

Roosevelt County

Community Health Assessment



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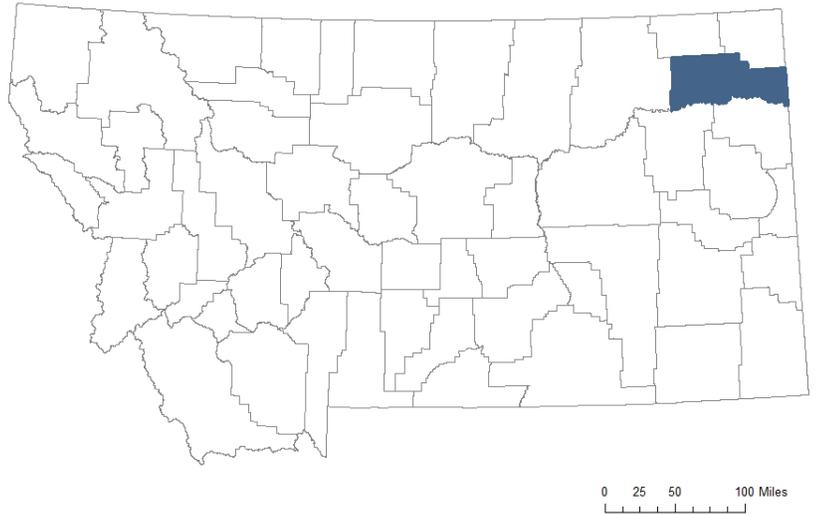
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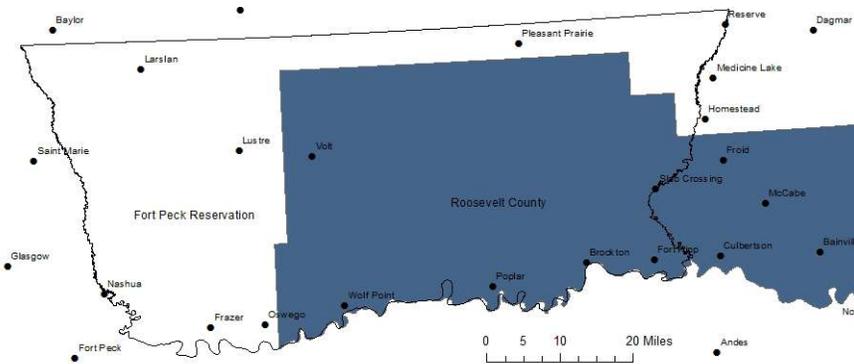
Introduction

Roosevelt County is a rural county in Northeastern Montana. 74% of Roosevelt County's land area lies within the borders of the Fort Peck Reservation, which is home to two American Indian Nations, the Assiniboine and Sioux Tribes. In the 2010 census, Roosevelt County had a population of 10,425. The county encompasses a total of 2369 square miles and is classified as frontier with a population density of only 4 persons per square mile. The four main communities in Roosevelt County, Wolf Point, Poplar, Brockton and Culbertson lie just north of the Missouri River.



Roosevelt County is governed by a panel of three county commissioners who are elected to X year terms. The Roosevelt County Government operates a wide variety of county public programs, including the Roosevelt County Public Health Department. The Roosevelt County Public Health Department is governed by a X member Board of Health.

In 2015, the Roosevelt County Health Department applied for and received funding from the Montana Public Health and Safety Division to develop a comprehensive health assessment of Roosevelt County. Vickie Bell, the director of the Roosevelt County Health Department, worked with a third party consultant to convene a group of community stakeholders to guide the health assessment process. The stakeholder group met quarterly in 2016 to guide the process. The following document contains an analysis of the most up to date population-level data for Roosevelt County. For question regarding the information contained in this report, contact Patty Presser at 406-653-6227 or ppresser@mt.gov.



Key Health Concerns

In January, 2016, the Community Health Assessment Committee made up of stakeholders from Fort Peck and Roosevelt County, identified a number of key health concerns in our community based on their experience working in the community.

Substance Abuse

Methamphetamine Opiates
Alcohol Abuse Tobacco
Gambling

Chronic Disease

Diabetes Heart Disease
Cancer Obesity

Mental Health

Trauma

Communicable Disease

Hepatitis C Head Lice
Sexually Transmitted Infections

Maternal and Child Health

Teen Pregnancy Drug use in pregnancy
Developmental delay School support

Contributing Factors

Community Health Assessment Committee members identified the following factors that contribute to the health concerns in Fort Peck and Roosevelt County.

Socioeconomic Status

Poverty Low education rates
Insufficient and poor housing
Dependence on a broken system

Trauma

Family breakdown Neglect
Racism Hopelessness
Adverse Childhood Experiences
Lack of faith/spirituality

Lifestyle

Diet Nutrition “Night” lifestyle
Access to exercise opportunities

Demographics

Aging population Frontier community
Effects of Bakken Lack of youth activities

Access to Care, Services and Education

Lack of: Dental care Providers Mental Health Services
Elder assisted living, home health and hospice
Treatment facilities Access to family planning

Disparities

The Community Health Assessment Committee identified the following groups as those that experience health disparities in Fort Peck and Roosevelt County.

Children
Adolescents
American Indians

Transients from the Bakken
Pregnant women and teen mothers
The elderly

Assets and Resources

The Community Health Assessment Committee identified a number of community assets and resources that Roosevelt County can draw upon to improve the health of our community.

Extension services
Community library
Law enforcement
Schools and school counseling services
Health Promotion Disease Prevention Program
School Based Clinics
Mental health center
Three hospitals, ER and several health clinics
Two midwives
Faith based organizations and churches
Local clinics
IHS
Community hotlines
Prenatal classes
Best Beginnings
Fort Peck Transit Service
Stat Air (Airlift)
Cultural center open gym
Wellness center
Home visiting programs

Family planning
Hi-line Homes
Parenting Classes
Great Northern Development Corporation
Fort Peck Community College
Head Start
Loy Sprague Grant-Sexual Behaviors
Youth Dynamics Inc.
Youth Groups
Adult Education Classes
Meals on Wheels
4-H Clubs
Women's Club
Youth Advisory Boards
Swimming pool in the summers
Health department services: WIC, Immunizations, Family Planning, Home Visiting
Generational depth-families

Demographics

Table 1. Demographics	Roosevelt County	Montana
Population	10,861	1,006,370
Persons per square mile	4.4	6.8
Median Age	31.6	38.8
Under 5	9.6%	6.3%
Under 18	31.8%	22.6%
65 and Older	10.8%	14.8%
Male	49.3%	50.2%
Female	50.7%	49.8%
White	35.8%	89.4%
American Indian	60.4%	6.3%

The demographics of Roosevelt County are very different than those in Montana as a whole. Compared to only 6% of Montanans, 60% of Roosevelt County residents are American Indians. Roosevelt County has a significantly younger population than the state of Montana, with one in ten residents of the reservation under the age of 5 and nearly one in three residents under the age of 18. (See Table 1).

Roosevelt County residents are less than half as likely to have a Bachelor's Degree compared to all Montanans

In terms of socioeconomic status, residents of Roosevelt County face many challenges. The median household income in our county is almost \$10,000 less than that in Montana. Just over 1 in ten residents have a bachelors degree compared to almost 1 in 3 statewide. 36% of families with children under 18 live in poverty. Seven out of ten families with children in Roosevelt County participate in the Supplemental Nutrition Assistance Program (also known as food stamps).

In terms of education, Roosevelt County residents are 3 times less likely to have a bachelor's degree than all Montanans. Educational disparities are evident early on in our population, as fewer 3 and 4 year olds are enrolled in preschools and only four in five 15 to 17 year olds still attending school (See Table 2).

Table 2. Education, income, and employment	Roosevelt County	Montana
Bachelor's degree or higher	13%	29%
3 and 4 year olds enrolled in preschool	30%	41%
15 to 17 year olds enrolled in schools	83%	96%
Median household income	\$36,825	\$46,766
Households with no workers in the past year	24%	15%
Percent in poverty (all people)	26%	15%
Poverty (under 18)	33%	20%
Households receiving SNAP	15%	11%
Households with children under 18 receiving SNAP	72%	52%

Source: American Community Survey (ACS) 5 Year Estimates, 2009-2014

Demographics

Table 3. Housing	Roosevelt County	Montana
Owner occupied housing	60%	68%
Renter occupied housing	40%	32%
Vacant housing	23%	16%
Housing built in year 2000 or later	17%	3%
No vehicle available	6%	5%
Housing lacks complete plumbing facilities	1%	1%
No telephone service	14%	3%

Housing is also a pressing issue in Roosevelt County. County residents are less likely than residents elsewhere in Montana to own their own homes and the housing stock in Roosevelt County is much older than that in rest of the state, with only 5% of homes built in the year 2000 or later.

Almost a quarter of the housing stock in Roosevelt County is vacant.

1 in 17 Roosevelt County residents have no vehicle available (6%) and 1 in 6 do not have telephone service (14%). (See Table 3) These limitations pose barriers for residents of Roosevelt County who wish to access services, as transportation and communication limitations arise.

Disabilities are also a concern in our community, especially later in life, with half of the seniors in Roosevelt County reporting a disability. (See Table 4).



Only 4% of the homes in Roosevelt County were built after the year 2000. 23% of homes are vacant.



One in 17 of county residents have no vehicle available and 1 in 6 have no telephone service.

Table 4. Disability	Roosevelt County	Montana
Disability status	13%	13%
Disability aged 5-17	4%	5%
Disability 65 and over	51%	36%

Substance Abuse

Youth

Table 5. Alcohol Use Among Youth

	Roosevelt County	Montana	US
Lifetime alcohol use	53%	70%	63%
Current alcohol use	22%	34%	33%
Binge drinking in the last month	12%	21%	18%

Youth in Roosevelt County report less alcohol use than youth in Montana or the US, however they are more likely to report drug use, and the rates of use are particularly high for harder drugs such as heroin and cocaine.

Table 6. Illicit Drug Use Among Youth

	Roosevelt County	MT	US
Lifetime marijuana use	38%	38%	39%
Lifetime cocaine use	9%	5%	5%
Lifetime inhalant use	11%	8%	7%
Lifetime heroin use	5%	2%	2%
Lifetime methamphetamine use	4%	3%	3%
Lifetime ecstasy use	7%	6%	5%
Lifetime misuse of prescription drugs	13%	16%	17%

Adults

One in five adults in Roosevelt County report excessive drinking. The percent of driving fatalities that are attributable to alcohol is sharply elevated in Roosevelt County compared to the US and Montana. Adults in Roosevelt County are twice as likely as adults in Montana to report misusing prescription pain medication.

Table 7. Alcohol Use Among Adults

	Roosevelt County	Montana	US
Excessive drinking (binge or heavy drinking in the last month)	20%	21%	15%
Percent of driving deaths that are alcohol impaired	71%	47%	31%

Table 8. Prescription drug misuse

	Roosevelt County	Montana
Misused prescribed pain medication	6%	3%

Mental Health and Trauma

Youth

Table 9. Mental Health and Trauma among Youth	Roosevelt County	MT	US
Symptoms of depression in the last year	15%	29%	30%
Suicide attempts in the last year	13%	9%	9%
Carried a weapon in the past 30 days	16%	26%	16%
In a physical fight in the past year	23%	22%	23%
Physically forced to have sexual intercourse	8%	9%	7%
Experienced dating violence	8%	8%	10%
Experienced sexual dating violence	7%	10%	11%
Bullied on school property in the last year	26%	25%	20%
Electronically bullied in the last year	20%	19%	16%

Youth in Roosevelt County are more likely to report attempting suicide in the last year compared to high school students in Montana and the US. They are also more likely to report having experienced electronic bullying the students in the US as a whole.

Adults

Table 10. Mental Health among Adults	Roosevelt County	Montana	US
Poor mental health days in the last month	4.4	3.4	3.4
Ratio of population to mental health providers	1030:1	399:1	529:1

Adults in Roosevelt County report an average of 4.4 poor mental health days in the last month. However, there is a severe shortage of access to mental health providers in our county relative to Montana and the US as a whole.

Chronic Disease

Tobacco Use

Table 11. Tobacco Use among Youth	Roosevelt County	MT	US
Current cigarette use	15%	13%	11%
Current chewing tobacco use	13%	12%	7%
Lifetime e-cigarette use	43%	45%	45%

One in 7 high school students in Roosevelt County currently smoke cigarettes and almost half have tried electronic cigarettes.

Table 12. Tobacco Use among Adults	Roosevelt County	MT	US
Current cigarette use	29%	20%	20%
Current chewing tobacco use (Eastern MT)	12%	8%	4%

Nutrition and Physical Activity

More than 1/3 of high school students in our county describe themselves as

overweight and **more than 1 in 3 adults is obese**. Youth in Roosevelt County are more than three times as likely to report not eating fruit in the last 7 days compared to other high schoolers and are also more likely to

report drinking pop every day in the last 7 days. More than a quarter of high school students in Roosevelt County report watching three or more hours of TV per day and one third report three or more hours of computer or video games per day.

Table 13. Nutrition and Physical Activity Among Youth	Roosevelt County	MT	US
Self described overweight	35%	30%	32%
Did not eat fruit in the past 7 days	16%	5%	5%
Drank pop every day in last 7 days	25%	19%	20%
Were not physically active one day in the last week	12%	11%	14%

Table 14. Nutrition and Physical Activity Among Adults	Roosevelt County	MT	US
Obese	35%	25%	27%
Physically Inactive	31%	22%	23%

Table 15. Screen Time Among Youth	Roosevelt County	MT	US
Watched TV three or more hours per day	26%	22%	25%
3 or more hours of video games or computer time per day	31%	34%	42%

Chronic Disease Prevalence and ER and Inpatient Admissions

Table 16. Chronic Disease Prevalence	Eastern Montana	MT	US
Asthma (Roosevelt County youth)	21%	22%	22%
Asthma (adults)	10%	9%	9%
Diabetes (adults)	10%	9%	10%
Arthritis (adults)	28%	27%	26%

More than one in five youth in Roosevelt County reports that they currently have asthma. The rates of chronic illnesses in Eastern Montana is similar to that of Montana as a whole, but, based on our ED and hospital admissions data, we believe these rates are higher in Roosevelt County.

Cancer incidence rates in Roosevelt County are elevated relative to Montana. Of note, **incidence rates of colon and rectum cancer are almost twice that seen in the entire state.**

Table 17. Cancer Incidence*	Roosevelt County	MT
Overall	476.1	439.8
Lung and bronchus	64.9	56.4
Colon and rectum	61.2	36.9

*Rate per 100,000, Roosevelt County 2011-2013

Table 17. Chronic Disease Inpatient Hospital Admissions*	Roosevelt County	MT
Asthma	308.2	47.7
COPD	451.3	716.8
Cardiovascular disease	859.6	746.7
Diabetes (types 1 and 2)	1277.9	822.5

* Rate per 100,000 Roosevelt County 2011-2013

Rates of inpatient admissions for chronic diseases are elevated in Roosevelt County compared to Montana. Of particular concern, **asthma admission rates are 6 times higher in Roosevelt County compared to Montana as a whole.**

Admission rates in the emergency room for chronic diseases are also elevated in Roosevelt County. Asthma rates are double and **cardiovascular disease admission rates are almost four times higher those seen in the rest of the state.**

Table 18. Chronic Disease Emergency Room Admissions*	Roosevelt County	MT
Asthma	516.7	260
COPD	1425	804.9
Cardiovascular disease	1140.5	372.7
Diabetes (types 1 and 2)	1765.2	1235.6

* Rate per 100,000 Roosevelt County 2011-2013

Communicable Disease

Sexual Risk Behaviors

Table 20. Sexual risk behaviors among youth	Roosevelt County	MT	US
Ever had sexual intercourse	41%	44%	41%
Currently sexually active-last three months	25%	32%	30%
Did not use a condom at last intercourse (among currently sexually active HS students)	29%	41%	43%

Four in ten high school students in Roosevelt County report ever having sexual intercourse and almost a third of sexually active teens did not use a condom at last intercourse.

Communicable Disease Incidence

Table 21. Communicable disease case rates*	Roosevelt County	MT
Chlamydia	1446.9	366.2
Hepatitis C	857.1	123.0
Gonorrhea	294.9	13.8
Pertussis	55.3	44.6
Campylobacteriosis	24.6	22.2

*Rates per 100,000, DPHHS 2011-2013

Rates of sexually transmitted diseases in our county are sharply elevated compared to Montana as a whole. Chlamydia rates are almost quadruple those in Montana and Gonorrhea rates are 20 times higher. **The rate of Hepatitis C, which is a blood born pathogen and is often transmitted through the sharing of needles, is 7 times higher in Roosevelt County than in Montana.**

Maternal and Child Health

Birth Rates

Table 22. Birth Rates*	Roosevelt County	MT
Number of births	626	35,881
Birth rate overall		
Teen birth rate	101.9	32
Preterm birth**	10%	9%
Born weighing less than 2500 grams	6%	7%

Data from Roosevelt County indicate the health disparities begin affecting our population early in life. The teen birth rate in Roosevelt County is three times higher than that rate in Montana.

Babies are less likely to be breastfed at discharge and women

* Rates per 1000 population 2011-2013 **Born less than 37 weeks

Table 23. Maternal and Child Nutrition*	Roosevelt County	MT
Children aged 2-5 years on WIC who are overweight or obese	38%	28%
Women in the WIC program who initiate breastfeeding	53%	85%

participating in the WIC program in our county are also less likely to report initiating breastfeeding

*2011-2013

Table 24. Maternal Child Health Indicators*	Roosevelt County	MT
Women entering prenatal care after first trimester	50%	27%
Women whose Kotelchuck Index is \geq 80%	45%	75%
Smoking during pregnancy	29%	16%
Mother's education less than high school graduate	38%	12%
Any insurance	97%	92%
Receiving WIC	55%	35%
Breastfeeding at discharge	56%	89%

and 2-5 year old WIC participants are more likely to be overweight or obese.

*Birth certificate data 2011-2013

Women in Roosevelt County are almost twice as likely to enter prenatal care later in their pregnancy and are more likely to smoke during their pregnancy. Pregnant women in Roosevelt County do have good access to health insurance and more than half have access to the WIC program.

Injury

Driving Risk Behaviors

Table 25. Driving risk behaviors among youth	Roosevelt County	MT	US
Never or rarely wears a seat belt when driving in a car driven by someone else	15%	10%	6%
In a vehicle driven by someone who had been drinking alcohol in last month	20%	23%	20%
Text or email while driving in last month	33%	55%	42%

Seat belt use among high school students in Roosevelt County is lower than that in the US and in Montana.

ER visits for Injury

Table 26. Emergency room visits for injury*	Roosevelt	Montana
ER visits for all unintentional injury	9169.9	5901.8
ER visits for falls	3759.7	2020.0
ER visits for motor vehicle injuries	830.6	520.0
ER visits for Intentional self harm	308.2	104.5
ER visits for Traumatic Brain Injury	824.1	649.9

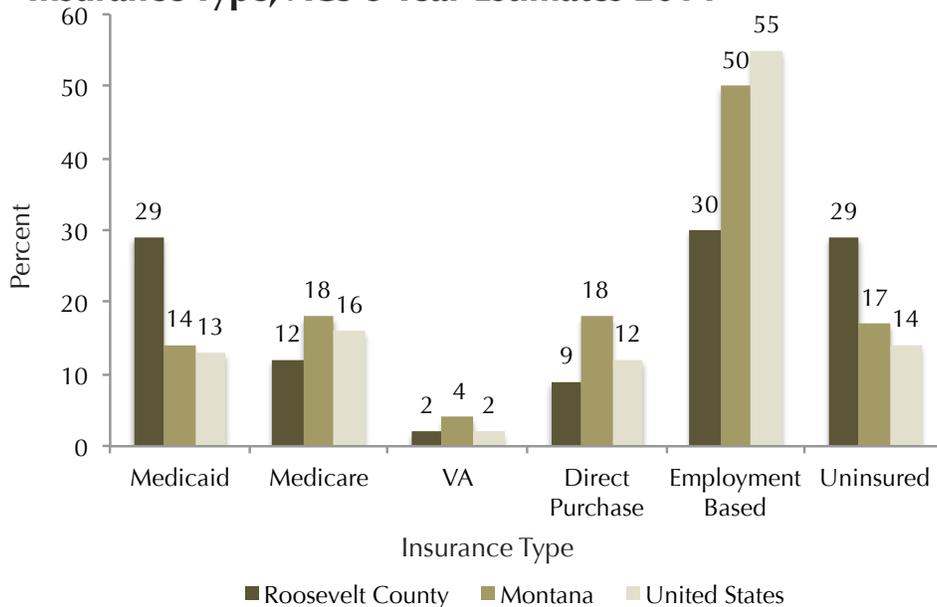
*Rates per 100,000, 2011-2013

For many types of injuries, emergency room admission rates are higher in Roosevelt County compared to Montana as a whole. **Of particular concern is the rate for intentional self harm, which is almost three times the rate for Montana.**

Access to Care

Insurance Type

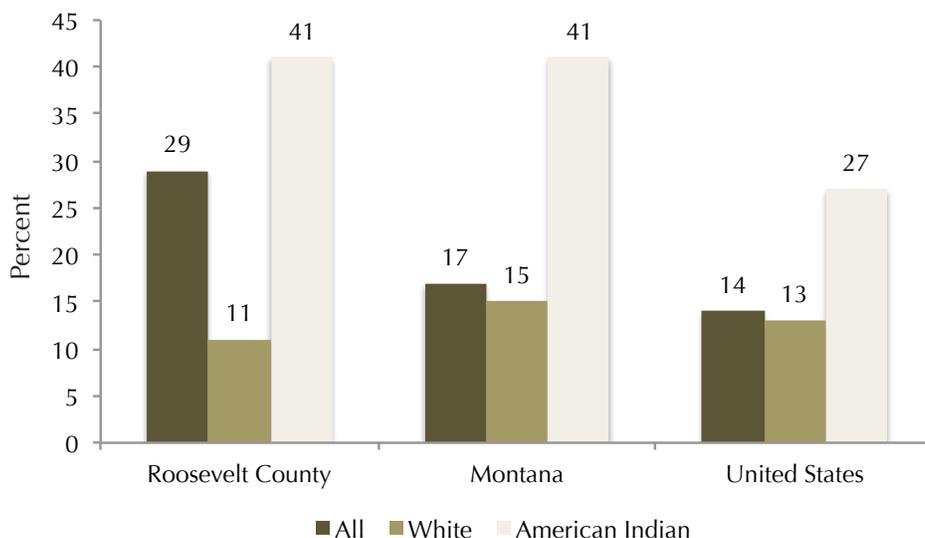
Insurance Type, ACS 5 Year Estimates 2014



In terms of insurance, almost 1/3 of individuals in Roosevelt County have Medicaid and approximately the same proportion have employment based insurance. **The percent of individuals who are uninsured in Roosevelt County is more than twice that in all of Montana.**

Uninsured

Percent Uninsured, by Race, ACS 5 Year Estimates 2014



Almost 1/3 of all residents of Roosevelt County are uninsured, driven by a racial disparity in insurance status. **Among American Indians 42% are uninsured compared to only 11% of the white population.**

Disparities in Access

A number of populations in Roosevelt County experience disparities in access to insurance:

- 58% of 19 to 25 year olds in Roosevelt County are uninsured
- **85% of unemployed individuals in Roosevelt County are uninsured**
- 41% of those making \$25,000 to \$49,999 annually are uninsured compared to only 29% of those making less than \$25,000
- Men are more likely to be uninsured than women

Access to Dental Care

Table 27. Dental care	Roosevelt County	MT	US
Did not see a dentist during the past year (youth)	31%	25%	26%
Population to Dentist ratio	2266:1	1477:1	1583:1

Almost one third of high school students report not seeing a dentist in the past year. Population to dentist ratio in Roosevelt County is higher than that in Montana and the US.

Access to Primary Care

Table 28. Access to Primary Care	Roosevelt County	MT	US
Population to primary care provider ratio	5563:1	1312:1	1342:1

Access to primary care providers is a severely limited in Roosevelt County. The population to primary care provider ratio is more than 4 times that in Montana and the US as a whole.

Overall Health Status

Overall

Table 29. Overall health status	Roosevelt County	MT	US
Self rated fair or poor health (adults)	24%	14%	16%
Poor physical health days per month (adults)	4.8	3.9	3.7
Years of Potential Life Lost Rate*	20,484	7,307	6,622

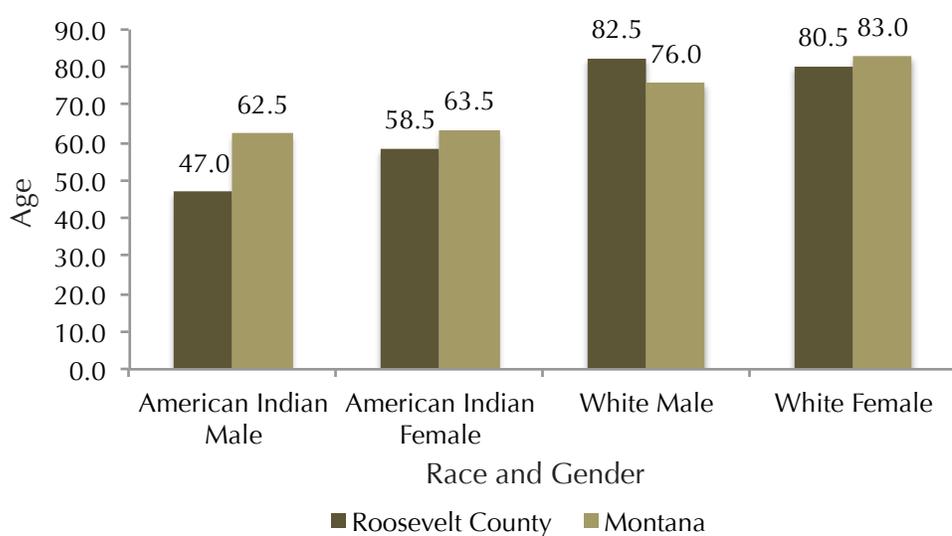
*Age-adjusted years of potential life lost before aged 75 per 100,000 population

Almost one quarter of all adults in Roosevelt County rate their health as fair or poor and, on average, adults reports having almost 5 days per month of poor physical health. Compared to the US, adults in Roosevelt County experience more than 3 times the rate of Years of Potential Life lost.

The age adjusted all cause death rate per 100,000 in Roosevelt County is 1,465.7. In Montana, it is 749.7.

Median Age of Death

Median age of death, by age and gender in Roosevelt County and Montana, 2011-2013



American Indians in Fort Peck face a **substantial disparity in life expectancy**, with a median age of death 35 years less for American Indian males than White males in Fort Peck and 28 years for American Indian Females compared to White females. American Indians in Roosevelt County have median age if death 10 to 15 years less than other American Indians in Montana.

Leading Causes of Death

Table 30. Leading Causes of Death*	Roosevelt County	MT
Circulatory, Heart Disease	348.7	151.6
Neoplasm, malignant	249.7	155.2
Injury, Unintentional injuries	122.1	54.2
Circulatory, cerebrovascular diseases	75.1	35.9
Alzheimer's disease	28.9	20.1
Diabetes mellitus	68.2	21.2
Chronic liver disease and cirrhosis	101.0	13.7
Overall	1465.4	749.7

*Age adjusted death rate per 100,000, 2013-2015

The leading causes of death in Roosevelt County are heart disease, cancer, unintentional injury, and chronic liver disease. Individuals in Roosevelt County have a death rate due to chronic liver disease and cirrhosis that is 7 times higher than that in Montana as a whole and the death rate from diabetes is more than three times higher. Overall, the death rate in Roosevelt County is twice that of Montana.

Summary

There are many pressing health concerns facing the residents of Roosevelt County. This document quantifies, using the available public health data, some of the needs that our community currently faces. This report is the result of a collaborative effort by stakeholders to paint a picture of the overall health of our community. According to this analysis, the following health indicators are elevated in Roosevelt County relative to the US and Montana:

Youth

- Illegal drug and tobacco use
- Suicide attempts and bullying
- Nutrition and overweight
- Teen pregnancy
- Access to dental care

Adults

- Access health care
- Uninsured rates
- Alcohol impaired driving and crashes
- Tobacco use, including during pregnancy
- Initiation of prenatal care and breastfeeding
- Obesity and physical inactivity
- STIs and Hepatitis C
- Chronic disease hospitalizations and deaths
- Suicide and self harm

Clearly there is much work that can be done to improve the health of the residents of Roosevelt County. And with the strong partnerships and many organizations working together to improve our community's health, we are confident that we can reduce risk factors and increase the quality of life for all of our residents.