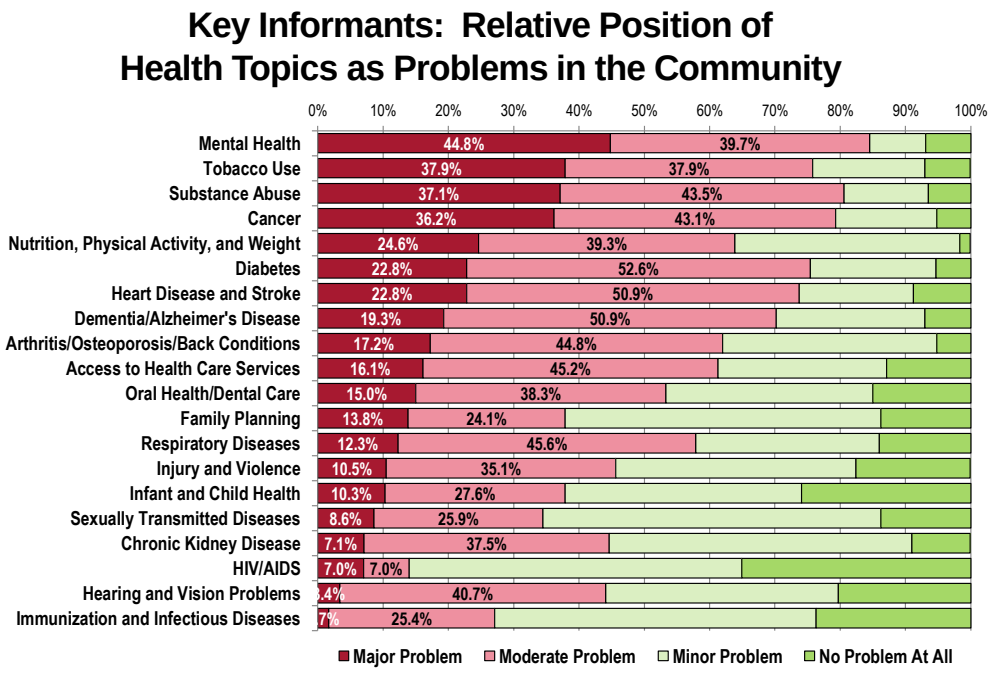
Identified Health Needs of the Community

The following "areas of opportunity" represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in Healthy People 2020. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

Areas of Opportunity Identified Through This Assessment	
Access to Healthcare Services	• Lack of Health Insurance • Primary Care Physician Ratio • Health Professional Shortage Area Designation
Cancer	• Colorectal Cancer Incidence • Female Breast Cancer Screening • Cervical Cancer Screening • Colorectal Cancer Screening • *Cancer ranked as a top concern in the Online Key Informant Survey.*
Diabetes	• Diabetes Prevalence
Heart Disease & Stroke	• Heart Disease Deaths • Stroke Deaths
Infant Health & Family Planning	• Infant Mortality • Teen Births
Injury & Violence	• Unintentional Injury Deaths
Mental Health	• Suicide Deaths • *Mental Health ranked as a top concern in the Online Key Informant Survey.*
Nutrition, Physical Activity & Weight	• Low Food Access • Obesity [Adults] • Leisure-Time Physical Activity • Access to Recreation/Fitness Facilities
Respiratory Diseases	• Lung Disease Deaths • Pneumonia Vaccination [65+]
Sexually Transmitted Diseases	• Gonorrhea Incidence • Chlamydia Incidence
Substance Abuse	• Excessive Drinking • *Substance Abuse ranked as a top concern in the Online Key Informant Survey.*
Tobacco Use	• Cigarette Smoking Prevalence • *Tobacco Use ranked as a top concern in the Online Key Informant Survey.*

Key Informant Rankings

Through the PRC Online Key Informant Survey, community stakeholders were presented with 20 health topics and asked to rate each as a "major problem," a "moderate problem," a "minor problem," or "not a problem at all" in their own community. In reviewing "major problem" responses, the following were ranked as top concerns for the Frances Mahon Deaconess Hospital Service Area: mental health, tobacco use, substance abuse, and cancer.



Prioritization of Health Needs

On Wednesday, May 25, 2016, internal and external stakeholders of Frances Mahon Deaconess Hospital met to evaluate, discuss and prioritize health issues for the community, based on findings of the 2016 PRC Community Health Needs Assessment (CHNA). The meeting began with a presentation of key findings from the CHNA, highlighting the significant health issues identified from the research (see Areas of Opportunity above) and input from community stakeholders (key informants).

Following the data review, attendees were provided worksheets that asked them to consider two criteria: 1) the **scope and severity** of each of the significant health needs presented; and 2) the ability of Frances Mahon Deaconess Hospital to have a significant **impact** on each. This exercise informed the dialogue that followed. Through discussion, a consensus was reached to establish the following as priorities for Frances Mahon Deaconess Hospital to include in its Implementation Strategy to address the top health needs of the community in the coming years:

1. **Heart Disease & Stroke**
2. **Nutrition, Physical Activity & Weight**
3. **Mental Health**

Additional significant health needs that emerged from this Community Health Needs Assessment are outlined below. These will not be specifically addressed in the Implementation Strategy, although some may be addressed in some way through addressing access to healthcare services.

- Tobacco Use
- Infant Health & Family Planning
- Diabetes
- Substance Abuse
- Cancer
- Respiratory Diseases
- Access to Healthcare Services
- Sexually Transmitted Diseases
- Injury & Violence

Secondary Data Tables: Comparisons With Benchmark Data

The following tables provide an overview of secondary data indicators in the Total Service Area. These data are grouped to correspond with the Topic Areas presented in Healthy People 2020 and the areas addressed in the Online Key Informant Survey.

Reading the Summary Tables

In the following charts, Total Service Area results are shown in the larger, blue column.

The columns to the right of the Total Service Area column provide comparisons between local data and any available state and national findings, and Healthy People 2020 targets. Symbols indicate whether the Total Service Area compares favorably (☀), unfavorably (🌧), or comparably (☁) to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.

Social Determinants	Total Service Area	Total Service Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
Linguistically Isolated Population (Percent)	0.1	☀ 0.4	☀ 4.8	
Population in Poverty (Percent)	19.2	🌧 15.3	🌧 15.4	
Population Below 200% FPL (Percent)	39.4	🌧 36.0	🌧 34.2	
Children Below 200% FPL (Percent)	52.1	🌧 44.4	🌧 43.8	
No High School Diploma (Age 25+, Percent)	11.3	🌧 7.9	☀ 14.0	
Unemployment Rate (Age 16+, Percent)	3.4	☀ 3.7	☀ 4.8	
		☀ better	☁ similar	🌧 worse

Overall Health	Total Service Area	Total Service Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
"Fair/Poor" Overall Health (Percent)	17.2	14.4	16.2	
		better	similar	worse

Access to Health Services	Total Service Area	Total Service Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
Uninsured (% Adults 18-64)	30.2	23.5	20.4	0.0
Primary Care Doctors per 100,000	49.3	76.6	74.5	
Live in a Health Professional Shortage Area (Percent)	100.0	55.8	34.1	
		better	similar	worse

Cancer	Total Service Area	Total Service Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
Cancer (Age-Adjusted Death Rate)	163.5	159.5	168.9	161.4
Prostate Cancer Incidence per 100,000	133.1	133.5	131.7	
Female Breast Cancer Incidence per 100,000	113.0	124.2	123.0	
Lung Cancer Incidence per 100,000	51.8	58.6	63.7	
Colorectal Cancer Incidence per 100,000	60.3	41.3	41.9	39.9

Cancer (continued)	Total Service Area	Total Service Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
Mammogram in Past 2 Years (% Medicare Women 67-69)	49.8	64.2	63.0	81.1
Pap Test in Past 3 Years (% Women 18+)	66.7	71.9	77.6	93.0
Sigmoidoscopy/Colonoscopy Ever (% 50+)	44.6	54.2	61.3	
		better	similar	worse

Diabetes	Total Service Area	Total Service Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
Diabetes Prevalence (Percent)	10.9	7.8	9.9	
		better	similar	worse

Family Planning	Total Service Area	Total Service Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
Teen Births per 1,000 (Age 15-19)	66.7	34.8	36.6	
		better	similar	worse

Heart Disease & Stroke	Total Service Area	Total Service Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
Diseases of the Heart (Age-Adjusted Death Rate)	223.5	154.2	175.0	
Stroke (Age-Adjusted Death Rate)	57.0	37.9	37.9	34.8
		better	similar	worse

Immunization & Infectious Diseases	Total Service Area	Total Service Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
Pneumonia Vaccination (% 65+)	62.2	71.2	67.4	90.0
		better	similar	worse

Injury & Violence Prevention	Total Service Area	Total Service Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
Unintentional Injury (Age-Adjusted Death Rate)	92.8	56.1	38.6	36.4
Violent Crime per 100,000	251.2	277.9	395.5	
		better	similar	worse

Maternal, Infant & Child Health	Total Service Area	Total Service Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
Low Birthweight Births (Percent)	6.0	7.3	8.2	7.8
Infant Death Rate	9.8	6.2	6.5	6.0
		better	similar	worse

Mental Health & Mental Disorders	Total Service Area	Total Service Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
Suicide (Age-Adjusted Death Rate)	53.5	22.4	12.3	10.2
		better	similar	worse

Nutrition & Weight Status	Total Service Area	Total Service Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
<5 Fruits/Vegetables Per Day (Percent)	78.6	74.8	75.7	
Population With Low Food Access (Percent)	52.2	26.9	23.6	
Obese (Percent of Adults 20+)	30.5	24.2	27.1	30.5
		better	similar	worse

Physical Activity	Total Service Area	Total Service Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
No Leisure-Time Physical Activity (Percent)	28.3	21.2	22.6	32.6
		better	similar	worse

Respiratory Diseases	Total Service Area	Total Service Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
Lung Disease (Age-Adjusted Death Rate)	61.5	51.0	42.2	
		better	similar	worse

Sexually Transmitted Diseases	Total Service Area	Total Service Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
Gonorrhea Incidence per 100,000	183.1	10.8	107.5	
Chlamydia Incidence per 100,000	790.8	383.4	456.7	
		better	similar	worse

Substance Abuse	Total Service Area	Total Service Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
Excessive Drinking (Percent)	22.2	18.8	16.4	25.4
		better	similar	worse

Tobacco Use	Total Service Area	Total Service Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
Current Smokers (Percent)	21.0	18.1	17.8	12.0
		better	similar	worse

Community Description

Professional Research Consultants, Inc.

Population Characteristics

Total Population

The Frances Mahon Deaconess Hospital Service Area, the focus of this Community Health Needs Assessment, encompasses 13,843.20 square miles and houses a total population of 24,113 residents, according to latest census estimates.

Total Population
(Estimated Population, 2009-2013)

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Total Service Area	24,113	13,843.20	1.74
Montana	998,554	145,507.56	6.86
United States	311,536,591	3,530,997.6	88.23

Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved January 2016 from Community Commons at http://www.chna.org.

Population Change 2000-2010

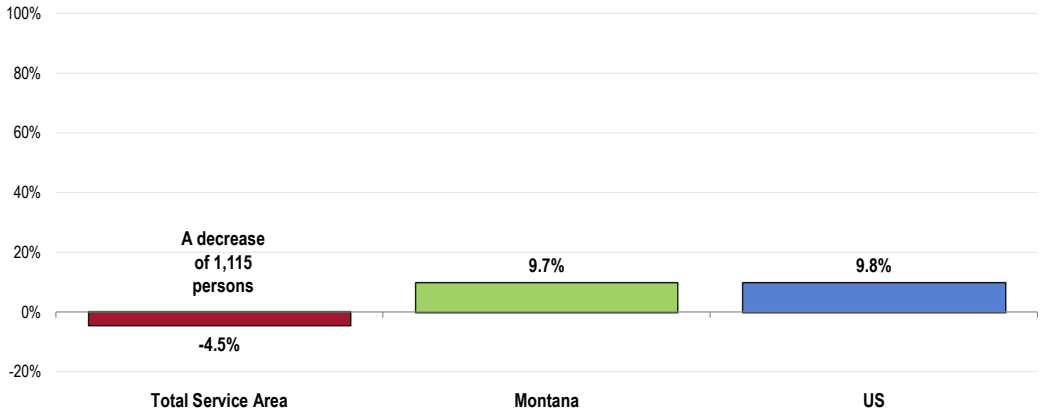
A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

Between the 2000 and 2010 US Censuses, the population of the Total Service Area decreased by 1,115 persons, or 4.5%.

- Both the Montana and US populations increased during this time.

Change in Total Population

(Percentage Change Between 2000 and 2010)

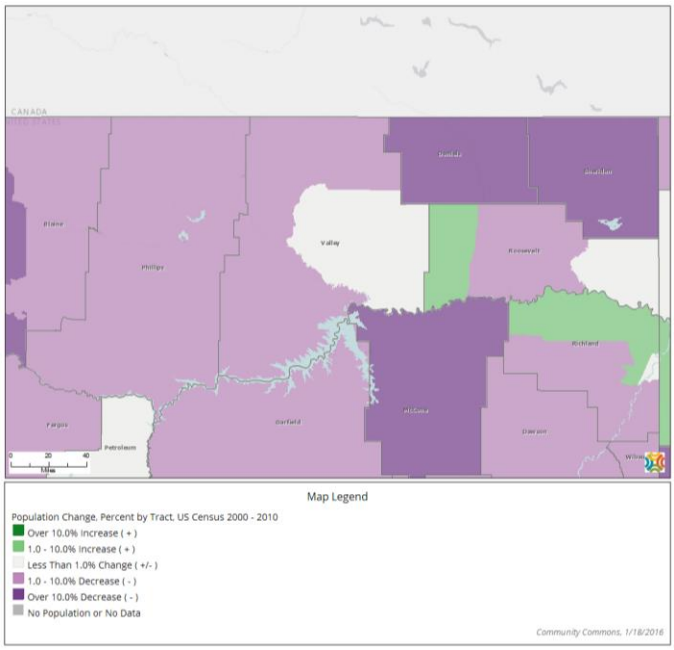


Sources:
- US Census Bureau Decennial Census (2000-2010).
- Retrieved January 2016 from Community Commons at http://www.chna.org.

Notes:
- A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

Note that the greatest proportional decrease in population occurred in Daniels County and that portions of western Roosevelt County actually increased in population.

Population Change, Percent by Tract, US Census 2000-2010



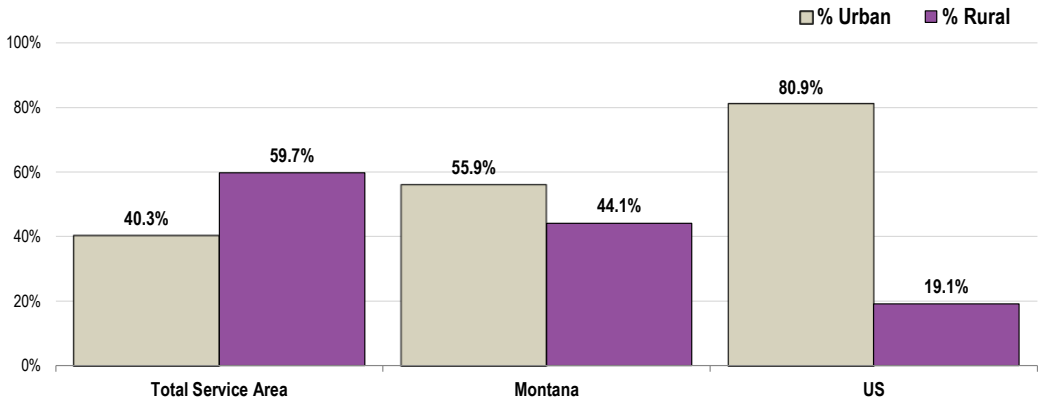
Urban/Rural Population

Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

The Total Service Area is predominantly rural, with 59.7% of the population living in communities designated as rural.

- In contrast, over 50% of the state population and over 80% of the national population lives in urban areas.

Urban and Rural Population
(2010)

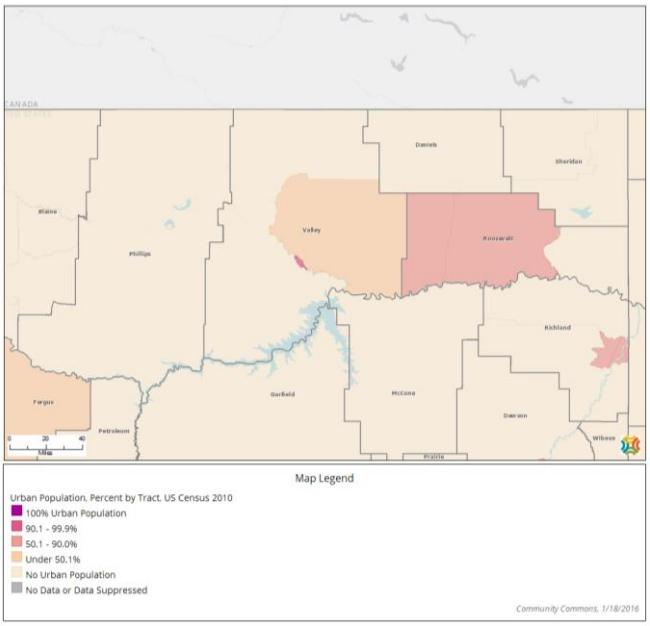


Sources:
- US Census Bureau Decennial Census (2010).
- Retrieved January 2016 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

- Note the following map outlining the urban population in the service area census tracts as of 2010.

Urban Population, Percent by Tract, US Census 2010



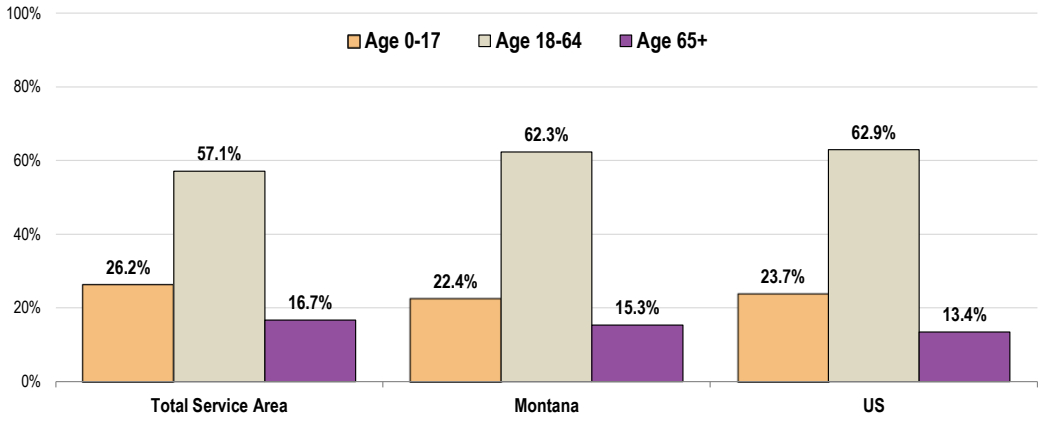
Age

It is important to understand the age distribution of the population, as different age groups have unique health needs which should be considered separately from others along the age spectrum.

In the Total Service Area, 26.2% of the population are infants, children or adolescents (age 0-17); another 57.1% are age 18 to 64, while 16.7% are age 65 and older.

- The percentage of older adults (65+) is slightly higher than found statewide or nationally.

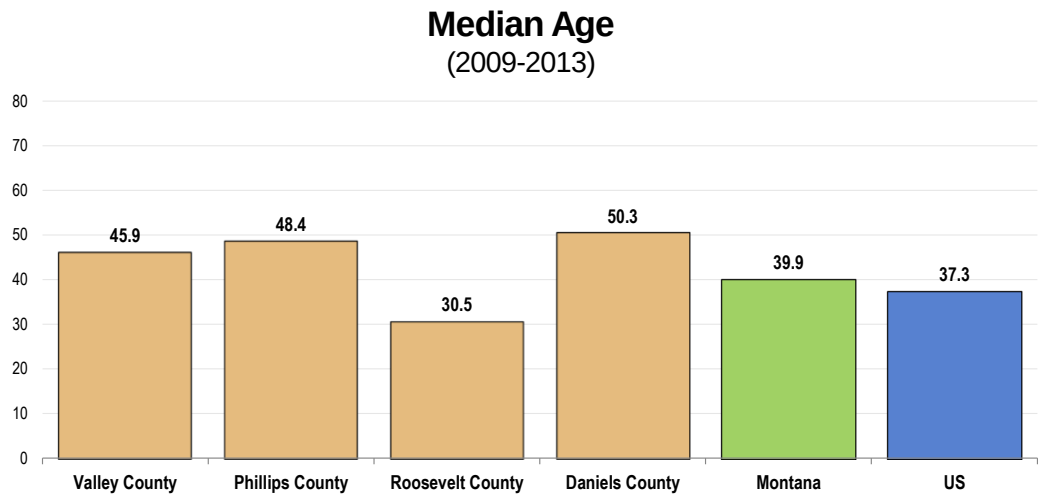
Total Population by Age Groups, Percent
(2009-2013)



Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved January 2016 from Community Commons at http://www.chna.org.

Median Age

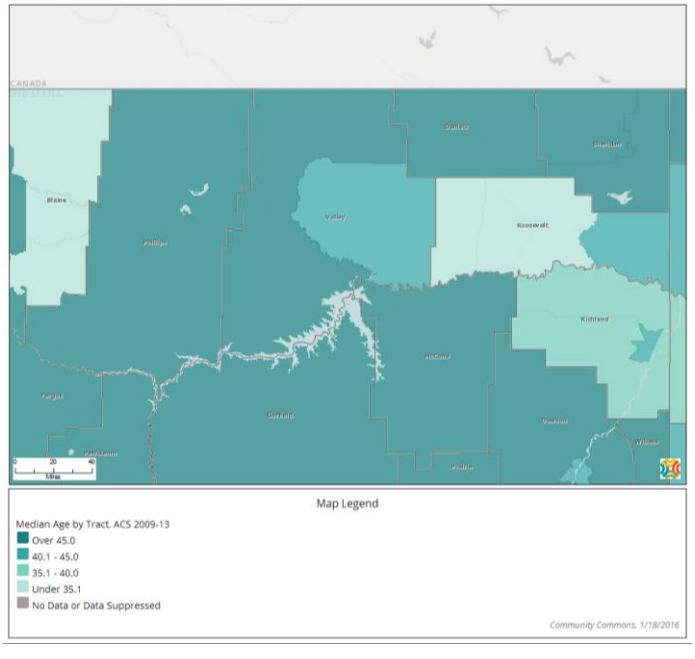
The Total Service Area is "older" than the state and the nation in that the median ages for three out of the four counties are all higher.



Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved January 2016 from Community Commons at http://www.chna.org.

- The following map provides an illustration of the median age in the service area, segmented by census tract.

Median Age, by Tract, ACS 2009-2013



Race & Ethnicity

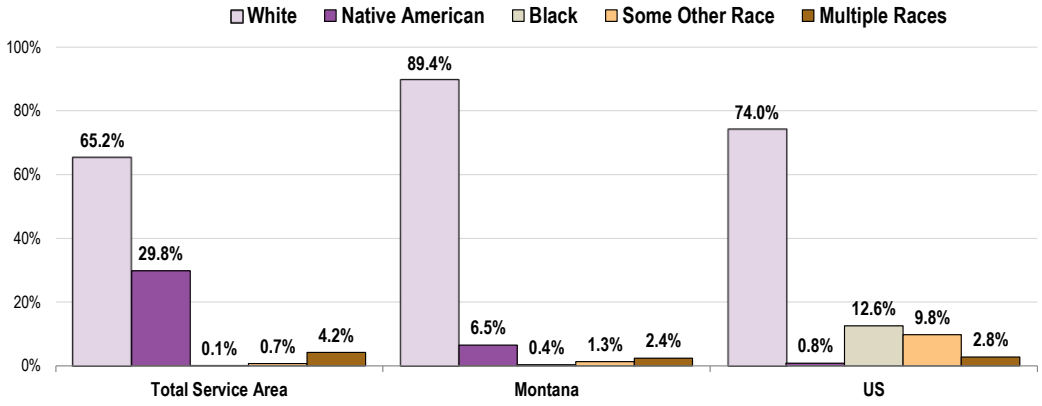
Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 65.2% of residents of the Total Service Area are White and 29.8% are Native American.

- Population across the state is much more White and much less Native American.
- Nationally, the US population is more White, Black, and "other" race but much less Native American.

Total Population by Race Alone, Percent

(2009-2013)



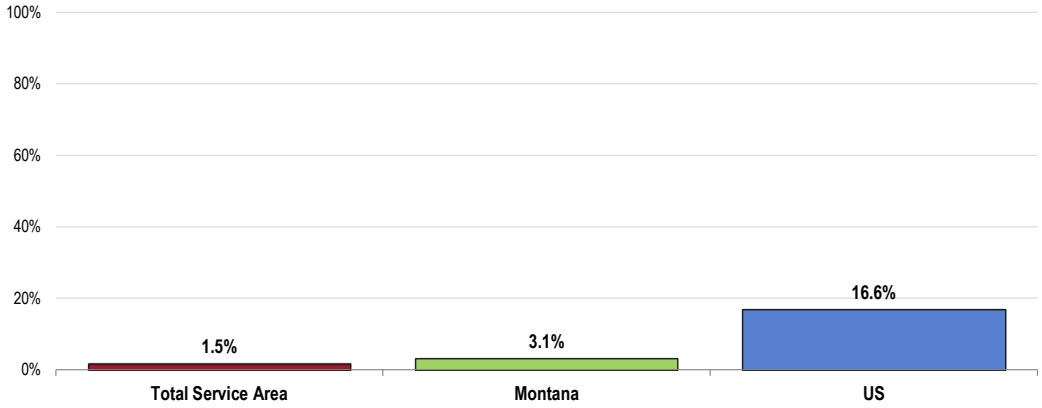
Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved January 2016 from Community Commons at http://www.chna.org.

Ethnicity

A total of 1.5% of service area residents are Hispanic or Latino.

- Lower than found statewide.
- Much lower than found nationally.

Percent Population Hispanic or Latino
(2009-2013)

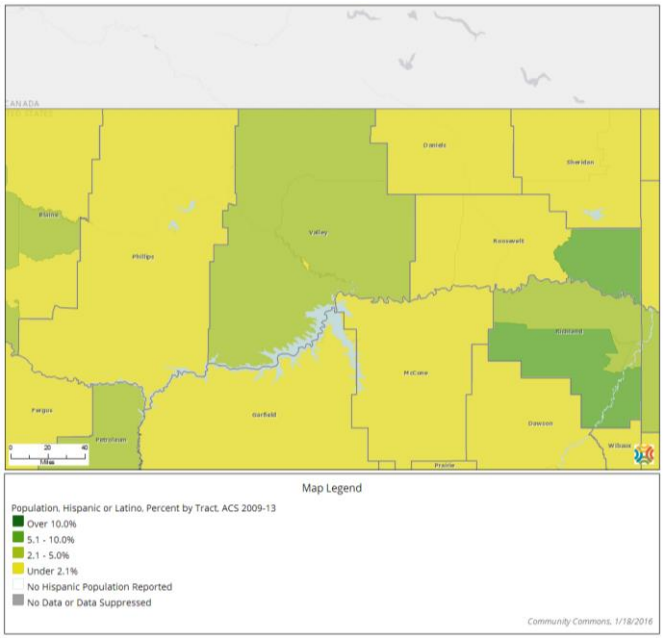


Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved January 2016 from Community Commons at http://www.chna.org.

Notes:
- Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

- The Hispanic population appears to be most concentrated in Valley County and eastern Roosevelt County.

Population Hispanic or Latino, Percent by Tract, ACS 2009-2013

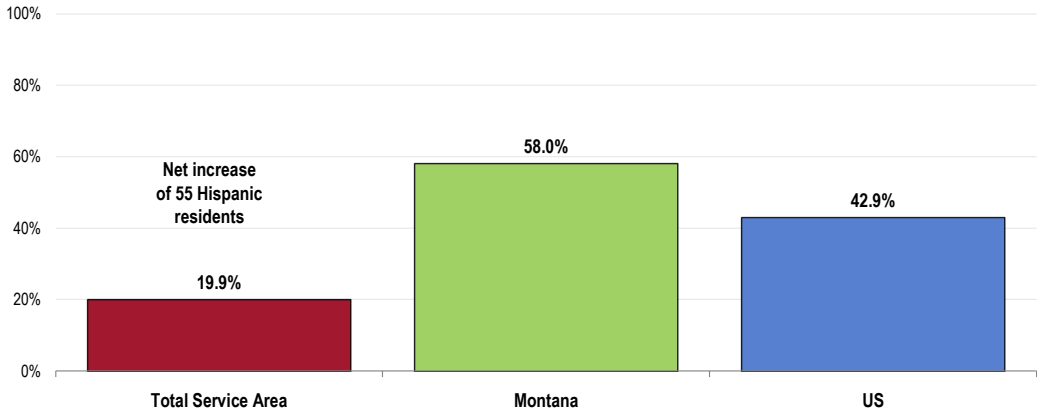


Between 2000 and 2010, the Hispanic population in the Total Service Area increased by 55 residents or 19.9%.

- Considerably lower (in terms of percentage growth) than found statewide.
- Lower (in terms of percentage growth) than found nationally.

Hispanic Population Change

(Percentage Change in Hispanic Population Between 2000 and 2010)



Sources:
- US Census Bureau Decennial Census (2000-2010).
- Retrieved January 2016 from Community Commons at http://www.chna.org.

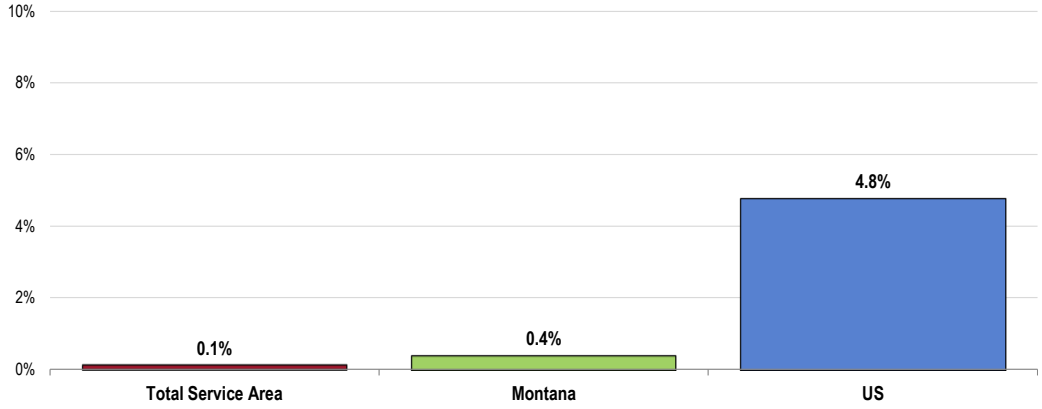
Linguistic Isolation

A low 0.1% of the Total Service Area population age 5 and older live in a home in which no persons age 14 or older is proficient in English (speaking only English, or speaking English "very well").

- Lower than that found statewide.
- Much lower than found nationally.

Linguistically Isolated Population

(2009-2013)

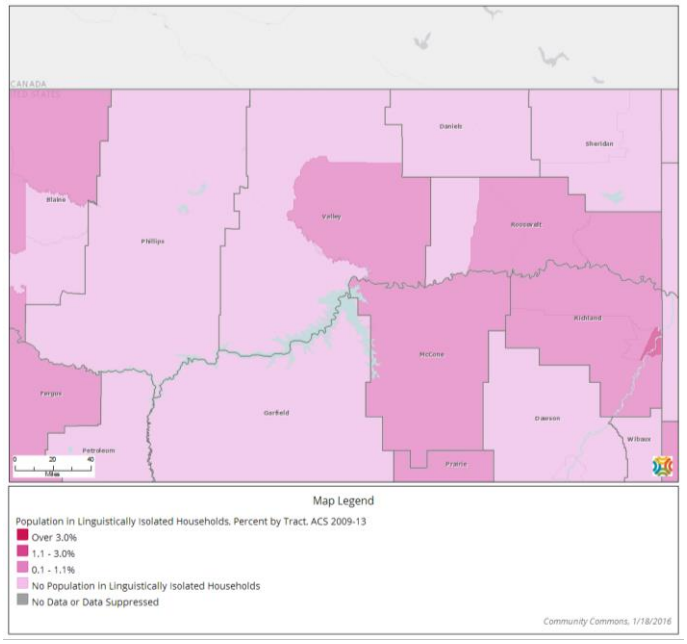


Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved January 2016 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of the population aged 5 and older who live in a home in which no person 14 years old and over speaks only English, or in which no person 14 years old and over speak a non-English language and speak English "very well."

- Note the following map illustrating linguistic isolation in the service area.

Population in Linguistically Isolated Households, Percent by Tract, ACS 2009-2013



Social Determinants of Health

About Social Determinants

Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.

- Healthy People 2020 (www.healthypeople.gov)

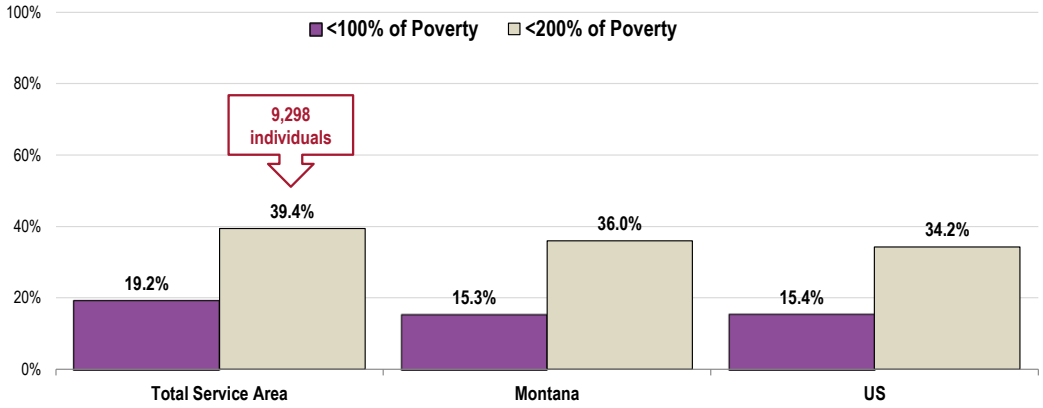
Poverty

The latest census estimate shows 19.2% of the Total Service Area population living below the federal poverty level. In all, 39.4% of service area residents (an estimated 9,298 individuals) live below 200% of the federal poverty level.

- Above the proportion reported statewide.
- Above the proportion found nationally.

Population in Poverty

(Populations Living Below 100% and Below 200% of the Poverty Level; 2009-2013)

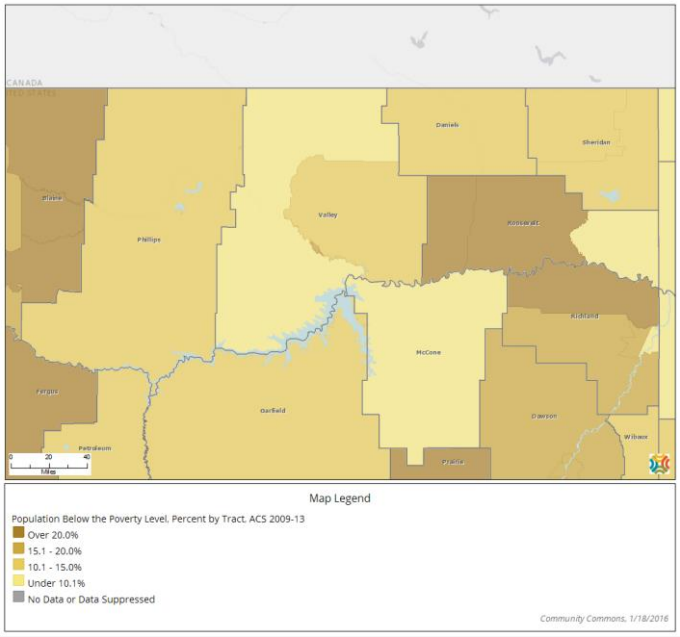


Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved January 2016 from Community Commons at http://www.chna.org.

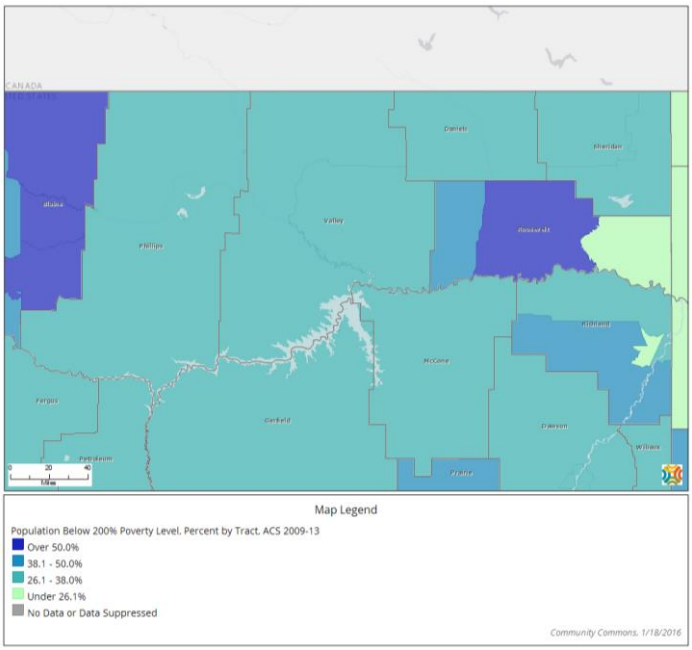
Notes:
- Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

- Census tracts in the west and central portions of Roosevelt County exhibit the highest concentration of poverty as well as higher concentrations of persons living below the 200% poverty threshold.

Population Below the Poverty Level, Percent by Tract, ACS 2009-2013



Population Below 200% of Poverty, Percent by Tract, ACS 2009-2013



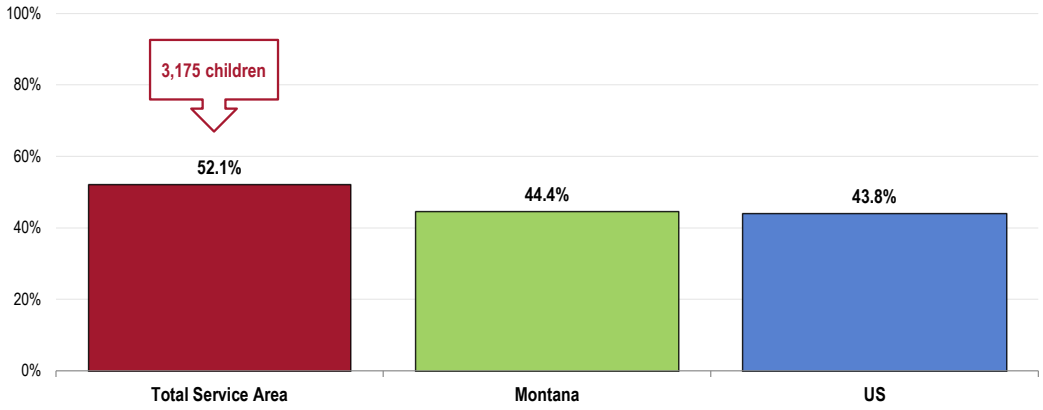
Children in Low-Income Households

Additionally, over one-half (52.1%) of Total Service Area children age 0-17 (representing an estimated 3,175 children) live below the poverty threshold.

- Less favorable than the proportion found statewide.
- Less favorable than that found nationally.

Percent of Children in Low-Income Households

(Children 0-17 Living Below 200% of the Poverty Level, 2009-2013)

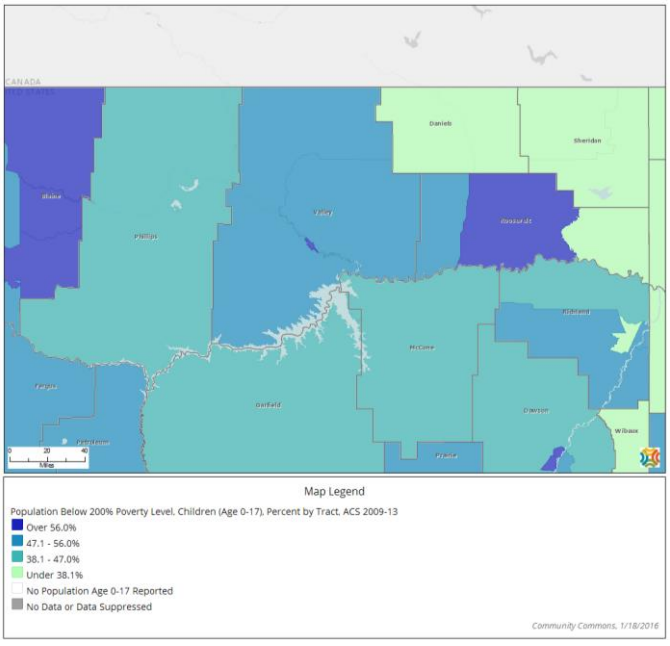


Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved January 2016 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of children aged 0-17 living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

- Geographically, a notably higher concentration of children in lower-income households is found in census tracts throughout central and eastern Roosevelt County.

Children (0-17) Living Below 200% of Poverty, Percent by Tract, ACS 2009-2013



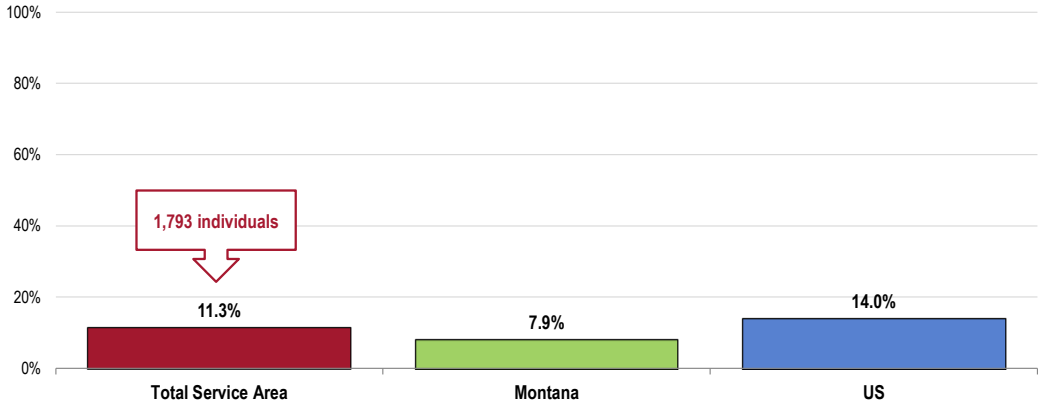
Education

Among the Total Service Area population age 25 and older, an estimated 11.3% (over 1,700 individuals) do not have a high school diploma.

- Less favorable than found statewide.
- More favorable than found nationally.

Population With No High School Diploma

(Population Age 25+ Without a High School Diploma or Equivalent, 2009-2013)

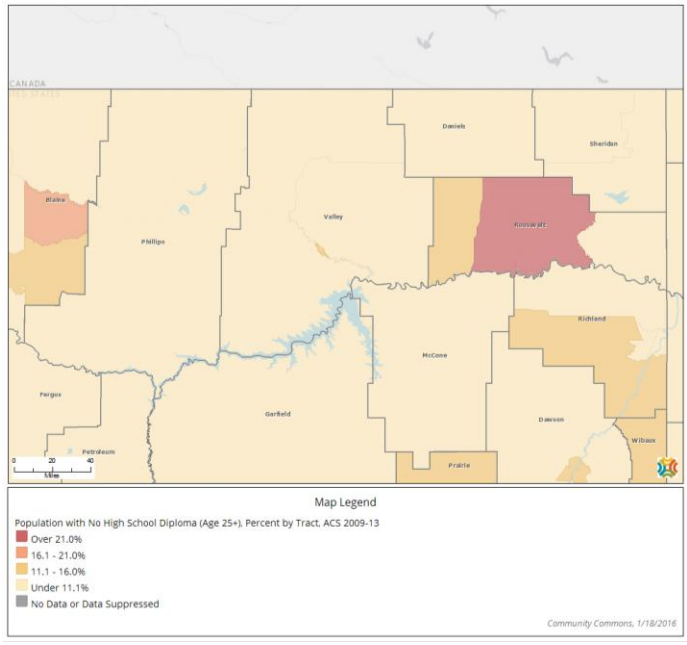


Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved January 2016 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because educational attainment is linked to positive health outcomes.

- Geographically, this indicator is more concentrated in census tracts in central Roosevelt County.

Population With No High School Diploma, Percent by Tract, ACS 2009-2013



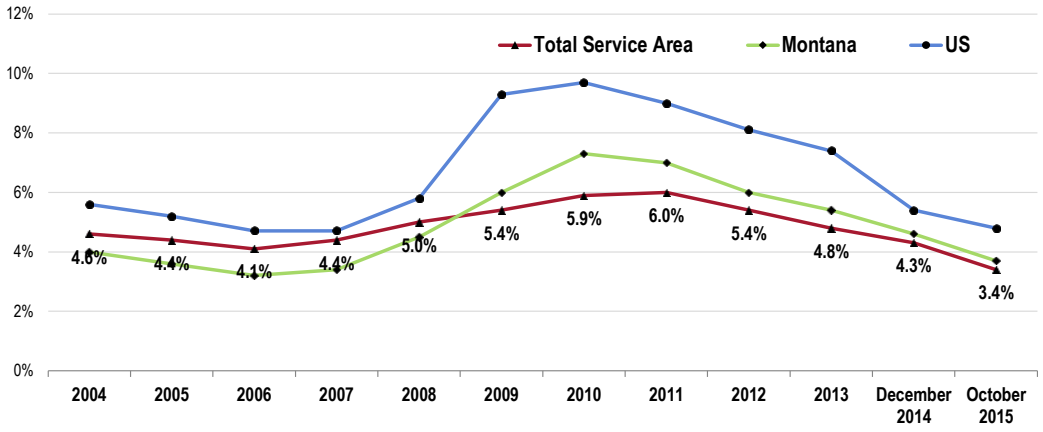
Employment

According to data derived from the US Department of Labor, the unemployment rate in the Total Service Area in October 2015 was 3.4%.

- Slightly better than the statewide unemployment rate.
- Better than the national unemployment rate.
- TREND: Over the past ten years, the service area unemployment rate dropped to below that found statewide, and has trended downward since 2011, echoing the state and national trends.

Unemployment Rate

(Percent of Civilian Non-Institutionalized Population Age 16+ Unemployed, Not Seasonally-Adjusted)



Sources:
- US Department of Labor, Bureau of Labor Statistics.
- Retrieved January 2016 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

General Health Status

Professional Research Consultants, Inc.

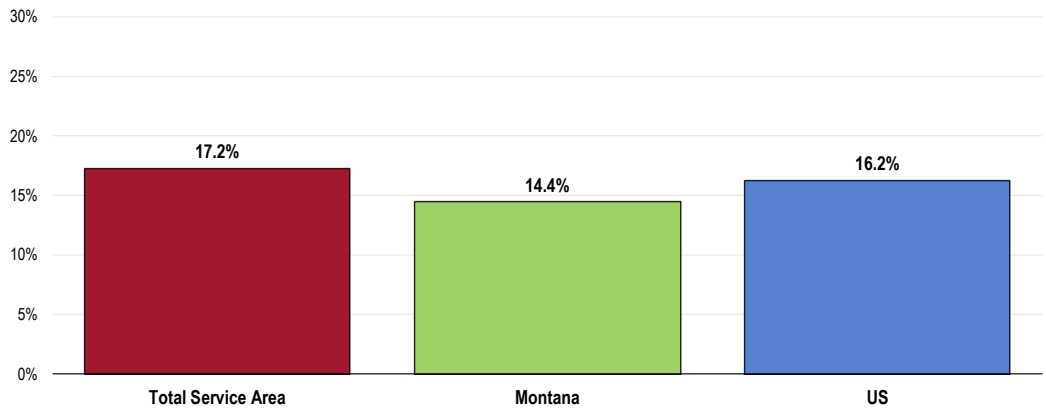
Overall Health Status

Self-Reported Health Status

A total of 17.2% of Total Service Area adults rate their overall health as "fair" or "poor."

- Higher than statewide findings.
- Slightly higher than the national percentage.

Adults With Fair or Poor Health
(2006-2012)



Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (2006-12). Accessed via the Health Indicators Warehouse.
- Retrieved January 2016 from Community Commons at http://www.chna.org.

Notes:
- Local, state and national data are simple averages.
- This indicator is relevant because it is a measure of general poor health status.

Mental Health

RELATED ISSUE:

See also *Potentially Disabling Conditions* in the **Death, Disease & Chronic Conditions** section of this report.

About Mental Health & Mental Disorders

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders. Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases.

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: **risk factors**, which predispose individuals to mental illness; and **protective factors**, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The major areas of progress include evidence that:

- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
- The incidence of depression among pregnant women and adolescents can be reduced.
- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.
- There are potential indicated preventive interventions for schizophrenia.
- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.
- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression in children and increasing effective parenting.
- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.
- Implementation is complex, it is important that interventions be relevant to the target audiences.
- In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

- Healthy People 2020 (www.healthypeople.gov)

Suicide

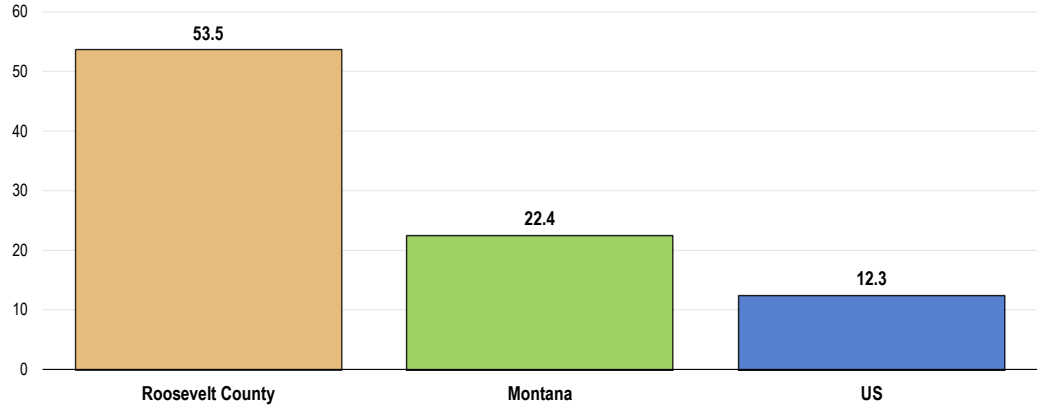
Between 2009 and 2013, there was an annual average age-adjusted suicide rate of 53.5 deaths per 100,000 population in Roosevelt County (data not available for other service area counties).

- Much higher than the statewide rate.
- More than four times the national rate.
- Fails to satisfy the Healthy People 2020 target of 10.2 or lower.

Suicide: Age-Adjusted Mortality

(2009-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 10.2 or Lower



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2009-13. Accessed using CDC WONDER.
- Retrieved January 2016 from Community Commons at http://www.chna.org.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-1]

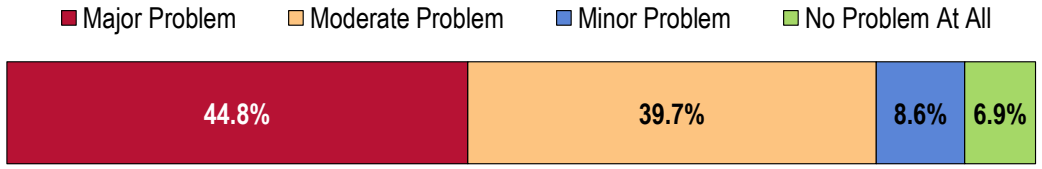
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple five-year averages.

Key Informant Input: Mental Health

The greatest share of key informants taking part in an online survey characterized *Mental Health* as a "major problem" in the community.

Perceptions of Mental Health as a Problem in the Community

(Key Informants, 2016)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Lack of Specialized Providers/Services

Lack of qualified providers for therapy, even in suicidal situations. - Community/Business Leader (Roosevelt County)

Very underserved with not enough providers. Still too expensive for many of the patients who need it most to be able to really have access. - Other Health Provider (Valley County)

Patients with mental health disorders do not have qualified people to make appointments with. There seems to be a shortage in this profession. - Community/Business Leader (Valley County)

Not enough therapists and counselors in the area. No mental health facilities locally that can offer more one on one treatment options. - Other Health Provider (Valley County)

We have inadequate mental health services available. - Other Health Provider (Valley County)

Individuals being assessed and diagnosed with mental illness, and access to mental services in our community. - Community/Business Leader (Valley County)

For those residents 18 and over, I believe that there is as much as any small community can expect from the programs that are available. There is little, if anything, that is available locally for children newborn to age 18. There are programs in Eastern Montana, but they must travel hundreds of miles to receive these services. Unfortunately, once labeled, this follows them throughout the course of their life, growing up in this community. It is "who you are," not "what can be done for everyone?" - Community/Business Leader (Valley County)

Lack of community mental health services. Primary care providers don't have time or training to deal with mentally ill people. We have no psychiatrists. We have no child development specialists. Telemedicine is helpful, but not good enough. There are no safe rooms to keep suicidal people. Ambulance services are BLS-trained and don't like to transport some of the mentally ill people to far away destination that accept the patients. In general, mentally ill people are misunderstood and often not identified. Preventive care and weekly maintenance care is not available so the mentally ill people live from crisis to crisis and sometimes end up in jail. - Physician (Daniels County)

Phillips County has virtually no presence in this field whatsoever. This is a growing problem throughout our county, and there is no treatment available. Those who are able to travel to treatment in Havre, Billings, must wait months for an appointment to be available. - Physician (Phillips County)

There is a lack of willingness to follow up for mental health, and a lack of resources. However, this has improved. - Social Services Provider (Valley County)

Lack of available and/or convenient treatment. - Community/Business Leader (Phillips County)

Access to Care/Services

Availability to receive help and monitoring with medications. - Other Health Provider (Valley County)

Access to care. - Public Health Representative (Daniels County)

Funding sources. Stigma. Lack of emergency response services. Lack of professionals. - Public Health Representative (Valley County)

Getting them into a facility. - Social Services Provider (Valley County)

Stigma

Mental health care in this part of the country is still considered as a resource for the weak and "crazy." People often do not want to be identified going into this building even though other businesses are located here. Though many attitudes are changing with time, it is still a slow process. And, frankly, changing chaotic behavior is initially scarier than keeping it as the norm. It is not easy to set and keep boundaries with others once key needs are identified. Often others, who initially are supportive of change, become angry when boundaries are imposed on them; the process can stall and become frustrating. Promoting supportive attitudes in the community about mental health would assist in the change process, especially when it gets vulnerable and dicey. - Community/Business Leader (Valley County)

> *The stigma associated with mental health problems, and reluctance to get help from professionals. Emergency help, diagnosis, and distance to such help. Number of jail inmates who have mental health problems. Lack of inpatient facilities in eastern Montana. Lack of funding for mental health. Seems that many who have such problems do not have insurance or funds to afford longer term care. Cost of what emergency inpatient care that is available. - Other Health Provider (Valley County)*

Aging Community

> *Older generation which makes up a larger proportion of the county is generally stoic in nature and less likely to recognize or accept help, let alone seek help for this. Daniels County does not have any mental health counselors. - Other Health Provider (Daniels County)*

Death, Disease & Chronic Conditions

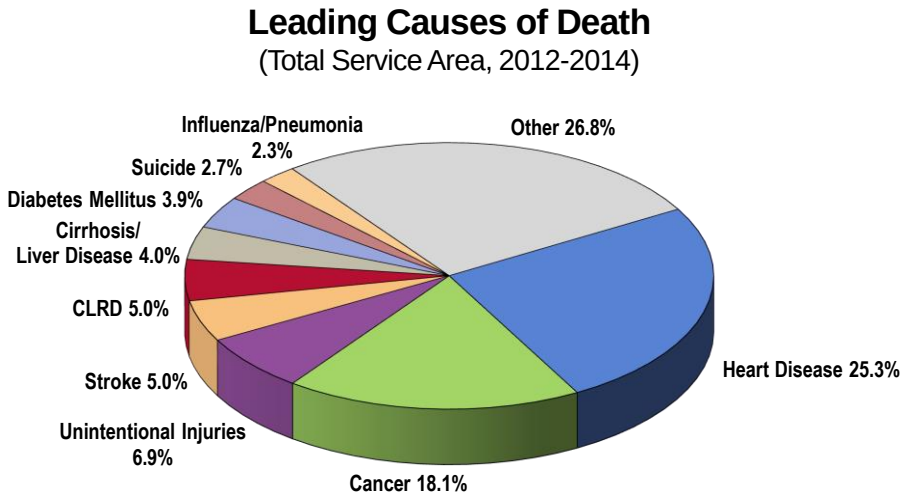
Professional Research Consultants, Inc.

Leading Causes of Death

Distribution of Deaths by Cause

Together, cardiovascular disease (*heart disease* and *stroke*) and *cancers* accounted for nearly one-half (48.4%) of all deaths in the Total Service Area between 2012 and 2014.

These, in addition to *unintentional injury* and *chronic lower respiratory disease* (CLRD) make up the top five leading causes of death.



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2016

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- CLRD is chronic lower respiratory disease.

Cardiovascular Disease

About Heart Disease & Stroke

Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than $500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the US population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use.

The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:

- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

Disease does not occur in isolation, and cardiovascular disease is no exception. Cardiovascular health is significantly influenced by the physical, social, and political environment, including: maternal and child health; access to educational opportunities; availability of healthy foods, physical education, and extracurricular activities in schools; opportunities for physical activity, including access to safe and walkable communities; access to healthy foods; quality of working conditions and worksite health; availability of community support and resources; and access to affordable, quality healthcare.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

Age-Adjusted Death Rates

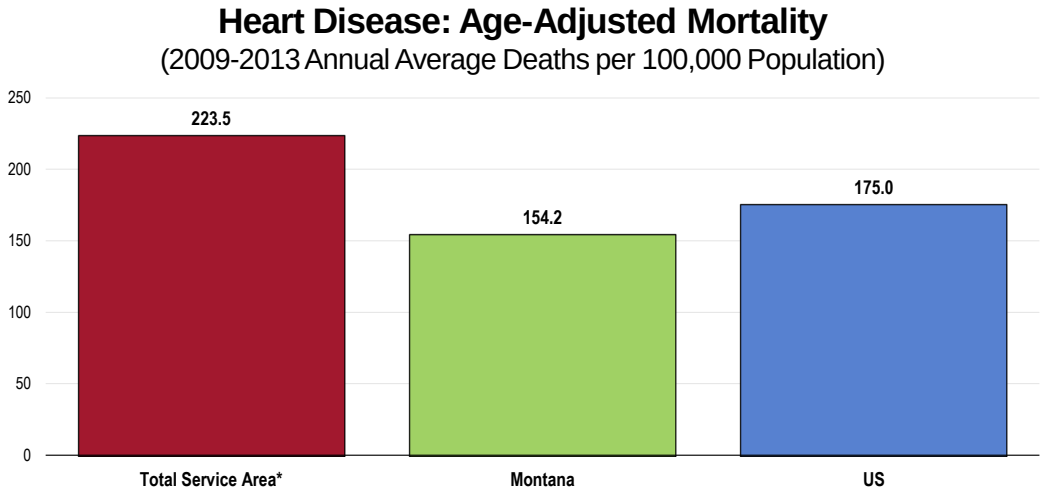
In order to compare mortality in the region with other localities (in this case, Montana and the United States), it is necessary to look at *rates* of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these “age-adjusted” rates provides the most valuable means of gauging mortality against benchmark data, as well as *Healthy People 2020* targets.

Heart Disease Deaths

Between 2009 and 2013 there was an annual average age-adjusted heart disease mortality rate of 223.5 deaths per 100,000 population in the Total Service Area.

- Notably less favorable than the statewide rate.
- Notably less favorable than the national rate.



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2009-13. Accessed using CDC WONDER.
- Retrieved January 2016 from Community Commons at http://www.chna.org.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple five-year averages.
- *Total Service Area data does not include Daniels County.

Stroke Deaths

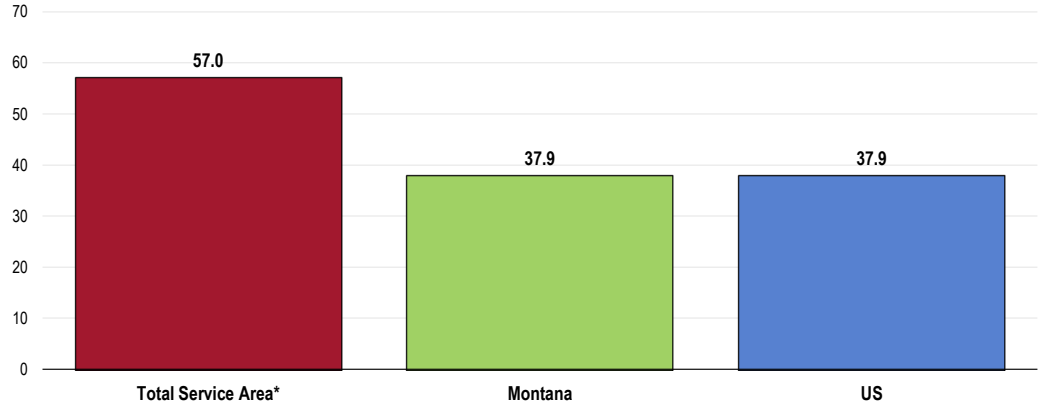
Between 2009 and 2013, there was an annual average age-adjusted stroke mortality rate of 57.0 deaths per 100,000 population in the Total Service Area.

- Much less favorable than the Montana rate.
- Much less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target of 34.8 or lower.

Stroke: Age-Adjusted Mortality

(2009-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 34.8 or Lower



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2009-13. Accessed using CDC WONDER.
- Retrieved January 2016 from Community Commons at http://www.chna.org.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

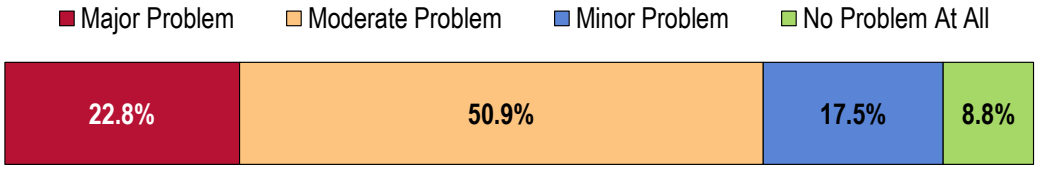
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple five-year averages.
- *Total Service Area data includes Valley and Roosevelt counties.

Key Informant Input: Heart Disease & Stroke

Around one-half of key informants taking part in an online survey characterized *Heart Disease & Stroke* as a "moderate problem" in the community.

Perceptions of Heart Disease and Stroke as a Problem in the Community

(Key Informants, 2016)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Distance to Treatment

Travel distance to see cardiologists and stroke physicians. - Public Health Representative (Daniels County)

Very common to hear about people being flown for heart attack. - Community/Business Leader (Valley County)

Get flown to Billings or other major hospital. - Physician (Valley County)

Prevalence/Incidence

The statistical data from the CDC indicates that the mortality rate due to cardiovascular disease in Valley County is significantly elevated in comparison with the rest of the state and nation. - Other Health Provider (Valley County)

Not unlike the rest of the country, the incidence of heart disease and stroke is high in Daniels County. I see lack of assertive education and support as problematic. Cardiac rehab is not available here. - Other Health Provider (Daniels County)

In the years I have resided here I have been affected by several deaths that have occurred because the patients were sent home with the flu or some other minor health issue and then suffered a heart attack or massive stroke. Again the aging population lends itself to these specific health conditions. - Community/Business Leader (Valley County)

Lack of Providers

No specialists. No cardiac rehab. We are more than three hours from a major stroke center. - Community/Business Leader (Daniels County)

Patients are not always referred or tested when presenting with heart or stroke symptoms. They are not getting specialist help when needed. - Community/Business Leader (Valley County)

Environment

High stress area to live. Harsh climate. Poor selection of fresh fruits and vegetables. Limited access to exercise choices such as swimming pool. Long transit times if heart attack or stroke victim need to be brought in my ambulance. Long distances flights to get to true coronary of neurological care. - Community/Business Leader (Roosevelt County)

Leading Cause of Death

Still most common cause of death, obesity rates don't help. Long distances from health care facilities and no cardiologists within 250 miles. - Other Health Provider (Valley County)

Cancer

About Cancer

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:

- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cancer Deaths

All Cancer Deaths

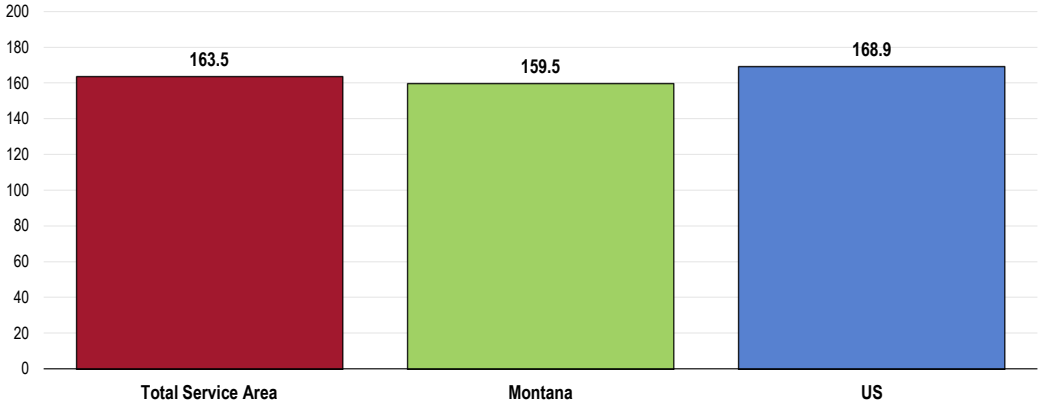
Between 2009 and 2013, there was an annual average age-adjusted cancer mortality rate of 163.5 deaths per 100,000 population in the Total Service Area.

- Similar to the statewide rate.
- Similar to the national rate.
- Statistically similar to the Healthy People 2020 target of 161.4 or lower.

Cancer: Age-Adjusted Mortality

(2009-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 161.4 or Lower



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2009-13. Accessed using CDC WONDER.
- Retrieved January 2016 from Community Commons at http://www.chna.org.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple five-year averages.

Cancer Incidence

Incidence rates reflect the number of newly diagnosed cases in a given population in a given year, regardless of outcome. Here, these rates are also age-adjusted.

"Incidence rate" or "case rate" is the number of new cases of a disease occurring during a given period of time.

It is usually expressed as cases per 100,000 population per year.

Between 2008 and 2012, the Total Service Area had an annual average age-adjusted incidence rate of prostate cancer of 133.1 cases per 100,000 population.

- Comparable to the statewide incidence rate.
- Comparable to the national incidence rate.

There was an annual average age-adjusted incidence rate of 113.0 female breast cancer cases per 100,000 in the service area.

- Below the statewide incidence rate.
- Below the national incidence rate.

There was an annual average age-adjusted incidence rate of colorectal cancer of 60.3 cases per 100,000 in the service area.

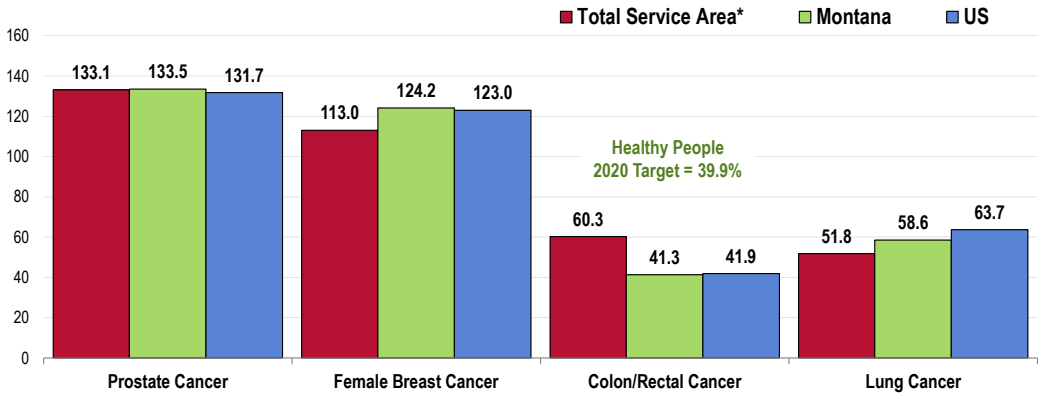
- Above the statewide incidence rate.
- Above the national incidence rate.
- Fails to satisfy the Healthy People 2020 target of 39.9 or lower.

There was an annual average age-adjusted incidence rate of 51.8 lung cancer cases per 100,000 in the service area.

- Better than the statewide incidence rate.
- Better than the national incidence rate.

Cancer Incidence Rates by Site

(Annual Average Age-Adjusted Incidence per 100,000 Population, 2008-2012)



Sources:
- State Cancer Profiles: 2008-12.
- Retrieved January 2016 from Community Commons at http://www.chna.org.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives C-9]

Notes:
- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.
- *Total Service Area data does not include Daniels County.

About Cancer Risk

Reducing the nation's cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
- According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.

- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Among service area women age 67-69 enrolled in Medicare, one-half (49.8%) had a mammogram within the past two years.

- Considerably lower than statewide findings.
- Considerably lower than national findings.
- Fails to satisfy the Healthy People 2020 target (81.1% or higher).

Among all service area women age 18+, two-thirds (66.9%) had a Pap test within the past three years.

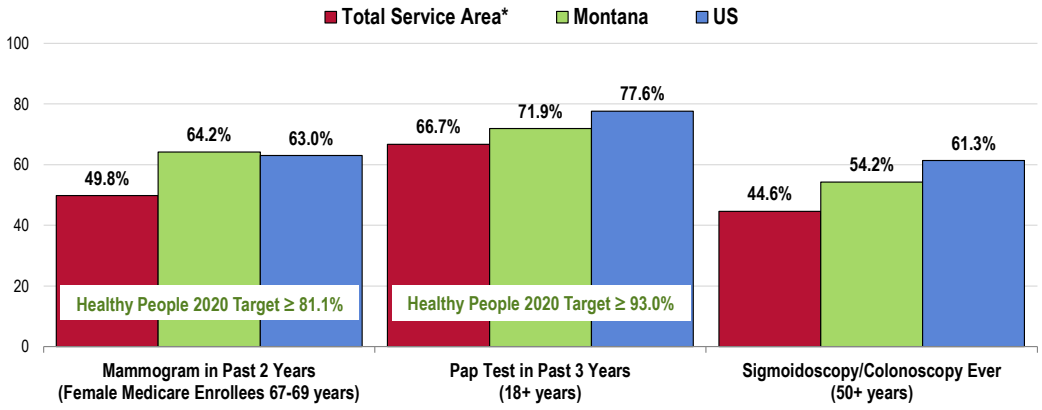
- Lower than Montana findings.
- Lower than national findings.
- Fails to satisfy the Healthy People 2020 target (93% or higher).

Among all service area adults age 50+, 44.6% have ever had sigmoidoscopy/ colonoscopy (lower endoscopy).

- Lower than statewide findings
- Notably lower than national findings.

Cancer Screenings

(2006-2012)

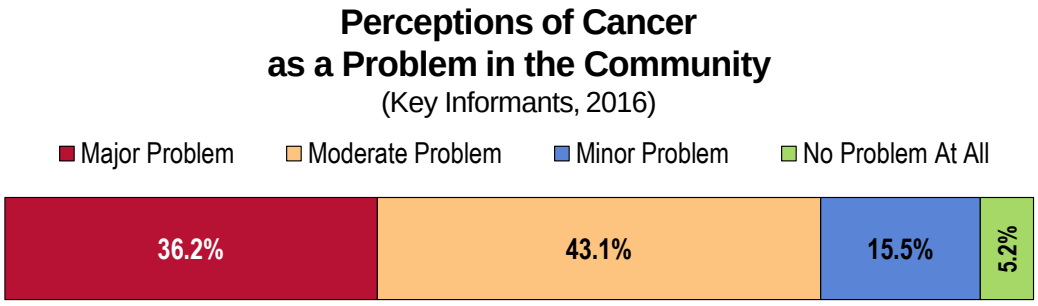


Sources:
- Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care (2012).
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (2006-12). Accessed via the Health Indicators Warehouse.
- Retrieved January 2016 from Community Commons at http://www.chna.org.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives C-15,17]

Notes:
- This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.
- *Total Service Area data does not include Daniels County.

Key Informant Input: Cancer

Key informants taking part in an online survey most often characterized *Cancer* as a "moderate problem" in the community.



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Prevalence/Incidence

There seems to be a very high diagnosis of cancer. The treatment options that are available are not always the best options for the patient. The wrap around care is lacking at the end stages of cancer. - Community/Business Leader (Valley County)

There appears to be so many people diagnosed with cancer in our area. - Community/Business Leader (Valley County)

I don't know why, I just know we have very high rates. - Community/Business Leader (Roosevelt County)

It may be simply that we are a small community and we know everyone but there seems to be a lot of cancer in the community. - Social Services Provider (Valley County)

Daniels County has a high incidence of cancer in general. The biggest problem associated with this is lack of availability of associated, ongoing treatments, chemotherapy and radiation. People must travel for this, and of course this presents difficulties in and of itself, due to weather and road conditions, but also adds to the misery of someone who is not feeling well to begin with. The associated financial burdens, not covered by insurance, are great, not to mention the extra headaches and heartaches of the additional plans and arrangements necessary because of being away from home. - Other Health Provider (Daniels County)

The relative increase in cancer in the last century has not become smaller but larger. There are now so many other types of invasive cancer that were not defined 25 years ago, but today warrant specific diagnosis and treatment. Cancer can affect all age groups and based on the national percentage on our smaller county population it would include a larger number here. - Community/Business Leader (Valley County)

There seems to be a disproportionate number of cancer patients in all of Northeast Montana. - Community/Business Leader (Phillips County)

There seems as though there are a lot of people with the diagnosis of cancer, not any particular cancer. - Community/Business Leader (Valley County)

Cancer is a major problem in all communities. - Community/Business Leader (Valley County)

Distance to Treatment

> *To the best of my knowledge most people who have ongoing Chemotherapy and/or Radiation treatment must travel out of town for those treatments. Due to the isolated nature of Phillips County the travel distance can be quite long. - Physician (Phillips County)*
>
> *Patient has to travel distance to get treatments. - Public Health Representative (Daniels County)*
>
> *No cancer treatment centers available in this area. - Other Health Provider (Valley County)*

Tobacco Use

> *I believe widespread tobacco use contributes to the cancer rates in our community. - Community/Business Leader (Valley County)*

Respiratory Disease

About Asthma & COPD

Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at $20.7 billion.

Asthma. The prevalence of asthma has increased since 1980. However, deaths from asthma have decreased since the mid-1990s. The causes of asthma are an active area of research and involve both genetic and environmental factors.

Risk factors for asthma currently being investigated include:

- Having a parent with asthma
- Sensitization to irritants and allergens
- Respiratory infections in childhood
- Overweight

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include: children; women (among adults) and boys (among children); African Americans; Puerto Ricans; people living in the Northeast United States; people living below the Federal poverty level; and employees with certain exposures in the workplace.

While there is not a cure for asthma yet, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.

- Healthy People 2020 (www.healthypeople.gov)

[NOTE: COPD was changed to chronic lower respiratory disease (CLRD) with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.]

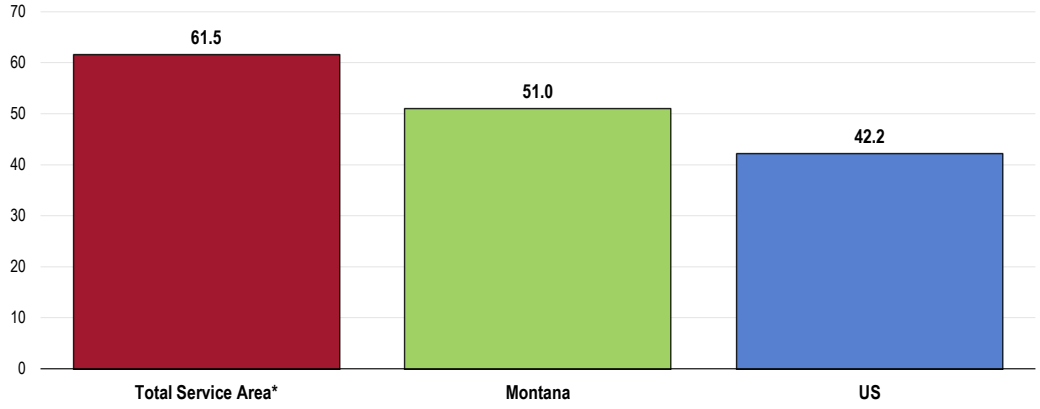
Age-Adjusted Lung Disease Deaths

Between 2009 and 2013, there was an annual average age-adjusted lung disease mortality rate of 61.5 deaths per 100,000 population in the Total Service Area.

- Higher than found statewide.
- Much higher than the national rate.

Lung Disease: Age-Adjusted Mortality

(2009-2013 Annual Average Deaths per 100,000 Population)



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2009-13. Accessed using CDC WONDER.
- Retrieved January 2016 from Community Commons at http://www.chna.org.

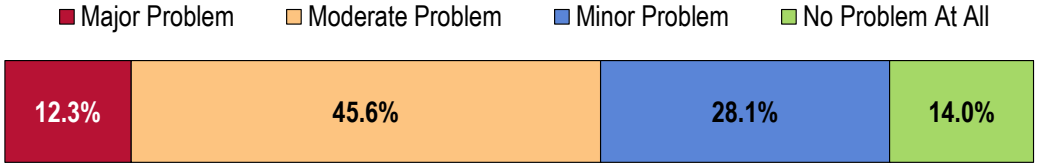
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple five-year averages.
- *Total Service Area data includes Phillips and Roosevelt counties.

Key Informant Input: Respiratory Disease

Key informants taking part in an online survey generally characterized *Respiratory Disease* as a "moderate problem" in the community.

Perceptions of Respiratory Diseases as a Problem in the Community

(Key Informants, 2016)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Aging Community

> *The aging population with fairly high rate of emphysema and smoking. Lots of dust and pollen, other irritants depending on time of year. - Other Health Provider (Valley County)*
>
> *The elderly in our community seem susceptible to respiratory illness often due to long term tobacco use. - Other Health Provider (Valley County)*

Environment

> *Our community is in a county that is the definition of Big Sky Country. We have open spaces and winds most every day. There are many more pieces of nature that produce allergies that produce breathing difficulties. Educating the general population about symptoms and causes would be helpful if there was opportunity to offset what is natural. - Community/Business Leader (Valley County)*

Injury & Violence

About Injury & Violence

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as "accidents," "acts of fate," or as "part of life." However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may focus on:

- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

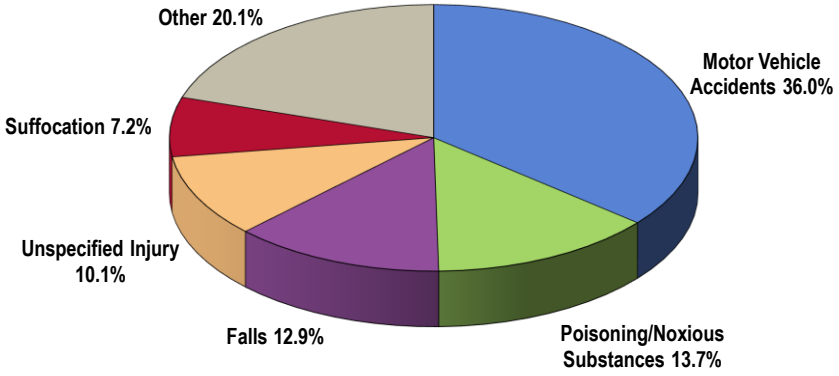
- Healthy People 2020 (www.healthypeople.gov)

Leading Causes of Accidental Death

Motor vehicle accidents and poisoning (including accidental drug overdose) accounted for nearly one-half of accidental deaths in the Total Service Area between 2008 and 2014. Falls and suffocation were also leading causes.

Leading Causes of Accidental Death

(Total Service Area, 2008-2014)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2016.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

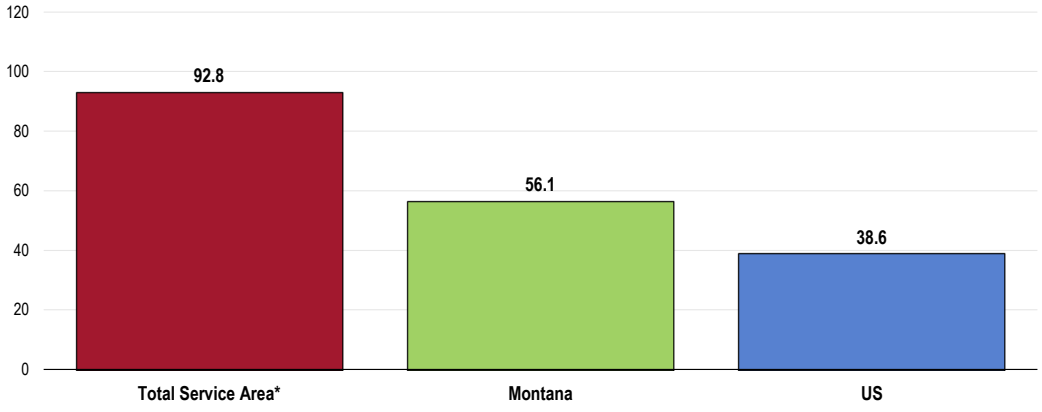
Between 2009 and 2013, there was an annual average age-adjusted unintentional injury mortality rate of 92.8 deaths per 100,000 population in the Total Service Area.

- Much less favorable than the Montana rate.
- More than twice the national rate.
- More than twice the Healthy People 2020 target of 36.4 or lower.

Unintentional Injuries: Age-Adjusted Mortality

(2009-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 36.4 or Lower



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2009-13. Accessed using CDC WONDER.
- Retrieved January 2016 from Community Commons at http://www.chna.org.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple five-year averages.
- This indicator is relevant because accidents are a leading cause of death in the U.S.
- *Total Service Area data includes Valley and Roosevelt counties.

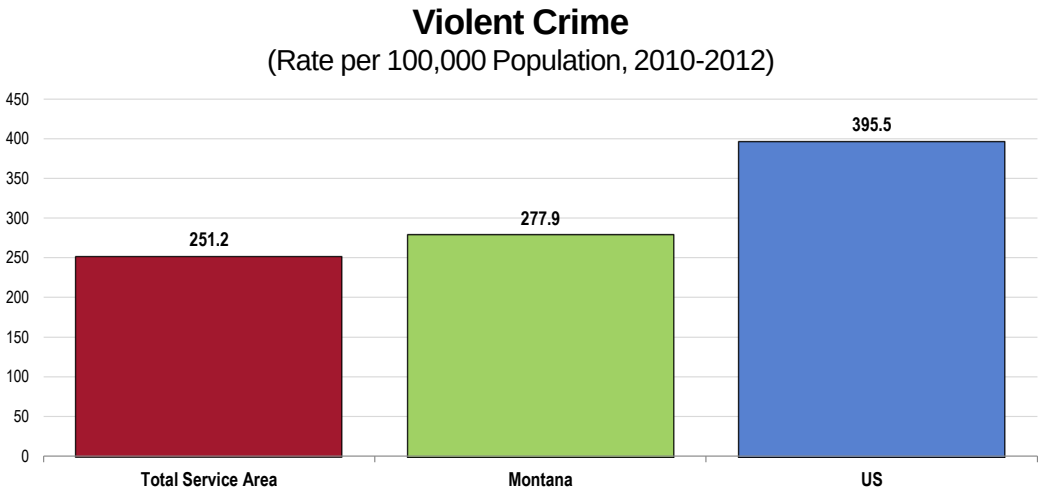
Violent Crime

Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

Between 2010 and 2012, there were a reported 251.2 violent crimes per 100,000 population in the Total Service Area.

- Below the Montana rate for the same period.
- Well below the national rate.

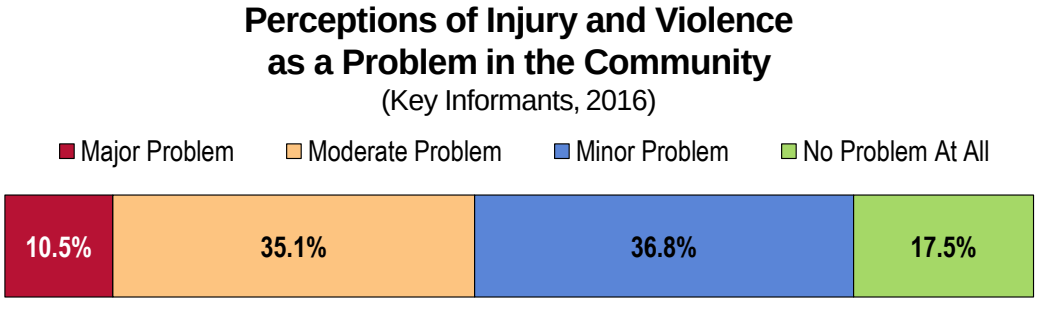


Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports: 2010-2012.
- Retrieved January 2016 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
- Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics, but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

Key Informant Input: Injury & Violence

Slightly more key informants taking part in an online survey characterized *Injury & Violence* as a "minor problem" than a "moderate problem" in the community.



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Co-Occurrences

> *The cycle of poverty. Poor parenting skills. Substance abuse. No premarital counseling programs. Step parents with poor coping skills and no parenting skills. Lack of foster care. Lack of child protective services. Lack of adult protective services. Many people don't understand that verbal abuse and neglect are abuse. Many people don't recognize violence when it is happening in their home an, /or to them. - Physician (Daniels County)*

> *Parents' lives are chaotic, and they don't attend to safety needs of their children. Violence is tolerated with lack of stiff legal penalties. - Community/Business Leader (Roosevelt County)*

Domestic Violence

> *Domestic violence affects many Valley County residents and is kept secret in many families. Predominant use of alcohol and substance use in this community clearly puts many families at risk. - Community/Business Leader (Valley County)*

Access to Care

> *Access to care. - Public Health Representative (Daniels County)*

Prevalence/Incidence

> *There is a lot of violence in this area. - Physician (Valley County)*

Diabetes

About Diabetes

Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes. Effective therapy can prevent or delay diabetic complications.

Diabetes mellitus: lowers life expectancy by up to 15 years; increases the risk of heart disease by 2 to 4 times; and is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

The rate of diabetes mellitus continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with diabetes mellitus, and possibly earlier onset of type 2 diabetes mellitus, there is growing concern about the possibility that the increase in the number of persons with diabetes mellitus and the complexity of their care might overwhelm existing healthcare systems.

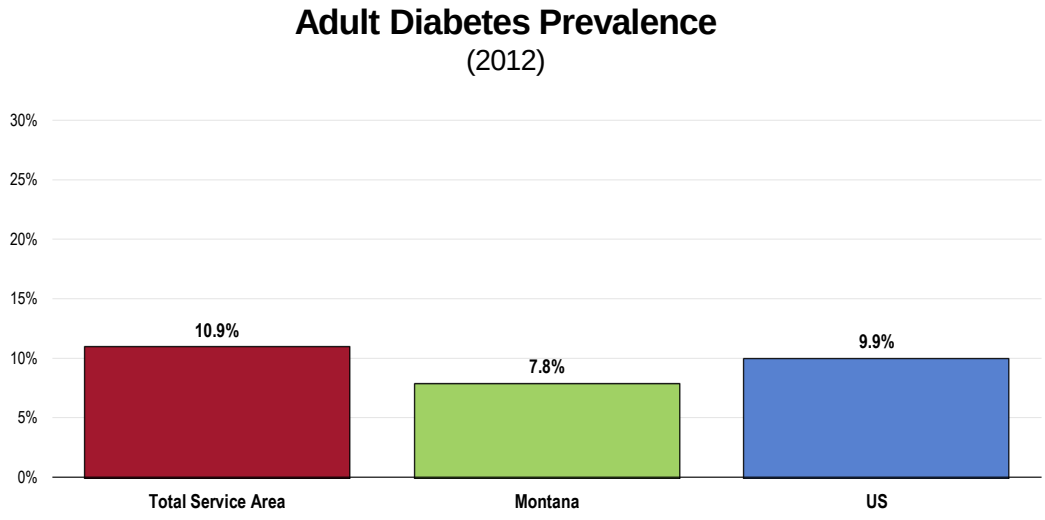
People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes. Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.

- Healthy People 2020 (www.healthypeople.gov)

Prevalence of Diabetes

A total of 10.9% of Total Service Area adults have been diagnosed with diabetes.

- Greater than the statewide prevalence.
- Statistically greater than the national prevalence.



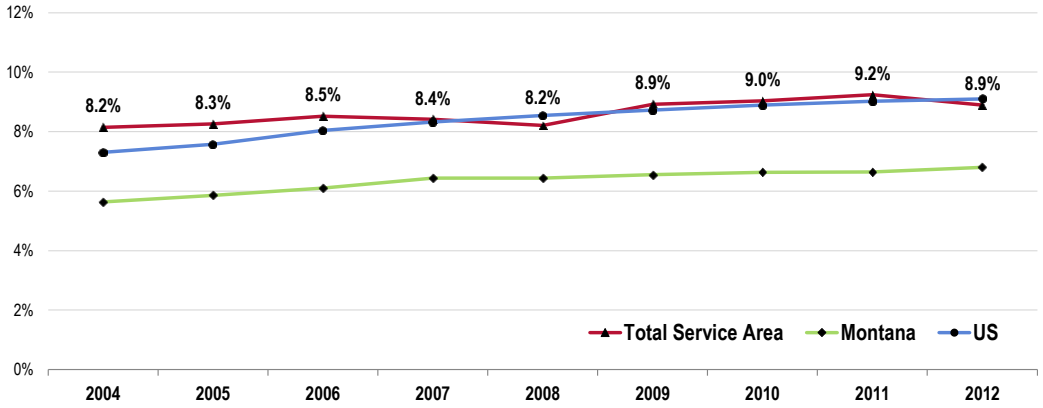
Sources:
- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Diabetes Atlas (2012).
- Retrieved January 2016 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

The graph below depicts the percent of adults diagnosed with diabetes between 2004 and 2012 in the Total Service Area as compared against Montana and the nation. *Note that these rates are age-adjusted (unlike those presented in the previous chart).*

- TREND: From these data, an upward trend in diabetes prevalence is apparent locally, statewide and nationally.

Adults with Diagnosed Diabetes by Year, Age-Adjusted
(2004-2012)



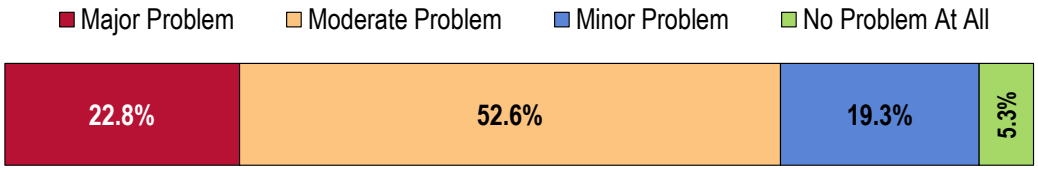
Sources:
- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Diabetes Atlas (2012).
- Retrieved January 2016 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Key Informant Input: Diabetes

Most key informants taking part in an online survey characterized *Diabetes* as a "moderate problem" in the community.

Perceptions of Diabetes as a Problem in the Community
(Key Informants, 2016)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Nutrition/Physical Activity

> *Bad eating habits, lack of exercise. - Community/Business Leader (Valley County)*
>
> *Large number of patients, but limited resources such as access to affordable fresh foods, cultural eating traditions which do not follow recommended diabetic eating, obesity is very common. - Other Health Provider (Valley County)*

Lack of Education

> *Providers and nurses only have so much time in an office visit. I see lack of dedicated education and support as the biggest challenge. - Other Health Provider (Daniels County)*
>
> *Lack of knowledge about the disease prior to being diagnosed. Child obesity leading to diabetes. - Community/Business Leader (Phillips County)*

Distance to Treatment

> *State of the art treatment. We need to travel about 300 miles to get more than run of the mill treatment options. Also, I think that healthy eating habits are difficult here, primarily because good food is expensive. - Social Services Provider (Valley County)*
>
> *People have to go to Poplar for dialysis. - Physician (Valley County)*

Environment

> *Poor quality grocery store, especially produce. No diabetes education program for non-natives. Unsafe to walk inside city limits of Poplar and Wolf Point due to all the loose dogs that bite. Few opportunities for exercise other than walking. - Community/Business Leader (Roosevelt County)*

Lack of Resources

> *No dialysis unit in this part of the state. - Community/Business Leader (Valley County)*

Alzheimer's Disease

About Dementia

Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—to such an extent that it interferes with a person's daily life. Dementia is not a disease itself, but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean a person has dementia. Alzheimer's disease is the most common cause of dementia, accounting for the majority of all diagnosed cases.

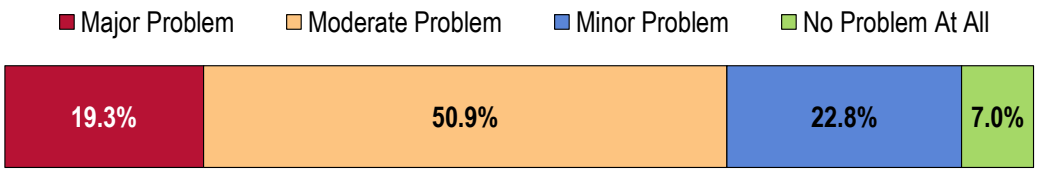
Alzheimer's disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer's disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat and prevent Alzheimer's disease are found.

- Healthy People 2020 (www.healthypeople.gov)

Key Informant Input: Dementias, Including Alzheimer's Disease

Just over one-half of Key informants taking part in an online survey characterized *Dementias, Including Alzheimer's Disease* as a "moderate problem" in the community.

Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community
(Key Informants, 2016)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Lack of Services/Support

> *There are no services to help families in the early stages to keep the afflicted person at home. - Community/Business Leader (Roosevelt County)*
>
> *Dementia/Alzheimer's disease needs a specific protocol and support groups to help the sufferer and their families. We have no announced or pronounced facilities to work with these patients or families. The specialist physicians do not work here on a regular basis. Our mental health programs do not have the expertise or the acumen to work with these cases locally. - Community/Business Leader (Valley County)*
>
> *I believe we need more screening and referrals and access to information for families. - Public Health Representative (Valley County)*

There is a waiting list to get into care facilities for these disease. - Community/Business Leader (Valley County)

Lack of assisted living facilities for the elderly. They either have to be independent in their homes or in a nursing home. No home health care. - Community/Business Leader (Roosevelt County)

Prevalence/Incidence

Seem to see and hear a lot about it. - Social Services Provider (Valley County)

Appears to be a lot of elderly people suffering from this. - Community/Business Leader (Valley County)

We are an aging community with more elderly and fewer young family members to care for them. - Other Health Provider (Valley County)

Daniels County has a large number of elderly, thus at greater risk. Anecdotally, there is a large incidence of dementia Alzheimer's disease there. Most of those afflicted end up in the nursing home. Daniels Memorial Nursing Home takes excellent care of these people. However, it does not have a dedicated unit, nor are they equipped to handle those who remain in a combative stage for very long. - Other Health Provider (Daniels County)

Families Acting as Caregivers

Families try to keep people with dementia in their homes because they don't have good estate planning skills and, or they don't want to lose the farm to pay nursing home bills. Nursing homes are not safe and secure for people with dementia. Nursing home CNA's, nurses, directors of nursing, administration, and healthcare providers are not trained or are under trained in caring for patients with dementia. Lack of training results in lower quality of life and increased injuries and accidents. Bad decisions are made out of fear and lack of knowledge of the state's expectations and out of fear of survey days. - Physician (Daniels County)

Kidney Disease

About Chronic Kidney Disease

Chronic kidney disease and end-stage renal disease are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are responsible for premature death and exact a high economic price from both the private and public sectors. Nearly 25% of the Medicare budget is used to treat people with chronic kidney disease and end-stage renal disease.

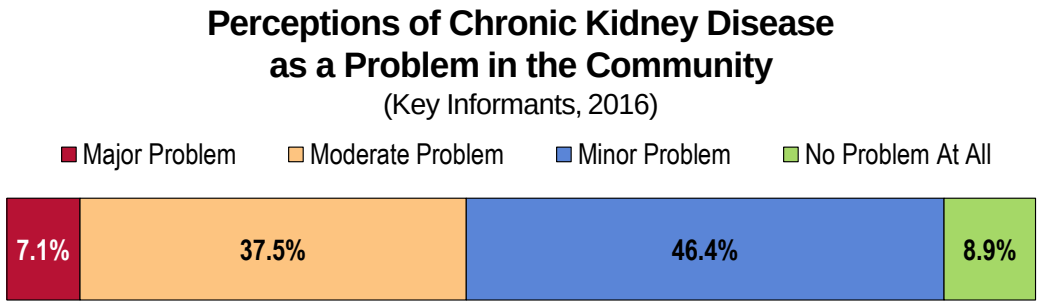
Genetic determinants have a large influence on the development and progression of chronic kidney disease. It is not possible to alter a person's biology and genetic determinants; however, environmental influences and individual behaviors also have a significant influence on the development and progression of chronic kidney disease. As a result, some populations are disproportionately affected. Successful behavior modification is expected to have a positive influence on the disease.

Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the national Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes in persons at risk.

- Healthy People 2020 (www.healthypeople.gov)

Key Informant Input: Chronic Kidney Disease

The largest share of key informants taking part in an online survey characterized *Chronic Kidney Disease* as a "minor problem" in the community.



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Distance to Treatment

> *The specialists travel and, or are not available to treat as deeply as patients may need. - Community/Business Leader (Valley County)*
>
> *Distance of travel to specialists. - Public Health Representative (Daniels County)*
>
> *I believe the treatment options for chronic kidney disease are a problem. - Public Health Representative (Valley County)*

Alcohol Abuse

> *Alcohol abuse is prevalent in our area and I believe the closest dialysis center is 200 to 300 miles away. - Other Health Provider (Valley County)*

Potentially Disabling Conditions

About Arthritis, Osteoporosis & Chronic Back Conditions

There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than $128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones). In the United States, an estimated 5.3 million people age 50 years and older have osteoporosis. Most of these people are women, but about 0.8 million are men. Just over 34 million more people, including 12 million men, have low bone mass, which puts them at increased risk for developing osteoporosis. Half of all women and as many as 1 in 4 men age 50 years and older will have an osteoporosis-related fracture in their lifetime.

Chronic back pain is common, costly, and potentially disabling. About 80% of Americans experience low back pain in their lifetime. It is estimated that each year:

- 15%-20% of the population develop protracted back pain.
- 2-8% have chronic back pain (pain that lasts more than 3 months).
- 3-4% of the population is temporarily disabled due to back pain.
- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

Americans spend at least $50 billion each year on low back pain. Low back pain is the:

- 2nd leading cause of lost work time (after the common cold).
- 3rd most common reason to undergo a surgical procedure.
- 5th most frequent cause of hospitalization.

Arthritis, osteoporosis, and chronic back conditions all have major effects on quality of life, the ability to work, and basic activities of daily living.

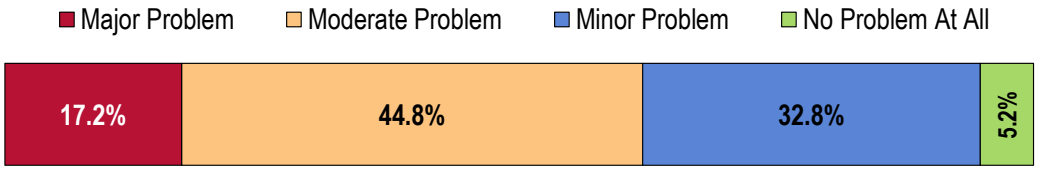
- Healthy People 2020 (www.healthypeople.gov)

Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions

Key informants taking part in an online survey most often characterized *Arthritis, Osteoporosis & Chronic Back Conditions* as a "moderate problem" in the community.

Perceptions of Arthritis/Osteoporosis/Back Conditions as a Problem in the Community

(Key Informants, 2016)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Aging Community

Most of the middle aged to elderly people we know have some form of Orto condition many of which have already had major surgeries by their mid-50's to 60's. - Community/Business Leader (Valley County)

Daniels County has a large elderly population, and many of those are women, thus greater risk for arthritis and osteoporosis. Lifespan here is rather lengthy, but anecdotally, I would dare say these aforementioned conditions are responsible for the majority of the functional and quality of life issues many of the elderly here have. It also appears to me that rheumatoid arthritis is quite undertreated here for some reason. Back conditions are prevalent here because of it primarily being a farming community with a higher proportion of physical labor. However, in comparison to other communities I've worked, people are more stoic about such problems and tend not to abuse the system as much (via workmen's comp, or prescription pain med abuses), they are more likely, instead, to suffer quietly and allow it to affect their ability to function. I believe this is an area of great potential for having the most profound impact on people's quality of life. - Other Health Provider (Daniels County)

There is an aged population in Valley County and the greater percentage of that population suffers from one or all of the above. - Community/Business Leader (Valley County)

Work Environment

The working environment that most people have. The people that have trouble generally need to travel to a bigger hospital to have surgery. - Other Health Provider (Valley County)

Blue collar work. - Community/Business Leader (Roosevelt County)

Prevalence/Incidence

It's a major problem world-wide. As we age, arthritis and back conditions, especially low back pain, become daily nuisances if not crippling disabilities. These issue can also become problematic in a drug-seeking/enabling sort of way. Back pain is a real easy thing to fake in order to obtain prescription opioids. - Social Services Provider (Valley County)

Distance to Treatment

You have to go to Billings or Great Falls. - Physician (Valley County)

Vision & Hearing Impairment

About Vision

Vision is an essential part of everyday life, influencing how Americans of all ages learn, communicate, work, play, and interact with the world. Yet millions of Americans live with visual impairment, and many more remain at risk for eye disease and preventable eye injury.

The eyes are an important, but often overlooked, part of overall health. Despite the preventable nature of some vision impairments, many people do not receive recommended screenings and exams. A visit to an eye care professional for a comprehensive dilated eye exam can help to detect common vision problems and eye diseases, including diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration.

These common vision problems often have no early warning signs. If a problem is detected, an eye care professional can prescribe corrective eyewear, medicine, or surgery to minimize vision loss and help a person see his or her best.

Healthy vision can help to ensure a healthy and active lifestyle well into a person's later years. Educating and engaging families, communities, and the nation is critical to ensuring that people have the information, resources, and tools needed for good eye health.

- Healthy People 2020 (www.healthypeople.gov)

Hearing Trouble

About Hearing & Other Sensory or Communication Disorders

An impaired ability to communicate with others or maintain good balance can lead many people to feel socially isolated, have unmet health needs, have limited success in school or on the job. Communication and other sensory processes contribute to our overall health and well-being. Protecting these processes is critical, particularly for people whose age, race, ethnicity, gender, occupation, genetic background, or health status places them at increased risk.

Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such a social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition, biological causes of hearing loss and other sensory or communication disorders include: genetics; viral or bacterial infections; sensitivity to certain drugs or medications; injury; and aging.

As the nation's population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

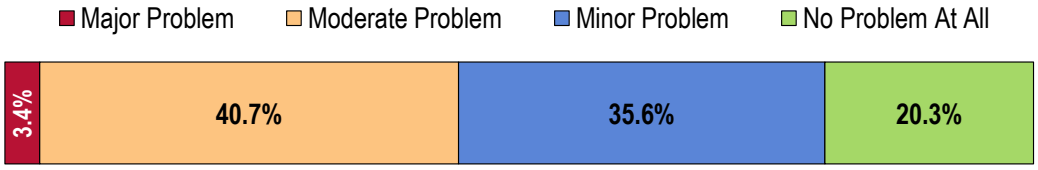
- Healthy People 2020 (www.healthypeople.gov)

Key Informant Input: Vision & Hearing

Just over two-fifths of key informants taking part in an online survey characterized *Vision & Hearing* as a "moderate problem" in the community.

Perceptions of Hearing and Vision as a Problem in the Community

(Key Informants, 2016)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Lack of Providers/Services

> *Access to medical specialist. - Public Health Representative (Valley County)*
>
> *There are no facilities in Phillips County to receive vision or hearing assistance or care. There are no Ophthalmologists in Phillips County and I am unaware of any audiological services. Those needing vision help must travel long distance to get it which can be a deterrent to those on low income, or those who have difficulty traveling. It is especially hard on students who often have to wait long times to get prescriptions filled or have glasses repaired. Checkups often mean missing entire days of school due to the long travel distance that is required. - Physician (Phillips County)*

Infectious Disease

Professional Research Consultants, Inc.

Influenza & Pneumonia Vaccination

About Influenza & Pneumonia

Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the nation, accounting for 56,000 deaths annually. Pneumonia mortality in children fell by 97% in the last century, but respiratory infectious diseases continue to be leading causes of pediatric hospitalization and outpatient visits in the US. On average, influenza leads to more than 200,000 hospitalizations and 36,000 deaths each year. The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths (1,270 of which were of people younger than age 18) between April 2009 and March 2010.

- Healthy People 2020 (www.healthypeople.gov)

Pneumonia Vaccination

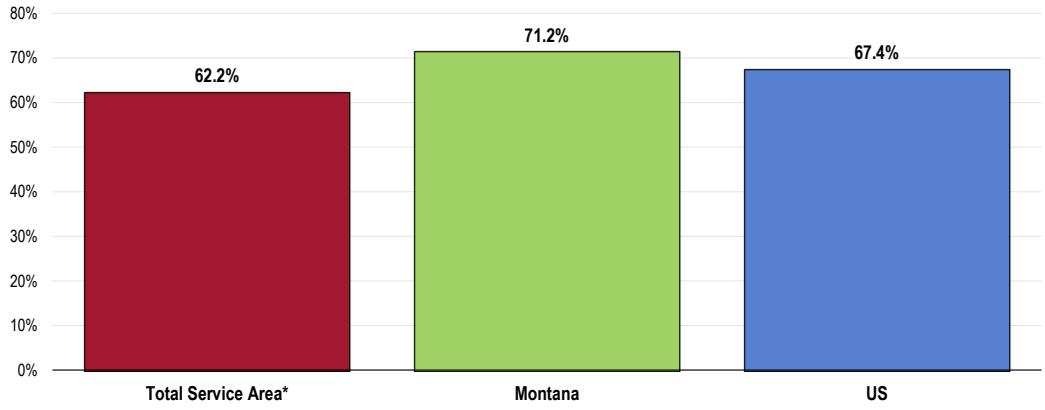
Among adults age 65 and older, 62.2% have received a pneumonia vaccination at some point in their lives.

- Lower than the Montana finding.
- Lower than the national finding.
- Fails to satisfy the Healthy People 2020 target of 90% or higher.

Adults 65 and Older With Pneumonia Vaccination, Percent

(2006-2012)

Healthy People 2020 Target = 90.0% or Higher



Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (2006-12). Accessed via the Health Indicators Warehouse.
- Retrieved January 2016 from Community Commons at http://www.chna.org.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-13.1].

Notes:
- This indicator reports the percentage of adults aged 65 and older who self-report that they have ever received a pneumonia vaccine. This indicator is relevant because engaging in preventive behaviors decreases the likelihood of developing future health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.
- *Total Service Area data does not include Daniels County.

HIV

About HIV

The HIV epidemic in the United States continues to be a major public health crisis. An estimated 1.1 million Americans are living with HIV, and 1 in 5 people with HIV do not know they have it. HIV continues to spread, leading to about 56,000 new HIV infections each year.

HIV is a preventable disease, and effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50% of new HIV infections occur as a result of the 21% of people who have HIV but do not know it.

In the era of increasingly effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and healthcare programs.

There are gender, race, and ethnicity disparities in new HIV infections:

- Nearly 75% of new HIV infections occur in men.
- More than half occur in gay and bisexual men, regardless of race or ethnicity.
- 45% of new HIV infections occur in African Americans, 35% in whites, and 17% in Hispanics.

Improving access to quality healthcare for populations disproportionately affected by HIV, such as persons of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention. People getting care for HIV can receive:

- Antiretroviral therapy
- Screening and treatment for other diseases (such as sexually transmitted infections)
- HIV prevention interventions
- Mental health services
- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important. Prevention work with people living with HIV focuses on:

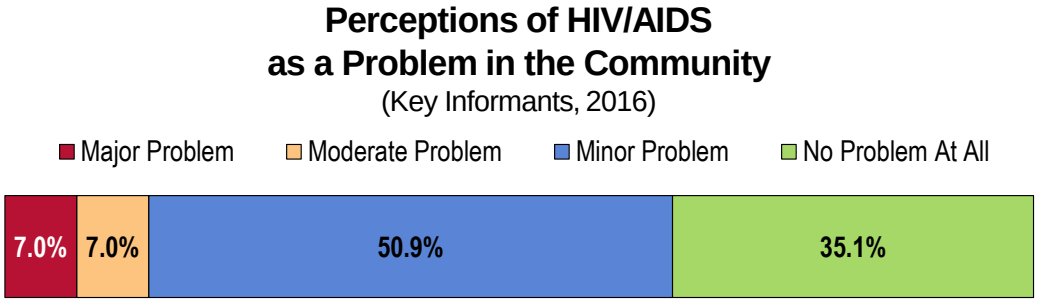
- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

- Healthy People 2020 (www.healthypeople.gov)

Key Informant Input: HIV/AIDS

Approximately half of key informants taking part in an online survey characterized *HIV/AIDS* as a "minor problem" in the community.



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Lack of Services

> *Don't know of any services. - Physician (Valley County)*

Sexually-Active Teenagers

> *Our county has a large underage sexually-active population. The community has many underage pregnancies and a large population of children that are parented by a mom that has more than two, three, or four other children by other partners. I do not believe that there is adequate sex education in our school system or information that is dispersed until you go into the health clinic to remind these young people that multiple partners and unprotected sex is a health risk. It has become generational in its dismissive acknowledgement. - Community/Business Leader (Valley County)*

Stigma

> *Stigma in a small community. - Public Health Representative (Daniels County)*

Sexually Transmitted Diseases

About Sexually Transmitted Diseases

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. Several factors contribute to the spread of STDs.

Biological Factors. STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- **Asymptomatic nature of STDs**. The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.
- **Gender disparities**. Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.
- **Age disparities**. Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.
- **Lag time between infection and complications**. Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

Social, Economic and Behavioral Factors. The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors. Social, economic, and behavioral factors that affect the spread of STDs include: racial and ethnic disparities; poverty and marginalization; access to healthcare; substance abuse; sexuality and secrecy (stigma and discomfort discussing sex); and sexual networks (persons "linked" by sequential or concurrent sexual partners).

- Healthy People 2020 (www.healthypeople.gov)

Chlamydia & Gonorrhea

In 2012, the chlamydia incidence rate in the Total Service Area was 790.8 cases per 100,000 population.

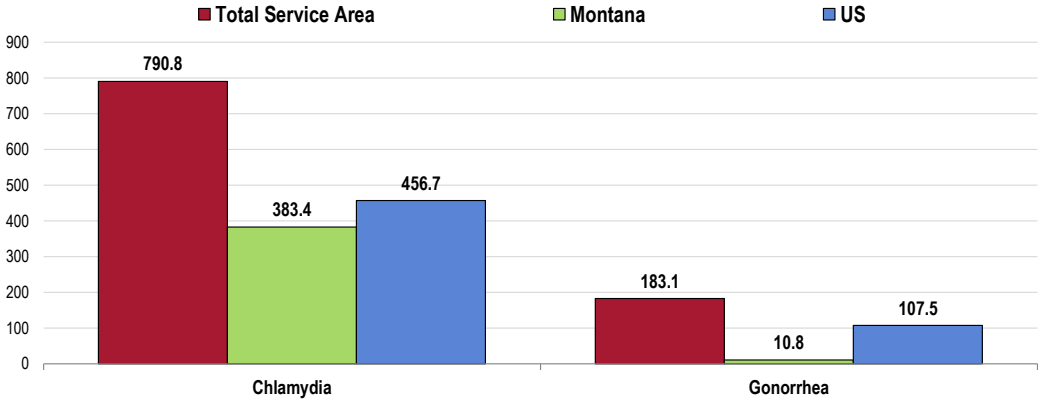
- More than twice the Montana incidence rate.
- Much higher than the national incidence rate.

The gonorrhea incidence rate in the service area was 183.1 cases per 100,000 population in 2012.

- Notably less favorable than the statewide incidence rate.
- Less favorable than the national incidence rate.

Chlamydia & Gonorrhea Incidence

(Incidence Rate per 100,000 Population, 2012)



Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2012.
- Retrieved January 2016 from Community Commons at http://www.chna.org.

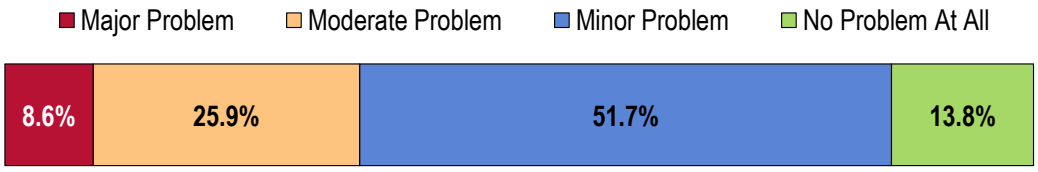
Notes:
- This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Key Informant Input: Sexually Transmitted Diseases

A majority of key informants taking part in an online survey characterized *Sexually Transmitted Diseases* as a "minor problem" in the community.

Perceptions of Sexually Transmitted Diseases as a Problem in the Community

(Key Informants, 2016)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Prevalence/Incidence

> *Chlamydia and Gonorrhea cases are increasing in our county. - Community/Business Leader (Valley County)*

Risky Sexual Practices

> *We have young children having unprotected sex with multiple partners. - Physician (Roosevelt County)*

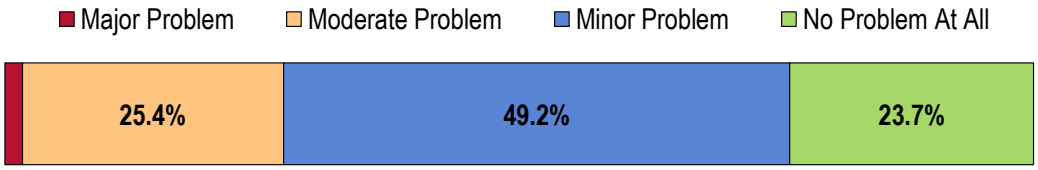
Immunization & Infectious Diseases

Key Informant Input: Immunization & Infectious Diseases

Nearly one-half of key informants taking part in an online survey characterized *Immunization & Infectious Diseases* as a "minor problem" in the community.

Perceptions of Immunization and Infectious Diseases as a Problem in the Community

(Key Informants, 2016)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Access to Services

> *The health department is not open when clients need the services. - Community/Business Leader (Valley County)*

Births

Professional Research Consultants, Inc.

Prenatal Care

About Infant & Child Health

Improving the well-being of mothers, infants, and children is an important public health goal for the US. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Many factors can affect pregnancy and childbirth, including pre-conception health status, age, access to appropriate healthcare, and poverty.

Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. There are racial and ethnic disparities in mortality and morbidity for mothers and children, particularly for African Americans. These differences are likely the result of many factors, including social determinants (such as racial and ethnic disparities in infant mortality; family income; educational attainment among household members; and health insurance coverage) and physical determinants (i.e., the health, nutrition, and behaviors of the mother during pregnancy and early childhood).

- Healthy People 2020 (www.healthypeople.gov)

Early and continuous prenatal care is the best assurance of infant health.

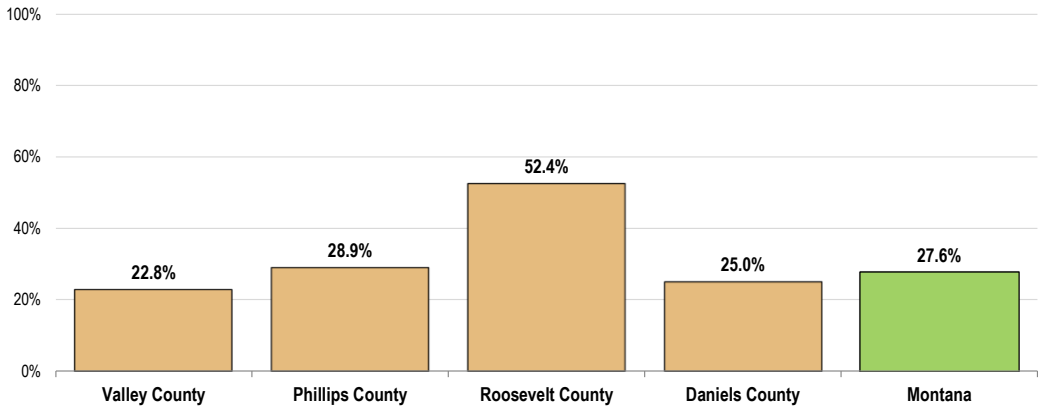
Lack of prenatal care in the Total Service Area varied quite widely, ranging from 22.8% in Valley County to over 50% in Roosevelt County.

- Particularly high (unfavorable) in Roosevelt County.
- In Phillips, Roosevelt, and Daniels counties, fails to satisfy the Healthy People 2020 target (22.1% or lower).

Lack of Prenatal Care in the First Trimester

(Percentage of Live Births, 2010-2012)

Healthy People 2020 Target = 22.1% or Lower



Sources:
- 2014 Montana KIDS COUNT Data. Data retrieved February 2016 from www.montanakidscount.org
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-10.1]

Note:
- This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.

Birth Outcomes & Risks

Low-Weight Births

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

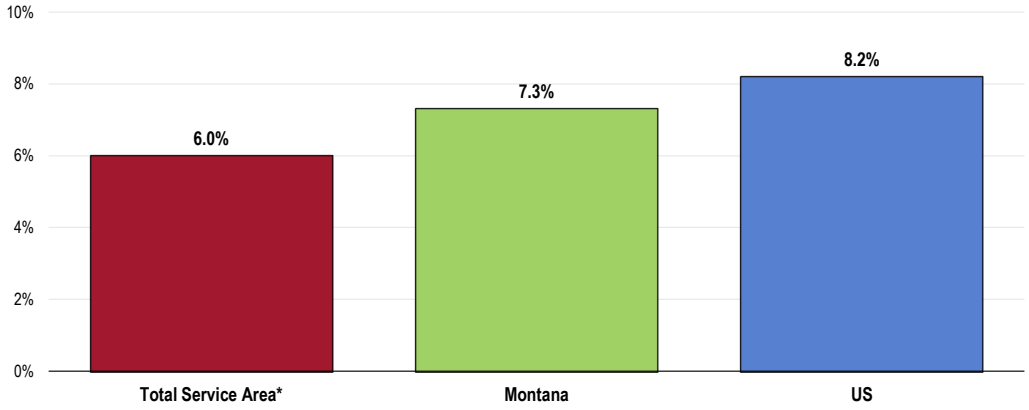
A total of 6.0% of 2006-2012 Total Service Area births were low-weight.

- Slightly better than the Montana proportion.
- Better than the national proportion.
- Satisfies the Healthy People 2020 target (7.8% or lower).

Low-Weight Births

(Percent of Live Births, 2006-2012)

Healthy People 2020 Target = 7.8% or Lower



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2006-12. Accessed using CDC WONDER.
- Retrieved January 2016 from Community Commons at http://www.chna.org.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

Note:
- This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.
- *Total Service Area data includes Valley and Roosevelt counties.

Infant Mortality

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

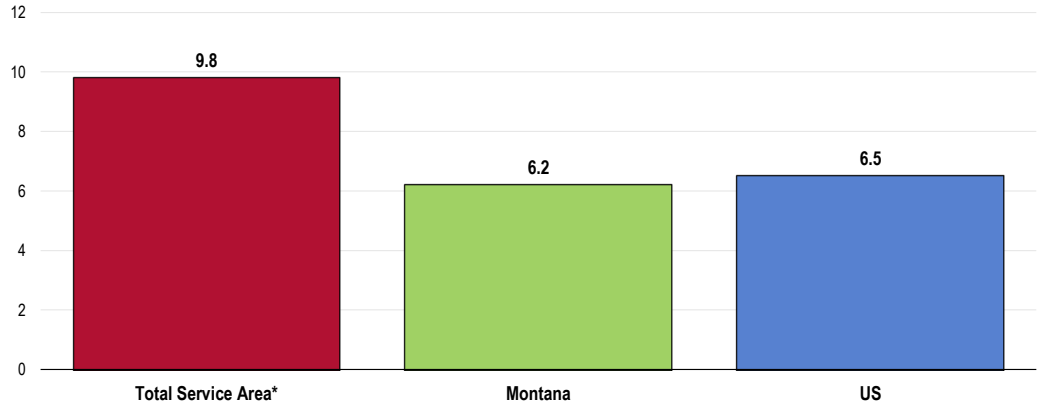
Between 2006 and 2010, there was an annual average of 9.8 infant deaths per 1,000 live births.

- Less favorable than the Montana rate.
- Less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target of 6.0 per 1,000 live births.

Infant Mortality Rate

(Annual Average Infant Deaths per 1,000 Live Births, 2006-2010)

Healthy People 2020 Target = 6.0 or Lower



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2006-10. Accessed using CDC WONDER.
- Retrieved January 2016 from Community Commons at http://www.chna.org.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

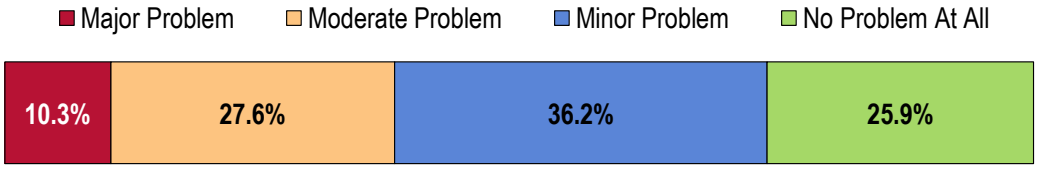
Notes:
- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.
- *Total Service Area data does not include Daniels County.

Key Informant Input: Infant & Child Health

The greatest share of key informants taking part in an online survey characterized *Infant & Child Health* as a "minor problem" in the community.

Perceptions of Infant and Child Health as a Problem in the Community

(Key Informants, 2016)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Lack of Parenting Skills

> *Many mothers are addicted to methamphetamines during pregnancy and are afraid of law enforcement and CPS, so they don't get prenatal care, or may even deliver at home. Many parents lives are out of control, they can't even take care of themselves. Poverty, low educational levels. High rates of high school dropouts. Generations deep entitlement mentality has produced people unable to care for their own need, let alone another human being with high levels of sustained needs. Grandparents are left to raise five or six grandkids, and physically or mentally unable to give kids what they need. Alcoholism. Gambling. Unemployment. - Community/Business Leader (Roosevelt County)*

> *There has been an increase in children who are hungry and have parents that lack the skills of parenting. - Community/Business Leader (Valley County)*

Access to Care/Services

> *We have a large percentage of underage, unmarried men and women. The numbers that are currently being worked with by the Family Services or are Wards of the State of Montana seems extreme for the population of the county. Some of these men and women do not provide for the health care of their infants and children. This community clinic and hospital cares for these children when appointments are made, but not without attitude of classifying them into a beneath category. I do not believe that the doctors do this but the staff is notorious for their want to put them in their place or speak out of work on another incident with these particular children's families. They are often good gossip fodder. The physical health of the child is met but the overall well-being of the child seems to be disregarded depending upon who their parents are. - Community/Business Leader (Valley County)*

> *Access to care. - Public Health Representative (Daniels County)*

Lack of Providers

> *Phillips County previously had an OBGYN travel to Malta several times per month and saw patients. However, that ended several years ago and currently pregnant women must travel to Havre or Glasgow for checkups. We have had employees leave Malta due to this lack of local care and prospective employees turn down job offers because of this. Malta has general practitioners but no pediatric doctors to perform well baby checkups. Personally I have driven to Glasgow for every well baby/child checkup for my three children. That is inconvenient and costly. - Physician (Phillips County)*

Insufficient/Unaffordable Treatment

> *The cycle of poverty. People lack parenting skills. Asthma is poorly controlled. ADD and ADHD are treated with amphetamines but without behavior modification programs. Schools lack training to handle children with autism spectrum, attention deficit, and other significant medical conditions. Children with developmental delays are recognized too late. Primary care providers have a hard time getting referrals made to specialty centers to which parents can afford traveling. - Physician (Daniels County)*

Family Planning

Births to Teen Mothers

About Teen Births

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately $3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

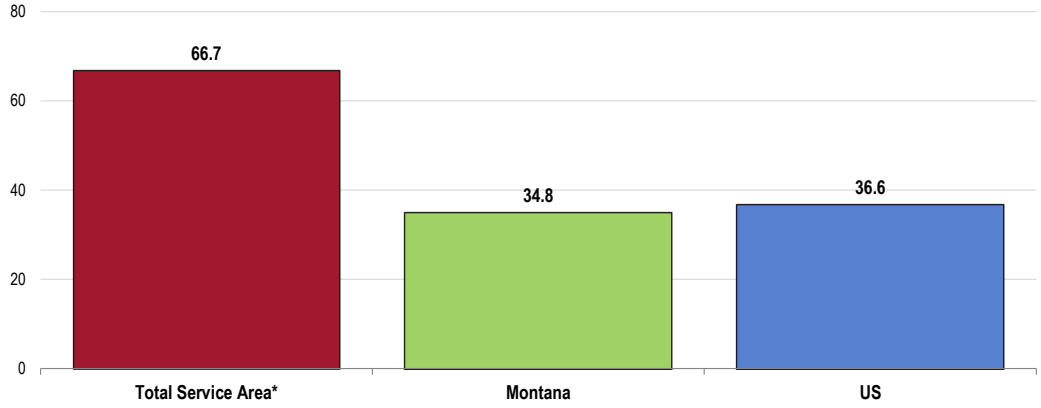
- Healthy People 2020 (www.healthypeople.gov)

Between 2006 and 2012, there was an annual average of 66.7 births to women age 15-19 per 1,000 population in that age group.

- Almost twice the Montana proportion.
- Notably higher than the national proportion.

Teen Birth Rate

(Births to Women Age 15-19 Per 1,000 Female Population Age 15-19, 2006-2012)

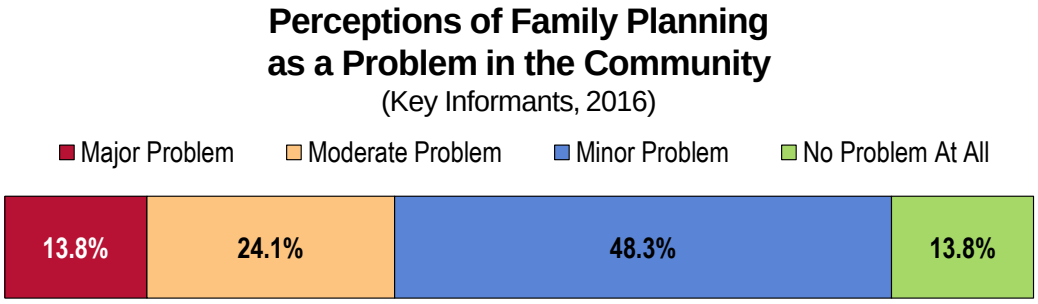


Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2006-2012. Accessed using CDC WONDER.
- Retrieved January 2016 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the rate of total births to women under the age of 15 - 19 per 1,000 female population age 15 - 19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.
- *Total Service Area data does not include Daniels County.

Key Informant Input: Family Planning

Key informants taking part in an online survey frequently characterized *Family Planning* as a "minor problem" in the community.



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Young Parents

> *We have young children having babies. - Physician (Roosevelt County)*

Culture

> *Family planning is not culturally-acceptable for Native Americans. Many people have hectic lives that don't include planning. - Community/Business Leader (Roosevelt County)*

Not Enough People Seeking Services

> *We see patients and offer family planning services, but compared to the number of people from age 16 to 25, the number is low. - Community/Business Leader (Valley County)*

Modifiable Health Risks

Professional Research Consultants, Inc.

Actual Causes Of Death

About Contributors to Mortality

A 1999 study (an update to a landmark 1993 study), estimated that as many as 40% of premature deaths in the United States are attributed to behavioral factors. This study found that behavior patterns represent the single-most prominent domain of influence over health prospects in the United States. The daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress are all important determinants of health.

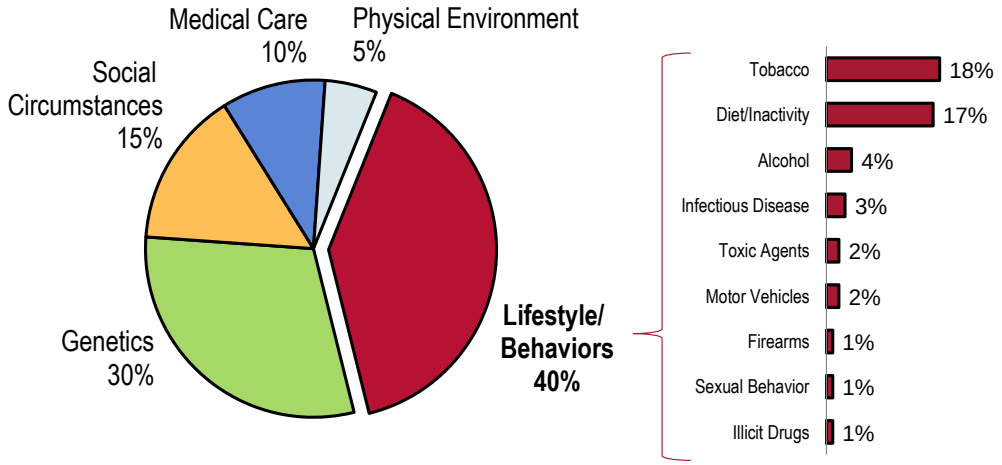
The most prominent contributors to mortality in the United States in 2000 were **tobacco** (an estimated 435,000 deaths), **diet and activity** patterns (400,000), **alcohol** (85,000), **microbial agents** (75,000), **toxic agents** (55,000), **motor vehicles** (43,000), **firearms** (29,000), **sexual behavior** (20,000), and **illicit use of drugs** (17,000). Socioeconomic status and access to medical care are also important contributors, but difficult to quantify independent of the other factors cited. Because the studies reviewed used different approaches to derive estimates, the stated numbers should be viewed as first approximations.

These analyses show that smoking remains the leading cause of mortality. However, poor diet and physical inactivity may soon overtake tobacco as the leading cause of death. These findings, along with escalating healthcare costs and aging population, argue persuasively that the need to establish a more preventive orientation in the US healthcare and public health systems has become more urgent.

- Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, Phd, MSc; Julie L. Gerberding, MD, MPH. "Actual Causes of Death in the United States." JAMA, 291(2004):1238-1245.

While causes of death are typically described as the diseases or injuries immediately precipitating the end of life, a few important studies have shown that the actual causes of premature death (reflecting underlying risk factors) are often preventable.

Factors Contributing to Premature Deaths in the United States



Sources: ● "The Case For More Active Policy Attention to Health Promotion"; (McGinnis, Williams-Russo, Knickman) Health Affairs. Vol. 32. No. 2. March/April 2002.
"Actual Causes of Death in the United States": (Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH.) JAMA. 291 (2000) 1238-1245.

Leading Causes of Death	Underlying Risk Factors (Actual Causes of Death)	
Cardiovascular Disease	Tobacco use Elevated serum cholesterol High blood pressure	Obesity Diabetes Sedentary lifestyle
Cancer	Tobacco use Improper diet	Alcohol Occupational/environmental exposures
Cerebrovascular Disease	High blood pressure Tobacco use	Elevated serum cholesterol
Accidental Injuries	Safety belt noncompliance Alcohol/substance abuse Reckless driving	Occupational hazards Stress/fatigue
Chronic Lung Disease	Tobacco use	Occupational/environmental exposures

Source: National Center for Health Statistics/US Department of Health and Human Services, Health United States: 1987. DHHS Pub. No. (PHS) 88–1232.

Nutrition, Physical Activity & Weight

Nutrition

About Healthful Diet & Healthy Weight

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people's—particularly children's—food choices.

- Healthy People 2020 (www.healthypeople.gov)

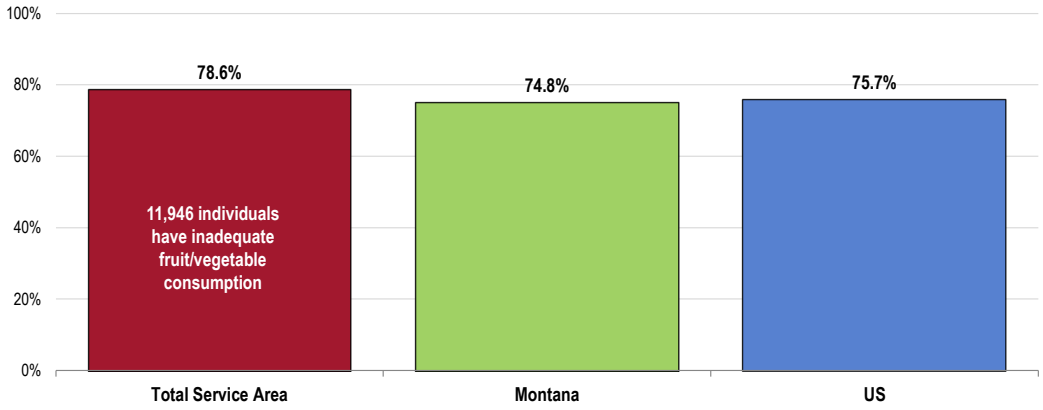
Fruits/Vegetable Consumption

A total of 78.6% of Total Service Area adults (representing 11,946 individuals) get less than the recommended five servings of fruits and/or vegetables per day.

- Comparable to statewide findings
- Comparable to national findings.

Less Than 5 Servings of Fruits and Vegetables Each Day

(2005-2009)



Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (2005-09). Accessed via the Health Indicators Warehouse.
- Retrieved January 2016 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percent of adults age 18+ who are consuming less than 5 servings of fruits and vegetables each day. This indicator is relevant because current behaviors are determinants of future health, and because unhealthy eating habits may cause of significant health issues, such as obesity and diabetes.
- *Total Service Area data does not include Daniels County.

Low Food Access (Food Deserts)

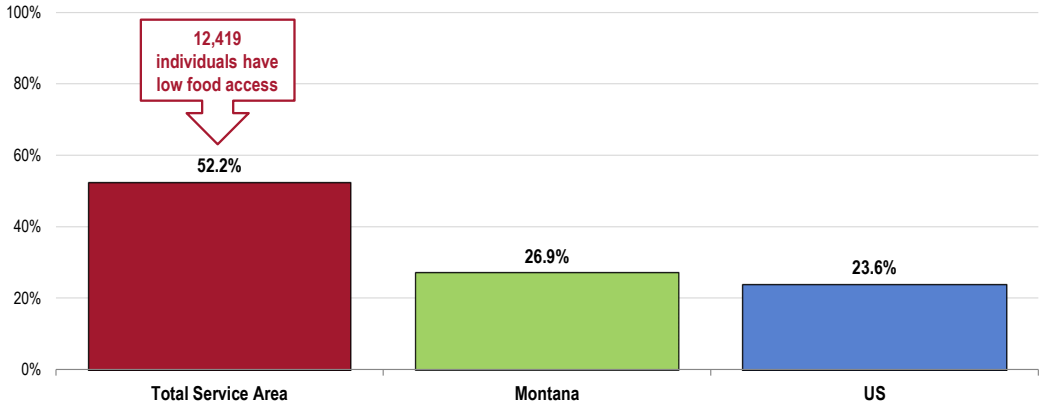
A food desert is defined as a low-income area where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas.

US Department of Agriculture data show that over one-half (52.2%) of the Total Service Area population (representing approximately 12,400 residents) have low food access or live in a "food desert," meaning that they do not live near a supermarket or large grocery store.

- Nearly twice the statewide findings.
- Notably less favorable than national findings.

Population With Low Food Access

(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2010)

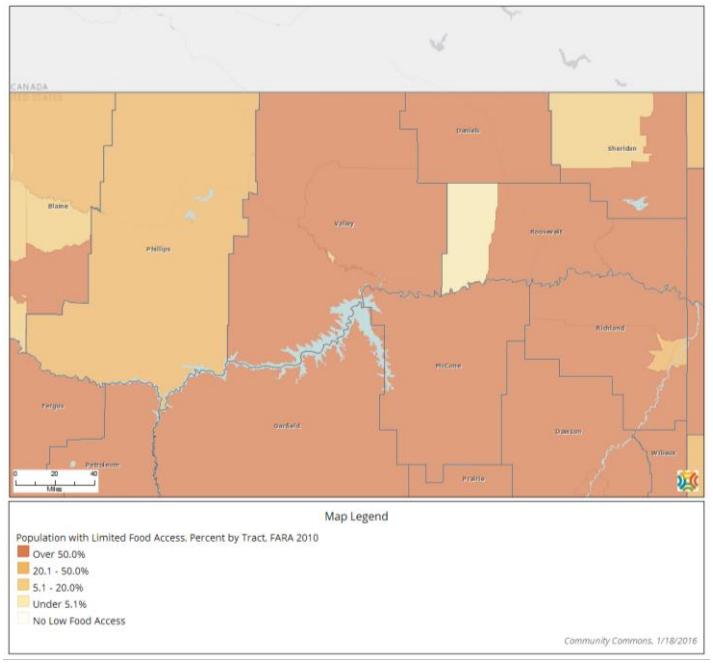


Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA): 2010.
- Retrieved January 2016 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as low-income areas where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas. This indicator is relevant because it highlights populations and geographies facing food insecurity.

- The following map provides an illustration of food deserts by census tract. Geographically, food deserts are prevalent throughout most of the service area, with lowest food access evident in census tracts in Daniels, Valley, and central/eastern Roosevelt counties.

Population With Limited Food Access, Percent by Tract, FARA 2010



Physical Activity

About Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults and older adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity: gender (boys); belief in ability to be active (self-efficacy); and parental support.

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity: parental education; gender (boys); personal goals; physical education/school sports; belief in ability to be active (self-efficacy); and support of friends and family.

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

- Healthy People 2020 (www.healthypeople.gov)

Lack of Leisure-Time Physical Activity

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

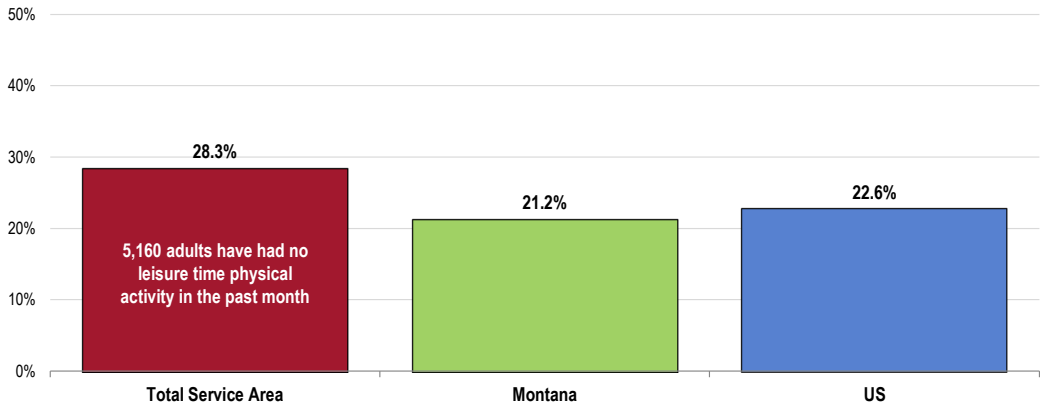
A total of 28.3% of Total Service Area adults (representing 5,160 individuals) report no leisure-time physical activity in the past month.

- Less favorable than statewide findings.
- Less favorable than national findings.
- Satisfies the Healthy People 2020 target (32.6% or lower).

No Leisure-Time Physical Activity in the Past Month

(2012)

Healthy People 2020 Target = 32.6% or Lower



Sources:
- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion (2012).
- Retrieved January 2016 from Community Commons at http://www.chna.org.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1].

Notes:
- This indicator reports the percent of adults aged 20+, who self-report no leisure time for activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?". This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

Weight Status

About Overweight & Obesity

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

- Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared ($inches^2$)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI ≥30 kg/m^2. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI ≥30 kg/m^2, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2.

- Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Classification of Overweight and Obesity by BMI	BMI (kg/m^2)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Obesity

A total of 30.5% of Total Service Area adults age 20 and older (representing 5,290 individuals) are obese.

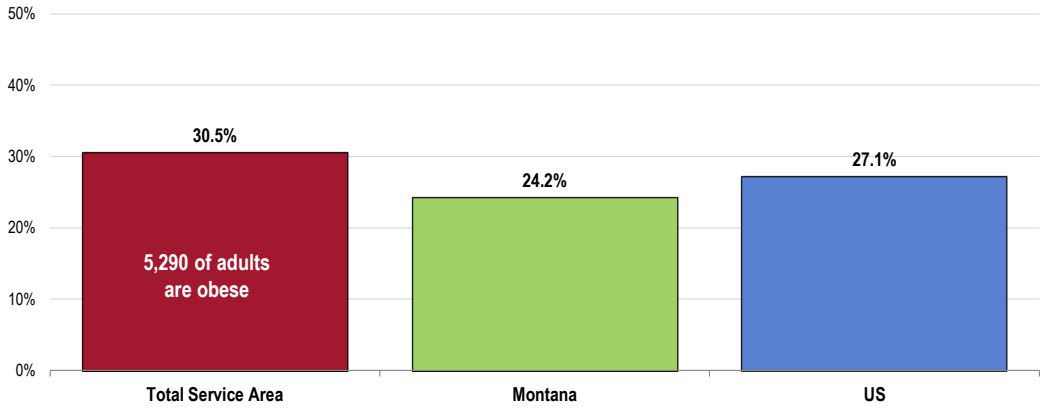
"Obese" includes respondents with a BMI value ≥30.0.

- Higher than Montana findings.
- Higher than US findings.
- Identical to the Healthy People 2020 target (30.5% or lower).

Adults Age 20 and Older Who Are Obese

(Body Mass Index ≥ 30.0; 2012)

Healthy People 2020 Target = 30.5% or Lower



Sources:
- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion (2012).
- Retrieved January 2016 from Community Commons at http://www.chna.org.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9].

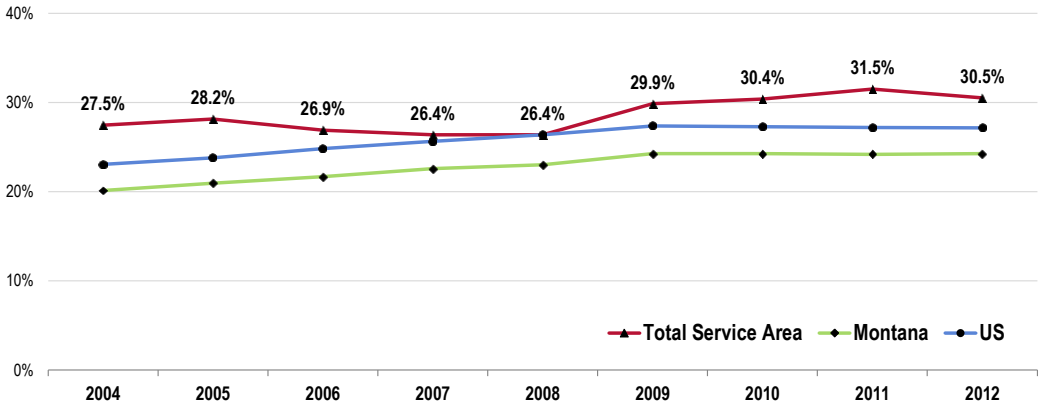
Notes:
- This indicator reports the percent of adults aged 20+ who self-report that they have a Body Mass Index (BMI) of 30.0 or greater (obese). This indicator is relevant because excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

- TREND: Following a sharp increase in 2009, obesity in the service area has remained relatively stable.

Trend in Adults 20+ Who Are Obese

(Body Mass Index ≥ 30.0)

Healthy People 2020 Target = 30.5% or Lower



Sources:
- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion (2012).
- Retrieved January 2016 from Community Commons at http://www.chna.org.

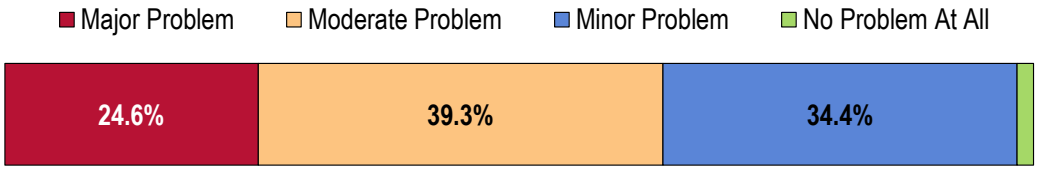
Notes:
- This indicator reports the percent of adults aged 20+ who self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese) in the report area. This indicator is relevant because excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Key Informant Input: Nutrition, Physical Activity & Weight

Nearly two-fifths of key informants taking part in an online survey characterized *Nutrition, Physical Activity & Weight* as a "moderate problem" in the community.

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community

(Key Informants, 2016)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Lack of Healthy Choices

> *Lack of community activities. Lack of fresh produce. Lack of education. Expense of healthy food. - Public Health Representative (Valley County)*
>
> *No community gym or exercise classes. No cohesive community support for weight loss and exercise. - Community/Business Leader (Daniels County)*

The cost related to access indoor equipment and information available on nutrition, weight, and staying healthy. - Other Health Provider (Valley County)

There is a lack of safe walking paths in our city. Lots of people want to get healthy and use walking as a way to increase healthy behavior. Many of them use the airport road which lacks a safe shoulder to walk on. - Community/Business Leader (Valley County)

A lack of variety or choices for adults to exercise. - Other Health Provider (Valley County)

Access to Quality and Affordable Healthy Food

A lack of year-round, affordable access to a wide variety of fresh, nutritious fruits and vegetables contributes to the nutrition issue in our community, as does the predilection for fast and deep-fried foods. I also believe that a small number of options for adult-friendly physical activities contributes to weight issues within Valley County. - Community/Business Leader (Valley County)

Inadequate grocery store in Wolf Point. Only the one store. Very expensive. - Community/Business Leader (Roosevelt County)

Culture

The culture of our community likes to eat and drink well. We tend to remain sedentary during winter. I suspect we have a high rate of obesity. - Other Health Provider (Valley County)

Weather, bad habits, social pressure, work load. - Community/Business Leader (Valley County)

Advocacy

We have WIC, SNAP, Food Bank available to our lower income and aged population; however, I don't see any group or organization that is the advocate for nutrition in our community. There is staff at WIC, and they will answer questions on the phone and make specific appointments with families if necessary, but this only goes to age six. Community is not advised as to the nutritional needs of the different age groups or community members are not given the resources if they have those needs. We have a civic center and an events center, but both are membership or sport driven to participate. Our community parks are run down and need rehabilitation. Our swimming pool looks like it's going to implode at any moment. And again it all depends on what funds you have to participate. - Community/Business Leader (Valley County)

Prevalence/Incidence

Obesity epidemic here too. Limited exercise facilities available and weather makes outdoor activities seasonal. Limited access to fresh fruits and vegetables at affordable prices in winter. - Other Health Provider (Valley County)

Access to Care/Services

Access to counseling. - Public Health Representative (Daniels County)

Substance Abuse

About Substance Abuse

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

- Healthy People 2020 (www.healthypeople.gov)

Excessive Drinking

A total of 22.2% of area adults drink alcohol excessively.

This indicator reports the percentage of adults aged 18 and older who self-report:

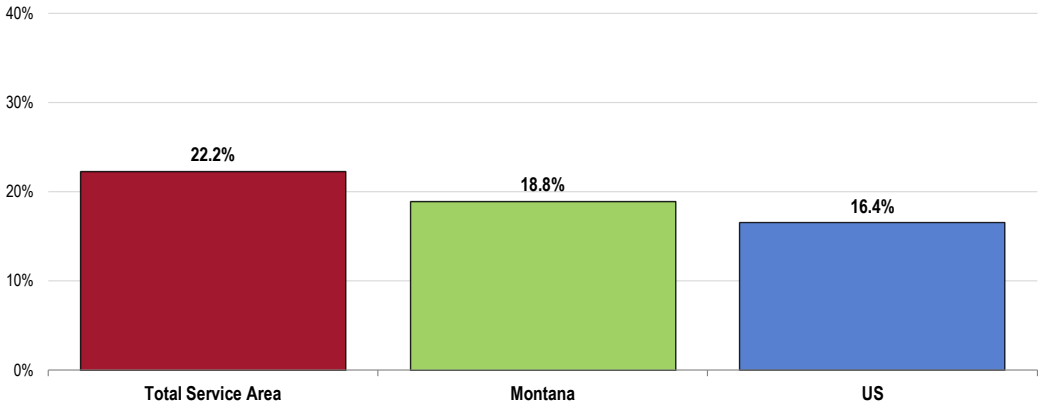
heavy drinking (defined as more than two drinks per day on average for men and one drink per day on average for women)

or

binge drinking (5 or more drinks on a single occasion for men, 4 or more drinks on a single occasion for women).

- Less favorable than the statewide proportion.
- Less favorable than the national proportion.
- Satisfies the Healthy People 2020 target (25.4% or lower).

Excessive Drinking
(2006-2012)
Healthy People 2020 Target = 25.4% or Lower



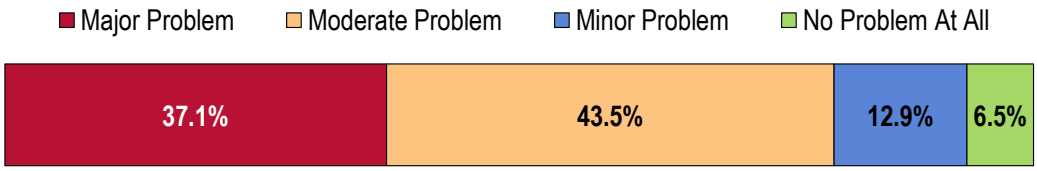
Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (2006-12). Accessed via the Health Indicators Warehouse.
- Retrieved January 2016 from Community Commons at http://www.chna.org.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-15].

Notes:
- This indicator reports the percentage of adults aged 18 and older who self-report heavy drinking (defined as more than two drinks per day on average for men and one drink per day on average for women) or binge drinking (5 or more drinks on a single occasion for men, 4 or more drinks on a single occasion for women). This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs.

Key Informant Input: Substance Abuse

Key informants taking part in an online survey most often characterized *Substance Abuse* as a "moderate problem" in the community.

Perceptions of Substance Abuse as a Problem in the Community
(Key Informants, 2016)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Barriers to Treatment

Among those rating this issue as a "major problem," the greatest barriers to accessing substance abuse treatment are viewed as:

Lack of Providers/Services

No qualified people. Hiring shortage. - Community/Business Leader (Valley County)

Lack of local services, including out-patient service monitoring. - Other Health Provider (Valley County)

The treatment programs across the state are always full. AA programs are often unavailable or inconsistent. Primary care providers aren't trained in this area. Lack of money to participate. Society, culture of acceptance. - Physician (Daniels County)

Limited amount of treatment centers and licensed addition counselors in the area. No halfway or step down programs available in the area. No day treatment facilities or one on one treatment available to people returning from treatment. - Other Health Provider (Valley County)

Access to treatment centers and barriers to getting to facilities for treatment due to being in rural areas, and treatment centers many miles away. - Community/Business Leader (Valley County)

There is not a credible substance abuse treatment facility in the county. - Community/Business Leader (Roosevelt County)

Stigma

Funding. Stigma. Lack of sober activities. Lack of employment opportunities. Lack of professionals. Lack of education. - Public Health Representative (Valley County)

Embarrassment, no desire to change, depression, low income. - Community/Business Leader (Valley County)

The stigma of treatment. The thoughts are there is nothing else to do in this town. - Physician (Valley County)

I believe that both the fear of social consequences as the use of substances such as alcohol in social situations are accepted and expected to be a normal part of life in this community. Wide availability of substances is the greatest barrier that prevents people from accessing treatment for substance abuse. - Community/Business Leader (Valley County)

Lack of Desire to Change

They don't feel they need it. They aren't ready to change. Peer pressure. - Physician (Roosevelt County)

When people are addicted to substances physically and psychologically, small daily mental health victories are seldom more attractive than the brief stress relief or high from using substances. There is no inpatient treatment in Valley County, and even after inpatient treatment elsewhere, all the subtle cues that support wanting to use are still present when patients return. People are often unaware of services available to them, and are unwilling to find out. Many people feel unsafe when disclosing they have an addiction. Often the substances they use increase their paranoia. Using friends are often unsupportive of changes in behavior. - Community/Business Leader (Valley County)

Lack of believing that it is not controllable and therefore abuse. There is little here to help them unless they've been dictated to by law enforcement. - Community/Business Leader (Valley County)

Culture

Drinking is so socially acceptable in this area and people tend to over use. - Community/Business Leader (Valley County)

With respect to Daniels County alcohol consumption is so common place, many don't recognize it even as problematic. Many have been raised on it or around it, thus have difficulty in knowing how to act, behave, socialize, or entertain themselves without it. Population tends to be stoic, thus less likely to recognize a problem, let alone accept help for it. As day treatment is not available, it would require a person to go away for at least a month to Billings or other city with in-patient treatment capabilities. Too inconvenient for a population that, in general, surprisingly and in contrast to many other places, does value work. Health insurances are getting better about coverage, but simply put, if they have to pay for it, they won't do it. Support groups wax and wane and are only as good as those involved, make it. A person I know recovering as a drug addict was turned down by AA because we don't take drug addicts or any of those hardcore alcoholics. - Other Health Provider (Daniels County)

Lack of Education/Awareness

> *Education and knowing the services are available. - Other Health Provider (Valley County)*

Distance to Treatment

> *Proximity to nearest treatment facility. - Community/Business Leader (Phillips County)*

Prevalence/Incidence

> *People are always getting busted for marijuana or meth. If people are getting busted for selling it, someone is obviously buying it. - Social Services Provider (Valley County)*

Most Problematic Substances

Key informants (who rated Substance Abuse as a "major problem") most often identified *alcohol*, *methamphetamines or other amphetamines, marijuana,* and *prescription medications* as the most problematic substances abused in the community.

	Most Problematic	Second-Most Problematic	Third-Most Problematic	Total Mentions
Alcohol	**78.3%**	**21.7%**	**0.0%**	**23**
Methamphetamines or Other Amphetamines	**17.4%**	**39.1%**	**21.7%**	**18**
Marijuana	**0.0%**	**17.4%**	**34.8%**	**12**
Prescription Medications	**4.3%**	**17.4%**	**26.1%**	**11**
Synthetic Drugs (e.g. Bath Salts, K2/Spice)	**0.0%**	**4.3%**	**4.3%**	**2**
Over-The-Counter Medications	**0.0%**	**0.0%**	**8.7%**	**2**
Heroin or Other Opioids	**0.0%**	**0.0%**	**4.3%**	**1**

Tobacco Use

About Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes: cancer; heart disease; lung diseases (including emphysema, bronchitis, and chronic airway obstruction); and premature birth, low birth weight, stillbirth, and infant death.

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

- Healthy People 2020 (www.healthypeople.gov)

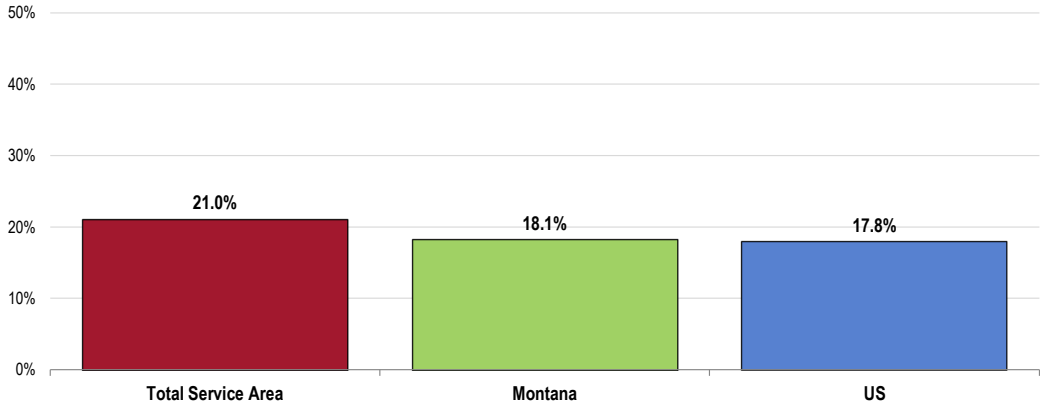
Cigarette Smoking

Cigarette Smoking Prevalence

A total of 21.0% of Total Service Area adults currently smoke cigarettes, either regularly or occasionally.

- Higher than statewide findings.
- Higher than national findings.
- Fails to satisfy the Healthy People 2020 target (12% or lower).

Current Smokers
(2006-2012)
Healthy People 2020 Target = 12.0% or Lower

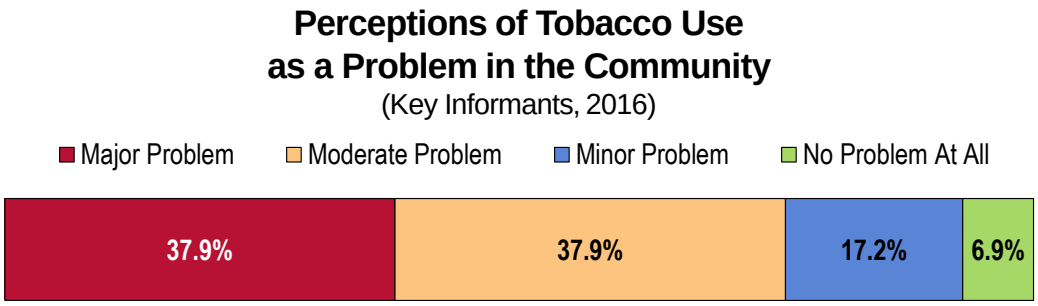


Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (2006-12). Accessed via the Health Indicators Warehouse.
- Retrieved January 2016 from Community Commons at http://www.chna.org.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1].

Notes:
- This indicator reports the percent of adults aged 18+ who self-report currently smoking cigarettes some days or every day. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease.

Key Informant Input: Tobacco Use

Key informants taking part in an online survey equally characterized *Tobacco Use* as a "major problem" and "moderate problem" in the community.



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Prevalence/Incidence

There is still a fairly large percentage of smokers. The aging population but also many new smokers among the young. - Other Health Provider (Valley County)

Tobacco use in this community is so prevalent that it is usually seen as the norm and not a problem. Nicotine use is often used to thwart anxiety, and then the absence of nicotine creates anxiety, so it's quite a battle for people to quit and improve their physical and mental health. - Community/Business Leader (Valley County)

There is still a great portion of the population in this county that smokes or uses smokeless tobacco. It is handed down from generation to generation and the young people pick it up quickly and easily. And often there is not reaction that this is not a healthy habit from the adults of the community. If you live on a farm or if grandpa chewed then you can to. It's expected and it's okay. - Community/Business Leader (Valley County)

Eastern Montana has a high use of tobacco. - Social Services Provider (Valley County)

There is a high rate of tobacco use for the population of a community of this size. - Community/Business Leader (Valley County)

Chewing and smoking tobacco in my opinion have always been a problem. Not just with adults either. It goes all the way to high school and junior high levels. - Social Services Provider (Valley County)

Community Acceptance

Acceptance of its use, modeling from others. - Other Health Provider (Valley County)

It has been socially acceptable for generations, especially chew tobacco for ranchers. - Community/Business Leader (Roosevelt County)

It seems to be an accepted behavior in our community. Young children are seen chewing or smoking. - Physician (Roosevelt County)

Young People

Way too many of our young people chew. - Community/Business Leader (Valley County)

There are a lot of people who smoke and a lot of young people who smoke. - Physician (Valley County)

> *More and more young people, teenagers and young adults are smoking in the community. - Community/Business Leader (Valley County)*

Lack of Resources

> *I have not seen or heard anything available to help quit. - Other Health Provider (Valley County)*
>
> *There are limited treatment options to deal with addiction, of any kind. - Other Health Provider (Valley County)*

Accessibility

> *Why is tobacco use a problem anywhere? It is easily obtained and difficult to quit once started. - Community/Business Leader (Phillips County)*

Access to Health Services

Professional Research Consultants, Inc.

Lack of Health Insurance Coverage

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Among adults age 18 to 64 in the Total Service Area, 30.2% report having no insurance coverage for healthcare expenses.

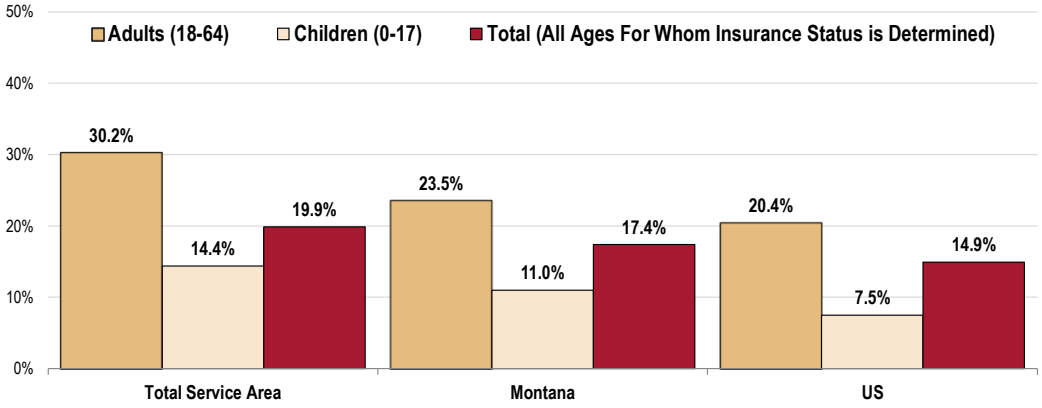
- Worse than the state finding.
- Worse than the national finding.
- The Healthy People 2020 target is universal coverage (0% uninsured).

Additionally, among children age 0 to 17 in the Total Service Area, 14.4% have no insurance coverage for healthcare expenses.

Uninsured Population

(2009-2013)

Healthy People 2020 Target = 0.0%

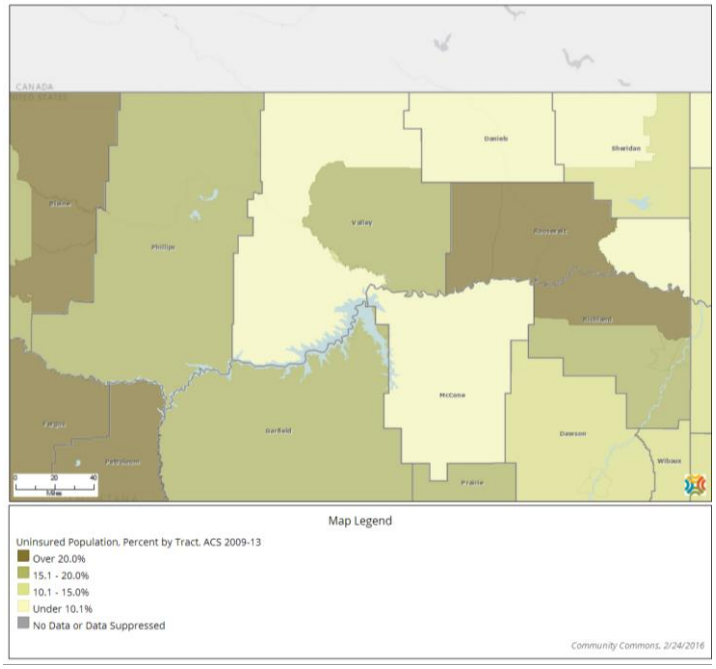


Sources:
- U.S. Census Bureau, Small Area Health Insurance Estimates (2013). & American Community Survey 5-year estimates (2009-2013).
- Retrieved January 2016 from Community Commons at http://www.chna.org.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1.1].

Notes:
- The lack of health insurance is considered a *key driver* of health status. This indicator is relevant because lack of insurance is a primary barrier to healthcare access (including regular primary care, specialty care, and other health services) that contributes to poor health status.

- Lack of health insurance is highest in the western and central portions of Roosevelt County.

Uninsured Population, Percent by Tract, ACS 2009-2013



Difficulties Accessing Healthcare

About Access to Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

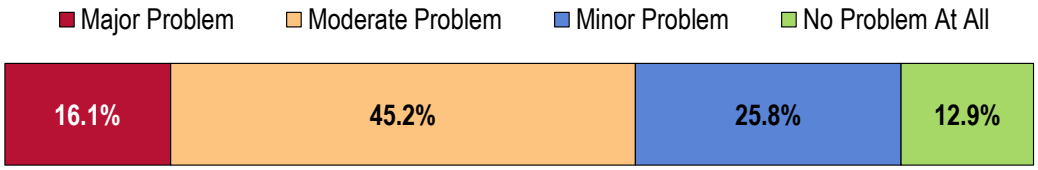
Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

- Healthy People 2020 (www.healthypeople.gov)

Key Informant Input: Access to Healthcare Services

The largest share of key informants taking part in an online survey characterized *Access to Healthcare Services* as a "moderate problem in the community.

Perceptions of Access to Healthcare Services as a Problem in the Community
(Key Informants, 2016)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Transportation/Distance to Services

> *Long distances and no specialty physicians in close proximity. Primary care is quite well-handled. - Community/Business Leader (Daniels County)*
>
> *We have a clinic and a semi-hospital. Most major medical issues are always referred on to Billings or the client is given the opportunity to seek other medical assistance. The rotating schedule of the clinic specialist physicians does not garner immediate care. All of this impacts the cost of service to the client whether it is because of travel, additional doctor services out of the community or lack of service availability. If there is an emergency situation the client needs to be transported by air, the ramifications and the choices that the individual must make on behalf of their family income is daunting. - Community/Business Leader (Valley County)*

Many people who live in poverty do not have adequate transportation options. Only the most basic of health services are available here. There are long distances to specialty care. Distance makes it impossible to utilize anything requiring repeat visits such as physical therapy or mental health visits. If a person has a job, it takes 16 hours of sick leave to go to a larger town for specialty care for a single appointment. The elderly give up on specialty care after about age 80. They simply cannot travel the distances required. - Community/Business Leader (Roosevelt County)

Lack of transportation for individuals with low income. - Public Health Representative (Valley County)

Cost

People can't afford health care costs. The insurance even under the new health care coverage, the co-pay, the cost of prescription medications, traveling to go to pain management clinics. This makes people do stupid things like self-medicate and not address their health concerns when the problems could be less complex or advanced. - Community/Business Leader (Valley County)

The cost of health care. People don't go because they can't afford preventative care so end up in the Emergency Room. - Physician (Valley County)

Emergency Care

Ambulance service and EMS personnel. Many rural areas are experiencing shortages of people that are trained to staff the ambulance services. - Community/Business Leader (Valley County)

Emergency care availability. Ambulance and EMT care is limited. - Community/Business Leader (Phillips County)

Access to Care/Services

Phillips County has very little in terms of general health care services that are even adequate. We have poor quality providers who prescribe painkillers and two weeks' rest as standard diagnosis for most problems. Many people in town will choose to travel to Glasgow, Havre, Billings, rather than go to the local providers for anything other than a cough. Those who cannot afford to travel those distances either go without treatment or make due with substandard treatment. - Physician (Phillips County)

Lack of Education/Awareness

People who may qualify for sliding scale services, medication assistance programs, and breast, cervical health programs don't even know the programs are available. Many people can't read well enough to fill out the forms. People are so buried in debt that they don't want to get preventive care because they can't afford the bills. Prescriptions go unfilled due to cost. Not all towns and counties have welfare and social service offices. People can't trust their vehicles and afford to travel. The young people, under insured people, mentally ill people, and elderly people who need assistance often are intimidated by the people who run the programs. They feel that the relationship is adversarial rather than supportive. - Physician (Daniels County)

Lack of Home Health Services

A complete lack of home health services. I suspect many hospitalizations could be prevented and medical conditions better managed to reduce complications and improve quality of life for seniors in particular if a well-organized and staffed home health service was available in our community. - Other Health Provider (Valley County)

Staff Turnover

Staffing organizations that provide health care in all aspects is a major problem. Turnover is high in the hourly positions of CNA's. I believe there are many factors that contribute to this concern. - Social Services Provider (Valley County)

VA Services

VA services are not meeting veterans' needs. HIS also struggles to meet needs of their people. - Physician (Daniels County)

Co-Occurrences

Mental health. - Other Health Provider (Valley County)

Type of Care Most Difficult to Access

Key informants (who rated this as a "major problem") most often identified *mental health care* as the most difficult to access in the community.

	Most Difficult to Access	Second-Most Difficult to Access	Third-Most Difficult to Access	Total Mentions
Mental Health Care	**44.4%**	**33.3%**	**0.0%**	**7**
Specialty Care	**11.1%**	**22.2%**	**0.0%**	**3**
Substance Abuse Treatment	**11.1%**	**11.1%**	**14.3%**	**3**
Dental Care	**11.1%**	**11.1%**	**0.0%**	**2**
Hospice Care	**11.1%**	**0.0%**	**14.3%**	**2**
Prenatal Care	**0.0%**	**22.2%**	**0.0%**	**2**
Palliative Care	**0.0%**	**0.0%**	**28.6%**	**2**
Elder Care	**11.1%**	**0.0%**	**0.0%**	**1**
Chronic Disease Care	**0.0%**	**0.0%**	**14.3%**	**1**
Primary Care	**0.0%**	**0.0%**	**14.3%**	**1**
Urgent Care	**0.0%**	**0.0%**	**14.3%**	**1**

Primary Care Services

About Primary Care

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

- Healthy People 2020 (www.healthypeople.gov)

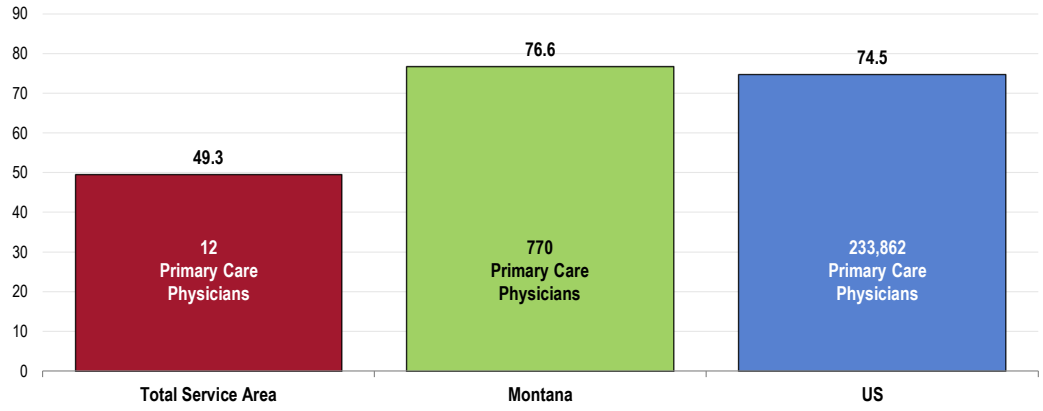
Access to Primary Care

In the Total Service Area in 2012, there were 12 primary care physicians, translating to a rate of 49.3 primary care physicians per 100,000 population.

- Well below the primary care physician-to-population ratio found statewide.
- Well below the ratio found nationally.

Access to Primary Care

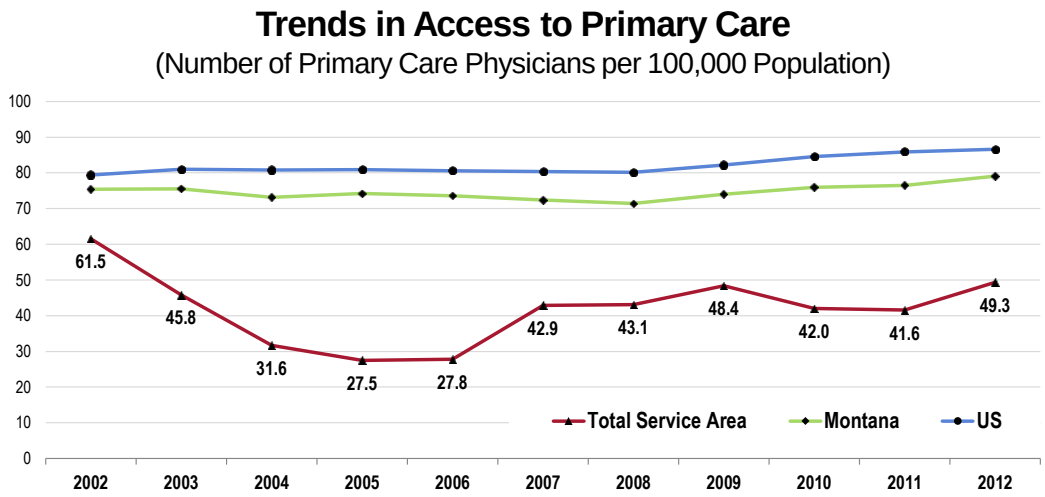
(Number of Primary Care Physicians per 100,000 Population, 2012)



Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File: 2012.
- Retrieved January 2016 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

- Note the following trend in access to primary care.



Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File: 2012.
- Retrieved January 2016 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.
- These figures represent all primary care physicians practicing patient care, including hospital residents. In counties with teaching hospitals, this figure may differ from the rate reported in the previous chart.

Oral Health

About Oral Health

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include: **tobacco use; excessive alcohol use;** and **poor dietary choices**.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Barriers that can limit a person's use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

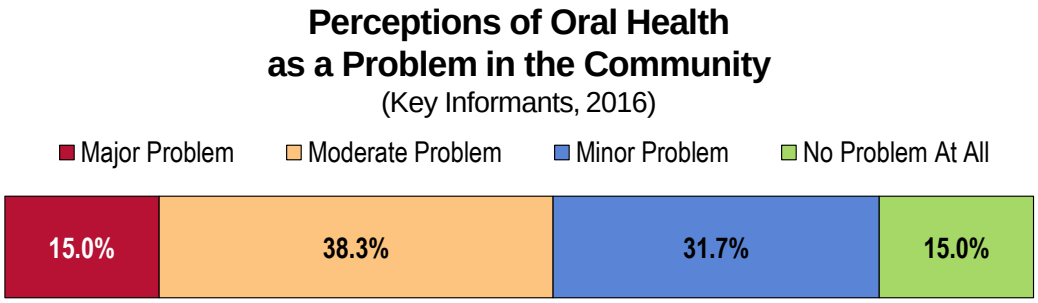
Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

- Healthy People 2020 (www.healthypeople.gov)

Key Informant Input: Oral Health

Key informants taking part in an online survey generally characterized *Oral Health* as a "moderate problem" in the community.



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Distances to Treatment

> *There is one dentist in Malta. Most people in town either go without treatment or travel to neighboring towns to receive treatment. Those needing dental help must travel long distance to get it which can be a deterrent to those on low income, or those who have difficulty traveling. It is especially hard on students who often have to wait long times to get checkups, dental work, or braces adjusted. Checkups often mean missing entire days of school due to the long travel distance that is required. We have numerous students who miss a full day of school to travel to Havre to have 10 minutes of adjustment conducted to their braces. - Physician (Phillips County)*

> *Many people go out of town for dental care. - Community/Business Leader (Valley County)*

Access to Care

> *The only dentist takes emergency appointments only. - Community/Business Leader (Phillips County)*

Local Resources

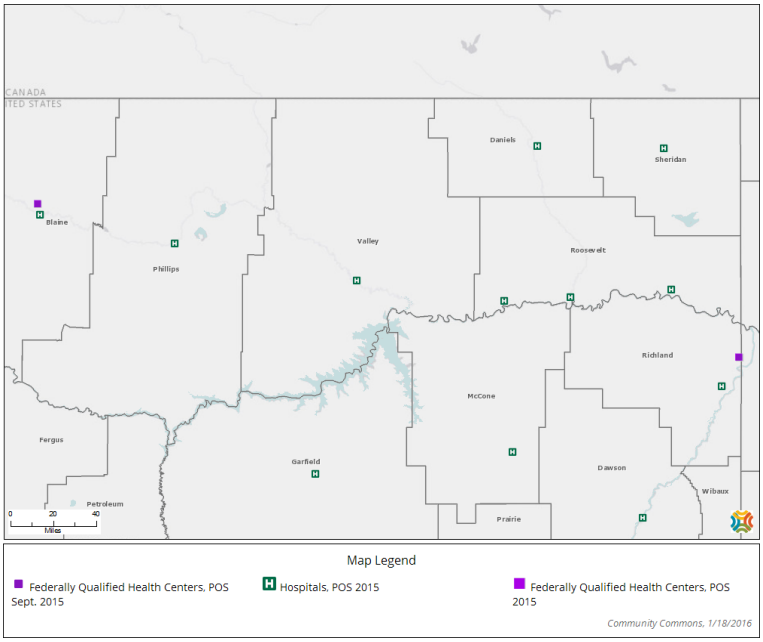
Professional Research Consultants, Inc.

Healthcare Resources & Facilities

Hospitals & Federally Qualified Health Centers (FQHCs)

As of September 2015, there were 6 hospitals but no Federally Qualified Health Centers (FQHCs) within the Total Service Area.

Hospitals & Federally Qualified Health Centers, POS Sept. 2015



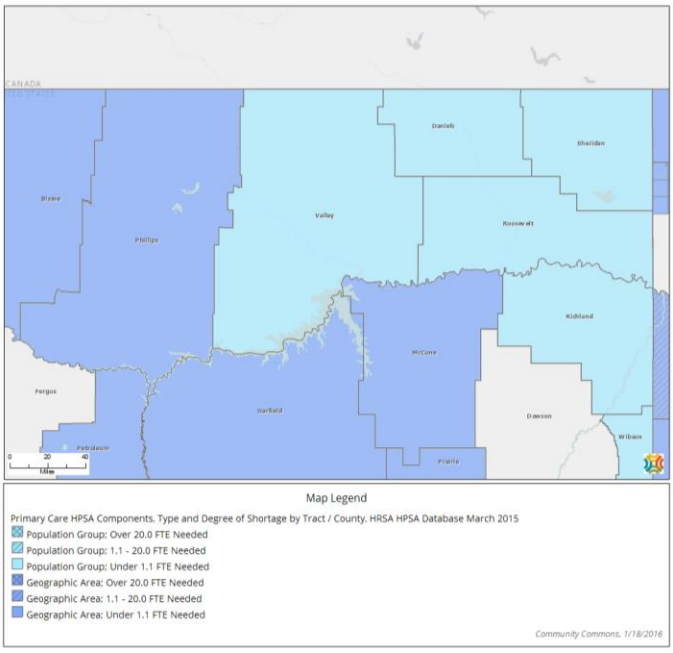
Source: US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services (POS) File: Sept. 2015.

Health Professional Shortage Areas (HPSAs)

As of March 2015, all of the counties comprising the Total Service Area have been designated by the US Department of Health and Human Services as health professional shortage areas (HPSAs).

A "health professional shortage area" (HPSA) is defined as having a shortage of primary medical care, dental or mental health professionals.

Population Living in a HPSA, Percent, HRSA HPSA Database March 2015



Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) available to address the significant health needs identified in this report. This list is not exhaustive, but rather outlines those resources identified in the course of conducting this Community Health Needs Assessment.

Access to Healthcare Services

- *Community Health Representatives for Native Americans*
- *Daniels Memorial Healthcare*
- *Doctor's Office*
- *Eastern Montana Community Mental Health Center*
- *Fort Peck Transit*
- *Frances Mahon Deaconess Hospital*
- *Local Advisory Council*
- *Medicaid/Medicare*
- *Medical Center*
- *Phillips County Family Health Clinic*
- *Phillips County Health Nurse*
- *Phillips County Hospital*
- *Visiting Specialists*

Arthritis, Osteoporosis & Chronic Back Conditions

- *Chiropractors*
- *Daniels Memorial Healthcare*
- *Doctor's Office*
- *Fort Peck Wellness Center*
- *Frances Mahon Deaconess Hospital*
- *Glasgow Clinic/Hospital*
- *Occupational Therapy*
- *Pharmacy*
- *Physical Therapy*
- *Visiting Specialists*

Cancer

- *Cancer Treatment Center*
- *Community Support*
- *Daniels County Health Department*
- *Daniels Memorial Healthcare*
- *Frances Mahon Deaconess Hospital*
- *Glasgow Clinic/Hospital*
- *Montana Tobacco Quit Line, 1-800-QUIT-NOW*
- *Sletten Cancer Center*
- *Support Groups*
- *Trinity Hospital*
- *Valley County Health Department*
- *Visiting Specialists*

Chronic Kidney Disease

- *Frances Mahon Deaconess Hospital*

Dementias, Including Alzheimer's Disease

- *Daniels Memorial Healthcare*
- *Eastern Montana Community Mental Health Center*
- *Glasgow Clinic/Hospital*
- *Prairie Ridge Assisted Living*
- *Roosevelt Medical Center Nursing Home*
- *Sunshine Square*
- *Valley County Mental Health*
- *Valley View Home*
- *Visiting Specialists*

Diabetes

- *24 Hour Fitness*
- *Civic Center*
- *Daniels Memorial Healthcare*
- *Fort Peck Wellness Center*
- *Frances Mahon Deaconess Hospital*
- *Glasgow Clinic/Hospital*
- *IHS Diabetes Education*
- *Nutrition Consule*
- *Visiting Specialists*

Family Planning

- *Frances Mahon Deaconess Hospital*
- *Glasgow Clinic/Hospital*
- *IHS Clinics*
- *Listerud Rural Health Clinic*
- *Roosevelt County Health Department*

- *Valley County Health Department*

Hearing & Vision

- *Frances Mahon Deaconess Hospital*
- *Glasgow Eye Care*
- *Hi-Line Eye Care*
- *Office of Public Instructions*
- *VA Services*

Heart Disease & Stroke

- *Civic Center*
- *Daniels Memorial Healthcare*
- *Doctor's Office*
- *Frances Mahon Deaconess Hospital*
- *Glasgow Clinic/Hospital*
- *Occupational Therapy*
- *Physical Therapy*
- *Recreational Activities*
- *STAT Air Transport*

HIV/AIDS

- *Health Department*
- *Valley County Health Department*

Infant & Child Health

- *Doctor's Office*
- *DPHHS*
- *Foster Parents*
- *Head Start*
- *Hi-Line Home Programs*
- *IHS*
- *OB Nurses*
- *Phillips County Family Health Clinic*
- *Phillips County Hospital*
- *Roosevelt County Health Department*
- *Valley County Health Department*
- *Youth Dynamics Inc.*

Injury & Violence

- *Area Schools*
- *CPS/APS*
- *Eastern Montana Community Mental Health Center*
- *Glasgow Police Department*
- *Law Enforcement*
- *Mental Health Providers*
- *Women's Resource Center*

Mental Health

- *Area Schools*
- *Avera*
- *AWARE*
- *Daniels Memorial Healthcare*
- *DEAP*
- *Drug Court*
- *Eastern Montana Community Mental Health Center*
- *Frances Mahon Deaconess Hospital*
- *Glasgow Clinic/Hospital*
- *Head Start*
- *Hi-Line Home Programs*
- *LAC*
- *Medicaid/Medicare*
- *Mental Health Providers*
- *Northeast Montana Mental Health*
- *Office of Public Assistance*
- *School System*
- *Telemedicine*
- *University of Montana Grant for Suicide Prevention*
- *Women's Resource Center*
- *Youth Dynamic Inc.*

Nutrition, Physical Activity & Weight

- *24 Hour Fitness*
- *AAU Programs*
- *City/County Cooperation*
- *Civic Center*
- *Events Center*
- *Farmer's Market*
- *Food Bank*
- *Frances Mahon Deaconess Hospital*
- *Glasgow Recreation Department*
- *Kraze Fitness*
- *Meals on Wheels*
- *MSU Extension Programs*
- *Nutrition Consule*
- *Public Health*
- *Recreational Activities*
- *School System*
- *Swimming Pool*
- *Valley County Health Department*
- *WIC*

Oral Health

- *Budde Dentistry*
- *Dentist's Office*

Doctor's Office

Respiratory Diseases

Frances Mahon Deaconess Hospital
Glasgow Clinic/Hospital
Home Oxygen Supply
Valley County Health Department

Sexually Transmitted Diseases

Glasgow Clinic/Hospital
IHS
Valley County Health Department

Substance Abuse

AA/NA
Churches
Daniels Memorial Healthcare
Eastern Montana Community Mental Health Center
Glasgow Clinic/Hospital
Glasgow Job Service
Hospital
IHS
Law Enforcement
Ministerial Association
Northeast Montana Mental Health
Spotted Bull
Substance Abuse Counselor
Valley County Health Department
Valley County Mental Health

Tobacco Use

Area Schools
Eastern Montana Community Mental Health Center
Frances Mahon Deaconess Hospital
Glasgow Clinic/Hospital
IHS
Local Health Care
Mental Health Providers
Montana Tobacco Quit Line, 1-800-QUIT-NOW
National Hotline
Quit Line
Roosevelt County Health Department
School System
Spotted Bull
Valley County Health Department