

**Treasure
County
Community
Health
Assessment**

2017



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Treasure County Public Health Department

Acknowledgements

“It takes a village....” Treasure County Health Department would like to take this opportunity to express our thanks to the following community health assessment supporters in the many tasks that were required to complete this project. This community project was a collaboration between multiple Treasure County entities, including Public Health as well as local businesses, the local post office, Treasure County Board of Health, a variety of community service organizations and many, individual community members. These groups and individuals provided valuable information and time in organizing, soliciting, and sharing the overall thoughts and opinions of health in Treasure County. This project would not be as thorough and representative without their efforts and support.

Treasure County Board of Health
Treasure County Clerk & Recorder’s Office
Treasure County Commissioners
Hysham Community Health Clinic
Diann Grierson, RN
Treasure County Senior Citizens Center
Pat Miller
Treasure County LEPC (Local Emergency Planning Committee)
SEMTUPP coalition members
Treasure County Community members



Hysham Coaches Classic “Hoof it to Hysham”

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TABLE OF CONTENTS

ACKNOWLEDGEMENTS	2
TABLE OF CONTENTS	3
INTRODUCTION & BACKGROUND	4
CHA METHODOLOGY	6
COMMUNITY PROFILE	7
LIMITATIONS	8
STRENGTHS-COMMUNITY ASSETS	8
TREASURE COUNTY OPPORTUNITIES FOR IMPROVEMENT	9
TREASURE COUNTY MODIFIABLE HEALTH RISKS	12
RESOURCES/DATA SOURCES	17

INTRODUCTION & BACKGROUND

“Treasure County Health Department seeks to empower, engage, promote, protect and improve the health and well-being of Treasure County residents. We believe that health is multi-faceted and is a state of complete physical, mental, and emotional well-being, not merely the absence of disease or sickness. We believe that individuals share the responsibility to be active and engaged in seeking and achieving the highest level of personal health possible.”



The 2017 Treasure County Community Health Assessment (CHA) is the culmination of a community-wide collaboration to evaluate the health status of Treasure County and its residents. The purpose is to provide useful information to assist community members and organizations in improving health, providing healthy lifestyle opportunities to community members and maximizing scarce resources in Treasure County. This project was a shared responsibility, not only of health care providers and public health officials, but utilized county level agencies and a variety of community members who shared opinions and dedicated time to assist in this project promoting every county residents' improved health and well-being.



The MAPP (Mobilizing for Action through Planning and Partnerships) model was selected because it was simple to understand and could be modified to fit smaller communities such as Treasure County. The MAPP toolbox helped with each step along the way in this process from the initial planning, setting up and conducting the community meetings, designing, administering, and interpreting the survey, helping to prioritize health concerns and issues, and evaluating the current level of public health infrastructure.



The MAPP process involved the use of four assessments to gather a well-rounded base of information about the community.

The Community Themes and Strengths Assessment addressed the question “What is important to you in our community?” and questioned participants on what strengths were present in Treasure County that could be built on and improved. This assessment included 2 community interviews as well as multiple smaller focus group settings in which a wide variety of community residents were asked for input.

The Forces of Change Assessment addressed the concept of the outside forces that present challenges to Treasure County. Examples such as the population decrease within the county over the last several years, the lack of jobs and employment in not only Treasure County but in Southeastern Montana overall, as well as the limited medical, dental, mental health, and aging services available due to limited resources were discussed among focus groups to gain a better understanding of some of the aspects we would be unable to affect.

The Community Health Status Assessment assessed individual Treasure County community members opinions of the three most important factors for a “Healthy Community?”, the three most important “health problems” in our community, and the three most important “risky behaviors” in our community? A 16-question Community Health Survey provided confidential answers from a wide range of ages and provided valuable insight.

The Local Public Health System Assessment/Essential Services of MAPP measured the extent to which the local public health system is conducting essential public health services. This assessment was particularly useful in prioritizing public health programs and services in Treasure County and has been helpful in other grants.



2011 Fly-In

CHA Methodology

Primary data collection was accomplished with the use of 2 community public meetings and multiple smaller focus group type meetings. Community members identified community strengths and assets in Treasure County by utilizing parts of the Community Strengths and Themes template. The Forces of Change assessment was based on the MAPP procedure with the community identifying forces that are currently impacting the health and wellness of Treasure County.

Input from a diverse community sample as well as sample surveys from the National Association of County and City Health Officials (NACCHO) MAPP toolbox and other online resources were compiled to develop the main Community Health Survey. We tested the questions and made modifications based on the feedback from reviewers prior to assembling the final survey.

Survey data was collected from 05/01/16-06/13/16. Surveys were distributed by mail, via 5 public venues that see high traffic from community residents (Treasure County Health Department, the local post office, Treasure County Courthouse, Treasure County Community Center, local convenience store), and by volunteers via community events.

Secondary data sources that were utilized included PHSD Community Health Profiles, US Census Quick Facts, Treasure County Health rankings, Data USA-Treasure County, The State of Obesity report 2016,

Data was manually entered into an Excel survey analysis form. We assessed a total of 117 residents with the written survey instrument during our assessment period.



COMMUNITY PROFILE

Treasure County is truly a hidden treasure in the state of Montana. It encompasses an estimated 984 miles of territory which hosts portions of some of the best fishing, hunting, and outdoor recreational areas in Eastern Montana. With access to the Yellowstone and Bighorn Rivers as well as multiple creeks and streams, the county offers endless recreational opportunities and is within an hour's drive to Billings, Montana. The 2010 census indicates that Treasure County is the second-least populous county in Montana with a population of 718. Hysham is the county seat of Treasure County. The county is composed of several, smaller communities including Big Horn, Myers, Pease Bottom, Sanders and Sarpy Creek. Treasure County is primarily an agricultural county that offers residents the benefits of small town living with a variety of city living benefits.

Treasure County was founded in 1919. Hysham began as a part of the great expanse of Custer County on what was then the Crow Indian Reservation. The town was named for Charlie Hysham (Flying E Ranch). The Northern Pacific Railroad was a predominant figure in providing supplies to the town and county. The county hosts many historical sites including Manuel Lisa, Fort Cass, and Fort Pease. Manuel Lisa built the first building, a fur trading post in Montana near the mouth of the Bighorn River in 1807. Fort Cass was the first fort built by the American Fur Company on the Yellowstone River, just three miles below the mouth of the Bighorn. Fort Pease was a stockade constructed in 1875, near the mouth of the Bighorn, as a defense against a party of Sioux Indians and also as a trading post. Remnants of Fort Pease still stand on the original site. Other fort locations remain a mystery.

Treasure County is considered a frontier county with approximately 700 residents. Population numbers have steadily declined over the last 15 years with an aging population base in the county. The following County Demographics were obtained from the U.S. Census Bureau, Population Estimates Program (PEP) and includes the following statistics:

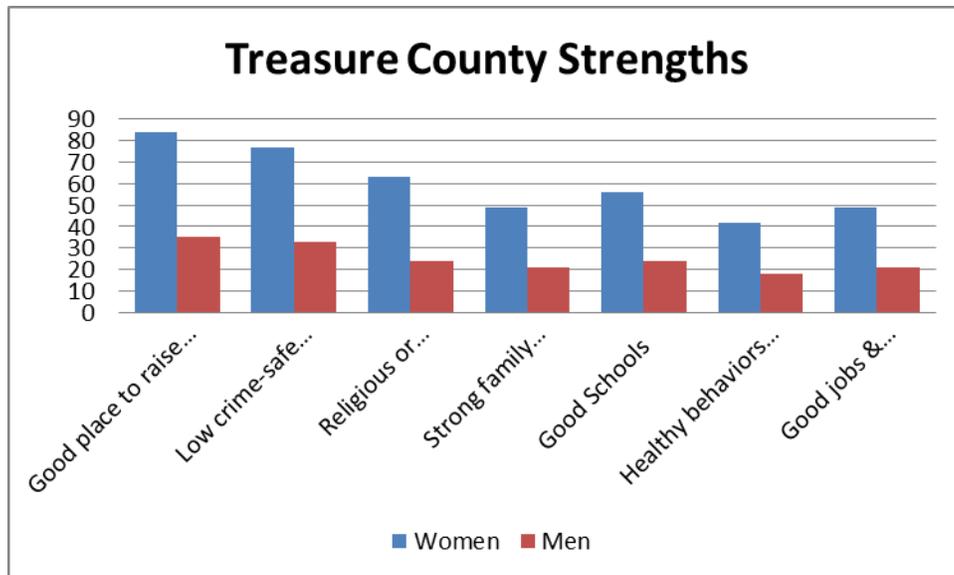
- 6.0% of population is under 5 years old
- 17.6% of population is under 18 years old
- 27.8% of population is 65 years and over
- 48.2% of population are female
- 94.1% of population is Caucasian
- 2.3% of population is Native American
- 3.0% of population is Hispanic or Latino
- 89.8% of population are High school graduates or higher
- 9.4% of population has some type of a disability
- 19.6% of population without health insurance, under age 65 years
- -2.9% Population decline between 4/1/10 and 7/1/15
- Median age is 51.3 years
- Median Household Income \$41,103
- Per Capita Income \$20,758
- 11.8% of population is below the Federal Poverty level
 - Males 18-24 years old are the largest demographic population living in poverty at 18.1% which is higher than the national average

LIMITATIONS

The Treasure County Community Health Assessment has several limitations. It is difficult to reach outlying community members who may or may not visit town on a regular basis. The CHA surveys were distributed via public locations in Hysham including the post office, the community health clinic, the County Courthouse and at multiple community meetings on a 1:1 basis. Community members that do not attend community events, congregate meals, utilize community medical services, and/or visit the Treasure County Courthouse may be excluded. Additional limitations include that the written surveys were often distributed in group settings where privacy might have been limited. This could reflect an individual not necessarily reporting their true opinion on community assessment questions or more importantly, personal behavior questions.

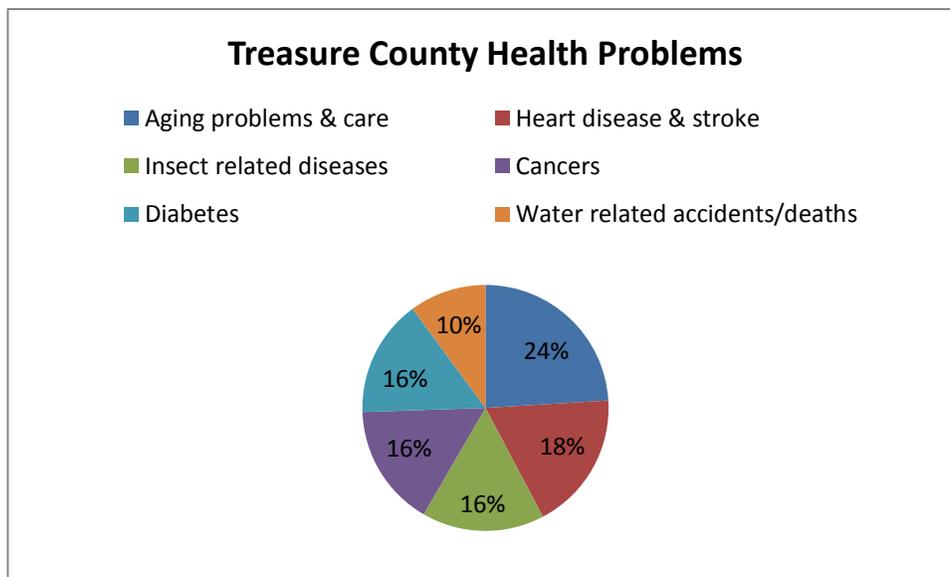
TREASURE COUNTY STRENGTHS

Through the community meeting and survey process, county residents were asked to identify the three most important factors that they believed contributed to a “Healthy Treasure County”. Residents chose from 17 responses (1 category allowed for individual responses) and then ranked the assets or strengths of the county. Community members ranked the assets that they felt were fundamental in contributing to the overall health and well-being in Treasure County.



TREASURE COUNTY OPPORTUNITIES FOR IMPROVEMENT

Through the community meeting and survey process, participants were asked to rank what they considered to be Treasure County’s top health concerns and problems. Residents were asked “If we could address specific health areas or concerns to improve the overall health of the community, what areas would you like to see us target.” Several opportunities for improvement were identified and have been ranked according to the community input received. Community members ranked the following items that they felt were most important in improving the overall health and well-being in Treasure County. The identified areas for improvement or prevention opportunities include:

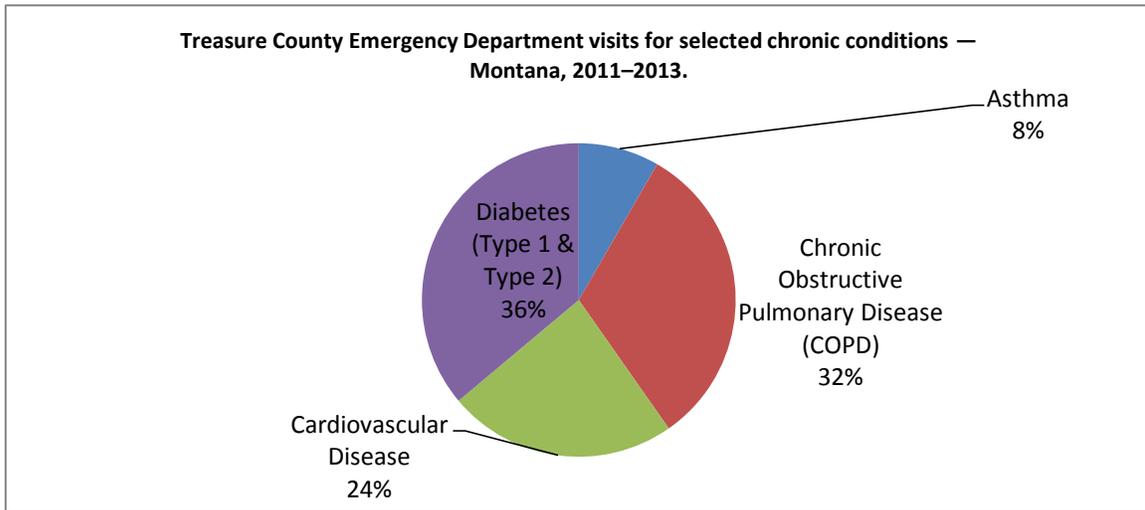


- **The issues of most concern for Treasure County residents involved the aging population**, the care required, and the difficulty in providing/receiving this care. Potential areas for improvement may include expanding efforts to collaborate with groups providing a variety of services to this age cohort, seeking out resources from out of the county to provide local periodic services, improving opportunities for senior citizen education on pertinent topics, ADL assistance, and promoting social interactions, exercise, and travel assistance. Efforts were made to address senior citizen increasing assistance needs by forming a group to study the feasibility of an Assisted Living Facility in the county. The group in the end, was not able to provide this resource for community residents.

	Treasure County	Montana
Persons 65 years and over, July 1, 2013	27.1%	16.2%

Treasure County Community Health Assessment
February 2017

- **Chronic disease issues (Diabetes, Heart Disease and stroke, COPD & Asthma and Cancers)** could be addressed through education, promotion and prevention campaign and outreach.



Cancer incidence — Montana, 2011–2013

Health Indicator	Treasure County		Frontier County Data		Montana
	Number	Rate per 100,000 ^a (95% CI)	Average Number per County	Rate per 100,000 ^a (95% CI)	Rate per 100,000 ^a (95% CI)
All Cancer	24	654.7 (404.0, 1163.4)	45.2	409.9 (378.0, 444.8)	439.8 (432.9, 446.8)
Prostate (males)	<5	‡ ‡	6.3	101.2 (82.1, 126.5)	112.8 (108.1, 117.8)
Breast (female)	<5	‡ ‡	5.1	95.7 (74.0, 124.6)	115.7 (110.8, 120.9)
Lung and Bronchus	<5	‡ ‡	7.1	59.6 (48.7, 73.7)	56.4 (54.0, 58.9)
Colon and Rectum	<5	‡ ‡	4.4	37.3 (28.7, 49.4)	36.9 (35.0, 39.0)
Corpus Uteri (female)	<5	‡ ‡	1.4	24.2 (15.1, 41.0)	25.4 (23.2, 27.9)
Melanoma	<5	‡ ‡	1.8	19.7 (12.3, 31.1)	24.9 (23.2, 26.7)

Insect related diseases have affected Treasure County and the small town of Hysham specifically over the last 10 years. The primary data involves mosquito-borne diseases significantly affecting several residents who had life changing status changes or death because of disease such as West Nile Virus. External data is difficult to find based on the small size of Treasure County. There are several areas for improvement including education and raising awareness of how residents can protect themselves against West Nile Disease as well as environmental controls (spraying).

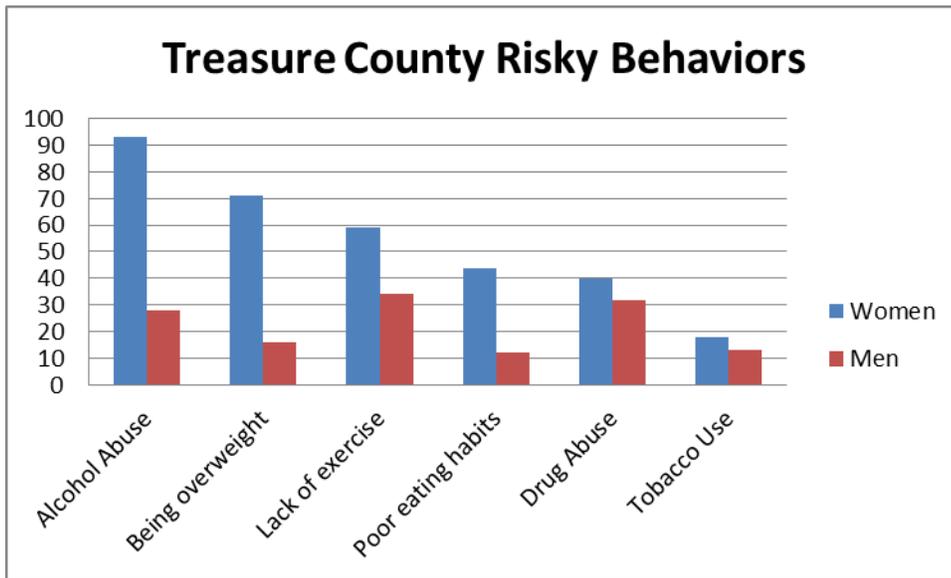
Water related accidents and fatalities while listed as one of the community’s opinions of health problems from the CHA survey, does not appear to be significant when the data sources are assessed. It is difficult to find documentation on these types of accidents/fatalities specifically but it is minimal in scale to other accidents and fatalities.

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

Health Indicator	Number	Treasure County	Average Number per County	Frontier County Data	Montana
		Rate per 100,000 ^a (95% CI)		Rate per 100,000 ^a (95% CI)	Rate per 100,000 ^a (95% CI)
All Unintentional Injury	113	6,091.7 (4888.7, 7565.3)	257.9	4,046.6 (3914.1, 4182.9)	5,901.8 (5873.1, 5930.4)
Falls	41	1,707.3 (1141.7, 2548.3)	96.4	1,290.7 (1220.2, 1364.9)	2,020.0 (2003.7, 2036.5)
Struck by/against	14	‡ ‡	34.6	606.0 (554.4, 661.6)	820.2 (809.4, 831.1)
Motor Vehicle	9	‡ ‡	18.3	321.3 (283.3, 363.4)	520.0 (511.5, 528.6)
Poisoning	<5	‡ ‡	2.5	38.8 (27.0, 54.8)	95.4 (91.8, 99.1)
Intentional Self-Harm	<5	‡ ‡	2.5	50.3 (35.5, 69.6)	104.5 (100.6, 108.4)
Traumatic Brain Injury	10	‡ ‡	22.6	359.8 (321.0, 402.6)	649.9 (640.5, 659.5)

MODIFIABLE HEALTH RISKS

Through the community meeting and survey process, participants were asked to identify and rank what they considered Treasure County’s top modifiable risk factors to be. The Risky Behaviors question provided participants with 15 possible responses (and 1 opportunity for individualized responses) to be shared. The theory that “an ounce of prevention is worth a pound of cure” was the guiding principal in meetings and in one to one conversations with community members. The top 6 risky behaviors that were identified by CHA participants is as charted:



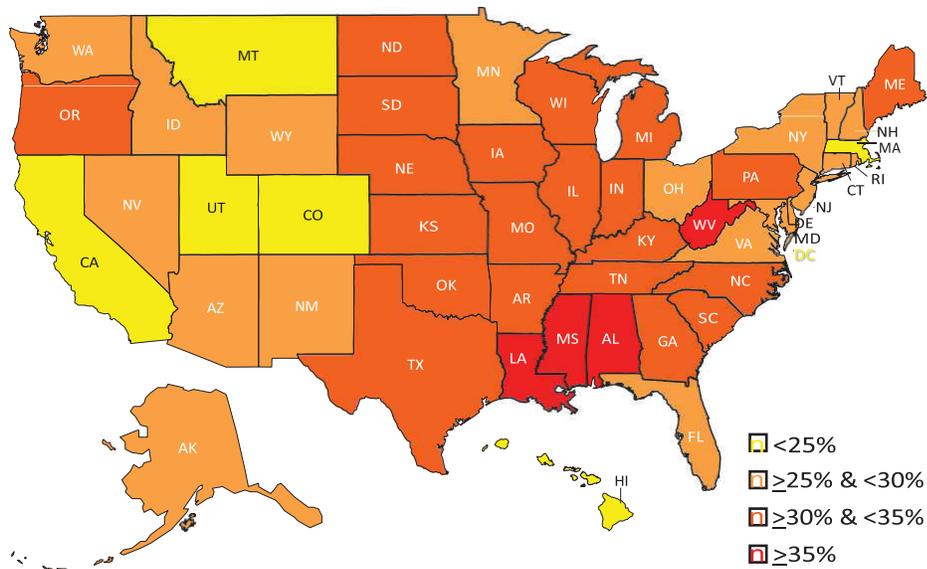
Substance abuse concerns held 3 of the 6 top Treasure County Risky Behavior spots during the Community Health Assessment. It is difficult to obtain accurate statistical data for Treasure County due to the size of the population. Region 1 data was utilized in reviewing this topic.

Alcohol abuse was ranked as Treasure County’s top Risky Behavior by CHA survey participants. In reviewing DPHHS Vital Statistics Data (death certificates 2004-2008) information, Treasure County data is not available so Region 1 (Eastern) – Phillips, Valley, Daniels, Sheridan, Roosevelt, Richland, McCone, Garfield, Prairie, Dawson, Wibaux, Rosebud, Custer, Fallon, Powder River, Carter, and Treasure data was utilized. Chronic liver disease and Cirrhosis mortality rate per 100,000 population was listed at 17.7 for Region 1 compared to 12.7 statewide. Heavy & Binge drinking rate are similar to statewide rates except in the Region’s 18-44 year olds whose rates are higher than the statewide average (34%-24.5%). Regional alcohol consumption is similar to Statewide averages per CDC-BRFSS. This indicator reports estimated expenditures for alcoholic beverages purchased at home, as a percentage of total household expenditures. 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. Treasure County ranks 6 (statewide) with total expenditures of 10.71% of total household expenditures towards alcohol. This rank and percent is one of the lowest of the region. County Health rankings from Data USA-Treasure County assign an excessive drinking prevalence of 17.3% in 2016.

Drug Abuse and Tobacco Use as modifiable risk factors ranked fifth and sixth in Treasure’s Risky Behaviors survey. In assessing region 1 data, it is apparent that the region does exhibit a 20.5% smoking rate compared to a Statewide rate of 19.3%. It is to be noted that the most significant percent difference also comes from the Region’s 18-44 year old demographic at 27.2% versus the Statewide percentage of 23.4% for this age group. County Health rankings from Data USA-Treasure County assign a smoking prevalence of 17.9% in 2016. It is difficult to assess the overall impact that drug abuse (both prescription and non-prescription) has on Treasure County due to the lack of statistical data availability. Montana Board of Crime Control records are not adequate in attempting to assess specific Treasure County drug issues.

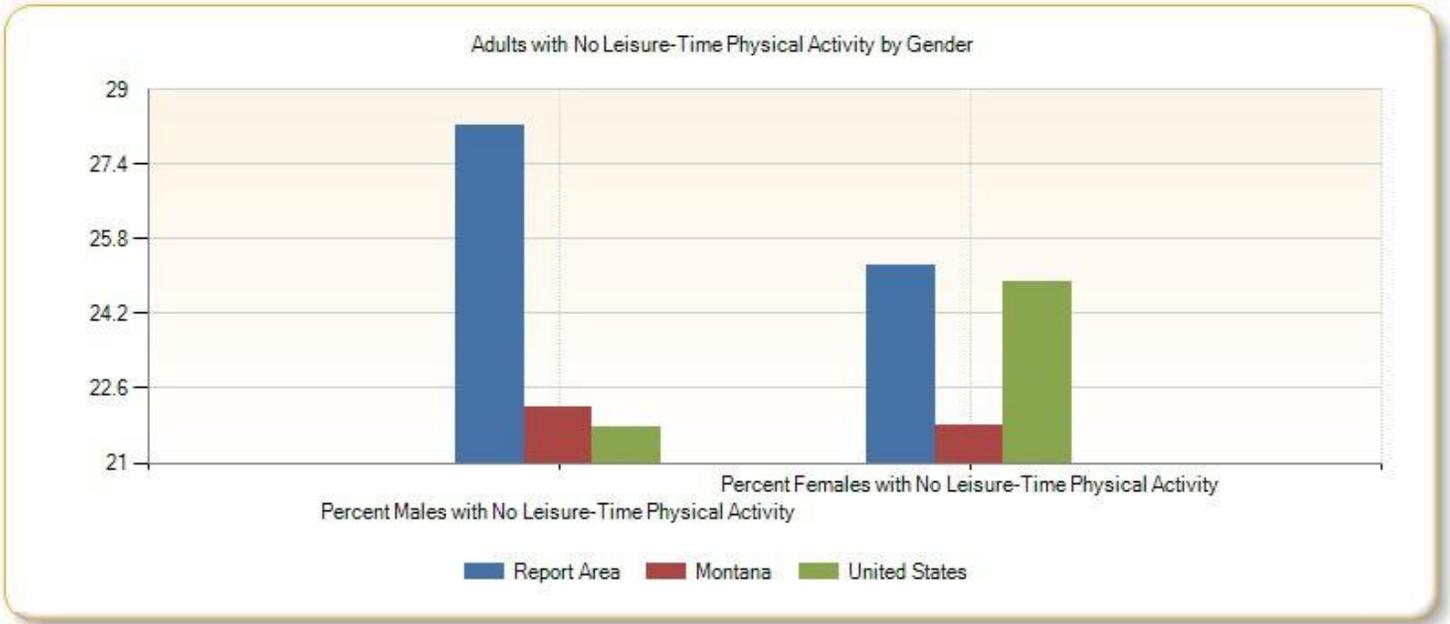
Being Overweight, lack of exercise, and not eating properly completed the top 6 modifiable risk factors. It may be better to say that by not eating properly and not having adequate or participating in adequate exercise leads to obesity or being overweight. Each of the following areas do show room for improvement and lead to opportunities to raise awareness and educate Treasure County community members to improve overall health and wellness.

Obesity statistics overall show that Montana as a state, has the 4th lowest rate of obesity compared with the rest of the United States (2015).



Physical Inactivity

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. Treasure County maintains a 27.3% Percent Population with no Leisure Time Physical Activity compared with 22.16% for Montana. (5) Treasure County men self-reported at a rate of 29.52% inactivity/lack of leisure time versus 25.2% of women. This compares with a statewide average of 21.79%.



Percent Adults Physically Inactive by Year, 2004 through 2010

Report Area	2004	2005	2006	2007	2008	2009	2010
Treasure County, MT	22.88%	21.7%	21.19%	21.01%	22.62%	26.78%	27.3%
Montana	20.68%	20.2%	20.16%	20.58%	21.32%	22.14%	22.16%
United States	22.96%	22.82%	22.93%	23.2%	23.51%	23.67%	23.41%

Not eating properly provides additional challenges for Treasure County due to the lack of access to a grocery store or supermarket in the county. The nearest grocery store is located in Rosebud County in Forsyth, approximately 30 miles away. Transportation is one of the largest barriers to purchasing groceries. There are several opportunities to have a limited supply of groceries delivered into the county including a private courier system, transportation to shopping in Billings via the Custer Aging Services Bus, and access to Allison’s Pantry distributor. In addition, Hysham does participate in the Bountiful Baskets program which delivers fresh fruits and vegetables to interested residents in the county.

Treasure County Community Health Assessment
February 2017

CHART ON OBESITY AND OVERWEIGHT RATES

ADULTS										
	Obesity (BRFSS 2015 Data)		Overweight & Obesity (BRFSS 2015 Data)		Diabetes (BRFSS 2015 Data)		Physical Inactivity (BRFSS 2015 Data)		Hypertension (BRFSS 2015 Data)	
States	Percent of Obese Adults (95% C.I.)	Ranking	Percent of Overweight and Obese Adults (95% C.I.)	Ranking	Percent of Adults with Diabetes (95% C.I.)	Ranking	Percent of Adults Who are Physically Inactive (95% C.I.)	Ranking	Percent of Adults Who have Hypertension (95% C.I.)	Ranking
Alabama	35.6 (+/-1.5)	2	68.7 (+/-1.5)	6	13.5 (+/-0.9)	3	31.9 (+/-1.5)*	5	40.4 (+/-1.5)	3
Alaska	29.8 (+/-2.4)	26	67.2 (+/-2.6)	10	7.6 (+/-1.4)	48	22.0 (+/-2.4)	41	27.5 (+/-2.2)	48
Arizona	28.4 (+/-1.6)	34	65.3 (+/-1.7)	28	10.1 (+/-0.8)	24	24.7 (+/-1.5)*	32	30.8 (+/-1.4)	27
Arkansas	34.5 (+/-2.3)	6	69.5 (+/-2.3)	3	12.6 (+/-1.3)	7	34.2 (+/-2.3)*	2	39.3 (+/-2.2)	4
California	24.2 (+/-1.0)	47	60.3 (+/-1.2)	44	10.0 (+/-0.7)	25	20.0 (+/-1.0)**	47	28.5 (+/-1.0)	46
Colorado	20.2 (+/-1.1)	51	56.6 (+/-1.4)	50	6.8 (+/-0.5)	51	17.9 (+/-1.1)*	51	25.7 (+/-1.1)	50
Connecticut	25.3 (+/-1.2)	42	61.6 (+/-1.3)	42	9.3 (+/-0.7)	31	23.5 (+/-1.2)*	35	30.4 (+/-1.1)	30
Delaware	29.7 (+/-2.1)	28	66.8 (+/-2.2)	14	11.5 (+/-1.2)	10	29.4 (+/-2.1)*	10	34.5 (+/-2.0)	12
D.C.	22.1 (+/-2.5)	50	54.4 (+/-3.4)	51	8.5 (+/-1.3)	39	19.4 (+/-2.5)	48	29.4 (+/-2.5)	41
Florida	26.8 (+/-1.3)	35	64.1 (+/-1.4)	35	11.3 (+/-0.8)	15	26.2 (+/-1.4)*	24	33.5 (+/-1.3)	16
Georgia	30.7 (+/-1.9)	19	65.5 (+/-2.0)	26	11.3 (+/-1.0)	15	27.3 (+/-1.9)*	15	36.2 (+/-1.8)	9
Hawaii	22.7 (+/-1.4)	49	57.0 (+/-1.7)	49	8.5 (+/-0.8)	39	22.5 (+/-1.4)*	38	32.0 (+/-1.5)	23
Idaho	28.6 (+/-1.8)	33	65.2 (+/-2.0)	29	8.1 (+/-0.8)	45	21.2 (+/-1.6)*	45	31.2 (+/-1.7)	25
Illinois	30.8 (+/-1.6)	18	66.2 (+/-1.7)	20	9.9 (+/-0.9)	26	24.8 (+/-1.5)	30	30.8 (+/-1.5)	27
Indiana	31.3 (+/-1.8)	15	66.5 (+/-1.9)	16	11.4 (+/-1.1)	13	29.4 (+/-1.8)*	10	32.4 (+/-1.6)	21
Iowa	32.1 (+/-1.6)	12	66.7 (+/-1.7)	15	8.8 (+/-0.8)	36	26.3 (+/-1.5)*	23	30.6 (+/-1.4)	29
Kansas	34.2 (+/-0.8)*	7	68.0 (+/-0.8)*	9	9.7 (+/-0.4)	29	26.5 (+/-0.7)*	21	31.6 (+/-0.7)	24
Kentucky	34.6 (+/-1.7)*	5	67.2 (+/-1.8)	10	13.4 (+/-1.1)	4	32.5 (+/-1.7)	4	39.0 (+/-1.6)	6
Louisiana	36.2 (+/-1.9)	1	69.2 (+/-1.9)	4	12.7 (+/-1.1)*	5	31.9 (+/-1.8)*	5	39.3 (+/-1.8)	4
Maine	30.0 (+/-1.4)	24	66.5 (+/-1.5)*	16	9.9 (+/-0.8)	26	24.8 (+/-1.3)*	30	34.1 (+/-1.3)	14
Maryland	28.9 (+/-1.7)	31	65.0 (+/-1.9)	30	10.3 (+/-0.9)	22	24.1 (+/-1.6)*	34	32.5 (+/-1.6)	19
Massachusetts	24.3 (+/-1.3)	46	59.7 (+/-1.5)	46	8.9 (+/-0.8)	35	26.5 (+/-1.4)*	21	29.6 (+/-1.2)	38
Michigan	31.2 (+/-1.3)	16	66.2 (+/-1.3)	20	10.7 (+/-0.8)	18	25.5 (+/-1.2)	27	33.1 (+/-1.2)	18
Minnesota	26.1 (+/-0.9)**	39	62.8 (+/-1.0)	39	7.6 (+/-0.4)	48	21.8 (+/-0.8)*	42	26.3 (+/-0.8)	49
Mississippi	35.6 (+/-1.9)	2	70.1 (+/-1.8)	2	14.7 (+/-1.2)*	1	36.8 (+/-1.8)*	1	42.4 (+/-1.8)	2
Missouri	32.4 (+/-1.6)	10	66.3 (+/-1.7)	19	11.5 (+/-0.9)	10	27.0 (+/-1.5)	17	34.1 (+/-1.5)	14
Montana	23.6 (+/-1.6)**	48	61.0 (+/-1.9)	43	7.9 (+/-0.9)	47	22.5 (+/-1.5)*	38	29.1 (+/-1.5)	45
Nebraska	31.4 (+/-1.1)	14	67.0 (+/-1.2)	12	8.8 (+/-0.6)	36	25.3 (+/-1.0)*	28	29.9 (+/-1.0)	34
Nevada	26.7 (+/-2.7)	36	64.7 (+/-2.9)	31	9.7 (+/-1.5)	29	24.7 (+/-2.6)	32	28.3 (+/-2.4)	47
New Hampshire	26.3 (+/-1.5)	38	63.6 (+/-1.8)	37	8.1 (+/-0.7)	45	22.6 (+/-1.5)*	36	29.2 (+/-1.4)	44
New Jersey	25.6 (+/-1.3)	41	63.4 (+/-1.5)	38	9.0 (+/-0.7)	33	27.2 (+/-1.4)*	16	30.9 (+/-1.3)	26
New Mexico	28.8 (+/-1.8)	32	64.5 (+/-1.9)	32	11.5 (+/-1.1)	10	22.6 (+/-1.6)	36	30.0 (+/-1.5)	33
New York	25.0 (+/-1.1)**	44	59.5 (+/-1.3)	48	9.8 (+/-0.7)	28	29.3 (+/-1.2)*	12	29.3 (+/-1.0)	43
North Carolina	30.1 (+/-1.4)	22	65.8 (+/-1.5)	25	10.7 (+/-0.8)	18	26.2 (+/-1.3)*	24	35.2 (+/-1.4)	11
North Dakota	31.0 (+/-1.8)	17	67.0 (+/-1.9)	12	8.7 (+/-0.9)	38	26.8 (+/-1.7)*	19	30.4 (+/-1.6)	30
Ohio	29.8 (+/-1.4)**	26	66.5 (+/-1.5)	16	11.0 (+/-0.8)	17	27.0 (+/-1.4)*	17	34.3 (+/-1.4)	13
Oklahoma	33.9 (+/-1.7)	8	68.9 (+/-1.7)	5	11.7 (+/-0.9)	9	33.2 (+/-1.7)*	3	36.2 (+/-1.6)	9
Oregon	30.1 (+/-1.7)	22	64.5 (+/-1.7)*	32	10.7 (+/-1.0)*	18	18.8 (+/-1.5)*	50	30.1 (+/-1.5)	32
Pennsylvania	30.0 (+/-1.6)	24	66.2 (+/-1.7)	20	10.4 (+/-1.0)	21	27.8 (+/-1.6)*	14	32.5 (+/-1.6)	19
Rhode Island	26.0 (+/-1.7)	40	62.6 (+/-1.9)	40	9.0 (+/-0.9)	33	28.1 (+/-1.8)*	13	32.4 (+/-1.6)	21
South Carolina	31.7 (+/-1.2)	13	66.2 (+/-1.3)	20	11.8 (+/-0.7)	8	26.7 (+/-1.2)	20	37.8 (+/-1.2)	8
South Dakota	30.4 (+/-1.9)	21	64.5 (+/-2.1)	32	9.3 (+/-1.0)	31	21.5 (+/-1.7)	44	29.9 (+/-1.7)	34
Tennessee	33.8 (+/-1.9)	9	68.7 (+/-2.0)	6	12.7 (+/-1.1)	5	30.4 (+/-1.9)*	8	38.5 (+/-1.8)	7
Texas	32.4 (+/-1.5)	10	68.7 (+/-1.5)	6	11.4 (+/-0.9)	13	29.5 (+/-1.5)	9	29.5 (+/-1.3)	40
Utah	24.5 (+/-1.0)	45	59.6 (+/-1.2)	47	7.0 (+/-0.5)	50	20.3 (+/-1.0)*	46	23.6 (+/-0.9)	51
Vermont	25.1 (+/-1.4)	43	59.9 (+/-1.7)	45	8.2 (+/-0.8)	44	22.2 (+/-1.4)*	40	29.4 (+/-1.4)	41
Virginia	29.2 (+/-1.4)	29	64.1 (+/-1.5)	35	10.3 (+/-0.8)	22	25.1 (+/-1.3)	29	33.2 (+/-1.3)	17
Washington	26.4 (+/-1.0)	37	62.5 (+/-1.1)	41	8.4 (+/-0.5)	41	19.0 (+/-0.9)	49	29.7 (+/-0.9)	37
West Virginia	35.6 (+/-1.5)	2	71.1 (+/-1.4)	1	14.5 (+/-1.0)	2	30.8 (+/-1.4)*	7	42.7 (+/-1.5)	1
Wisconsin	30.7 (+/-1.7)	19	66.0 (+/-1.8)	24	8.4 (+/-0.9)	41	21.6 (+/-1.5)	43	29.6 (+/-1.5)	38
Wyoming	29.0 (+/-2.0)	30	65.4 (+/-2.2)	27	8.4 (+/-0.9)	41	26.2 (+/-1.9)*	24	29.9 (+/-1.8)	34

Treasure County Community Health Assessment
February 2017

AND RELATED HEALTH INDICATORS IN THE STATES									
CHILDREN AND ADOLESCENTS									
	Young Children Ages 2 to 4: Obesity (WIC PC 2012 Data)	Children and Teenagers Ages 6 to 17: Obesity and Physical Activity (NSCH 2011 Data)			Children and Teenagers Ages 6 to 17: Obesity and Physical Activity (NSCH 2011 Data)			Food Insecurity (USDA 2013-2015 Data)	
States	Percent of Obese Low-Income Children Ages 2-4 (95% C.I.)	Percent of Obese Children Ages 10-17 (95% C.I.)	Ranking	Percent of Children Participating in Vigorous Physical Activity per Day (Ages 6-17)	Percentage of Obese High School Students (95% Conf Interval)	Percentage of Overweight High School Students (95% Conf Interval)	Percentage of High School Students Who Were Physically Active At Least 60 Minutes on All 7 Days	Percent of Households with Food Insecurity, Average	
Alabama	15.6 (+/- 0.4)	18.6 (+/- 3.9)	11	32.7	17.1 (+/- 2.7)	15.8 (+/- 2.7)	24.8 (+/- 2.4)	17.6*	
Alaska	20.6 (+/- 0.9)	14.0 (+/- 3.3)	32	32.9	12.4 (+/- 2.1)	13.7 (+/- 2.6)	20.9 (+/- 2.8)	13.3	
Arizona	14.9 (+/- 0.3)	19.8 (+/- 4.6)	7	26.4	10.7 (+/- 2.7)	12.7 (+/- 1.9)	21.7 (+/- 2.5)	14.9	
Arkansas	14.6 (+/- 0.4)	20.0 (+/- 4.2)	6	31.6	17.8 (+/- 2.2)	15.9 (+/- 2.5)	27.5 (+/- 3.0)	19.2*	
California	17.6 (+/- 0.1)	15.1 (+/- 4.1)	21	25.2	N/A	N/A	N/A	12.6**	
Colorado	8.9 (+/- 0.3)	10.9 (+/- 3.6)	47	28.3	N/A	N/A	N/A	12.1**	
Connecticut	16.6 (+/- 0.5)	15.0 (+/- 3.2)	23	25.8	12.3 (+/- 2.3)	13.9 (+/- 1.6)	26.0 (+/- 3.2)	13.1	
Delaware	16.9 (+/- 0.8)	16.9 (+/- 4.1)	16	26.5	14.2 (+/- 1.4)	16.3 (+/- 1.7)	23.7 (+/- 2.0)	11.9**	
D.C.	14.4 (+/- 1.0)	21.4 (+/- 5.5)	3	26.8	N/A	N/A	N/A	13.2	
Florida	13.7 (+/- 0.2)	13.4 (+/- 3.3)	38	31.5	11.6 (+/- 1.2)	14.7 (+/- 1.2)	25.3 (+/- 1.4)	12.7**	
Georgia	13.4 (+/- 0.3)	16.5 (+/- 3.8)	17	30.6	12.7 (+/- 1.7)	17.1 (+/- 2.1)	24.7 (+/- 2.2)	14.9	
Hawaii	10.2 (+/- 0.5)	11.5 (+/- 2.6)	44	28.7	13.4 (+/- 1.9)	14.9 (+/- 2.0)	22.0 (+/- 1.5)	9.7**	
Idaho	11.8 (+/- 0.5)	10.6 (+/- 3.4)	49	25.5	9.6 (+/- 1.5)	15.7 (+/- 1.3)	27.9 (+/- 2.7)	13.8	
Illinois	15.9 (+/- 0.2)	19.3 (+/- 3.9)	9	23.5	11.5 (+/- 1.8)	14.4 (+/- 1.7)	25.4 (+/- 2.3)	11.1**	
Indiana	14.7 (+/- 0.3)	14.3 (+/- 3.7)	28	28.6	N/A	N/A	N/A	14.8	
Iowa	15.1 (+/- 0.4)	13.6 (+/- 3.2)	35	31.2	N/A	N/A	N/A	10.6**	
Kansas	13.1 (+/- 0.4)	14.2 (+/- 3.6)	31	28.2	12.6 (+/- 2.1)	16.3 (+/- 1.8)	38.3 (+/- 2.3)	14.6	
Kentucky	13.5 (+/- 0.4)	19.7 (+/- 3.9)	8	32.3	18.0 (+/- 2.5)	15.4 (+/- 2.1)	22.5 (+/- 2.6)	17.6*	
Louisiana	13.8 (+/- 0.4)	21.1 (+/- 4.0)	4	31.1	13.5 (+/- 2.7)	16.4 (+/- 1.9)	N/A	18.4*	
Maine	14.9 (+/- 0.7)	12.5 (+/- 3.0)	42	32.0	11.6 (+/- 1.6)	14.2 (+/- 0.9)	22.3 (+/- 1.6)	15.8*	
Maryland	16.2 (+/- 0.4)	15.1 (+/- 3.7)	21	24.4	11.0 (+/- 0.4)	14.8 (+/- 0.4)	21.6 (+/- 0.6)	10.7**	
Massachusetts	16.9 (+/- 0.4)	14.5 (+/- 3.5)	25	25.5	10.2 (+/- 1.8)	12.9 (+/- 1.7)	23.0 (+/- 2.3)	9.7**	
Michigan	13.9 (+/- 0.2)	14.8 (+/- 3.6)	24	27.7	13.0 (+/- 1.8)	15.5 (+/- 1.3)	26.7 (+/- 2.8)	14.9	
Minnesota	12.2 (+/- 0.3)	14.0 (+/- 3.7)	32	28.7	N/A	N/A	N/A	9.9**	
Mississippi	14.8 (+/- 0.4)	21.7 (+/- 4.4)	1	27.7	15.4 (+/- 2.4)	13.2 (+/- 2.6)	25.9 (+/- 3.5)	20.8*	
Missouri	13.5 (+/- 0.3)	13.5 (+/- 3.0)	36	33.7	14.9 (+/- 2.8)	15.5 (+/- 2.3)	27.2 (+/- 2.6)	15.2	
Montana	11.3 (+/- 0.7)	14.3 (+/- 3.4)	28	32.4	9.4 (+/- 1.1)	12.9 (+/- 1.2)	27.7 (+/- 1.7)	12.2	
Nebraska	17.2 (+/- 0.6)	13.8 (+/- 3.1)	34	31.3	12.7 (+/- 2.0)	13.8 (+/- 1.6)	32.3 (+/- 2.6)	14.8	
Nevada	12.9 (+/- 0.4)	18.6 (+/- 4.2)	11	22.4	11.4 (+/- 2.0)	14.6 (+/- 2.5)	24.0 (+/- 2.6)	14.2	
New Hampshire	14.8 (+/- 0.9)	15.5 (+/- 3.6)	19	28.1	11.2 (+/- 1.7)	13.8 (+/- 1.6)	22.9 (+/- 2.3)	10.1**	
New Jersey	16.8 (+/- 0.3)	10.0 (+/- 2.9)	50	25.3	8.7 (+/- 2.2)	14.0 (+/- 2.2)	27.6 (+/- 3.7)	11.1**	
New Mexico	13.5 (+/- 0.5)	14.4 (+/- 3.7)	27	29.6	12.6 (+/- 2.4)	15.0 (+/- 1.8)	31.1 (+/- 2.4)	14.4	
New York	15.1 (+/- 0.2)	14.5 (+/- 3.2)	25	24.6	10.6 (+/- 1.1)	13.8 (+/- 1.1)	25.7 (+/- 3.3)	14.1	
North Carolina	13.5 (+/- 0.3)	16.1 (+/- 4.0)	18	31.6	12.5 (+/- 1.9)	15.2 (+/- 2.2)	25.9 (+/- 2.6)	15.9*	
North Dakota	14.0 (+/- 1.1)	15.4 (+/- 3.8)	20	30.4	13.5 (+/- 1.8)	15.1 (+/- 1.8)	24.7 (+/- 2.5)	8.5**	
Ohio	13.0 (+/- 0.2)	17.4 (+/- 3.7)	14	28.5	13.0 (+/- 2.4)	15.9 (+/- 2.0)	25.9 (+/- 3.7)	16.1*	
Oklahoma	15.0 (+/- 0.4)	17.4 (+/- 3.6)	14	34.9	11.8 (+/- 2.0)	15.3 (+/- 2.4)	38.5 (+/- 3.4)	15.5*	
Oregon	15.9 (+/- 0.4)	9.9 (+/- 2.8)	51	28.5	N/A	N/A	N/A	16.1*	
Pennsylvania	13.1 (+/- 0.3)	13.5 (+/- 3.5)	36	27.0	N/A	N/A	N/A	12.4**	
Rhode Island	16.7 (+/- 0.8)	13.2 (+/- 3.3)	41	25.2	10.7 (+/- 1.3)	16.2 (+/- 2.5)	23.2 (+/- 3.8)	11.8**	
South Carolina	12.6 (+/- 0.3)	21.5 (+/- 4.1)	2	30.3	13.9 (+/- 2.5)	16.8 (+/- 2.1)	23.8 (+/- 3.0)	13.2	
South Dakota	14.8 (+/- 0.8)	13.4 (+/- 3.3)	38	30.2	11.9 (+/- 2.3)	13.2 (+/- 1.6)	27.7 (+/- 2.5)	11.5**	
Tennessee	15.3 (+/- 0.3)	20.5 (+/- 4.2)	5	34.5	16.9 (+/- 1.9)	15.4 (+/- 2.3)	25.4 (+/- 3.1)	15.1*	
Texas	15.9 (+/- 0.1)	19.1 (+/- 4.5)	10	29.0	15.7 (+/- 1.9)	15.6 (+/- 1.6)	30.0 (+/- 2.4)	15.4*	
Utah	8.7 (+/- 0.4)	11.6 (+/- 3.3)	43	18.1	6.4 (+/- 1.9)	11.0 (+/- 2.2)	19.7 (+/- 2.7)	11.9**	
Vermont	13.7 (+/- 0.9)	11.3 (+/- 2.7)	45	33.3	13.2 (+/- 2.1)	15.8 (+/- 1.0)	25.4 (+/- 1.9)	11.4**	
Virginia	20.1 (+/- 0.4)	14.3 (+/- 3.6)	28	26.1	12.0 (+/- 1.3)	14.7 (+/- 1.4)	23.8 (+/- 1.6)	9.8**	
Washington	14.3 (+/- 0.3)	11.0 (+/- 3.1)	46	28.5	N/A	N/A	N/A	12.9	
West Virginia	14.1 (+/- 0.6)	18.5 (+/- 3.4)	13	34.1	15.6 (+/- 2.3)	15.5 (+/- 2.0)	31.0 (+/- 2.4)	15.0	
Wisconsin	15.2 (+/- 0.3)	13.4 (+/- 3.1)	38	28.3	11.6 (+/- 2.1)	13.0 (+/- 1.2)	24.0 (+/- 2.3)	11.3**	
Wyoming	10.6 (+/- 0.9)	10.7 (+/- 4.2)	48	30.2	10.7 (+/- 1.4)	12.8 (+/- 1.2)	28.2 (+/- 2.0)	13.2	

DATA SOURCES

Precautions were taken to ensure the accuracy of data presented in Treasure County Community Health Assessment. Because Treasure is a small, frontier county, there was often a lack of specific county information available. In those instances, Region 1 data was utilized to provide insight. Region 1 includes the following Southeastern Montana counties: Phillips, Valley, Daniels, Sheridan, Roosevelt, Richland, McCone, Garfield, Prairie, Dawson, Treasure and Wibaux.

1. Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services. [BRFSS 2010](#). NCHS estimates are housed in the [Health Indicator Warehouse](#), the official repository of the nation's health data.
2. Hysham Chamber of Commerce www.hysham.org
3. County Health Rankings & Roadmaps by Robert Wood Johnson Foundation 2015 County Health Rankings (Montana)
http://www.countyhealthrankings.org/sites/default/files/state/downloads/CHR2015_MT_0.pdf
4. Community *Commons* organization
https://assessment.communitycommons.org/UserContents/CHNA_Content/CHNA22944RPT_4_3.pdf
5. Data USA-Treasure County specific data **website**
<https://datausa.io/profile/geo/treasure-county-mt/#intro>
 - a. The Census Bureau collects occupation, wage, and industry data over time using the American Community Survey in Treasure County, MT.
 - b. The Department of Education collects a large amount of data regarding higher education. The data in this section is based on degrees granted by institutions in Treasure County, MT
 - c. The University of Wisconsin has collected data on various health and safety factors, and created a ranking for each.
6. DPHHS Montana Data for community health assessments
<http://dphhs.mt.gov/Portals/85/publichealth/documents/Epidemiology/CHD/.pdf>
7. Community Health Profile Treasure County 2015
<https://dphhs.mt.gov/Portals/85/publichealth/Publications/County%20Health%20Profiles/Treasure%20Community%20Health%20Profile.pdf>
8. US Census Quick facts website
<https://www.census.gov/quickfacts/table/SEX255215/30103,00>
9. <http://stateofobesity.org/adult-obesity/>