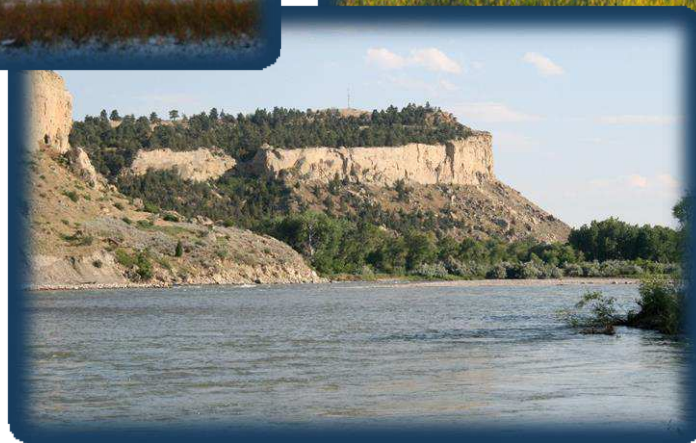


Richland County Quality of Life Assessment

2015-2018



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Executive Summary

This document is a summation of a community building process that is ongoing. It is the vision of Richland County and the **Communities In Action** Steering Committee to continually review and up-date the assessment materials included in this document. In recent years, this process has proven to be extremely important in dealing with quality of life challenges that have come with increase and then the decrease of oil production in our county and surrounding areas. Richland County has been profoundly impacted because of a rapid changes in population. Having a process in place has been valuable in identifying challenges quickly and a mechanism in place to address the challenges. In addition, engaging in this practice creates and maintains partnerships that are sustained through continual engagement in the community building process: Assess, Plan, Act, and Evaluate.



The foundation for the community building process is “Mobilizing Action through Partnership and Planning” or MAPP. A committed steering committee of county leaders guides the process. Today the committee also includes representatives from each action group who report progress and provides feed-back to the steering committee members.

This document and the enclosed assessment material is meant to be dynamic in the sense that it’s meant to be a living document that does not sit on a shelf. The identified action steps have been assigned to **action groups** that are made up of organizations, agencies, community groups, and individuals that wish to contribute to solutions by sharing resources. At annual “State of the Community” – County-wide Conferences the accomplishment of action groups are reported and the community is asked to review the outcomes and set the course for the next year. The success of the process is evidenced by the community response to the county conferences that have been held for the past seven years. In 2016, town hall meetings are going to be held in the different communities rather than the “State of the Community”-County-wide Conference. It is the goal of Richland County and the steering committee members to maintain that community building process for many years to come.

Table of Contents

Vision and Values.....	4
Forces of Changes Assessment.....	5
Mission and Introduction.....	6-7
Demographics.....	8
Quick Facts from CASPER Assessment.....	9-12
Healthy Behaviors.....	13-16
Clinical Care.....	17-21
Social and Economic Factors.....	22-28
Physical Environment.....	29-33
Summary.....	34
Richland County Strategic Plan 2016-2019	
Casper Results 2015	
Community Health Profile 2015	
Assessment Analysis 2015	
Community Health Status and Indicators 2015	
County Health Rankings 2010-2015	
YRBS 1999-2015	
Richland County Aging Plan for 2015-2019	
Sidney Health Center Community Assessment	

Richland County's Vision for 2020

We envision Richland County as being a healthy community comprised of healthy individuals, economically thriving business, and a clean and safe place where families can grow.

- ❖ Welcoming and embracing
- ❖ Sustainable and self-reliant
- ❖ Safe and healthy
- ❖ With a variety of services to access
- ❖ Building and maintaining adequate infrastructure
- ❖ Safe guarding clean air and water

Values

Respect

Communication

Teamwork

Role modeling

Inclusiveness

Openness to try new ideas

Richland County's Forces of Change Assessment

Opportunities	Threats	Both(Opportunity/threat)
Diverse culture-different opportunities to learn how to serve these people	Increase in domestic violence (dangerous)	Exodus/economy decrease (creativity, resources used)-rent down, people losing jobs, people leaving town, life is getting back to normal
Quality of Life in Richland County	Increased family dysfunction-need to look at more (dangerous)	Rural and frontier nature
Richland Community Complex	Senior Citizens losing homes or being forced out of community	
Bike/Walk expansion	Data hacking/Scams/Banking	
Senior Center/Community Center in Fairview in process	Environment Health in general appearance	
LAC-grant opportunities (behavioral health)	Non diverse economy	
Eastern MT Alcohol Summit	Less volunteers	
Action for Eastern MT/Veteran Home Community Service Base	Aging population/not enough direct care	

Mission of Communities In Action

Utilize the community building process to continually assess quality of life in Richland County; create a dynamic plan; support mechanisms for action and a method for evaluation.

- Support the growth of Social Economic factors to improve the health of the community
- Provide quality Clinical Care
- Encourage the community to embrace healthy lifestyles and engage in healthy health behaviors
- Create an environmentally healthy community



Action:

...ment were identified by utilizing the following **assessment methods**: Photo... meetings, Community Meetings, and Community Assessment for Public Health (ASPER), and Community Health Status Assessment. The assessments are located... es. The Vision and Values where created by individuals attending our annual... analysis was done by the CIA Steering Committee

...ging community members in each assessment to gather information from... methods. An annual "State of the Community", Countywide Conference is held... materials from the year, identify countywide priorities and assign them to the... ps or create new action groups. This gives direction for the community to come together to address challenges. This year Town Hall meetings were used to address the issues in 6 communities and 3 schools.

Action groups provide a forum for agencies, businesses, community organizations and individuals to come together and direct resources toward the identified priorities. Action Groups are defined in asset sections as appropriate throughout this document.

Evaluation is an important aspect of the community building process. In 2006, the committee attempted to develop a “Social Health Index”. The process was difficult to manage, so the Communities In Action (CIA) steering committee has adopted the County Health Ranking developed and distributed by University of Wisconsin and the Robert Wood Johnson Foundation. The assessment document is broken into sections that correspond with the County Ranking. The sections will include areas of concern identified by community assessments and data.

Community “Quality of Life” Assessment Introduction: Richland County Health Department (RCHD), Sidney Health Center, and the Public Health and Safety Division (PHSD) collaborated to complete a Community Assessment for Public Health Emergency Response (CASPER). This was to gather primary data to improve the understanding of the health status of Richland County for a community health assessment, to establish a volunteer network, and to complete an emergency preparedness exercise. On July 29 and 30, 2015, the interview teams conducted 204 interviews, yielding a completion rate of 97.1%. The 204 interviewed households were a sample of the 4,659 total households in Richland County.

Successful collaborations occurred between the RCHD, the Sidney Health Center, PHSD, and other Richland County local public health system partners. These collaborations helped strengthen relationships and define roles of partners during a CASPER. Practicing the technique will be invaluable to the county and state in the event a CASPER will be needed during an emergency or disaster situation. Lessons learned during the process will help refine the technique for use in Richland County and in other Montana counties. RCHD was able to successfully find and utilize a volunteer network within the community through the Health Department’s RSVP program. The post-exercise evaluations showed persons participating in the CASPER would volunteer again if needed. RCHD now has a list of volunteers that can be engaged if needed for future exercises or emergency events.

The CASPER met the stated purposes of improving the understanding of the health status of Richland County, developing a volunteer workforce, and completing an emergency preparedness exercise. RCHD and local public health system partners gained granular local data that can be used in addition to other data sources to direct resources and improve services. Areas for potential public health interventions include continued efforts to decrease smoking, improve seat belt usage, increase influenza vaccine coverage, and to increase routine dental care. Improvements can be made to increase awareness of programs to help pay for health care expenses and to ensure and improve access to health care services.

Overall, results show residents feel Richland County is a good place to live, work, and retire. Richland County residents identified key issues they felt required immediate attention including increasing the availability of affordable housing and addressing illegal drug use and tobacco use. The results should be shared with local leaders, planners, and other local public health system groups to start discussions about how to address these community-wide issues.

Demographics

Founded in 1914, Richland County, located in northeast Montana on the border of North Dakota. Richland County has a comparatively short but indelibly rich history, as a primarily ranching and agricultural community, grounded by strong familial ties and a deep connection to the land. Spanning 2,084 square miles, the county is the twenty-first most populous in Montana, with a population of roughly 11,576 and a population density of 4.4 people per square mile. Richland County is subsequently classified as frontier. Sidney, the county seat, is the State's nineteenth largest city with a population of 6003 as of July of 2015. Four additional municipalities are located within the county: Crane, Fairview, Lambert and Savage. Since 2010, Richland County has experienced a huge increase in population due to increased oil production in what is called "The Bakken" formation. What was once a declining population is rapidly growing and it is difficult to determine the actual population and its demographics. We know that the population and diversity are increasing. We not only have an increase in the population between 19 – 45 years of age, but we also have individuals from different states and countries. In 2015, the county experienced a decline in population due to a decrease in oil activity, although the population didn't decline to pre-2010 levels.



Demographic Measure (%)		Richland County			Montana			United States		
Population		11,576			1,023,579			318,857,056		
Population Density		4.4			6.7			Not relevant		
Age		<5	18-64	65+	<5	18-64	65+	<5	15-64	65+
		7.2%	24.7%	13%	6%	22%	16.7%	6.2%	23.1%	14.5%
Gender		Male		Female	Male		Female	Male		Female
		52.3%		47.7%	50.2%		49.8%	49.2%		50.8%
Race/Ethnic Distribution	White	94.6%			89%			00%		
	American Indian or Alaskan Native	1.9%			6.6%			1.2%		
	Hispanic or Latino	4.8%			3.5%			17.4%		
	Two or More	2.5%			2.6%			2.5%		

Quickfacts Census

Leading Cause of Death

Leading Causes of Death	Richland County	Montana	United States
	<ol style="list-style-type: none"> 1. Heart Disease 2. Cancer 3. Unintentional injuries 	<ol style="list-style-type: none"> 1. Cancer 2. Heart Disease 3. Respiratory system (lung) disease 	<ol style="list-style-type: none"> 1. Heart Disease 2. Cancer 3. Chronic Lower Respiratory disease

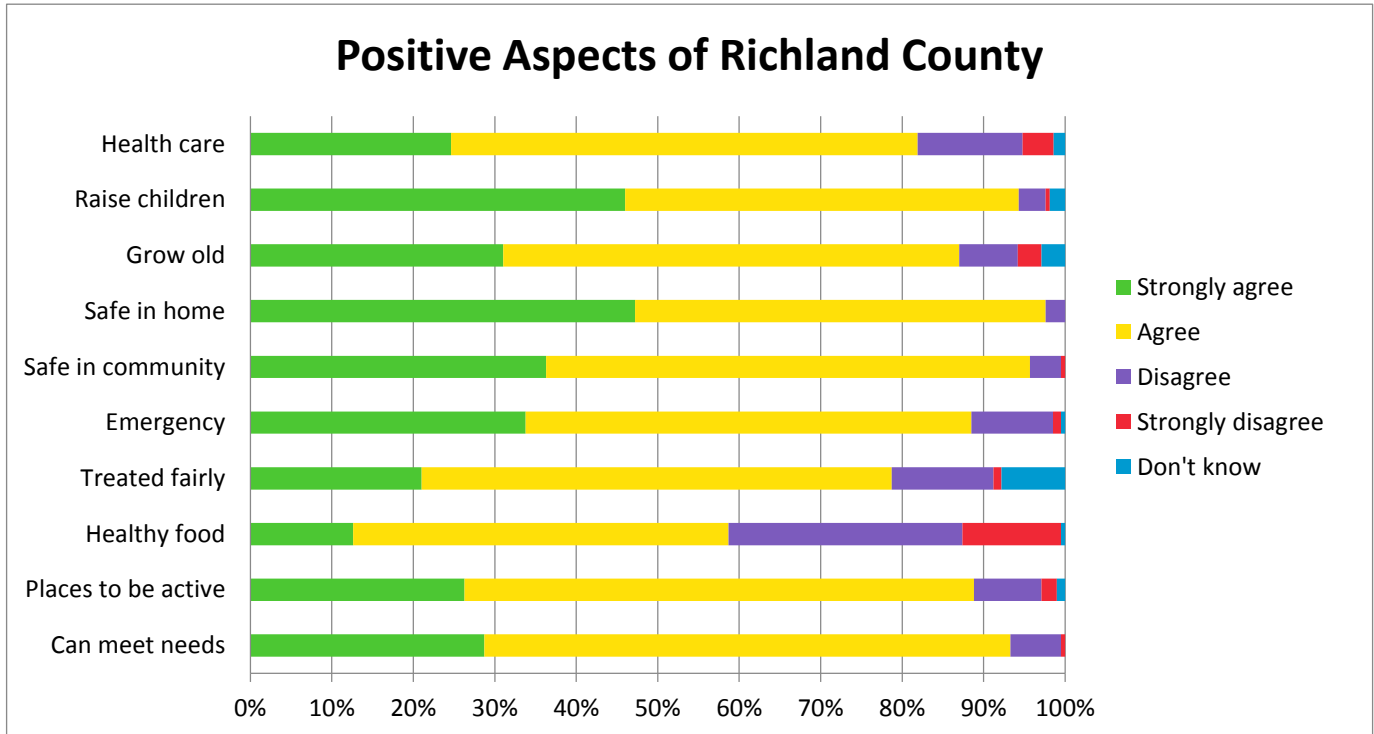
DPHHS, MT, December 2015

CDC- Gov- databriefs December 2015

The data presented here is a population estimate.

Confidence intervals and specific survey results can be seen in the full community health assessment report.

CASPER (Door to Door Community Health Assessment)

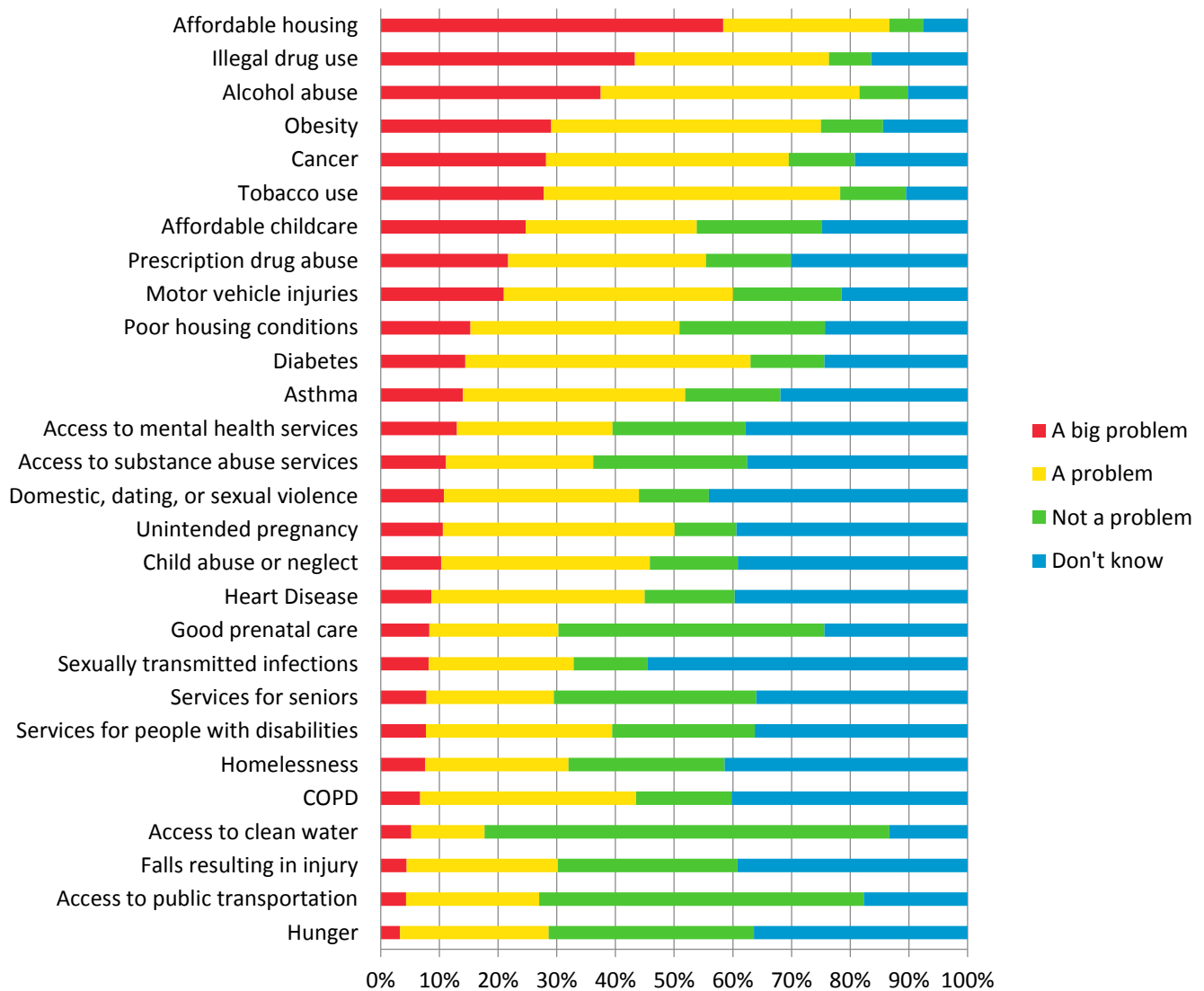


Statements	Projected Percent				
	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
I can get the health care I need near my home.	24.6%	57.2%	12.9%	3.8%	1.4%
My community is a good place to raise children.	46.0%	48.3%	3.3%	0.5%	1.9%
My community is a good place to grow old.	31.0%	55.9%	7.2%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

Issues	Projected Percent			
	A big problem	A problem	Not a problem	Don't know
Availability of affordable housing	58.3%	28.3%	5.7%	7.6%
Illegal drug use	43.3%	33.1%	7.2%	16.4%

Alcohol abuse	37.5%	44.1%	8.2%	10.2%
Obesity	29.1%	46.0%	10.6%	14.4%
Cancer	28.2%	41.4%	11.3%	19.2%
Tobacco use	27.8%	50.6%	11.2%	10.5%
Availability of affordable childcare	24.7%	29.2%	21.4%	24.8%
Prescription drug abuse	21.7%	33.7%	14.5%	30.1%
Motor vehicle injuries	21.0%	39.1%	18.5%	21.5%
Poor housing conditions	15.3%	35.6%	24.8%	24.3%
Diabetes	14.4%	48.6%	12.6%	24.4%
Asthma	14.0%	37.9%	16.2%	31.9%
Access to mental health services	13.0%	26.5%	22.7%	37.8%
Access to substance abuse services	11.1%	25.1%	26.2%	37.6%
Domestic, dating, or sexual violence	10.8%	33.2%	11.9%	44.1%
Unintended pregnancy including teen pregnancy	10.6%	39.5%	10.5%	39.4%
Child abuse or neglect	10.3%	35.6%	15.0%	39.2%
Heart Disease	8.6%	36.4%	15.3%	39.7%
Good prenatal care	8.3%	22.0%	45.4%	24.4%
Sexually transmitted infections	8.2%	24.7%	12.5%	54.6%
Availability of services for seniors	7.8%	21.7%	34.5%	36.0%
Availability of services for individuals with physical disabilities	7.7%	31.8%	24.3%	36.3%
Homelessness	7.6%	24.4%	26.6%	41.4%
COPD	6.7%	36.8%	16.3%	40.2%
Access to clean water	5.2%	12.5%	69.0%	13.3%
Falls resulting in injury	4.4%	25.8%	30.6%	39.2%
Access to public transportation	4.3%	22.7%	55.3%	17.7%
Hunger	3.3%	25.3%	35.0%	36.4%

Potential Problems in Richland County



Assets

Health Behaviors

There are several action groups working on the issues identified in this section: Nutrition Coalition, Active Richland County, “Partnership for Promise” – Youth Opportunities Action Group, and the Senior Health

Healthy living

Healthy Behaviors

- Diet & Exercise
- Tobacco
- Drug & Alcohol Use

Coalition. These groups are very successful in completing the various solution identified by the community and county data. These action groups represent many assets with their membership of agencies, organizations, and individuals working together to address identified issues.

Accomplishments:

- *Increased access to nutritional foods for the Boys and Girls Club
- *Feasibility study for a community complex
- * Establishment of the first bike path in the county
- * Create youth focused activities during county events
- * Increased access to home services such as medication set ups and life line

Current Status

CASPER (Door to Door Community Health Assessment):

Physical Health: **10.8%** said excellent, **32.5%** said very good and **39.4%** said good.

Stress level: **50.7%** they had a moderate stress level and **32.5%** said low.

Smoking: **39%** of respondents said they smoked. **33.3%** said they would use the quit line if they wanted to stop and 10.3% said they did not know where to go for help.

Seat belt use: **61.5%** said they used seatbelts all the time and **23.5%** said nearly always.

Healthy eating barriers: Healthy foods cost too much (30.4%); takes too long to prepare and shop for healthy food (21.6%); and hard to find healthy choices outside the home (19.6%)

Flu shot: 42.7% of respondents get a flu shot each year.

Issued considered as big problems in Richland County

Obesity: 29.9% think that it's a big problem and 47.1% think it's a problem.

Alcohol Abuse: 38.2% think it is a problem and 44.1% think it's a problem

Tobacco Use: 28.4% said it's a big problem and 50.5% said it is a problem.

Prescription Drug Abuse: 22.4 % said a big problem and 34.3% said a problem.

Illegal Drug Use: 43.1% said it's a big problem and 33.8% said it's a problem.

Motor vehicle Injuries: 21.6% said it's a big problem and 38.7% it's a problem.

Community Health Profile:

Chlamydia Rates @ 485 (383.3, 533.2) vs. MT rate of **366.2** (359.5, 373.1). In **CASPER** 55.7% didn't know if this is a problem

Teen birth rate (15-19 year olds for 2009-2013) rate is **44.2** vs. **32.0** for MT. In the **CASPER** 39.2% didn't know if this was problem.

Birth Data:

Smoking during pregnancy rate is **21.2** (16.9, 25.8) vs. **16.3** (15.9, 16.7) for MT

Insurance rate of **84.4** (80.1, 88.1) vs. **92.3** (92.0, 92.6) in MT

Receiving nutrition education through WIC rate is **14.8** (11.2, 18.9) vs. **34.6** (34.1, 35.1) for MT

Breastfeeding at discharge rate of **81.2** (76.7, 85.2) vs. **88.9** (88.6, 89.2) for MT

All unintentional Injury rate of **721.2** (631.4, 821.6) vs. **538.6** (530.6, 546.8) for MT:

Falls at a rate of **338.5** (279.5, 408.0) vs. **268.7** (263.2, 274.3) for MT. In the **CASPER** assessment 40.2% don't know if this is a problem.

Motor Vehicle at a rate of **132.1** (94.2, 181.5) vs. **60.6** (57.8, 63.6) for MT

Tobacco Retailers in Richland County is 13 and a rate of 1.2 per 1000 people.

CDC Community Health Status Indicators:

Binge Drinking: 22.8% of adults who report binge drinking in Richland County.

Physical Inactivity: 25.8% of adults that report no leisure time physical activity.

Adult smoking: 20.3% of adults who report smoking cigarettes in Richland County.

Non-motor vehicle unintentional injury: rate of 43.6 per 100,000 in Richland County

Death rate due to work-related injuries rate of 4.4 per 100,000 for Richland County vs. 3.7 per 100,000 for Montana

Prevention Needs Assessment, 2014

- In Richland County, 59.2% of students have consumed alcoholic beverages
- 81.5% of students have used drugs by the eighth grade

Behavioral Health	Richland County	Montana
Immunization for 24-35 month old children Up-To-Date (UTD) % Coverage	75%	65.5%
Tobacco Use	19%	18%
Alcohol Use (binge + heavy drinking)	22.8%	18.9%
Adult Obesity	30%	26.4%
Overweight,	37.8%	36.6%

No Leisure time for physical activity

26%

22%

Community Health Rankings Data, 2015

Montana BRFSS Annual Report, 2014

Community Health Profile 2015, Richland County DPHHS)

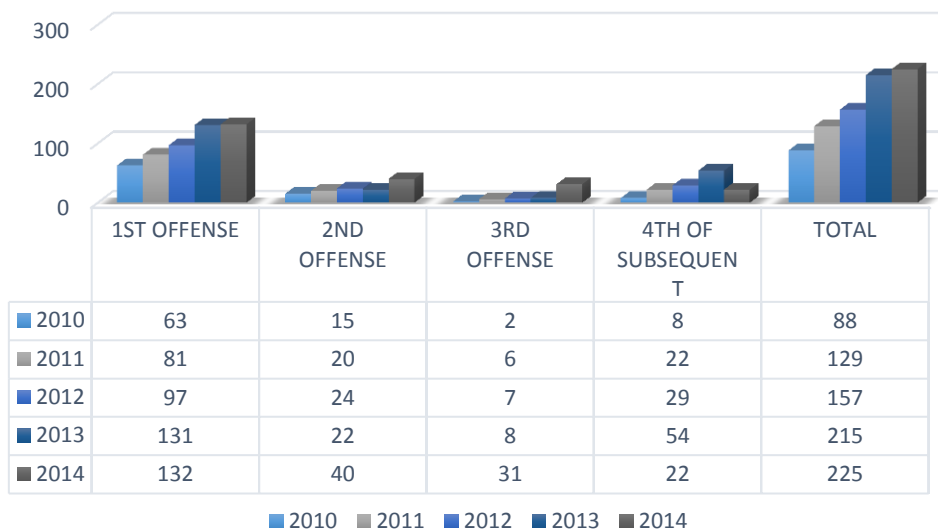
Suicide Rankings by age for Montana

Age	10-14	15-34	35-44	45-54	55-64	65+
Ranking	3 rd	2 nd	4 th	5 th	8 th	17 th

Suicide Facts at a Glance, 2015, CDC

- High school females in Montana are more likely to consider attempting suicide 21.1% compared to males at 12.7% or even making a suicide plan 16.4% for females and 11% for males (2013 Youth Risk Behavior Survey).
- The suicide rate for Richland County is 19.8 per 100,000 (Data for Community Health Assessments, Richland, 2011).
- Suicide is the 10th leading cause of death in the United States (CDC).
- Firearms are used in almost 50% of all suicides (American Foundation for Suicide Prevention, 2016).

County Wide DUI Convictions BY YEAR



Identified Issues

Obesity and Overweight

- Obese is defined for adults as having a body mass index (BMI) of greater than 30.

- *Overweight is defined for adults as having a BMI of between 25.0 and 29.9, and for children as at or above the 95 percentile of the sex-specific BMI for age-growth charts.*

Drug and Alcohol Use

- The effects of drug use are extensive including economic losses due to lost productivity, healthcare costs associated with emergency and long term care, criminal justice costs, and the cost of social services including drug rehabilitation. Tobacco use costs the U.S. \$193 billion annually in direct medical expenses and lost productivity. The total annual cost of alcohol, tobacco, and other drug abuse is more than \$900 million in Montana.
- Each year approximately 443,000 premature deaths can be attributed to smoking in the United States. Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, and respiratory conditions, as well as low birthweight and other adverse health outcomes. (Community Health Rankings, 2015)

Unintentional Injury

- Unintentional injury includes motor vehicle accidents, falls, poisonings, drowning, and among other causes. They are largely preventable.
- Unintentional injury is #1 cause of death in 1-44 year olds.

Mental Health

- Stress, depression, anxiety, and other emotional problems may substantially interfere with major life activities, such as self-care, employment, safe housing, and personal relationships.
- Significant emotional distress also substantially affects physical health.

Clinical Care

Assets

There are 2 action groups that work on this area and they are: Richland Health Network; Cancer Coalition/Chronic Disease and the Mental



Clinical Care

- Access to Care
- Quality of Care

Health Local Advisory Committee (LAC). The Mental Health Local Advisory Committee also has a regional reach as a LAC member attends an Eastern Service Area Authority meeting. The Richland Health Network is considered a best practice according to the Rural RAC and a NACCHO Promising Practice.

Accomplishments

- * Approximately \$106,000 given to cancer patients over the past 5 years
- * Approximately 800 women/men received screenings in the last 15 years
- * Approximately 200 people trained in MHFA (Mental Health First Aid)
- * Behavior health is being integrated into primary care
- * A nurse was employed by the jail for mental and physical health support

Current Status

CASPER (Door to Door Community Health Assessment):

Screenings: 58.3% get routine checkups; 51% get annual birthday labs; 44.6% get routine blood pressure checks; 27% get cholesterol checks.

Cancer: 28.9% think it is a big problem and 41.2% thought that is a problem.

Asthma: 14.4% think it is a big problem and 37.6% thought it is a problem

Heart Disease: 37.3% think it is a problem and 40.7% don't know if it is a problem or not, which is the leading cause of death in Richland County.

Access to health care and other services: 60.8% said that it is one of the top four most important things for a healthy community.

Routine Dental check-up: 21.7% had not had a dental checkup in 3 years or more with 16.3% that haven't had a checkup in over 5 years.

Awareness of Programs that help pay for health care: 30.2% said they were not aware of programs like this.

Could not get the health care services needed: 23.8% said they had a time in the last 12 months where they could not get the health care services they needed.

Couldn't get an appointment: 39.6%

Cost too much: 29.2%

Availability of services: 27.1%

Too long to wait for an appointment: 20.8%

Areas to improve local access to care

More primary care: 49.5%

Availability of visiting specialist: 42.2%

Availability of walk in clinic: 34.8%

Mental Health:

Aware of services

32.2% did not know where to refer someone with Mental Health Issues.

32.8% did not know where to refer someone with substance abuse issues.

30.4% said they would refer to Alcoholics Anonymous

Community Health Profile:

Chronic Disease Burden	Richland County	Montana
Diabetes per 100,000	1115.2	822.5
Chronic Obstructive Pulmonary Disease per 100,000 (inpatient admissions)	865.7	716.8
Cardiovascular Disease per 100,000 (inpatient admissions)	859.2	746.7
Lung and Bronchus Cancer per 100,000 (incidence)	86.7	56.4
Breast Cancer per 100,000 (incidence)	140.5	113.9
All Cancers per 100,000 (incidence)	454.2	442.1

Emergency Department Visits for Chronic Disease:

Asthma rate of **357.5** (293.0, 433.3) vs. **260.0** (254.0, 266.2) for MT

COPD rate of **1,871.0** (1725.6, 2027.7) vs. **804.9** (795.2, 814.8) for MT

Cardiovascular Disease rate of **596.5** (516.4, 687.0) vs. **372.4** (366.2, 379.3) for MT

Diabetes rate of **1,695.38** (1558.7, 1843.2) vs. **1,235.6** (1223.3, 1248.0) for MT

Emergency Department visits for injury:

All Injuries rate of **10,438.7** (10075.6, 10812.7) vs. **5,901.8** (5873.1, 5930.4) for MT

Falls rate of **3,174.4** (2978.9, 3380.6) vs. **2,020.0** (2003.7, 2036.5) for MT

Struck by/against rate of **1,599.6** (1458.4, 1751.9) vs. **820.2** (809.4, 831.1) for MT

Motor Vehicle rate of **805.9** (706.7, 916.2) vs. **520.0** (511.5, 528.6) for MT

Poisoning rate of **224.9** (175.2, 285.7) vs. **95.4** (91.8, 99.1) for MT

Inpatient admissions for Chronic Disease:

COPD: rate of **865.7** (771.2, 970.3) vs. **716.8** (708.1, 725.6) for MT

Cardiovascular Disease: rate of **859.2** (763.3, 965.4) vs. **746.7** (737.7, 755.8) for MT

Diabetes: rate of **1115.2** (1005.4, 1235.2) vs. **822.5** (812.8, 832.3) for MT

There is no data for Intentional Self-harm in Richland County and the only area of injury that Richland County is lower than the state is in Traumatic Brain Injury.

Teen Birth Rate: is **44.2** per 1000 vs. **32.0** per 1000 for MT

Women who smoked during pregnancy: is **21.2%** vs. **16.3%** for MT

CDC Community Health Status Indicators:

Cancer rates:

Lung and Bronchus: rate of **56.2** (per 100,000), the age adjusted lung cancer incidence rate for Richland County

Breast rate of **139.8** (per 100,000), the age adjusted breast cancer incidence for Richland County

Colon and rectum: rate of **65.0** (per 100,000), the age adjusted colon and rectum cancer incidence for Richland County

Diabetes: **6.5%** of adults are living with diagnosed diabetes in Richland County

Coronary Heart Disease deaths: rate of **96.9** (per 100,000), the age adjusted coronary heart disease for Richland County

Chronic lower respiratory disease (CLRD) deaths: rate of **50.1** (per 100,000), the age adjusted chronic lower respiratory disease (CLRD) death for Richland County

Cost barrier to care: **8.7%** of adults who did not see a doctor due to cost in Richland County

Older adult preventable hospitalizations: rate is **69.1** (per 1000) in Richland County

Dentist access: rate is **39.5** (per 1000) in Richland County, there is a lack of dentist for all ages

Uninsured: **20.1%** of the population in Richland County is without health insurance.

Screening	Region 1	Montana
Cervical Cancer (Pap Test in past 3 yrs.)	79.5%	83%
Breast Cancer (Mammogram in past 2 yrs.)	69.2%	71.9%
Blood Stool	21.8%	25.3%
Sigmoidoscopy or Colonoscopy	44.8%	54.3%

Data for Community Health Assessments Region 1 (Eastern) – Phillips, Valley, Daniels, Sheridan, Roosevelt, Richland, McCone, Garfield, Prairie, Dawson, Wibaux, Rosebud, Custer, Fallon, Powder River, Carter, and Treasure; dphhs.mt.gov

Maternal Child Health	Richland County	Montana
Pre-Term Birth (<37 completed weeks gestation) Percent of Live Births	11.7%	9.2%

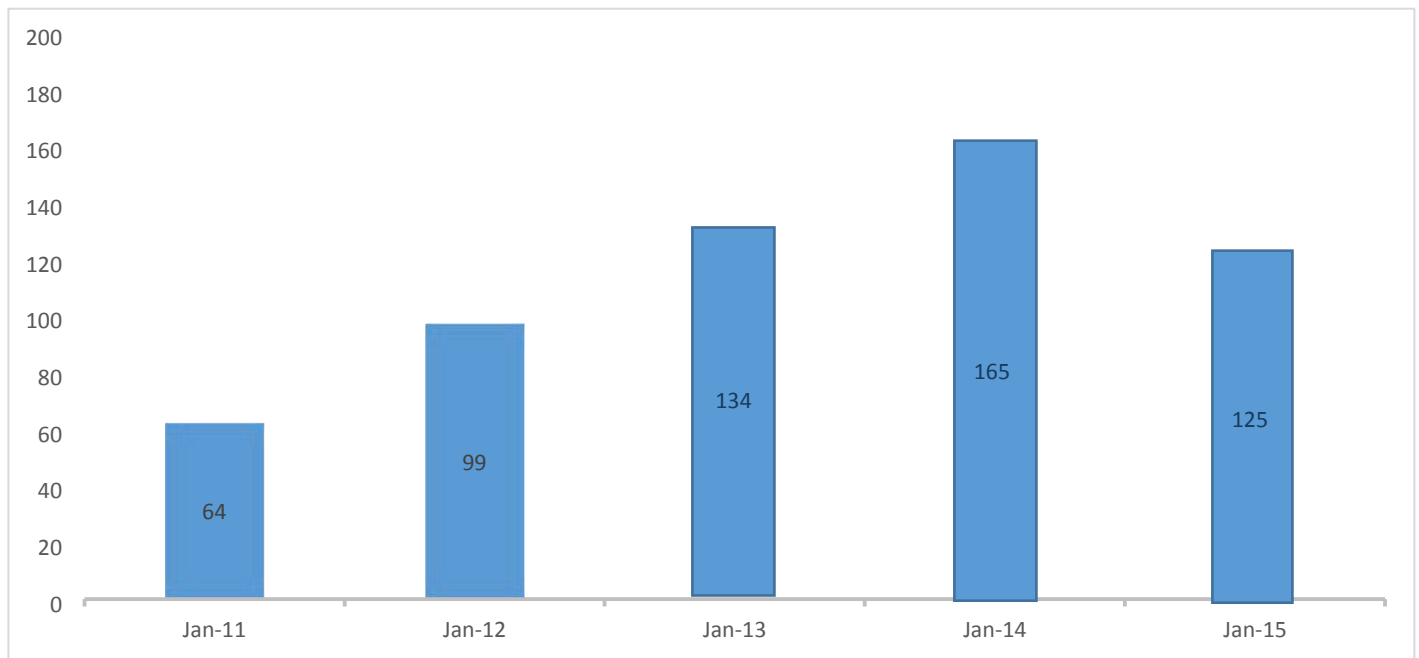
Entrance into Prenatal care in 1st Trimester	85.9%	83.9%
Birth Rate Babies born per 1,000 people	15.4	12.1
Low Birth Weight (<2500 grams) Percent of live births	8.8%	7.4%
Neonatal Mortality (under 28 days of age) Rate per 1,000 live	8.8	3.3
Infant Mortality (death within year) Rate per 1,000 live births	8.8	6.1

Community Health Profile, 2015

Richland County Health Indicators, 2015

Community Health Assessments

Number of Births in Richland County from 2011-2015



<i>Sidney Health Center, Sidney, MT</i>	Richland County	Montana
All Unintentional	721.2	538.6
Falls	338.5	268.7
Motor vehicle	132.1	60.6

Community Health Profile, 2015

Emergency visits for Injury per 100,000	Richland County	Montana
Falls	3174.4	2020.0
Motor vehicle	805.6	520

Poisoning	224.9	95.4
Struck by/against	1599.6	820.2

Community Health Profile, 2015

Identified Issues

Chronic Disease accounts for a larger proportion of death and disability in Richland County. Heart disease and cancer, two chronic conditions, are the top 3 causes of death in Richland County.

Several other health factors, such as low physical activity levels and low fruit and vegetable consumption contribute significantly to chronic disease. According to the CAPSER Assessment 2015, Richland County residents felt diabetes and cancer are big problems in our county. Chronic disease is largely preventable through lifestyle changes.

Healthy Pregnancy- Richland County has a higher percentage of babies being born at low birth weight than in Montana and in the United States.

Emergency Department Utilization- Survey data from 2015, shows that over 6,982 patients visited Sidney Health Center's emergency room. Sidney Health Center had an estimated total of 957 admissions. SHC physicians performed 200 inpatient and 1,198 outpatient surgeries.

Social and Economic

Assets

Factors

Social & Economic Factors

- Education
- Employment
- Income
- Family & Social supports
- Community Safety

Richland County has several action groups that work in this area over the last several years including: Life Long Learning, Housing, Safety, Faith-based and Volunteerism.

Accomplishments:

- * New low income housing
- * Faith based organization investigating participation in “Love Inc.”
- * RSVP secured additional fund to cover 3 additional counties
- * Instituted a “Token Program” to decrease drinking and driving
- * Instituted the “RADD Program” to report drinking and driving
- * There is an 88% conviction rate for Richland County

Current Status

CASPER (Door to Door Community Health Assessment):

Affordable housing in the top four most important to a healthy community.

Good Schools in the top four most important to a healthy community.

Good jobs and a healthy economy in the top four most important to a healthy community.

Education: **57.8%** said that K-12 education is most important for our community; **33.3%** said that early childhood was most important.

Education Resources: **32.4%** didn’t know where there was a lack of resources; **28.4%** said early childhood and **25.5%** said K-12 education was lacking resources.

Issues considered big problems in Richland County:

Availability of affordable childcare: 25.3%

Availability of Affordable Housing: 58.3%

Cost of Housing:

19.7% of individuals in Richland County have **high** housing costs

7.9% of individuals have **very high** housing costs

Transportation: Many people stated that this was a big problem but has been recently resolved with the bus options and taxi service.

Domestic, dating or sexual violence is considered a problem by **33.8%**

Community Health Profile:

Population change at **18.8%** vs. **3.5%** for MT

Persons under the age of 5 is at **7.2%** vs. **6.0%** for MT

Persons under the age of 18 is at **24.1%** vs. **22.1%** for MT

Persons 65 years of age and older is at **13.2%** which is lower than MT **16.2%**

High School Graduates at **90.2%** vs. **92.1%** for MT

Bachelor's degree or higher at **17.7%** vs. **28.7%** for MT

Persons in poverty is **7.7%** vs. **16.5%** for MT

CDC Community Health Status Indicators:

Children in single-parent household: **22.6%** of children in Richland County live in a household headed by a single parent, **30.8%** in the United States.

High housing cost: **19.7%** of individuals in Richland County have **high** housing costs. **7.9%** of individuals in Richland County have a **very high** housing cost.

Social Support: **15.5%** of adults report having inadequate social support in Richland County

On time high school graduation: **89.9%** of Richland County students graduate on time

Poverty: 9.5% of individuals in Richland County live in poverty

Children in poverty: **12.9%** of children in Richland County live in poverty

Older adults in poverty: **14.8%** of older adults in Richland County live in poverty

Unemployment: **2.6%** of Richland County is unemployed

Violent crime: a rate of **188.1** per 100,000 for Richland County

Youth Behavior Risk Survey, 2013

Physically forced to have sexual intercourse:

Female teens: **11.9%** MT vs. **10.5%** US

Male teens: **5.7%** MT vs **4.2%** US

Electronically Bullied (e-mail, chat rooms, instant messaging, websites, or texting):

Female teens: **25.9%** MT vs. **10.6%** US

Male teens: **5.7%** MT vs **4.2%** US

Bullied on School Property:

Female teens: **30.5%**

Male teens: **22.3%**

Employment

Total average employment increased by **38 percent** between 2009 and 2013, from **4,856** to **6,706**.

Richland County Economic Development reported a labor force of **6,908** and an unemployment rate of **4.3%** in 2016.

Top 5 Industries in Richland County:

- * Retail Trade
- * Mining, Quarrying, Oil, Gas Extraction
- * Construction
- * Agriculture
- * Health Care

Socioeconomic Measures	Richland County	Montana	United States
Median Income	\$58,112	\$46,230	\$53,482
Unemployment Rate	2.7%	4%	5%
Persons Below Poverty Level	7.7%	16.5%	14.8%
Uninsured Adults (age<65)	16.8%	19.5%	12.0%
Uninsured Children (age<18)	13%	12%	5.5%

Dphhs-Gov, MT

Census –quick facts

County Health Rankings, 2015

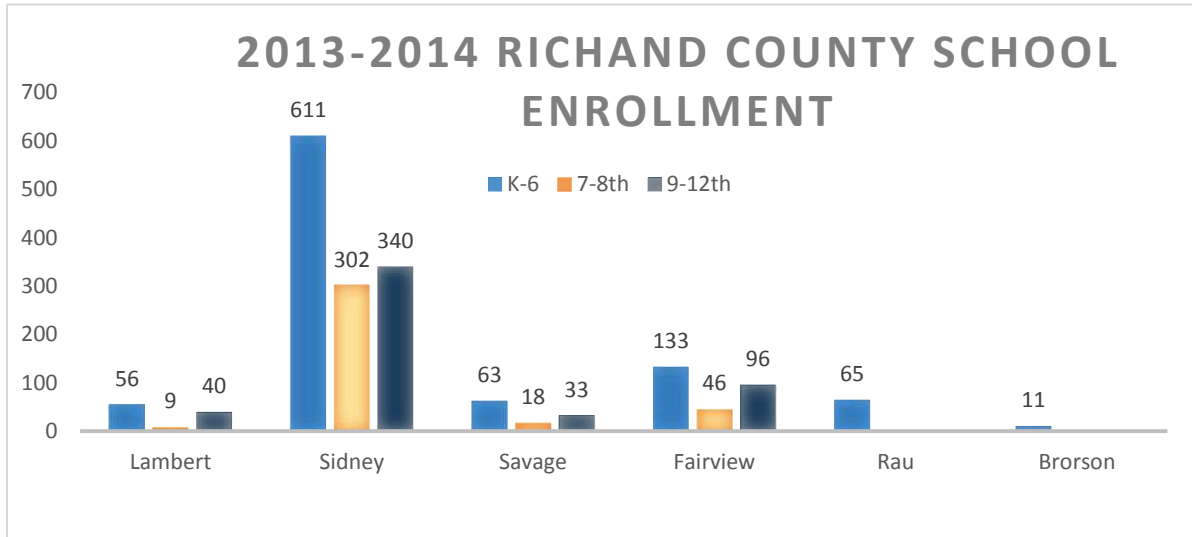
Education Level

Education Attainment	Richland County	Montana	United States
Less than High School Diploma	8.3%	14.9%	13.6%
High School Diploma (or equivalent)	91.6%	92.4%	89.9%
Some College	58.1%	46.1%	63.1%
Bachelor's Degree	17.3%	29.1%	33.6%
Master's Degree	4.7%	8.3%	29.3%

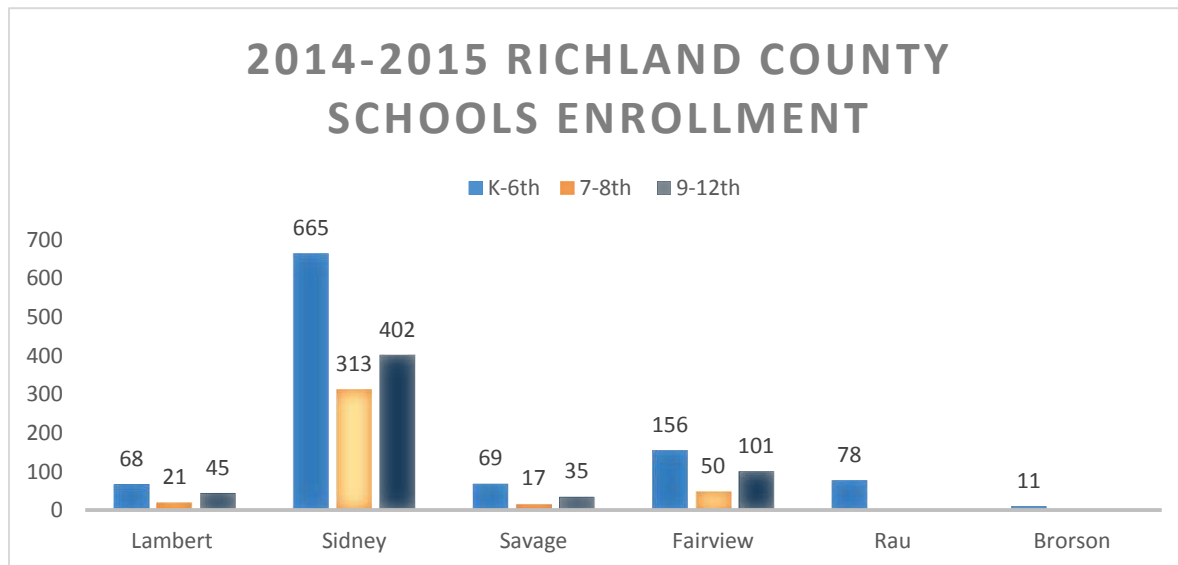
<http://www.census.gov/quickfacts>

<http://www.countyhealthrankings.org>

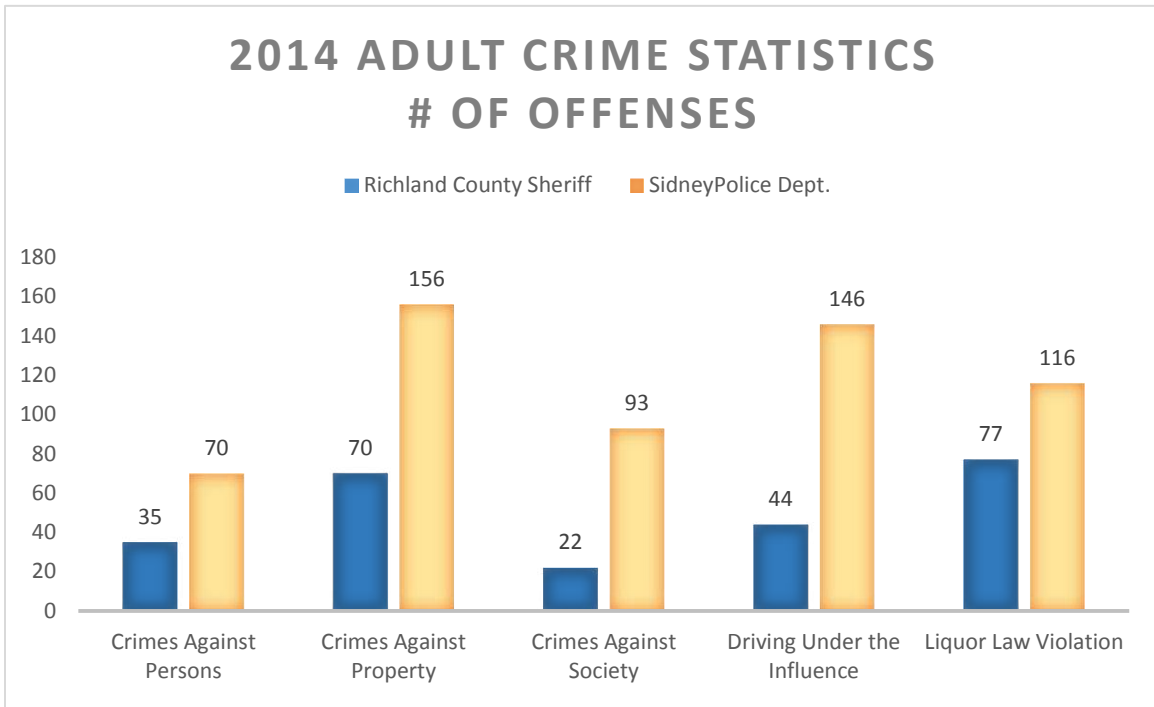
School System- Educational facilities in Richland County include elementary and secondary facilities (K-12) with a total of approximately 2,031 students; the County does not have a post-secondary facility. The closest college is Dawson Community College in Glendive. Schools have students enrolling and moving in and out throughout the year due to the oil production increase and decrease. Richland County spends about \$18,309 per student. The largest concern moving forward is having qualified staff that can afford to live in Richland County. The districts cannot pay high enough wages for some teachers, who have left to work elsewhere. Brorson, Lambert, Fairview, Savage, and Sidney have all developed housing for teachers.



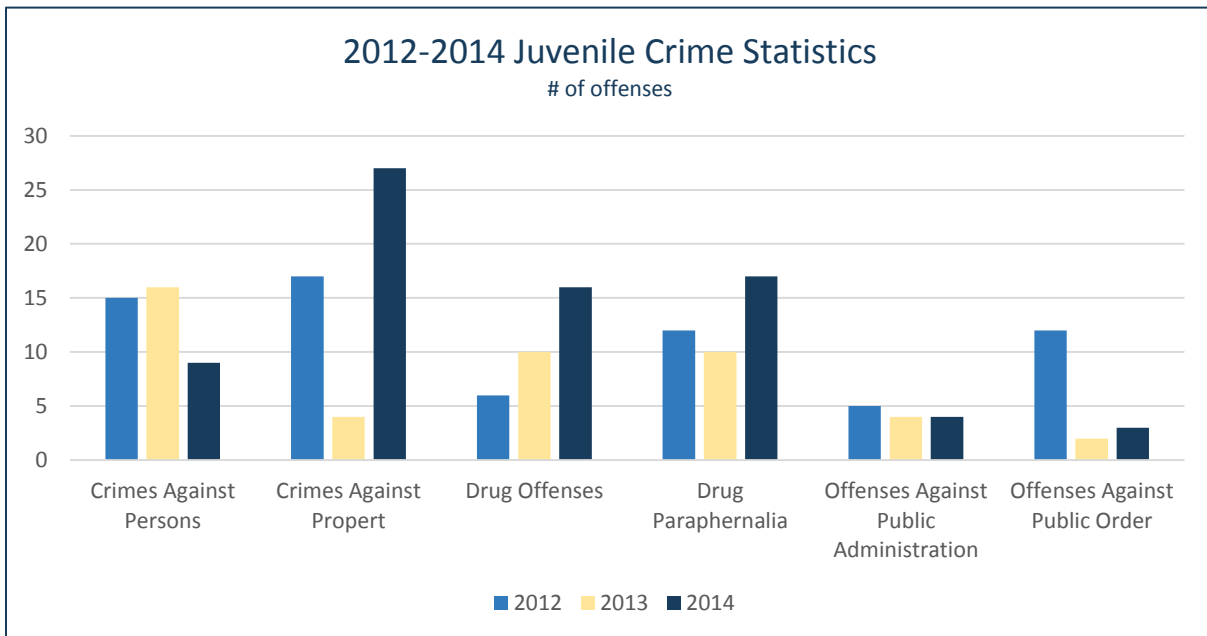
<http://sammt.org/>



<http://opi.mt.gov/>



<http://mtibrsrp.mt.gov/>



<http://mtibrsrp.mt.gov/>



Fairview School



Savage School



Sidney Middle School



Liberty Christian School



Sidney High School



Rau Elementary



West Side Elementary



Lambert School



Sidney Central- Elementary



Brorson Elementary

Childcare/Preschools- There are 7 daycares in Sidney, 1 in Fairview, 1 in Lambert; as for preschools Sidney has 5, Fairview has 2, Lambert has 1, and Savage has 1. These daycares and preschools are certified with the state.

Identified Issues

Domestic Violence, Family Offenses, Criminal Offenses

Alcohol and drug use are risk factors for sexual violence. Witnessing or being a victim of violence (e.g., child maltreatment, youth violence, intimate partner and sexual violence, bullying, elder abuse) are linked to lifelong negative physical, emotional, and social consequences.

Early Childhood Development/Childcare- Richland County does not have a Head Start program even though there is interest in pursuing a program. In 2015, the Best Beginnings program was implemented to help improve the quality, affordability and accessibility of child care in Richland County, with focused efforts on coordinated systems to best meet the needs of young children, their families, and the professionals who work on behalf of young children and families. Developmental screenings are done in the spring of each year for any child from birth to age 5 in the surrounding areas of the county. Richland County residents feel that the availability of childcare in the area is a big problem, according to CASPER Assessment, 2015

Schools- The enrollment in schools in Richland County have rapidly grown over the last few years even with oil decreasing the schools still find the enrollment fluctuating. Having qualified staff that can afford to live in Richland County is an issue.

Physical Environment

Assets

Richland County has a Natural Resources Action group that has worked on projects that impact the environment. Some of the projects include conducting PACE-EH, (2005) a brochure that outlines the process for testing water, and increasing the capacity for recycling in the county. A long term plan is to conduct a new PACE-EH assessment.



Physical Environment

- Environmental Quality
- Built Environment

Accomplishments:

- * Set up several community clean up groups
- * Assisted ROI in expanding their recycling efforts

Current Status

CASPER (Door to Door Community Health Assessment):

More Parks, trails, or greenways: The top two items that would help people be more physically active. (24.5%)

More and better sidewalks: The top two items that would help people be more physically active. (23.5%)

Too busy and don't have time for physical activity was given as the most common reason for what gets in the way. (32.8%)

CDC Community Health Status Indicators:

Living near highways: 1.8% of the population in Richland County live near a highway

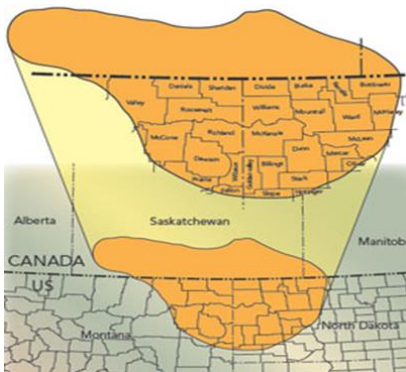
Access to parks: 45% of individuals in Richland County live within a half mile of a park

Homes built before 1950: 22.4% of the homes in Richland County were built before 1950

Between 1950-1979: 47.2% of the home in Richland County

Vacant residential property: 9.6% in Richland County

Richland County is located in the Bakken Formation (part of the larger Three Forks Formation), which is one of the largest North American oil plays in recent decades. In April 2013 the US Geological Survey released a report that estimated the amount of undiscovered, technically recoverable oil in the Bakken/Three Forks Formations to be 7.4 billion barrels; the amount of undiscovered, technically recoverable natural gas was 6.7 trillion cubic feet. Technically recoverable resources are those that are producible using currently available technology and industry practices. The amount of recoverable oil and gas may increase as new technologies are developed.



Water Supply

Groundwater is the source of all public water supplies in Richland County with the exception of Montana Dakota Utilities, which uses the Yellowstone River as a surface water source. In Montana, most individual wells are not required to be filed with the state, however, in order to assure a water right, filing with the state is necessary.

Statistics from the Ground-Water Information Center of the Montana Bureau of Mines and Geology indicate 4596 wells in Richland County; 1918 are for domestic use. Recent county-wide developments of recreational vehicle campsites, workforce housing and land leases for residential use in the past three years has caused a spike in the number of wells drilled. Year 2012 was the highest recorded year for number of new wells followed by year 2013. The majority of well uses have been for residential purposes, which coincides with the County's request to begin preserving prime farmland from disjointed, sprawl-like rural residential development.

County Well Data per Year (New Wells Only)	Number #
2015	103
2014	110
2013	117
2012	143
2011	85
2010	66
2009	58
2008	79
2007	90

Montana Bureau of Mines and Geology

Rivers, Streams, Lakes and Wetlands

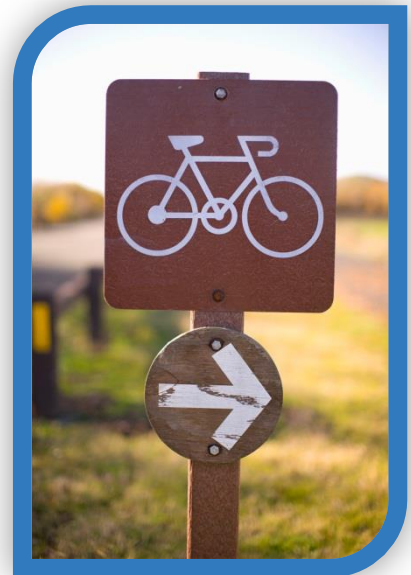
Richland County is located in the Missouri River watershed. The northern border of the county is defined by the Missouri River. The Yellowstone River flows in a northeasterly directly across the southeast corner of the county, meeting the Missouri River three miles east of the county boundary in Williams County, North Dakota. Lone Tree Creek travels along the western border of Sidney and creates a flooding hazard for the city.

Wetlands play an integral part in supporting wildlife and livestock. They also improve water quality by filtering sediments, pollutants and chemical while recharging groundwater. There are approximately 28,133 acres of wetlands in the county as classified by the National Wetlands Inventory.

The Lower Yellowstone Irrigation Project (LYIP), administered by the US Department of Reclamation, is a vital asset to Richland County that serves nearly 55,000 acres of farmland. Development pressures, especially in and near Sidney, have created issues with encroaching into existing LYIP easements for canal and outlet water resources. In addition, recent developments with saving the Pallid Sturgeon – an endangered species – in the Yellowstone River, where LYIP draws water, has placed pressure on LYIP and local farmers to determine if they could afford to pump water instead of utilizing their direct access through an intake diversion dam. According to an April 12, 2014 article in the Sidney Herald, it would cost \$2.2 million to pump water and nearly \$5.2 billion in losses over 10 years.

Projected Trends

Water will continue to be a vital resource to agricultural users, especially LYIP, and the continued use and guarantee of available water will undoubtedly shape the future of farming in Richland County. If LYIP is forced to pump water, it could adversely impact local farmers, Sidney Sugars, Busch Ag Resources and others that rely on LYIP for accessible water. New guidelines that delineate stream buffers, easement recordings and setbacks from LYIP canals and outlets will ensure future water users and land owners have a clear understanding of the impacts when development occurs. In addition, coordination needs to occur among jurisdictions regarding developments on the urban fringes to protect water resources and mitigate impacts.



Parks and other outside recreation

There is a total of 17 parks in Richland County. 13 in Sidney, 2 in Fairview, 1 in Savage, and 1 in Lambert. 45% of individuals in Richland County live within a half mile of a park (CDC Community Healthy Status Indicator, 2015).

Identified Issues

Development is creating a need for a more planned approach to how we develop in a healthy way:

- * Need an updated transportation plan that includes multi-model transportation
- * Need a master trail and walking/biking path plans

Assets

* Updated PACE-EH

Infrastructure

ure

County Commission:

The county commission is very supportive of the community building process in Richland County. They have supported the process by funding part of the annual county conference and town hall meetings, also by attending the steering committee and various action group meetings. With the “boom and bust”

cycle of the energy industry infrastructure is difficult to maintain. The regular assessment and planning process keeps these issues in the forefront. This enable the county to discuss and plan for impact.

Current Status

Transportation

Richland County Transportation is a public transit service that helps all age groups with a special emphasis on seniors and individuals with a disability. There is also a local taxi; bus service to Billings and Williston; access to rail and an airport with several flights per day to Billings, Montana. The residents of Richland County felt that the transportation problem has been resolved due to all of these means of transportation, according to CASPER Assessment, 2015.



Housing

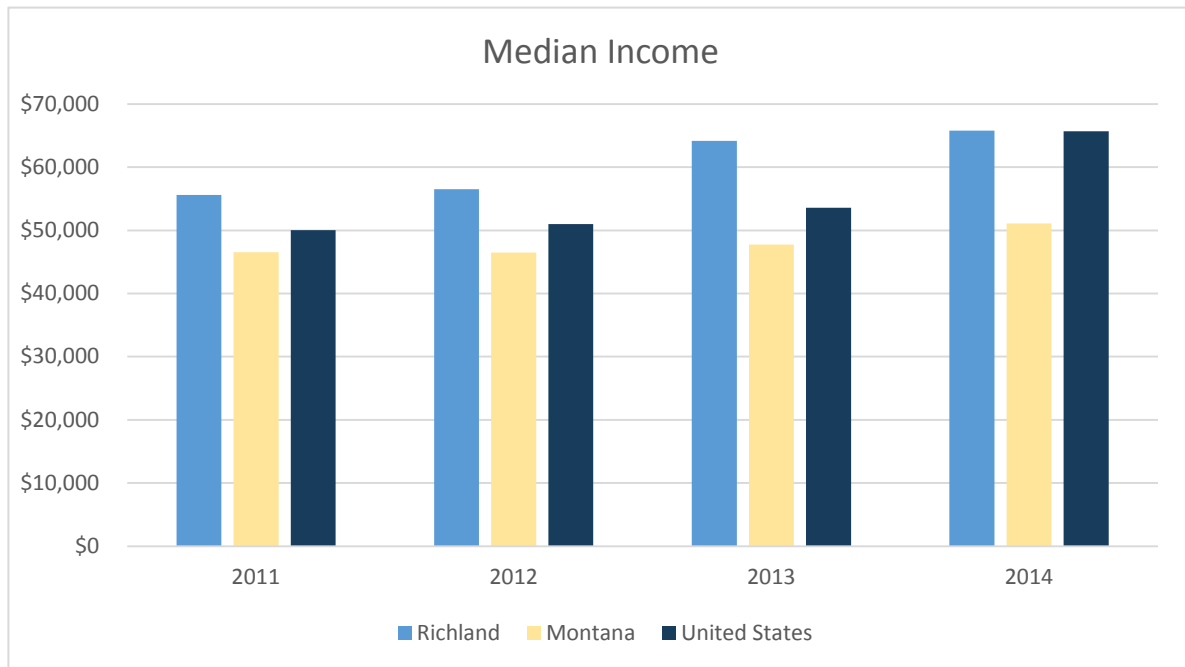
Affordability will continue to Richland County residents.

shows that only three profession categories can pay the affordable price for a single-family home or rental unit; two categories require both people to work full-time to be able to pay for an affordable unit. With the increased demand for housing and the market still “catching up” to demand, affordability will be an issue for at least the next couple years. However, two different realtors noted that prices are coming down (in Sidney) due to the new multifamily housing projects that have been developed in the past few years. Prices would need to drop significantly, more than 200 percent to be at 2008 levels.

The Richland County Housing Authority offers one Public Housing community with 81 units for families and senior/disabled individuals. The low income units are increasing as current and future projects are slated for development in Sidney.

be the greatest housing issue facing MT-DOC’s analysis of affordable jobs

Richland Opportunities, Inc. provides educational and residential programs to persons with disabilities in Richland County. They operate two group homes with capacity for eight persons each, and a transitional living apartment complex with capacity for seven residents in four units, plus an additional unit for staff. All units are full, and there is a waiting list.



Identified Issues

- * Affordable housing
- * Modernize public water systems
- * Maintaining county roads

*Summary- Creating
the Community we
want to become*



The purpose of this Community Health Assessment is to provide the information needed to create the Richland County “Quality of Life” Strategic Plan. The assessment and resulting Strategic Plan will be updated every 3 years.