

VALLEY COUNTY Community Health Assessment







Acknowledgement

The Valley County Health Department and Valley CARE Coalition thanks the following partners for their active participation in the development of this assessment. These same partners will be essential to achieve a healthier Valley County.

- DPHHS Systems Improvement Division
- City of Glasgow
- Eastern Montana Community Mental Health Center
- Frances Mahon Deaconess Hospital
- Glasgow DUI Task Force
- Glasgow Housing Authority
- Glasgow Police Department
- Glasgow Prevention Specialist
- Glasgow School District
- Hi Line Homes, Inc.
- Montana Healthcare Foundation
- Soroptimist International
- Valley County Board of Health
- Valley County Emergency Medical Services
- Valley County Food Bank
- Valley County Health Department
- Valley County Ministerial Association
- Valley County Senior Center
- Valley County Sheriff Department
- Youth Dynamics, Inc.

Executive Summary

A Community Health Assessment was held in Valley County on Saturday, April 23, 2016. CASPER methodology was used to gather information from 121 households in Valley County. Key findings included: 42% of the household respondents were age 60 and older. Almost 60% had lived in Valley County for 16 or more years. 68% feel safe in their home and 59% feel safe in the community. Self-reporting their health as either excellent, very good or good is 78.9% of the respondents. 50.8% report their mental health to be excellent, very good, or good.

Areas for improvement include; 2 of 10 households use some type of tobacco product. 29.8% of Valley County respondents would like to see more parks, trails or greenways, the same amount would like to see more/ better sidewalks to enhance physical activity.

Through this process the Valley County Health Department, Frances Mahon Deaconess Hospital, Eastern Montana Community Mental Health Center and Glasgow Police Department formed the Valley C.A.R.E. Coalition ((Coordination, Access, Resources and Education) to bring community partners together to leverage resources which will promote better health in Valley County.

Mission Statement: Valley CARE Coalition created full and satisfying lives by improving health and wellness for our community.

Value Statement: Align wellness efforts of community members in a meaningful way, embrace health as more than physical status and engage in evidence-based tactics.

Table of Contents

Executive Summary2
Secondary Data4
Valley County
Secondary Data Sources
Primary Data13
Primary Data Collection and Methodology14
Primary Data Results
Frances Mahon Deaconess Hospital Community Needs Assessment 20
Priority Areas21
Community Health Assessment Priority Ranking Sheet 22
Community Health Assessment Feedback Form 23
Identified Priority Areas
Appendices21
Community Health Assessment Survey 25
Community Health Assessment Volunteer Evaluation 29
References

Secondary Data

Valley County

Valley County is located in the eastern side of Montana and is a rural county with 11,576 persons (4.7 persons/square mile). Valley County Health Department (VCHD), Frances Mahon Deaconess Hospital (FMDH), and Eastern Montana Community Mental Health Center (EMCMHC) collaborated to complete the community health assessment.



Secondary Data

The following summary report provides an overview of key secondary data to be considered in the development of the 2016 Valley County Community Health Needs Assessment survey instrument.

United States Census Bureau Quick Factsⁱ

The United States Census Bureau's *mission* is to serve as the leading source of quality data about the nation's people and economy. QuickFacts are summary profiles showing frequently requested data items from various Census Bureau programs.

County Demographic Information				
2010 Population	Net Change	Population Density		
7,369	7,640	3.7%	1.5	

Demographic Profile: Age and Sex (July 1, 2014)				
Age Valley County Montana				
Persons Under 5 years	5.4%	6.0%		
Persons Under 18 years	22.7%	22.0%		
Persons 65 years and older	20.8%	16.7%		
Female Persons	49.5%	49.8%		

Demographic Profile: Race/Ethnic Distribution				
Population Subgroup	Valley County	<u>Montana</u>		
White alone	87.1%	89.4%		
Black or African American alone	0.4%	0.6%		
American Indian and Alaska Native	9.4%	6.6%		
alone				
Asian alone	0.7%	0.8%		
Native Hawaiian and other Pacific	0.1%	0.1%		
Islander alone				
Two or more races	2.4%	2.6%		
Hispanic or Latino	2.2%	3.5%		
White alone, not Hispanic or Latino	85.4%	86.7%		

Population Characteristics				
Characteristic Valley County Montana				
High school graduate or higher, percent of persons age 25 years+, 2010-2014	91.7%	92.4%		
Bachelor's degree or higher, percent of persons age 25 years+, 2010-2014	17.0%	29.1%		
Veterans, 2010-2014	743	91,956		
With a disability, under age of 65 years, 2010-2014	9.5%	9.0%		
Persons without health insurance, under 65 years, percent	23.5%	16.9%		
Median Gross Rent, 2010-2014	\$509	\$696		
Households, 2010-2014	3,181	407,797		
Persons per household, 2010-2014	2.32	2.40		
Persons in poverty	12.4%	15.4%		
Unemployment	4.2%	5.6%		

Montana Behavioral Risk Factor Surveillance System (BRFSS)ⁱⁱ

The following table includes an overview of selected findings from the 2014 Montana BRFSS survey. The survey is conducted through a collaborative effort with the Division of Behavioral Surveillance of the Centers for Disease Control and Prevention (CDC) and the Montana Department of Public Health and Human Services (DPHHS). This survey provides valuable information on health trends, chronic disease risks, and data for monitoring the effectiveness of policies, programs, and interventions. Dues to the small numbers in Montana, these indicators are reported by Health Planning Regions.

Health Status Indicator	Eastern Montana Region	Montana
Self-Reported "Fair" or "Poor"	15 7%	15 /0/
Health	13.7%	15.4%
Frequent Poor Physical Health	9.4%	12.5%
Frequent Poor Mental Health	10.2%	9.9%
Frequent Activity Limitation	11.3%	16.0%
Health Care Indicators		
No Health Care Coverage	12 1%	16.1%
(ages 18-64)		10.170
Couldn't Afford to See Doctor	8.6%	11.9%
(past 12 months)		
No Personal Healthcare Provider	33.2%	29.1%
No Routine Checkup in the Past	37.9%	36.4%
Year		
No Dental Visit in the Past Year	42.6%	37.4%
Clinical Preventive Practices		
No Mammogram in Past 2 years	30.2%	28.0%
(women ages 50+)	7.00/	4.00/
No Mammogram Ever	7.6%	4.8%
No Pap Test in Past 3 years	29.1%	25.4%
(women ages 18+)		
(ages EQ 7E)	52.3%	41.2%
(ages 50-75)		
Screening (ages 50-75)	46.9%	37.6%
Health Polated Pick Bohaviors		
No Loisuro Timo Physical Activity		
in Past 30 Days	24.8%	19.6%
Overweight		
$(25.0 \le BMI \le 30.0)$	41.6%	36.6%
Obese		
(BMI ≥ 30.0)	33.6%	26.4%
Current Smokers	22.0%	19.9%
Current Smokeless Tobacco Users	12.0%	7.6%
Does Not Always Wear Seat Belt	45.6%	27.9%
Chronic Health Conditions		
Ever Diagnosed with Asthma	15.6%	13.4%
Currently has Asthma	9.7%	9.6%
Ever Diagnosed with a Heart	F 20/	4.20/
Attack	5.3%	4.2%
Ever Diagnosed with Angina or	F 10/	2.6%
CHD	5.1%	3.6%
Ever Diagnosed with a Stroke	2.7%	2.7%
Ever Diagnosed with Diabetes	9.5%	8.8%
Ever Diagnosed with a Depressive	19.49/	20.4%
Disorder	18.4%	20.4%
Ever Diagnosed with Kidney	2 0%	2.6%
Disease	5.0%	2.0%

County Health Rankings and Roadmapsⁱⁱⁱ

The *County Health Rankings* & *Roadmaps* program is a collaboration between the <u>Robert Wood Johnson</u> <u>Foundation</u> and the <u>University of Wisconsin Population Health Institute</u>. The *County Health Rankings* measure the health of nearly all counties in the nation and rank them within states. The *Rankings* are compiled using county-level measures from a variety of national and state data sources. These measures are standardized and combined using scientifically-informed weights. The annual *Rankings* provide a revealing snapshot of how health is influenced by where we live, learn, work and play.

Health Status Indicator	Valley County	Montana
Quality of Life		
Poor or fair health	17%	14%
Poor physical health days	3.0	3.5
Poor mental health days	3.2	3.3
Low Birthweight	6.0%	7.3%
Health Behaviors		
Adult Smoking	18%	18.%
Adult Obesity	29%	24%
Physical Inactivity	30%	22%
Access to exercise opportunities	40%	72%
Excessive drinking	22%	19%
Teen births	27	35
Clinical Care		
Uninsured	24%	22%
Primary Care Physician	1,251:1	1,305:1
Dentists	3,815:1	1,504:1
Mental Health Providers	1,526:1	428:1
Preventable Hospital Stays	50	47
Diabetic Monitoring	82%	82%
Mammography Screening	51.3%	64.2%
Social Economic Factors		
Children in Poverty	19%	21%
Children in single-parent	27%	20%
households	37/0	2378
Social Associations	24.0	14.3
Injury Deaths	73	88
Physical Environment		
Severe Housing Problems	9%	15%
Driving Alone to Work	78%	75%
Long Commute-Driving Alone	16%	16%

Montana County Health Profiles 2015^{iv}

The Montana Department of Public Health and Human Services developed the County Health Profiles. The information below includes cancer data from the Montana Central Tumor Registry (MCTR). Immunization data was obtained from the Vaccines for Children (VFC) Program clinic reviews conducted every other year. The Montana Hospital Association provided access to emergency department visit and inpatient hospitalization data in the MHDDS, which is based on the 2004 Uniform Billing form, with ICD-9 CM coded primary and secondary diagnoses. The ICD9-CM codes can be found at

<u>http://www.cms.gov/medicare-coverage-database/staticpages/icd-9-code-lookup.aspx</u>. Only persons hospitalized or visiting an emergency department recorded as residents of Montana during 2011–2013 were included in the analyses.





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

Health Indicator	Valley County	Small County Data	Montana
Number assessed 2011b	-	99	2,249
Number UTD 2011	-	35	1,305
Percent UTD 2011°	-	35.4	58.7
Number assessed 2014 ^d	63	727	4,042
Number UTD 2014	48	541	2,651
Percent UTD 2014	76.2	74.4	65.6
(95% CI)	(63.8, 86.0)	(71.1, 77.6)	(64.1, 67.1)

^aUTD = 4 DTaP, 3 Polio, 1 MMR, 3/4 HIB, 3 Hep B, 1 Var, 4 PCV by 24 months.

^bIn 2011, chart reviews occurred. Clinics with fewer 50 chart, the review included all available charts. Clinics with more than 50 charts, a sample of charts were reviewed and validated.

Confidence interval cannot be calculated because the total number of records reviewed is unknown.

In 2014, all immunization records were reviewed electronically in the Montana Immunization Information

System (imMTrax). The precision of each estimate was quantified using 95% confidence intervals.

Data provided by the Immunization Section of the Communicable Disease Bureau.

	Valle	y County	Small County Data		Montana
		Rate per 100,000ª	Average Number per	Rate per 100,000ª	Rate per 100,000ª
Health Indicator	Number	(95% CI)	County	(95% CI)	(95% CI)
All Unintentional	154	565.3	146.6	568.4	538.6
Injury	1.54	(470.1, 677.5)	140.0	(542.6, 595.2)	(530.6, 546.8)
Falls	07	300.1	76.0	257.7	268.7
rans	97	(237.3, 379.1)	70.0	(241.8, 274.7)	(263.2, 274.3)
Stouels buy/against	6	ţ	4.1	17.9	18.0
Struck by/against	0	ţ	4.1	(13.4, 23.7)	(16.5, 19.6)
Motor Vehicle	15	ţ	17.0	85.1	60.6
Wotor venicie	15	‡	17.5	(74.5, 97.0)	(57.8, 63.6)
Deisening	10	‡	0.4	36.4	36.3
Foisoining	10	ţ	0.4	(29.8, 44.3)	(34.2, 38.5)
Intentional	10	ţ	17.8	92.8	106.5
Self-Harm	19	ţ	17.0	(81.3, 105.5)	(102.6, 110.5)
Traumatic Brain	18	ţ	25.3	109.3	91.3
Injury	10	‡	23.5	(97.6, 122.2)	(87.9, 94.8)

 Table 4. Inpatient admissions for injury by type and mechanism of injury —

 Montana, 2011–2013.

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

‡Does not meet standards of reliability or precision.

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

Montana, 2011–2015.					
Valley County Small County Data					Montana
		Rate per 100,000ª	Average	Rate per 100,000ª	Rate per 100,000ª
Health Indicator	Number	(95% CI)	County	(95% CI)	(95% CI)
All Unintentional		9,529.6	1 1 77 2	5,427.5	5,901.8
Injury	2,025	(9092.6, 9984.3)	1,177.5	(5341.5, 5514.6)	(5873.1, 5930.4)
Falls	752	3,127.0	420.3	1,809.1	2,020.0
Fails	155	(2889.6, 3381.4)	429.5	(1761.4, 1857.9)	(2003.7, 2036.5)
Stault hu/against	259	1,322.6	150.2	789.0	820.2
Suuck by/agamsi		(1160.7, 1502.7)	139.5	(755.8, 823.5)	(809.4, 831.1)
Motor Vahiala	154	808.6	00.4	441.1	520.0
Wotor vehicle		(680.6, 955.6)	90.4	(416.4, 467.1)	(511.5, 528.6)
Deisening	22	120.6	15.0	75.6	95.4
Poisoning	25	(75.1, 186.0)	15.9	(65.7, 86.8)	(91.8, 99.1)
Intentional	40	215.3	18.6	95.6	104.5
Self-Harm	40	(151.8, 298.6)	18.0	(84.1, 108.5)	(100.6, 108.4)
Traumatic Brain	105	514.5	112.0	552.6	649.9
Injury	105	(415.3, 632.5)	118.0	(525.3, 581.1)	(640.5, 659.5)

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

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

‡Does not meet standards of reliability or precision.

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

Montana Community Health Assessments 2011^v

The Office of Epidemiology and Scientific Support (OESS) maintains and distributes public health data from the following systems:

- Montana Behavioral Risk Factor Surveillance System (BRFSS),
- Montana Hospital Data Discharge System, and
- Montana Vital Statistics Analysis Unit.

These data systems contain information on a wide variety of health issues and thus support Public Health programs in Montana. OESS's main purpose is to provide the most accurate and timely data possible to the Public Health and Safety Division Programs, the Department of Public Health and Human Services, local health agencies, policy makers, and community groups.

Health Indicator	Valley County	Region 1	Montana	Data Source/Definition
Maternal and Child Health				
Infant mortality (death within 1st year): rate per 1000 live births	Not available	6.9 (4.9-9.6)	6.1 (5.5-6.7)	Vital Statistics (OVS) death and live birth data, 2004-2008. The number of infant (birth through 364 days of age) deaths, divided by the total number of live births, multiplied by 1,000.
Child mortality (1 through 14 years): rate per 100,000	Not available	48.2 (33.0-68.0)	18.4 (15.3-21.9)	Vital Statistics (OVS) death data, 2004-2008, and U.S. Census Population Estimates, May 2009 release. The number of deaths to children 1 through 14 years of age, divided by the estimated population of children 1 through 14 years of age, multiplied by 100,000.
Neonatal (under 28 days of age) mortality: rate per 1000 live birth	Not available	4.1 (2.6-6.3)	3.3 (2.9-3.8)	Vital Statistics (OVS) death and live birth data, 2004-2008. The number of deaths to infants under 28 days of age, divided by the total number of live births, multiplied by 1000.
Mortality				
Median age at death (All Races)	80	79	78	Vital Statistics: death certificates, Montana resident data from 2004- 2008. Total includes both sexes and all races. The age for which half the deaths in a population are at a younger age and half at an older age. In a population with an even number of decedents, the median is the average of the two "middle" ages.
o White	82	81	79	
o American Indian	51	55	59	
All Cancers mortality rate per 100,000 population	238 (189.6-295.0)	257.8 (241.9-274.5)	200.9 (197.5-205.0)	Vital Statistics: death certificates, Montana resident data from 2004- 2008.

Unintentional injury death rate per 100,000 population	60.2 (37.3-92.0)	77.8 (69.2-87.2)	58.8 (56.7-60.9)	Vital Statistics: death certificates, Montana resident data from 2004- 2008.
Cerebrovascular Disease (including stroke) mortality rate per 100,000 population	57.3 (35.1-88.5)	59.6 (52.1-67.8)	49.7 (47.8-51.7)	Vital Statistics: death certificates, Montana resident data from 2004- 2008. Includes subarachnoid, intracerebral, and intracranial hemorrhage, cerebral infarction, other strokes and certain other forms of Cerebrovascular diseases and their sequelae.
Diabetes Mellitus mortality rates	77.4 (51.1-112.6)	47.9 (41.2-55.4)	27.1 (25.7-28.6)	Vital Statistics: death certificate Montana resident data from 2004- 2008.
Heart Disease mortality rate per 100,000 population	349.8 (290.5-417.6)	268.1 (251.9-285.1)	198.0 (194.6-202.0)	Vital Statistics: death certificates, Montana resident data from 2004- 2008. Total includes both sexes and all races. The age for which half the deaths in a population are at a younger age and half at an older age. In a population with an even number of decedents, the median is the average of the two "middle" ages.

Primary Data

Primary Data Collection

VCHD, FMDH, EMCMHC, and the Public Health and Safety Division collaborated to complete a Community Assessment for Public Health Emergency Response (CASPER) to gather primary data for the CHA to improve the understanding of the health status of Valley County and to establish a volunteer network.

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

CASPER uses a two-stage cluster design based on the World Health Organization epidemiology technique for estimating vaccine coverage from small pox eradication. In the first stage of the sampling method, 20 clusters (i.e. census blocks) with ≥7 housing units (HUs) are selected with their probability proportional to the estimated number of HUs in each cluster. In the second stage, seven HUs are randomly selected in each of the 20 clusters by the field teams for the purpose of conducting the interviews with the goal of 140 completed interviews. Eighty percent completion rates allows population needs to be estimated from the sample and the estimates are usually within 10 percent.

VCHD contacted the PHSD in the fall of 2015 for help conducting a CASPER in April of 2016. Formal planning for the CASPER started immediately. VCHD, FMDH, and EMCMHC worked collaboratively to develop the survey for the CASPER with community stakeholder input, find and manage volunteers, completed all logistics including data collection, and completed the media campaign to raise awareness of the event. PHSD roles were coordinating the sampling and development of cluster maps with the Montana State Library, the just-in-time training for volunteers, completion of the volunteer evaluation, data analyses, and writing of the final report.

The geographic area for the CASPER included all of Valley County, which is 5,062 square miles. The main population center is Glasgow with a population of 3,374. Valley County contains 2,256 total census blocks including 1,438 blocks with 0 HUs, 635 blocks with 1–6 HUs, and 183 blocks with \geq 7 HUs for a total of 4,879 HUs. The Montana State Library logically combined census blocks taking into account boundaries, roads, rivers, and other features to create new clusters with \geq 7 HUs. In the first stage sampling, 20 clusters were randomly selected with probability proportional to the number of HUs within the merged blocks. In the second stage, field teams used a standardized method for randomization to select HUs for the seven interviews.

The survey instrument was designed to capture 1) demographic information 2) physical activity and nutrition 3) mental health and substance abuse 4) access to quality health servicers 5) injury 6) tobacco use 7) oral health and 8) community perceptions (Appendix A). On Saturday April 23, a just-in-time

training session for 45 volunteers provided an overview of a CASPER, household selection, interview techniques, and safety. Twenty-two, two-person teams attempted to conduct seven interviews in each of the 20 clusters selected for the sample, with a goal of 140 completed interviews. Residents of households who were at least 18 years of age were considered eligible respondents. Additionally, field teams distributed information about the VCHD, FMDH, and EMCMHC. Data collection occurred on Friday April 15 and Saturday April 23. All forms used during the CASPER were from the CASPER toolkit and were modified accordingly. All volunteers completed an evaluation at the end of the exercise (Appendix B).

Epi Info 7.1.2, a free statistical software package produced by the CDC, was used for data entry and analysis. The completion rate was calculated by dividing the number of completed interviews by 140 (i.e., the goal for completed interviews in this CASPER). To account for the probability that the responding household was selected, we created sampling weights based on the total number of occupied houses according to the 2010 Census, the number of clusters selected, and the number of interviews completed in each cluster. This weight was used to calculate all weighted frequencies and percentages presented in this report.



Map of selected clusters for the CASPER

Primary Data Results

The interview teams conducted 121 interviews, yielding a completion rate of 86%. The 121 interviewed households were a sample of the 4,879 total households in Valley County. Unweighted frequencies, percentages, and projected population estimates based on weighted analyses can be found in Appendix C, Data Tables 1–17.

Seventy-six (63%) of the respondents were female and 24% were 75 years of age or older. Fifty-five (46%) of respondents were employed full-time, 28% were retired, 12% were self-employed, and 7% were employed part-time. Table 1 contains complete demographic results.

Of the interviewed households, 97.5% strongly agree or agree they feel safe in their home; 95.1% strongly agree or agree they feel safe in their community; 93.4% strongly agree or agree they have enough financial resources to meet their basic needs; 85.9% strongly agree or agree their community is a good place to raise children; 83.5% strongly agree or agree their community is a good place to grow old; 83.4% strongly agree or agree they can get the health care they need near their home; and 80.7% strongly agree or agree they can buy affordable healthy food near their home. Respondents identified access to health care and other services (57.9%), clean air/water (42.1%), and good jobs and a healthy economy (31.4%) as most important aspects to a health community.

Of the interviewed households, 78.9% rated their physical health as excellent, very good, or good; 60.5% rated their day-to-day stress level as moderate or high; 22.5% haven't visited a dentist for 3 or more years; 19.8% currently smoke, chew tobacco or use vaping products; and 90.6% rate their mental health as excelling, very good, or good. The main reasons respondents hadn't visited a dentist within the last year included don't need a dental appointment (27.8%), fear or apprehension (16.7%), could not afford (13%), and no insurance (13%). Respondents identified more parks, trails, or greenways (29.8%) and more/better sidewalks (29.8%) as improvements that would help them be more physically active. Thirty-three percent (33.9%) of interviewed persons stated the biggest barrier to being more physically active is they are too busy or don't have time. Barriers to healthy eating include hard to find healthy choices outside the home (24.8%) healthy foods cost too much (18.2%), and takes too long to prepare and shop for healthy food (15.7%).

Twenty-three percent (22.5%) of respondents were unaware of programs to help pay for health care expenses and 23.1% did not get or were delayed in health care services in the past 12 months. Reasons health care services were delayed or not received included couldn't get an appointment (46.4%), availability of services (32.1%), costs too much (25.0%), insurance didn't cover (17.9%) and too long to wait for an appointment (17.9%). Items identified that would improve access to health care include availability of walk-in clinics (52.1%), availability of visiting specialists (46.3%), and more primary care providers (33.1%). The most common preventive services used in the past year were routine health check-up with family physician (59.5%), routine blood pressure check (52.1%), and a cholesterol check (42.2%). About half (49.6%) of persons interviewed received an influenza immunization within the last year. Friends/family (69.4%), health care provider (44.6%), radio (42.2%), and word of mouth/reputation (42.2%) were identified as the main sources of health services or health-related information available in the community.

Thirty-one percent (31.1%) of respondents stated someone in their household received medical attention for an injury in the last year. The main types of injuries included slips or falls (32.4%), sport injuries (24.3%), and household (16.2%).

Respondents would refer someone needing mental health services to Eastern Montana Community Mental Health Center (46.3%); healthcare provider (28.1%), and faith-based leader (26.5%). Respondents would refer someone needing substance abuse services to Eastern Montana Community Mental Health Center (36.4%), Alcoholics Anonymous (34.7%), and healthcare providers (31.4%). However, over 20% of respondents didn't know where they would refer someone for mental health or substance abuse services.

Communication used on a daily basis included cell phones (79.4), email (58.7%), texting (55.4%), and landline (52.1%). Slightly more than half of respondents (55/6%) stated their family had a basic emergency preparedness kit. The top three sources of information during a emergency or disaster included radio (76.0%), television (55.4%), and word of mouth (38.0%). If respondents had to leave their home during a emergency, they would go to a relative/friends (44.6%), emergency shelter (14.9%), and leave town (11.6%).

Issues perceived as big problems in Valley County included illegal drug abuse (57%), prescription drug abuse (38.3%), obesity (33.1%), and child abuse/neglect (25.6%).

Volunteer Evaluations

All but three volunteers would definitely participate in a CASPER in the future. Overall, the volunteers felt their experience was good and they learned a lot in the process. Positive experiences from the CASPER included the willingness of people to participate, the number of volunteers, learning about people's perceptions about Valley County, food, training, and working in teams. Volunteers felt the survey results could drive change in their communities. Volunteers recognized surveying takes a lot of time and energy. Some volunteers felt the survey was too long, the flow of the questions could be improved, the maps were confusing and could be improved, more sharing of volunteer phone numbers was needed, and data collection should have been at a different time and/or another day.

Discussion

Successful collaborations occurred between the VCHD, FMDH, EMCMHC, PHSD, and other Valley County local public health system partners. Lessons learned during the process will help refine the technique for use in Valley County and in other Montana counties. VCHD, FMDH, and EMCMHC were able to successfully find and utilize a volunteer network within the community. The post-exercise evaluations showed persons participating in the CASPER would volunteer again if needed. VCHD now has a list of volunteers that can be engaged if needed for future exercises or emergency events. 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.

The CASPER met the stated purposes of improving the understanding of the health status of Valley County, developing a volunteer workforce, and completing an emergency preparedness exercise. VCHD 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 Valley County is a good place to live, work, and retire. Valley 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.

Limitations

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

Lessons Learned

- 1) CASPERs are a good method to gather local primary data for community health assessments. Because of Montana's small population, granular local data can be hard to obtain. The CASPER method allows for collection of local data with population estimates. The data gained through a CASPER are invaluable to the health department and other local public health system partners for understanding the complete picture of community health.
- 2) Ensure cluster maps are adequate.

Some of the cluster maps, especially the rural clusters, were not adequate. With future CASPERs, ensure both a street and topographic map are in the cluster packets with arrows designating the cluster entry point and more streets are labeled. These changes will decrease frustration for volunteer teams and ensure the correct households are being interviewed.

3) Administer the survey at different times during the day or on multiple days.

As with the previous CASPER conducted in Montana, data collection dates and times are challenging. Many people were not home on a Saturday. Options to consider include two days of data collection with two sets of volunteers or to split volunteers into afternoon and evening groups. The biggest challenge of a CASPER is find the right time to ensure people are home. Multiple approached might need to be considered on future CASPERs.

4) Continually improve the survey length and flow.

Some volunteers felt the survey was too long and the flow could be improved. As with any survey, improvements to questions can always be made to ensure the appropriate data is collected.

5) Regular meetings with executive planning committee

Conducting regular meetings with the executive planning committee helped ensure the process kept moving forward and ensured communication occurred between all entities involved in the process.

Recommendations

Based on the results of the CASPER exercise, the following actions are recommended:

1) Share the results of the survey with local public health system partners and use as part of the community health assessment.

Information gained in the CASPER will benefit local public health system partners and should be shared. VCHD, FMDH, and EMCMHC should use the results in addition to other data sources to determine community health priorities and in the development of a community health assessment and organizational strategic plan.

2) Continue to engage partners.

Success of a CASPER or any community-based exercise is dependent on engagement and collaboration of partners. Partners were successfully engaged for collaboration during this project. Continued engagement of the partners will strengthen public health system and help ensure health priority areas are addressed in Valley County.

3) Continue to recruit and use volunteers regularly.

CASPERs can use either a volunteer or deployable workforce. Volunteers were the basis of the field teams in this exercise. Volunteers found use in this exercise and were engaged during the process. A volunteer registry should be kept and continued use of volunteers for other exercises or projects should occur. If an emergency or disaster does occur, volunteer networks will already have been established and trained.

4) Use the results to implement public health interventions and create targeting public health messaging.

Information gained about the population of Valley County during this exercise should be used to implement public health interventions and targeted public health messaging, to help address issues to access to health care, and to provide information about resource allocation for issues within the county.

5) Create and maintain randomized cluster maps for each county in Montana to be ready to be used for an exercise to practice the technique or during an emergency or disaster.

One of the time consuming portions of the CASPER was combining census blocks, randomly selecting clusters, and creating detailed maps of the selected clusters. The Montana State Library provided the cluster maps for this CASPER; as no expertise exists within PHSD to complete the cluster mapping. PHSD should develop and maintain a bank of randomly selected clusters for each county in Montana. The state then would be able to provide this expertise to the counties for an exercise or during an emergency or disaster.

Frances Mahon Deaconess Hospital Community Needs Assessment^{vi}

Frances Mahon Deaconess Hospital Community Needs Assessment

Based on results from the 2013 Frances Mahon Deaconess Hospital Community Needs Assessment the following represent some of the leading health priorities for the community.

- Access to Healthcare Services
 - Lack of Healthcare Coverage
 - Barriers to Accessing Healthcare
 - Access to Dental Care
- Cancer
 - Cancer Screenings
- Heart Disease and Stroke
 - Hyperlipidemia
 - Hypertension

- Mental Health and Substance Abuse
 - Facilities, Resources & Access
- Tobacco
 - **o** Use of Tobacco Products
- Respiratory Disease
 - **o** Incidence and Prevalence
- Nutrition and Overweight
 - Overweight/Obesity
 Prevalence
 - Physical Activity Levels

Priority Areas

Community Health Assessment Priority Ranking Sheet

	Heart Disease		Mental Health		Nutrition /Weight		Substance Abuse		Tobacco Abuse	
	1 -	1 -	2 -	2 -	3 -	3 -	4 –			5 -
	Scope	Impact	Scope	Impact	Scope	Impact	Scope	4 - Impact	5 - Scope	Impact
1	10	10	9	10	10	10	8	7	9	9
2	5	6	6	8	5	6	6	9	6	9
3	2	8	3	7	5	5	5	6	3	6
4	7	7	7	8	9	10	8	9	7	8
5	9	5	7	5	9	5	8	5	4	8
6	8	8	6	5	8	8	8	8	9	5
7	7	7	9	8	8	9	10	10	9	10
8	7	7	6	7	6	7	9	5	5	3
9	8	8	8	6	8	8	8	7	7	8
10	6	6	9	8	8	5	10	10	10	10
11	2	2	10	8	4	4	6	4	1	3
12	5	4	5	5	6	9	6	8	9	2
13	9	6	6	6	8	10	9	9	6	6
14	10	10	10	10	10	10	10	10	10	10
Total	95	94	101	101	104	106	111	107	95	97
Ave.	6.8	6.7	7.2	7.2	7.4	7.6	7.9	7.6	6.8	6.9
Ranki	ng Values 8930		10201		11024		11877		9215	
Priori	ty Ranking 6		<u>3*</u>		<u>2*</u>		<u>1*</u>		5	
Hospi	tal Survey	Ranking								
	<u>1</u>		3		<u>2</u>					

Community Health Assessment Feedback Form

	Community Resources for Health Threats	Willingness to Change Community Views	
1	1	1	2= Very
2	1	1	1= Some
3	2	1	0= Not at All
4	2	1	
5	2	1	
6	1	1	
7	1	2	
8	1	1	
Tatal		•	l
Total	11	9	
Average	1.38	1.13	

Identified Priority Areas

1. Physical Activity and Nutrition

- 54% of Valley County households feel they do not have the time, or are too tired, to be physically active. 30% of the respondents said they would be more physically active if there were better access to parks, trails or greenways.
- 19.2% of Valley County household feel they cannot purchase affordable, healthy, food near their home. Almost 25% of the households responding said it is hard to find healthy choices when you eat outside the home.

2. Mental Health

8% of Valley County households rate their mental health to be fair or poor.
 Respondents say they have an average of 3.2 poor mental health days per month.
 Montana's rate of suicide, 22.3% per 1,000 people nearly doubles the national rate of 12.2%.

3. Prevent Substance Abuse

- 77% of Valley County household's respondents listed substance abuse as either a problem, or big problem in our community
- 38% of Valley County youth under the age of 18 have used alcohol in the last 30 days
- Between 2000 and 2015, 693 deaths in Montana were attributed to prescription opioid poisoning.

Appendix A. Survey

Date: Clus	ter:	No. HHs in Ck	ister:	Survey	No.:	Inter	viewer Initia	1	
Va The following questions for "strongly disagree" with eac	Iley Count	y Community. Ple	ase tell o	lealth A	SSESSI ou "strong! community	nent y agree", "ag as you see it	ree", "disagr L If you don't	ee" or t know,	
prease response i den	Statements		at best i	Strongly Agree	Agree	Disagree	Strongly Disagree	Don' Knov	
1. I can get the health care I nee Consider the cost and quality, no healthcare within a reasonable of	ed near my home. umber of options, a distance to your ho	ind availability of me.		1	2	3	4	5	
 My community is a good place Consider the quality and safety of and places to play in your neight 	e to raise children of schools and child borhood.	I care, after school o	care,	1	2	3	4	5	
 My community is a good plac Consider elder-friendly housing, to shopping centers and busine: 	e to grow old. transportation to r ses, recreation, an	medical services, ac d services for the el	cess identy.	1	2	3	4	5	
 I feel safe in my home. Consider everything that makes presence of law enforcement, effeel unsafe at home, including fr conditions, etc. 	you feel safe, such tc. and everything t amily violence, rob!	as neighbors, chat could make you bery, housing	r	1	2	3	4	5	
 I feel safe in my community. Consider how safe you feel in an playgrounds, parks, businesses, 	id around your neig and shopping centi	shborhood, schools ers.	ŝ.	1	2	3	4	5	
 I can buy affordable healthy Consider grocery stores, supern that sell fresh fruits, vegetables, 	food near my hom sarkets, corner stor lean meats, and o	ie. res, and farmers ma ther healthy option	arkets s.	1	2	3	4	5	
Consider income for purchasing This next section of questions w I	food, clothing, she vill focus on your h se reported as a gr	Iter, and utilities. ealth. Again, all the oup summary. You	e opinion may dec	is you share t	with us will er any ques	be complete	۲ ly confidenti	al and v	
. Check the three items below the	hat you believe are	most important	10. In ;	general, wou	d you say th	at your phys	ical health is:	2	
or a healthy community (Check	3 that apply)	52	Even	lent	200 - Sin	CPoor			
Arcess to health care and othe	r Diow levels of a	domestic violence	Dien	Good		Don't kr	-		
services		antion	DCand	Elvery Good					
Affordable housing	Public transpo Religious or sc	rtation siritual values					or to say		
Clean air/water	OStrong family	2.500-75.000-750 S	11 10		ana ang ang ang		clevel of stre		
		life	111.00	w would you	describe yo	ur day-to-da	y never or sere	55?	
Community involvement	Strong early ch	life hildhood (pre-k)	High	w would you	describe yo	Don't kr	iow	55?	
Community involvement Good jobs and a healthy	Strong early ci education syst	life hildhood (pre-k) em		w would you	describe yo	Don't kr	iow ot to say	55?	
Community involvement Good jobs and a healthy economy	Strong early cl education syst	life hildhood (pre-k) em t learning	High Mode	w would you erate	describe yo	Don't kr	now ot to say	55?	
Community involvement Good jobs and a healthy economy Good schools	Strong early d education syst	life hildhood (pre-k) tem t learning	High Mode	w would you erate	n about to	Don't kr	ot to say	ss?	
Community involvement Good jobs and a healthy economy Good schools Healthy behaviors and lifestyle	Strong early cl education syst Access to adul opportunities s Colerance for	life hildhood (pre-k) tem t learning diversity	High Mode Low	w would you erate w do you lea	n about he	Don't kr Don't kr Prefer n alth-related s	ot to say ervices availa	ss? ble in c	
Community involvement Good jobs and a healthy economy Good schools Healthy behaviors and lifestyle Healthy food choices	Strong early d education syst Access to adul opportunities S Colerance for Other	life hildhood (pre-k) em It learning diversity	High Mode Low 12. Ho comm	w would you erate w do you lea unity? (Chec)	n about he	Don't kr Don't kr Prefer n alth-related s	ot to say ervices avails	ss? ible in c	
Community involvement Good jobs and a healthy economy Good schools Healthy behaviors and lifestyle Healthy food choices Low crime/safe neighborhood	Distrong early cl education syst Access to adul opportunities s Dolerance for Dother Don't know	life hildhood (pre-k) kem It learning diversity	Lind High Mode Low 12. Ho comm	w would you erate w do you lea unity? (Check ds/Family	m about he all that ap	Don't kr Derefer n alth-related s ply)	ot to say	ss? ible in c	
Community involvement Good jobs and a healthy economy Good schools Healthy behaviors and lifestyle Healthy food choices Low crime/safe neighborhood Low death and disease rates	Strong early cl education syst Access to adul opportunities Tolerance for Other Don't know Prefer not to s	irre hildhood (pre-k) kem It learning diversity ay	Lind High Mode Low 12. Ho comm	w would you erate w do you lea unity? (Check ds/Family h care provid	m about he all that ap	Don't kr Derefer n alth-related s ply) DTV DWebsita	ot to say ervices avails	ss? Ible in c	
Community involvement Good jobs and a healthy economy Good schools Healthy behaviors and lifestyle Healthy food choices Low crime/safe neighborhood Low death and disease rates 9. Which form of communication	Strong early d education syst Access to adul opportunities Tolerance for Other Don't know Prefer not to s	irre hildhood (pre-k) iem diversity diversity ay ally basis?	II. Ho High Mode Low 12. Ho comm Frien Healt Mailin	w would you erate w do you lea unity? (Checi ds/Family h care provid ngs/newslett	m about he all that ap ler ers	Don't kr Denefer n alth-related s ply) DTV DWebsite DWord o	ervices availa finternet f mouth/repu	ss? ible in c	
Community involvement Good jobs and a healthy economy Good schools Healthy behaviors and lifestyle Healthy food choices Low crime/safe neighborhood Low death and disease rates 9. Which form of communication (Check all that apoly)	Strong early d education syst Access to adul opportunities Tolerance for Other Don't know Prefer not to s	irre hildhood (pre-k) iem diversity diversity ay aily basis?	11. Ho High Mode Low 12. Ho comm Frien Healt Maili News	w would you erate w do you lea unity? (Check ds/Family h care provid ngs/newslett spaper	m about he all that ap ler ers	Don't kr Denefer n alth-related s ply) DTV Website Word o DOther_	or to say ervices availa finternet f mouth/repu	ible in c tation	
Community involvement Good jobs and a healthy economy Good schools Healthy behaviors and lifestyle Healthy food choices Low crime/safe neighborhood Low death and disease rates 9. Which form of communication (Check all that apply)	Strong early d education syst Access to adul opportunities Tolerance for Other Don't know Prefer not to s	life hildhood (pre-k) tem diversity diversity ay laily basis?	High High Mode Low 12. Ho comm Frien Healt Maili News Prese	w would you erate w do you lea unity? (Check ds/Family h care provid ngs/newslett upaper entations s basht	m about he all that ap ler ers	alth-related s ply) TV Website Word o Other_ Prefer n	ot to say ervices avails finternet f mouth/repu	ible in c	
Community involvement Good jobs and a healthy economy Good schools Healthy behaviors and lifestyle Healthy food choices Low crime/safe neighborhood Low death and disease rates 9. Which form of communication (Check all that apply) Cell Phone	Strong early cl education syst Access to adul opportunities Tolerance for Other Don't know Prefer not to s Gracebook	irle hildhood (pre-k) tem diversity diversity ay laily basis?	III No High Mode Low 12. Ho comm Frien Healt Maili News Prese Publi	w would you erate w do you lea unity? (Check ds/Family th care provid ngs/newslett upaper entations c health	n about he all that ap ier	Don't kr Drefer n alth-related s ply) DTV Website Word o DOther_ DPrefer n	ot to say ervices avails finternet f mouth/repu ot to say	ible in c	
Community involvement Good jobs and a healthy economy Good schools Healthy behaviors and lifestyle Healthy food choices Low crime/safe neighborhood Low death and disease rates 9. Which form of communication (Check all that apply) Cell Phone Email Tractice	Strong early cl education syst Access to adul opportunities Tolerance for Other Don't know Prefer not to s to you use on a d Facebook Twitter	life hildhood (pre-k) tem diversity diversity ay laily basis?	II. No High Mode Low 12. Ho comm Frien Healt Maili News Prese Publi Radic	w would you erate w do you lea unity? (Check ds/Family th care provid ngs/newslett upaper entations c health	n about he all that ap ler ers	Don't kr Derefer n alth-related s ply) DTV Website Word o Other_ Prefer n	ot to say ervices avails finternet f mouth/repu ot to say	ible in o	

13. During the past participate in any p	t month, other physical activitie	than your regular job, did you es or exercises such as running,	19. About how long has it been since you visited a doctor for a routine checkup? (A routine check up is a general exam, not an exam			
calisthenics, golf, gardening, or walking?			for a specific injury, illness, or condition)			
□Yes	Don't kn	ow	DWithin the past year (anytime less than 12 months ago)	□5 or more years ago □Don't know		
DNo.	DPrefer n	ot to say	but less than 2 years and	Ir DNever		
14. During the past 7 days, how many days were you physically ac- tive for a total of at least 30 minutes per day? (Add up all the time			□ Dut less than 2 years ago □Prefer not to say □Within the past 5 years (2years but less than 5 years ago)			
you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)		20. In the past 12 months, was there a time when you or a member of your household thought you needed health care services but DID				
LIO days	LI3-4 days	LiDon't know	NOT get or delayed getting health services? Any of these answers SUP to O			
Li1-2 days	□5 or more days □Prefer not to say		Yes (Go to Q# 21)			
15. Which of the fo	llowing would	help you to be more physically	NO D	on't know Prefer not to say		
active? (Check all t	hat apply)		21. If Q# 20 YES, what were the	three most important reasons why		
OMore/better side crosswalks	walks or	More sports leagues	you did not receive health care	services? (Check 3 that apply)		
More parks, trail	s, or	races or walking challenges	Could not get an appointmen	t Office not open when I could		
greenways		DNone .	Availability of services	go		
CAccess to a gym		DOther_	Could not get off work	Too long to wait for an		
Stores within wal	king distance	Don't know	Do not like doctors	appointment		
Increased neighb	orhood safety	Derefer not to say	Dilad no one to care for childre	DToo nervous/afraid		
A walking or exercise group			Dit costs too much	DTransportation problems		
16. Which of the following gets in the w		the way of you being more		OUnsure if services were		
physically active or exercising? (Check all that apply)			available			
□I'm too busy or don't have □I don't like or want to exercise time □I don't have friends or a group		Dis insurance did not cover	D0ther			
		Li don't like or want to exercise		Don't know		
		Li don't have friends or a group	Livot treated with respect	Derefer not to say		
Difer obseitable uni	- hile			1		
Li m physically un	abse	Dother	22. In your opinion, what would improve our community's access to			
Di den't have acce	kercise	Don't know	health care (check all that app	health care (Check all that apply)		
facility	ss to a gyin of		-			
Dit is not importan	t to me	LiPrefer not to say	LI Availability of visiting	LiMore primary care providers		
Later is not importan			Specialists	LiTelemedicine (provider visit via		
17. Most of us don	't eat healthy a	If the time. When you aren't eating	Collocal canciliaity			
a healthy diet, wha	t do you think	makes it hard for you to eat	Elitable advertise to average	Dother		
healthy? (Check all	that apply)		Dimproved oue Third care	ElDon't know		
I don't know how the food we like i	to prepare in a healthy	It's hard to find healthy choices when you eat outside the	Clinterpreter services	DPrefer not to say		
way		home	23. Which of the following prev	entative services have you used in		
Livebody in my far	nily would eat	Lifealthy food costs too much	the past year? (check all that a	pply)		
There sees's also	as in mu	Lit take too much time to	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12.722		
community to be	y healthy	choices	Birthday lab work (formally	Prostate (PSA)		
foods	0.001150	DOther	health fair labs)	Boutine blood pressure check		
Healthy food doe	sn't taste	Don't know	DChildren's checkup/well baby	Boutine health checkup with		
good		Prefer not to say	checkup	family physician		
			Cholesterol check			
18. Are you aware	of programs the	at help people pay for health care		ElOther		
expenses?		EFlu shot	Don't know			
expenses		Don't know				
DYes	Don't kn	ow	DMammography	Prefer not to say		

24. About how long has it been s routine checkup or cleaning? Do dentist because of pain or an em	ince you last visited a dentist for a not include times you visited the nergency.	31. Where would you refer that p (check all that apply)	person for mental health services?		
Less than one year More t (Skip to Q# 26) I have to the II-2 years routine II-5 years 25. What is the main reason you	han S years Don't know never been Prefer not to say dentist for a : checkup did not visit the dentist in the last	Eastern MT Community Mental Health Center Private therapist or social worker Healthcare Provider QYouth Dynamics Incorporated Emergency room	Faith-based leader (like Priest or Pastor) Friend Other Don't know Prefer not to say		
IN QUESTION 24)	Could not get an appointment Did not have time/Didn't think about it/Low priority Other ailments prevent dental care	32. Now thinking about your MENTAL health, which includes stress depression and problems with emotions; what would you say your mental health is general? □Excellent □Good Poor Prefer not to say □Very Good □ Fair □Don't know 33. Do you know where someone in your community who may need substance abuse services or treatment for alcohol or drug addiction could go to get them? □Yes □No □Don't Know □Prefer not to say 34. Where would you refer that person for substance abuse □ □ □ □			
□My insurance does not cover this services □Do not have/know a dentist □Lack transportation/too far	Don't need it/no dental problems No teeth Dother				
26. In the past twelve months, h received medical attention for an Yes (Go to Q# 27) No Don't Know Prefe	Don't know Prefer not to say ave you or someone in your home in injury? Any of these answers SKIP to Q8 28	services? (Check all that apply) Eastern Montana Community Mental Health Center Substance Abuse and Dependency Service: Alcoholics Anonymous Private therapist or social	Emergency room Flaith-based leader (like Priest or Pastor) Friend Other		
27. If question Q# 26 is Yes, wha	t type of injury? □Sport injuries	Worker Healthcare Provider	Don't know Prefer not to say		
Grand Street States Grand Street St	Depressions Depres	(These kits include water, non-pe tions, first aid supplies, flash light Yes INo Do	rishable food, necessary prescrip- t and batteries, blanket, etc.) on't Know Prefer not to say		
LiDangerous substances/ chemicals	LiPrefer not to say	36. What would be your top three scale disaster or emergency? (Ch	ee sources of information in a large- heck 3 that apply)		
28. Do you currently use any of t Cigarettes Chewing tobacco, snuff, snus DElectronic vaping products	Don't know	□Television □Radio • □Newspaper □Texts	Neighbors Word of mouth Facebook Twitter		
29. Where would you go or refer ing, and/or using electronic prod	someone to quit smoking, chew- lucts?	□Television website □Newspaper website □Other internet website	Don't know Prefer not to say		
DMontana Quitline DHealthcare provider DOther	Don't know Prefer not to say	37. If you could not remain in you community-wide emergency? (CP	ur house, where would you go in a noose one)		
30. Do you know where someon mental health services like count them?	e in your community who may need seling or treatment could go to get on't Know	Denergency Shelter Hospita DLeave town Neighbu DHealth Department DI would DCivic Center my hou	Inot leave se Turn Page Over		

This next section of questions will focus on potential problems in your community. For each potential problem, please tell us if this is "not a problem," "a problem," "a big problem," or "don't know" thinking specifically about your community as you see it.

 Not a Problem
 The issue is not a problem and requires no additional attention by my community.

 A Problem
 This issue is somewhat of a problem. My community needs to address this problem.

 Big Problem
 This issue is a major problem. My community needs to address this problem now.

Don't Know I do not know enough information to determine whether or not this is a problem.

Issue	Not a Problem	A Problem	A Big Problem	Don't Know
Chronic Diseases	0	1	2	DK
Obesity	0	1	2	DK
Prescription Drug Abuse	0	1	2	DK
Illegal Drug Use (meth, heroin, marijuana, etc.)	0	1	2	DK
Good Prenatal Care—including access to care	0	1	2	DK
Availability of Services for individuals with physical disabilities	0	1	2	DK
Availability to Affordable Childcare or After School Care	0	1	2	DK
Availability of Affordable Housing	0	1	2	DK
Child Abuse or Neglect	0	1	2	DK
Domestic, Dating, or Sexual Violence	0	1	2	DK
Sexually Transmitted Infections including HIV/AIDS	0	1	2	DK
Other: please specify	0	1	2	DK

38. What is your gender?		43. Do you have children under 18 living in your home?				
Female Male D	Other	🗆 Yes 👘 No 🔅 Prefer not to say				
39. What age range represents	you?	44. What is your employment status?				
□18–19 □20–24 □25–34 □35–44 □45–54 40. How would you describe yo	□55-59 □60-64 □65-74 □>75 □Prefer not to say ur race? (Check all that apply)	Employed full-time Employed part-time Retired Student Armed forces/military Self-employed Stay at home parent	Unemployed for less than one year Unemployed for more than one year Don't know Other Prefer not to say			
LBlack or African American INative Hawaiian or Other Clasian Pacific Islander Clamerican Indian or IDon't know Alaska Native Prefer not to say White or Caucasian Image: Caucasian		45. How long have you lived in the area?				
41. Are you Hispanic? (Spanish	/Hispanic/Latino)	Li6-10 years	6+ years			
Image: spanning respanning respansing respanning respansing respa		46. What is the highest grade	or year of school you have completed?			
42. How many people, including 1 1 2 1 3 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	g yourself, live in your household? D5 D6 D7+ Prefer not to say	attended kindergarten Grades 1 through 8 (elementary) Grades 9 through 11 (some high school) Grades 12 or GED (High sch graduate)	college or technical school) College 4 years or more (College graduate) Post Graduate Prefer not to say col			
	End of SurveyThank pa	articipant for his/her time!				

Appendix B. Volunteer Evaluation

- 1. In your opinion, what went well? What did not go well?
- 2. To what extent do you think this assessment will be useful to your community in learning about the health of the county?
- 3. Did you think you were prepared (e.g., training, food, safety, communications, supplies) for your assignment?
- 4. Would you want to participate on a team in the future?
- 5. If we were to do this assessment again, what improvements can be made?
- 6. Did you learn anything from this experience?

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

- a. Orientation of field teams?
- b. Assessment methods?
- c. Questionnaire/survey?
- d. Supplies and equipment?
- e. Food?
- f. Safety?
- g. Communications?
- h. Transportation?
- 8. Please provide any additional comments.

THANK YOU FOR YOUR SERVICE TO YOUR COMMUNITY

References

ⁱ http://quickfacts.census.gov/qfd/states/30/30105.html

ⁱⁱ http://dphhs.mt.gov/publichealth/BRFSS/Annual-Reports/2014AnnualReport

ⁱⁱⁱhttp://www.countyhealthrankings.org/app/montana/2015/rankings/valley/county/outcomes/overall/snapshOt

^{iv}http://dphhs.mt.gov/Portals/85/publichealth/Publications/County%20Health%20Profiles/Valley%20Community%20 Health%20Profile.pdf

^vhttp://dphhs.mt.gov/publichealth/Epidemiology/OESS-CHD

^{vi}http://www.fmdh.org/fil_files/35.pdf