Mission: Soliciting Hill County’s community voice - encouraging collaboration for a vibrant community

Vision: A vibrant community where you belong
Introduction and Process

Hill County’s Community Health Improvement Plan (CHIP) is the product of engaging multiple segments of the community in assessment, thinking and planning during the last year. The current planning cycle began with the completion of a health needs assessment that identified “ten most serious health concerns” in the county; an Early Childhood Investment Team (ECIT) needs assessment; a review of the previous CHIP completed in 2011; and community meetings in August and November to develop the top three areas of focus for this planning cycle. Key initiatives and strategies were also developed in the community meetings.

In the previous planning cycle, the Hill County Health Consortium (Consortium), which includes representatives from a cross section of health-focused community leaders, was the primary driver of the planning process. The Consortium, led by the Hill County Health Department, Northern Montana Hospital and Bullhook Community Health Center continues to be the key facilitator of planning efforts.

In 2011, the three areas of focus were:
- Obesity – Nutrition and Physical Activity
- Awareness of Health Care Resources
- Unsafe Sex

In the current planning cycle, community representatives chose new areas of focus after a review of the assessments and consideration of the community’s ability to make improvements in the areas chosen. Community representatives will focus on the following priority issues in the 2014-2016 planning horizon.
- Alcohol Abuse
- Mental Health
- Teen Pregnancy

Hill County is well positioned to make significant improvements in the lives of community members in the areas of focus chosen. The key to success will be precisely and narrowly defining the initiatives, actions and strategies to those things that are achievable within the planning horizon. The final planning workshop held in November led to the development of a sizeable list of objectives and strategies that will be useful in informing the work of the teams that will implement the initiatives recommended in the plan. Members of the Consortium will work to narrow that work further to insure success and positive momentum moving forward.

Community Health Improvement Plan:
Process overview

The development of a Community Health Improvement Plan generally follows a series of process steps as identified below. While the process is straight forward, it is the interaction between community members and organizations that creates a rich and potentially impactful plan. It is the work that community members engage in once the plan is completed that enhances the life of those who live and work in the community.
The Hill County Health Consortium members participated in the planning process. Those participating generally followed the process diagramed above.

The next section of the report will outline the priority issues, initiatives and preliminary action steps as they were developed in the planning process. Key issues were identified above and are detailed in the body of the report.

Initiatives were derived from the outcomes generated in the community health planning stakeholder meetings held in August and November. Rod Kopp, Principal and Founder, StrategicVision Consulting, reviewed the outcomes and developed initiative, action, objective and strategy language in an attempt to create workable and achievable initiatives over the planning period.

Initiatives and actions are identified in the body of the report. Objectives and strategies are identified in Appendix 1. In some cases thinking and language that was originally noted as objectives and strategies in stakeholder meetings has been captured in either initiatives or actions in the report.

Priority Issue One: Alcohol Abuse

Hill County community health survey respondents chose alcohol abuse as their most serious health concern in the most recent Community Health Needs Assessment report. Behavioral Risk factors support this concern as an area on which the county needs to focus. Both binge drinking and heavy drinking are self-reported higher in Hill County than Montana overall.
Binge Drinking is defined as: Percent of all adults who reported at least one instance of having 5 or more alcoholic beverages on one occasion for men or 4 or more alcoholic beverages for women in the past 30 days.

Heavy Drinking is defined as: Percent of all adults who reported having more than 2 drinks per day for men and more than 1 drink per day for women during the past 30 days.

Community Impacts of Alcohol Abuse

Alcohol abuse impacts individuals, families, and the community; and the overall economic impact to the United States was estimated at over $223.5 billion per year in 2006. The following is a partial list of negative impacts generated by alcohol abuse:

1. Increase in malignant cancers
2. Increase in cardiovascular disease, diabetes, premature death, gastro intestinal disorders, and liver disease
3. Increase in unintentional and intentional injuries
4. Greater incidence of neuropsychiatric disorders
5. Increased suicides
6. Loss of employment and income
7. Lost productivity and profits for businesses
8. Family and public costs due to fetal alcohol syndrome
9. Higher violent crime rates
10. Health care costs for families with an alcoholic are twice those for families without one

This partial list of impacts is devastating; the human agony and cost cuts to the heart of household and family life on a daily basis in as many as 10% of homes in the country. Every action taken that has the potential to reduce alcohol abuse will have a positive impact on individuals, families and the community.
Alcohol Abuse Initiative and Actions

This issue of alcohol abuse was identified as a major health concern in the Hill County Health Needs Assessment and was chosen from outcomes generated in the community health planning stakeholder meetings held in August and November.

Initiative 1 – Create a multi-disciplinary alcohol abuse prevention team to develop an integrated, countywide approach for intervention, education, policy review and treatment.

Actions:

1. Identify key stakeholders to join task force.
2. Conduct an inventory of current alcohol related programs, policies and procedures, laws ordinances and practices in Hill County.
3. Engage appropriate community partners in implementing routine alcohol screening, intervention, and referral.
4. Develop strategies to reduce second or subsequent DUIs by 5% by the end of the planning period.
5. Develop a strategic plan to reduce alcohol abuse based on the Community Anti-Drug Coalitions of America’s (CADCA) seven strategies for community change by 2017. (This planning framework might be considered in other areas.)

Preliminary objectives and working strategies for the initiative and actions listed above are included in the appendix: Outcomes from November 2013 Stakeholder Meeting.

The November stakeholder meeting generated a rich set of recommendations for work by the team(s). As mentioned in the introduction, it will be wise for the team to focus on one or two recommended actions and relevant strategies in order to gain sufficient momentum and achieve success during the planning period.
Priority Issue Two: Mental Health Awareness

Social and Mental Health Indicators for Hill County led stakeholders to choose mental health as an area of concern to be addressed in the current planning cycle. Hill County residents who responded to the community health survey indicated the three most important mental health issues that impacted them included:

- Work-related stress
- Depression
- Alcohol use

In addition, data reported by the Montana Department of Public Health and Human Services show the county exceeds the State of Montana overall in a number of Social and Mental Health Indicators as follows:

<table>
<thead>
<tr>
<th>Social/Mental Health Indicator</th>
<th>Hill County</th>
<th>Montana</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 year rate of family offenses (nonviolent)</td>
<td>262.7 per 100,000 pop.</td>
<td>76.5 per 100,000 pop.</td>
</tr>
<tr>
<td>3 year domestic abuse rate</td>
<td>868.8 per 100,000 pop.</td>
<td>438.6 per 100,000 pop.</td>
</tr>
<tr>
<td>3 year rate of sex offenses</td>
<td>137.4 per 100,000 pop.</td>
<td>82.2 per 100,000 pop.</td>
</tr>
<tr>
<td>3 year rate of rape</td>
<td>60.6 per 100,000 pop.</td>
<td>34.7 per 100,000 pop.</td>
</tr>
</tbody>
</table>

Family offenses are defined as: unlawful, nonviolent acts by a family member (or legal guardian) that threaten the physical, mental or economic well-being or morals of another family member. This includes abandonment, desertion, neglect, nonsupport, nonviolent abuse, nonviolent cruelty, and nonpayment of court-ordered alimony.

Domestic abuse occurs where a person (a) knowingly or purposely causes bodily injury to a family member, household member or partner, or (b) purposely or knowingly causes reasonable apprehension of bodily injury to a family member, household member or partner.

Sex offenses include any sexual act directed against another person, forcibly and/or against that person's will; or where the victim is incapable of giving consent. This includes statutory rape, forcible fondling and deviant sexual conduct, sexual abuse of children, incest and other non-forcible sex offenses.

Rape is defined as the carnal knowledge of a person, forcibly and/or against that person's will; or where the victim is incapable of giving consent because of his/her temporary or permanent mental or physical incapacity. This includes rape with an object and forcible sodomy.

Community Impacts of Mental Health Disorders and Mental Illness

The devastating effect of mental health disorders can be seen in all levels of society. Suffering individuals, broken families, abused children, and in some cases institutions reeling from violence point to the importance of early intervention and treatment of individuals who suffer from mental illness. The
following partial list of societal impacts indicate the importance of developing a strong mental health infrastructure in the community

1. People with untreated mental health disorders are at high risk for alcohol and drug abuse, violent or self-destructive behavior, and suicide.
2. Mental health disorders have a serious impact on physical health and are associated with many chronic diseases including diabetes, heart disease and cancer.
3. Mentally impaired parents do not have the ability to take on full responsibility for parenting. This impairment impacts the next generation as the trauma of neglect and abuse leads to further psychological problems.
5. Higher rates of child abuse
6. Those with mental illness are more likely to lose time from work for extended periods. This impacts the individual, their employer and the economy negatively.
7. Mental illness becomes a community problem as the costs of care become too large for families to bear and costs spill over onto the public assistance and public health systems.

These impacts can place a severe emotional and economic drain on a community to the extent they are present in any significant degree. Comprehensive and integrated mental health services can have a positive impact on individuals, families and the community.

Mental Health Awareness Initiative and Actions

The following initiative was derived from the outcomes generated in the community health planning stakeholder meetings held in August and November.

Initiative 2 – Engage community partners in conversations to develop a comprehensive mental health system

Actions:

1. Engage community partners in developing a multi-disciplinary, multi-organization approach to implement mental health interventions.
2. Seek funding for a Community Mental Health Coordinator to assist community partners in developing the comprehensive mental health system and to develop/manage stakeholder relationships.
4. Investigate the opportunity to work with the school system to develop appropriate school-based intervention strategies.
5. Utilize/Create communication tools to equip community members to recognize signs of depression and potential for suicide. Include other mental health concerns as identified.

Preliminary objectives and working strategies for the initiative and actions listed above are included in the appendix: Outcomes from November 2013 Stakeholder Meeting.

The November stakeholder meeting generated a rich set of recommendations for work by the team(s) who will work on this initiative. As mentioned in the introduction, it will be wise for the team working on this issue to focus on one or two recommended actions and relevant strategies in order to gain sufficient momentum and achieve success during the planning period.
Priority Issue 3: Teen Pregnancy

The Hill County Health Needs Assessment completed in Summer 2013 indicated the rate of births to teens was significantly higher in Hill County when compared with Montana overall.

Births to adolescents is defined as the number of live births to mothers 15-17 years of age, divided by the estimated population of females 15-17 years of age.

Community Impacts of Teen Pregnancy

The high social and economic costs of teen pregnancy and childbearing can have short and long term negative consequences for teen parents, their children and their community. The following list of possible negative impacts is illustrative of the depth of the problem and is not meant to be exhaustive.

1. Teen girls who have babies are less likely to finish high school. Only about 50% receive a high school diploma and only 30% have earned a GED certificate.
2. They are more likely to rely on public assistance.
3. They are more likely to be poor as adults.
4. Teen girls who have babies are more likely to have children who have poorer educational, behavioral, and health outcomes than do kids born to older parents.
5. Only about 10% of teen mothers complete a two or four year college degree.
6. Teen fathers have a 25% to 30% lower probability of graduating from high school than teenage boys who are not fathers.
7. Children born to teen mothers are also likely to experience a wide range of problems. These include:
   a. Higher risk for low birth weight and infant mortality
   b. Lower levels of emotional support and cognitive stimulation
   c. Fewer skills and are less prepared to learn when they enter preschool or kindergarten
   d. Behavioral problems and chronic medical conditions
   e. Greater reliance on publicly funded health care
   f. Higher rates of foster care placement
   g. More likely to be incarcerated at some time during adolescence
   h. More likely to have lower school achievement and drop out of high school
   i. Greater likelihood of giving birth as a teen, and
   j. More likely to be unemployed or underemployed as a young adult.

Both the personal and community costs of teen pregnancy are very high and even small reductions in the rate of teen pregnancy will have a positive impact on Hill County.
Teen Pregnancy Initiative and Actions

The final initiative for this planning cycle focuses on reducing teen pregnancy in the county. This issue is particularly critical since it has potentially high human, health and social costs.

Initiative 3 – Engage teens and community partners in developing community resources to reduce teen pregnancy.

Actions:

1. Form working group (task group)
2. Increase resources and support for pregnant teens.
3. Include teens in planning and strategy development.
4. Provide evidence based awareness building and education opportunities.
5. Increase access to reproductive health care.

Preliminary objectives and working strategies for the initiative and actions listed above are included in the appendix: Outcomes from November 2013 Stakeholder Meeting.

The November stakeholder meeting generated a rich set of recommendations for work by the team(s) who will work on this initiative. As mentioned in the introduction, it will be wise for the team working on this issue to focus on one or two recommended actions and relevant strategies in order to gain sufficient momentum and achieve success during the planning period.
Appendix 1. Outcomes from November 2013 Stakeholder Meeting

Alcohol Abuse

Objective 1. By 7/1/14, conduct an assessment of current alcohol-related policies and procedures (ordinances) and practices in Hill County

Strategy 1: Research evidence-based prevention programs
Strategy 2: Develop sources of local data
Strategy 3: Disseminate information about alcohol abuse prevention and treatment options in Hill County via targeted media.

Objective 2. By 1/2/17, 90% of healthcare providers and schools will be implementing routine alcohol screening, brief intervention, and referral into their practice or school

Strategy 1: Implement prevention programs targeted to specific age groups
- 12 and under
- 12 to 17
- 18 and older
Strategy 2: Obtain youth and adult participation in public schools
Strategy 3: Implement 10 prevention activities over three years to educate the public on the dangers of alcohol abuse.

Objective 3. By 2017 the committee the alcohol abuse prevention team will develop a strategic plan based on CADCA’s seven strategies for community change.

Strategy 1: Providing information
Strategy 2: Enhancing skills
Strategy 3: Providing support
Strategy 4: Enhancing access/reducing barriers
Strategy 5: Challenging consequences
Strategy 6: Physical design
Strategy 7: Modifying/changing policy

Objective 4. Decrease second or subsequent DUIs by 5% in three years

Strategy 1: Obtain participation of DUI/Drug Court

Mental Health

Objective 1. By 1/2/17, engage community partners including health care providers, schools, public agencies and others to develop an approach for implementing mental health interventions.

Strategy 1: Select/Develop/Employ evidence based screening tools; increase the number of employees trained to use screening tools
Strategy 2: Engage subject matter experts, like Karl Rooston, MT Suicide Prevention Coordinator, to assist the County reduce suicides
Strategy 3: Seek resources to hire mental health personnel
Strategy 4: Develop and provide a mental health resource guide. Coordinate with current health resource guide
Strategy 5: Reduce the stigma on those seeking help for mental health issues; work within peer groups; educate teachers, counselors, and employees
Objective 2. By 1/2/17, 100 community members will be trained in signs of depression and suicide and will be able to refer people to appropriate resources

Strategy 1: Question, Persuade, Refer (QPR) training for suicide preventions will be available and implemented
Strategy 2: Increase the use of mental health first aid
Recruit more attendees, including a wide range of participants outside of the consortium: triangle, police, and volunteer services
Strategy 3: Seek community funding to hire a mental health community coordinator (LAC or other sources)

Objective 3. By 1/2/17, 90% of primary care providers will screen adolescents and adults for depression.

Strategy 1: Provide training for providers on evidence-based interventions and use of screening tools.
Strategy 2: Mental health coordinator will work (team) with providers to assist those who need assistance based on screening
Strategy 3: Assess providers' accessibility to/availability of resources to support mental health in the community
Strategy 4: Assess availability of crisis care
Open schedule times (Review scheduling for user friendliness)
Identify the proper provider for crisis intervention

Note: Conduct provider surveys for compliance or non-participation in screening/intervention.

Teen Pregnancy

Objective 1: Decrease teen pregnancy rates in Hill County by 5% over the next three years.
(Currently 69.9 per 1000; 42 per 1000 for State of MT; 32.3 for U.S.)

Strategy 1: Identity key partners and increase their participation in achieving teen pregnancy objectives and strategies. (Havre Public Schools, North Star Public Schools, Box Elder Public Schools, Parents, Teens, Churches, Youth Groups, etc.)

Objective 2: Provide evidence based education opportunities and awareness campaigns on an annual basis.

Strategy 1: Research and choose/develop education and awareness approaches.
Strategy 2: Determine and establish number of opportunities/campaigns

Objective 3: Increase access to reproductive health care.

Strategy 1: Increase access points for condoms
Strategy 2: Increase hours/times for related health care appointments

Objective 4: Increase resources and support for pregnant teens

Strategy 1: Increase prenatal care options
Strategy 2: Increase birth classes for teens
Strategy 3: Increase school/education options, i.e. alternative high school, daycare, tutoring, GED
Strategy 4: Increase parenting classes
I. INTRODUCTION

1.1 The Community We Serve

Hill County has a population of 16,096 (2010 Census) and consists of about 2,916 square miles of land and water. Neighboring counties are Liberty County to the west, Blaine County to the East, Chouteau County to the south, and the provinces of Alberta and Saskatchewan to the north. Havre, population 9,310, is the county seat. Other communities include Box Elder, Gildford, Hingham, Kremlin, Inverness, Rocky Boy, and Rudyard. Hill County contains Beaver Creek Park which is the largest county park in the nation. The Rocky Boy Indian Reservation is located in Hill and Chouteau Counties.

Northern Montana Hospital, located in Havre, is the only hospital in Hill County. The hospital has 49 beds. The Northern Montana hospital system includes two medical clinics and a vision center. Some of the services the campus offers include an emergency room, hospice, birth center, cardiopulmonary rehabilitation, day surgery, dialysis, and a sleep center. Also located on the campus is the Northern Montana Care Center which provides nursing home and assisted living services. The Northern Montana Care Center has 136 beds and all rooms are private.

The Hill County Health Department is located in Havre. The Health Department provides many services to Hill County including immunizations, Public Health Emergency Preparedness, Nurse Family Partnership, home visiting program, family planning services, and HIV education and testing.

Bullhook Community Health Center is also located in Havre, providing overall health care from birth to end of life. Bullhook Community Health Center provides preventive care, education, counseling, case management, urgent and primary care to its patients regardless of their ability to pay. Dental services are also provided. The Bullhook Community Health Center is a Federally Qualified Health Center funded in part by the U. S. Department of Health and Human Services to serve county residents without insurance or who are underinsured.

The Rocky Boy Indian Reservation is home to Tribal Health and Human Services and the Rocky Boy Clinic. Some of the services offered include primary care, HIV education and testing, prenatal and newborn services, women’s health care, immunizations, optometry, preventive care,
emergency services through the tribal emergency medical services team), chemical dependency services, diabetes education, and a wellness program.

Hill County is a designated a Primary Care Health Professional Shortage Area and Dental Health Professional Shortage Area as determined by the U.S. Department of Health and Human Services, Health Resources and Services Administration.

Demographics for Hill County include population age distribution and residential race. Of the 16,096 residents, 30% are under 20 years old and 33% are over 50 years of age.

County residents include 77% Caucasians, 21.7% American Indian, with the remaining to include all other races.

![Population Age Distribution, 2010 Hill County](image)

Population Age Distribution,

2010 Hill County

(Total Population = 16,096)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>65+</td>
<td>2038</td>
</tr>
<tr>
<td>50-64</td>
<td>3292</td>
</tr>
<tr>
<td>40-49</td>
<td>1868</td>
</tr>
<tr>
<td>30-39</td>
<td>1779</td>
</tr>
<tr>
<td>20-29</td>
<td>2279</td>
</tr>
<tr>
<td>15-19</td>
<td>1231</td>
</tr>
<tr>
<td>10-14</td>
<td>1170</td>
</tr>
<tr>
<td>Under 10</td>
<td>439</td>
</tr>
</tbody>
</table>

Socioeconomic Characteristics have repeatedly shown to have a significant impact on health. Those with lower socioeconomic status are more likely to engage in high risk behaviors, such as tobacco use. They are less likely to have adequate health care coverage and less likely to get preventative health care. Lower socioeconomic status groups are often targeted for public health interventions. Socioeconomic characteristics for Hill County as compared to Montana overall are noted below. The areas shaded in green represent positive indicators and those shaded in red are indicators of concern.
### Socioeconomic Measures

<table>
<thead>
<tr>
<th></th>
<th>Hill County</th>
<th>Montana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unemployment Rate</td>
<td>5.3%</td>
<td>4.5%</td>
</tr>
<tr>
<td>Median Household Income</td>
<td>$46,724</td>
<td>$43,000</td>
</tr>
<tr>
<td>Percent High School Graduates or GED attainment of the population 25 years or older</td>
<td>91%</td>
<td>87%</td>
</tr>
<tr>
<td>Percent of population below Federal Poverty Level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Children &lt;18</td>
<td>25.7%</td>
<td>19%</td>
</tr>
<tr>
<td>- Adults 18-64</td>
<td>16.9%</td>
<td>13%</td>
</tr>
<tr>
<td>- Adults 65+</td>
<td>8.3%</td>
<td>9%</td>
</tr>
<tr>
<td>Food Stamp Recipients</td>
<td>10.0%</td>
<td>8.8%</td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Never Married</td>
<td>29%</td>
<td>28%</td>
</tr>
<tr>
<td>- Married</td>
<td>55%</td>
<td>55%</td>
</tr>
<tr>
<td>- Widowed</td>
<td>6%</td>
<td>5%</td>
</tr>
<tr>
<td>- Divorced</td>
<td>9%</td>
<td>12%</td>
</tr>
</tbody>
</table>

Source: FactFinder 2010 U.S. Census Data

Of note in these statistics are the higher median household income and graduation rate in Hill County compared to Montana overall. The number of children under 18 and adults 18 to 64 years of age in Hill County who are below the Federal Poverty Level is higher than Montana overall, along with the percentage of food stamp recipients.

### 1.2 North Central Montana Healthy Communities

A number of non-profit entities in North Central Montana embarked on the development of a Community Health Needs Assessment. In 2012, some of these entities recognized the need to meet new IRS requirements under the 2010 Affordable Care Act (non-profit hospitals and health system entities and Critical Access Hospitals), others wanted to achieve Public Health accreditation (Public Health Departments), and yet others are required to meet these requirements as federally funded health centers (Community Health Centers). Many of these entities felt it was the best use of resources (time, money, expertise, etc.) to band together to work collaboratively in the development of community health needs assessments as well as a regional, North Central Montana Health Needs Assessment.

A collaborative group was established in June of 2012, the North Central Montana Healthy Communities, to develop an approach to developing Community Health Needs Assessments that would meet each of the partners’ needs. The collaborative partner categories are summarized below and a detailed list is provided in Appendix A.
II. APPROACH AND METHODOLOGY

2.1 Community Health Needs Assessment Background

In 2010, congress enacted the Patient Protection and Affordable Care Act (The Affordable Care Act) which established comprehensive health insurance reforms that are aimed at improving the quality of health care for all American citizens. As a part of the Affordable Care Act, non-profit hospitals are required to complete a community health needs assessment every three years. In addition, the Public Health Accreditation Board requires Health Departments to complete a community health needs assessment every three years. The federally funded Community Health Clinics in North Central Montana are also required to complete a community health needs assessment. These entities in North Central Montana have worked together to develop a community health needs assessment for each of the thirteen communities (counties and health districts) which meet the specific requirements for their institutions.

Utilizing the findings of each Community Health Needs Assessment, a process involving community members will be implemented to develop a Community Health Improvement Plan. The objectives of the Improvement Plan are to (1) Identify and prioritize health needs in the community as a whole and for diverse populations within the community (e.g., Native Americans, the elderly, women and children and poverty); (2) Identify and foster interventions to improve health status within the priority health areas on an ongoing basis; (3) Identify measurable health indicators that will track improvements in priority health areas; and (4) Coordinate and leverage resources to support the local community and the North Central Healthy Communities coalition.
2.2 Community Health Survey

A community health survey was designed based on other model community health surveys, identified health indicators and the specific interests of the North Central Montana Health Communities partners. The survey design and analysis leaders were Alicia M. Thompson, Health Director, Cascade City-County Health Department and Dr. Greg Madson, Academic Dean and Professor of Sociology at the University of Great Falls. The four page survey consisted of 31 multiple choice questions (see Appendix B). A sample size of households in each community was determined for statistical purposes and the survey was sent out in October 2012. An incentive drawing of survey respondents was conducted for each community. One household in each community was randomly selected and sent a $100 gift card as an incentive for responding to the survey.

Of the 5,621 identified households in Hill County, 500 households were mailed surveys and 50 households responded to the survey representing 10%. The average age of the respondents was 53.57, with 68% females and 28% males responding. The results of the survey responses are provided in Section 3.1 of the report.

2.3 Community Needs Index

The Community Needs Index identifies the severity of health disparities for every ZIP code in the US. The Index has demonstrated a correlation between community need, preventable hospitalizations and access to care. The Index was created by Catholic Healthcare West (now Dignity Health) and a nationally recognized consulting firm. The Index aggregates five socioeconomic indicators/barriers to health care access known to contribute to health disparities. The five indicators/barriers are: income, education, culture/language, insurance and housing. The Index identifies communities of high need.

The Community Needs Index for Hill County is provided below. More details about the Community Needs Index are included in Appendix C.
Zip codes 59501 and 59521 are identified as having the highest community need with Zip code 59530 is classified as lowest community need.

2.4 County, State and National Data Sources

When available, the most current data was used to determine the health needs of the community. A particularly valuable data resource was the Montana Department of Public Health and Human Services (DPHHS): Community Health Assessment data set by County, when available. Region 2 – North Central Montana counties combined was used when county-specific data was not available. Other DPHHS data (e.g. Montana Cancer Registry Report, Mortality Data, etc.). For socioeconomic and demographic data, the American FactFinder data base was utilized which is based on the U.S. Census 2010.
III. FINDINGS

3.1 Community Health Survey

The Hill county survey respondents were asked if they thought their county was healthy. Thirty percent of the respondents agreed that Hill County was healthy, with 42% disagreeing with that statement. Of note was that 22% of the survey respondents had no opinion as to whether their community was healthy or not.

The Hill County respondents identified what they perceived as the ten most serious health concerns which are shown below. The county responses were also compared with the North Central Montana region. As shown, Hill County respondents identified alcohol abuse as the most serious health concern, followed by cancer, illegal drug abuse, overweight and obesity, and dental care.
When asked “What are the most critical characteristics of a healthy community?” the respondents noted the importance of good paying jobs and religious or spiritual values. Access to health care, a strong family life, and safe neighborhoods were tied for third most important aspects of a healthy community.
3.2 Health Risk Behaviors

Some of the most important determinants of overall health are behavioral. Risk of developing many chronic diseases or communicable diseases, as well as injuries, can be reduced by changing personal behavior. The indicators below correlate with information found in the Behavioral Risk Factor Surveillance System (BRFSS) a self-reported survey. Specific information from Hill County is shown below.

Tobacco use is significantly higher for Hill county compared to Montana overall. Binge drinking is also higher for Hill County.

Hill County survey respondents were asked “What are the lifestyle choices in your community that concern you most?” Drinking and driving, illegal drug use, and alcohol abuse were the top three
concerns for the county. Prescription drug abuse and dropping out of school is much more of a concern for Hill County residents compared to Montana overall.

Lifestyle also contributes to behavioral risk factors. Lifestyle behavioral risk factors for Region 2 as compared to Montana overall are noted below.

<table>
<thead>
<tr>
<th>Behavioral Risk Factor</th>
<th>Inadequate Fruit and vegetable consumption (95% CI)</th>
<th>No Leisure Time Physical Activity (95% CI)</th>
<th>Obesity (95% CI)</th>
<th>Overweight (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Region</td>
<td>77.1% (75.0-79.1)</td>
<td>23.6% (22.2-25.0)</td>
<td>26.3% (24.8-27.8)</td>
<td>38.3% (36.6-40.1)</td>
</tr>
<tr>
<td>Total Montana</td>
<td>75.8% (74.8-76.8)</td>
<td>20.7% (20.1-21.3)</td>
<td>21.6% (21.0-22.3)</td>
<td>37.8% (36.9-38.6)</td>
</tr>
</tbody>
</table>

Source: Montana Department of Public Health and Human Services

Lifestyle risk behaviors are all higher for Region 2 residents than Montana overall, with No Leisure Time Physical Activity and Obesity being significantly higher than Montana overall.

3.3 Mortality

Understanding the mortality rate and associated causes of death is an important aspect of a community health assessment. The following table provides reported information regarding mortality in Hill County compared to Montana overall.
The pneumonia/influenza mortality rate and the unintentional injury death rate are both higher in Hill County than Montana overall. The drug related mortality rate is also higher in Hill County than Montana overall. The mortality rates for diabetes and chronic liver disease are significantly higher in Hill County than Montana overall.
3.4 Disease Incidence and Prevalence

3.4.1 Cancer

Cancer screening for certain cancers is very critical for detecting cancer at an early stage of disease which increases the chance for successful treatment and/or cure. The indicators below correlate with information found in the Behavioral Risk Factor Surveillance System (BRFSS) a self-reported survey. Specific information from Hill County is not available, however, Region 2, Northcentral Montana, data is shown in the table below. Region 2 includes: Glacier, Toole, Liberty, Hill, Blaine, Pondera, Teton, Chouteau, and Cascade counties.

<table>
<thead>
<tr>
<th>Behavioral Risk Factor</th>
<th>Screening</th>
<th>Colorectal Cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pap Test in past 3 years (95% CI)</td>
<td>Mammogram in past 2 years (95% CI)</td>
</tr>
<tr>
<td>Total Region</td>
<td>84.1% (81.9-86.7)</td>
<td>76.0% (73.3-78.4)</td>
</tr>
<tr>
<td>Total Montana</td>
<td>83.0% (81.6-84.6)</td>
<td>71.9% (70.6-73.2)</td>
</tr>
</tbody>
</table>

Source: Montana Department of Public Health and Human Services

Region 2 reported a slightly higher Pap test and a significantly higher mammogram rate than Montana overall. However the region had a significantly lower Blood Stool Test rate than Montana overall.

Cancer incidence as reported by the Montana Cancer Registry lists the cancer incidence rates for all cancer sites as well as four of most prevalent cancer rates in Region 2 – Northcentral Montana compared with Montana overall.

<table>
<thead>
<tr>
<th>Core Indicator</th>
<th>Region</th>
<th>Montana</th>
<th>Data Source/Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. All Sites—Cancer</td>
<td>461.9 (447.476.8)</td>
<td>455.5 (449.6-461.5)</td>
<td>Cancer incidence rates, 2003-2007. Age-adjusted incidence rate per 100,000 population (95% confidence interval) Montana Tumor Registry</td>
</tr>
<tr>
<td>2. Prostate Cancer incidence</td>
<td>184.7 (170.9-198.5)</td>
<td>167.6 (162.5-172.7)</td>
<td></td>
</tr>
<tr>
<td>3. Breast Cancer incidence</td>
<td>112.5 (102.3-122.7)</td>
<td>119.5 (115.3-123.6)</td>
<td></td>
</tr>
<tr>
<td>4. Colorectal Cancer incidence</td>
<td>49.3 (44.5-54.1)</td>
<td>44.2 (42.4-46.0)</td>
<td></td>
</tr>
<tr>
<td>5. Lung Cancer incidence</td>
<td>71.0 (65.2-76.8)</td>
<td>64.7 (62.5-66.9)</td>
<td></td>
</tr>
</tbody>
</table>

Source: Montana Department of Public Health and Human Services
Cancer incident rates for Region 2 are above Montana overall rates, with prostate, colorectal, and lung cancer incidences higher than Montana overall. Incidences of breast cancer are slightly lower in Region 2.

3.4.2 Heart Disease and Stroke

Cardiovascular disease remains the second leading cause of death in Montana; the majority of these deaths (29%) were due to heart disease and stroke (Montana Heart Disease and Stroke Prevention, State Plan 2010-2012). Risk factors for the development of heart disease include family history of premature coronary artery disease, cigarette smoking, high cholesterol, hypertension and diabetes. Obesity, physical inactivity, and stress are also contributing factors.

Information regarding stroke and heart attack is available for Region 2. Both stroke and heart attack prevalence are higher in Region 2 than in Montana overall. The following are the reported responses from the BRFSS survey.

<table>
<thead>
<tr>
<th>Core Indicator</th>
<th>Region</th>
<th>Montana</th>
<th>Data Source/Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Stroke Prevalence</td>
<td>2.9%</td>
<td>2.5%</td>
<td>Ever diagnosed with a stroke. BRFSS. 2003, 2005-2008 data</td>
</tr>
<tr>
<td></td>
<td>(2.4-3.5)</td>
<td>(2.3-2.8)</td>
<td></td>
</tr>
<tr>
<td>8. Acute Myocardial Infarction Prevalence</td>
<td>4.4%</td>
<td>4.1%</td>
<td>Ever diagnosed with a heart attack. BRFSS 2003, 2005-2008 data</td>
</tr>
<tr>
<td></td>
<td>(3.8-5.1)</td>
<td>(3.8-4.4)</td>
<td></td>
</tr>
</tbody>
</table>

Source: Montana Department of Public Health and Human Services

3.4.3 Diabetes

Diabetes is an extremely expensive chronic disease because of its chronic complications such as end stage renal disease, diabetic blindness, lower extremity amputation, and heart disease. Diabetes is more prevalent in Region 2 than in Montana overall.
### Core Indicator

<table>
<thead>
<tr>
<th>Core Indicator</th>
<th>Region</th>
<th>Montana</th>
<th>Data Source/Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Diabetes prevalence</td>
<td>7.5% (6.7-8.3)</td>
<td>6.2% (5.9-6.5)</td>
<td>Ever told by a doctor they had diabetes.</td>
</tr>
</tbody>
</table>

Source: Montana Department of Public Health and Human Services

### 3.4.4 Obesity

Over the past twenty years, obesity rates have increased in the United States, doubling for adults and tripling for children (U.S. Department of Health and Human Services). Overweight and obesity was the fourth most important health concern indicated by the Hill County survey respondents. Based on Body Mass Index, 38.3% of Region 2 residents are overweight and 26.3% of residents are obese which are both higher than Montana overall. See the Body Mass Index chart following the statistics.

Source: Montana Department of Public Health and Human Services

#### Body Mass Index Chart

Being overweight or obese puts an individual at higher risk for heart disease and diabetes.
3.5 Mental Health and Mental Disorders

Social and mental health is as important to overall health as is physical health. Below are a number of important social and medical health indicators for Hill County as compared to Montana overall.

<table>
<thead>
<tr>
<th>Social/ Mental Health Indicator</th>
<th>County</th>
<th>Montana</th>
<th>Data Source/Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. General health status fair or poor (95% CI)</td>
<td>15.2% (13.3-17.3)</td>
<td>13.6% (13.1-14.2)</td>
<td>Percent all adults reporting their general health status as &quot;fair&quot; or &quot;poor&quot;. BRFSS 2003-2008 data</td>
</tr>
<tr>
<td>2. 14 or more days of &quot;not good&quot; mental health (95% CI)</td>
<td>8.3% (6.9-10.1)</td>
<td>8.8% (6.3-9.2)</td>
<td>Percent all adults reporting their mental health was &quot;not good&quot; for 14 or more of the past 30 days. BRFSS 2003-2008 data</td>
</tr>
<tr>
<td>3. 3-yr Rate of Family Offenses: per 100,000 population (2007-2009)</td>
<td>262.7</td>
<td>76.5</td>
<td>Unlawful, nonviolent acts by a family member (or legal guardian) which threaten the physical, mental or economic wellbeing or morals of another family member. This offense includes Abandonment, Desertion, Neglect, Nonsupport, Nonviolent Abuse, Nonviolent Cruelty, and nonpayment of court-ordered alimony</td>
</tr>
<tr>
<td>4. Homicide rate: per 100,000 population</td>
<td>2.4</td>
<td>3.3</td>
<td>Aggregate Vital Statistics death certificate data from 1999-2008. Crude rate includes both sexes and all races.</td>
</tr>
<tr>
<td>5. Suicide rate: per 100,000 population</td>
<td>15.9</td>
<td>20.3</td>
<td>Aggregate Vital Statistics death certificate data from 1999-2008. Crude rate includes both sexes and all races.</td>
</tr>
<tr>
<td>6. 3-yr Domestic Abuse Rate: per 100,000 population (2007-2009)</td>
<td>868.8</td>
<td>438.6</td>
<td>Where a person (a) knowingly or purposely causes bodily injury to a family member, household member or partner, or (b) purposely or knowingly causes reasonable apprehension of bodily injury to a family member, household member or partner.</td>
</tr>
<tr>
<td>7. 3-yr Rate of Sex Offenses: per 100,000 population (2007-2009)</td>
<td>137.4</td>
<td>82.2</td>
<td>Any sexual act directed against another person, forcibly and/or against that person's will; or where the victim is incapable of giving consent. Includes: statutory rape, forcible fondling and deviate sexual conduct, sexual abuse of children, incest and other non forcible sex offenses.</td>
</tr>
<tr>
<td>8. 3-yr Rate of Rape: per 100,000 population (2007-2009)</td>
<td>60.6</td>
<td>34.7</td>
<td>The carnal knowledge of a person, forcibly and/or against that person's will; or where the victim is incapable of giving consent because of his/her temporary or permanent mental or physical incapacity. Includes rape with an object and forcible sodomy.</td>
</tr>
</tbody>
</table>

Source: Montana Department of Public Health and Human Services
The 3-year rate of family offenses in Hill County is over three times that of Montana overall, with the 3-year domestic abuse rate in Hill County double that of Montana overall. The 3-year rate of sex offenses and rape in Hill County is also higher than Montana overall. The suicide rate is lower in Hill County than Montana overall.

Hill County survey respondents were asked what they considered to be the most important mental health issues that impact themselves and their families. They identified work related stress, depression, and alcohol abuse as the most important. The concern regarding alcohol abuse is much more prominent for Hill County residents than Montana overall.

### 3.6 Dental Services

Hill County is a designated dental health professional shortage area by the U.S. Department of Health and Human Services, Health Resources and Services Administration. Only 52% of the Hill County Community Health Assessment survey respondents said they had dental insurance. Dental care was identified as the fifth most serious health concerns by Hill County survey respondents.

### 3.7 Hospitalizations

Hospital admission information is available through the Montana Hospital Discharge Data Base, a database to which most acute care hospitals report. It does not include Indian Health Service admission data. Annualized data for 2012 shows there were 1,916 Hill County residents who were hospitalized. Hospitals to which patients were admitted are shown below.
Hospitalization rates for residents of Hill County, as noted below, were quite higher for all core indicators than Montana overall.

<table>
<thead>
<tr>
<th>Core Indicator</th>
<th>County</th>
<th>Montana</th>
<th>Data Source/Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Stroke rate per 100,000 population</td>
<td>237.8</td>
<td>182.2</td>
<td>Hospitalizations: Age-adjusted rates calculated based on the primary diagnosis by the Montana Hospital Discharge Data System, based on data provided by the Montana Hospital Association. Population denominators: NCHS bridged race estimates of the resident population of Montana for July 1, 2000-July 1, 2008 (Vintage 2008), 95% Confidence interval.</td>
</tr>
<tr>
<td>2. Diabetes rate per 100,000 population</td>
<td>274.7</td>
<td>115.4</td>
<td></td>
</tr>
<tr>
<td>3. Myocardial Infarction rate per 100,000 population</td>
<td>171</td>
<td>147.3</td>
<td></td>
</tr>
<tr>
<td>4. Asthma rate per 100,000 population</td>
<td>165.1</td>
<td>71.7</td>
<td></td>
</tr>
</tbody>
</table>

Source: Montana Department of Public Health and Human Services

3.7.1 Public Health Issues: Communicable Diseases

Many diseases transmitted through person-to-person exposure can be prevented through high level vaccination coverage or use of protective measures. The following information is for Hill County compared to Montana overall.
The proportion of children receiving age-appropriate vaccinations by 24 months is higher in Hill County than Montana overall, along with adults aged 65 and older who are immunized against influenza. The Chlamydia rate in Hill County is twice that of Montana overall – 777.9 compared to 321.4. The tuberculosis rate is also much higher in Hill County. Gonorrhea, pertussis, and salmonellosis rates are lower in Hill County than Montana overall.

<table>
<thead>
<tr>
<th>Core Indicator</th>
<th>County</th>
<th>Montana</th>
<th>Data Source/Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Aggregated results from clinic reviews - proportion of children 24-35 months who have received all age-appropriate vaccines (4:3:1:3:3:1) by 24 months as recommended by the ACIP</td>
<td>67.7%</td>
<td>63.0%</td>
<td>Results are based on data reviewed during 2008 clinic reviews by the MT Immunization Program.</td>
</tr>
<tr>
<td>2. Adults aged 65+ ever immunized for pneumococcal Pneumonia</td>
<td>68.8%</td>
<td>70.7%</td>
<td>BRFSS 2003-2008 data. Percent of adults aged 65 or older who reported ever receiving a pneumonia shot also called a pneumococcal vaccine</td>
</tr>
<tr>
<td>3. Adults aged 65+ immunized for Influenza in the past 12 months</td>
<td>74.7%</td>
<td>71.6%</td>
<td>BRFSS 2003-2008 data. Percent of adults aged 65 or older who reported receiving an influenza vaccine (either as an injection or sprayed in their nose) in the past 12 months</td>
</tr>
<tr>
<td>4. Proportion of population ages 18+ receiving the influenza vaccine</td>
<td>41.0%</td>
<td>37.5%</td>
<td>BRFSS 2003-2008 data. Received the flu shot in the past 12 months. BRFSS</td>
</tr>
<tr>
<td>5. Proportion of adolescents aged 13-17 years who have received ≥ 1 doses Tdap vaccine.</td>
<td>See State Data</td>
<td>44.2%</td>
<td>CDC National Immunization Survey-2008 Teen, United States</td>
</tr>
<tr>
<td>6. Chlamydia rate per 100,000 population</td>
<td>777.9</td>
<td>321.4</td>
<td>2008. DPHHS Communicable Disease Epidemiology Program</td>
</tr>
<tr>
<td>7. Gonorrhea rate per 100,000 population</td>
<td>6.1</td>
<td>12.8</td>
<td>2008. DPHHS Communicable Disease Epidemiology Program</td>
</tr>
<tr>
<td>8. Syphilis rate per 100,000 population</td>
<td>0.0</td>
<td>0.3</td>
<td>2008. DPHHS Communicable Disease Epidemiology Program</td>
</tr>
<tr>
<td>9. Tuberculosis rate per 100,000 population</td>
<td>6.1</td>
<td>0.9</td>
<td>2008. DPHHS Communicable Disease Epidemiology Program</td>
</tr>
<tr>
<td>10. Persons living with HIV disease prevalence per 100,000 population</td>
<td>See State Data</td>
<td>52.9</td>
<td>Based on number of reported cases of adult or pediatric HIV/AIDS cases known to be living in Montana at the end of the year</td>
</tr>
<tr>
<td>11. Acute hepatitis C rate per 100,000 population</td>
<td>See State Data</td>
<td>0.4</td>
<td>2008. DPHHS Communicable Disease Epidemiology Program</td>
</tr>
<tr>
<td>12. Pertussis rate per 100,000 population</td>
<td>0.0</td>
<td>8.7</td>
<td>2008. DPHHS Communicable Disease Epidemiology Program</td>
</tr>
<tr>
<td>13. Salmonellosis rate per 100,000 population</td>
<td>0.0</td>
<td>13.5</td>
<td>2008. DPHHS Communicable Disease Epidemiology Program</td>
</tr>
</tbody>
</table>

Source: Montana Department of Public Health and Human Services
3.8 Access to Care

3.8.1 Medical Manpower Needs

A Health Provider Manpower projection model has been developed by Benefis Health System to help guide the manpower needs for a given community. The projection model is based on a range of patient visits per physician specialty (capacity) and a range of patient visit utilization per 1,000 population in a rural setting. The manpower needs are then compared to current providers in a given community. This model was applied to Hill County with the following results.

<table>
<thead>
<tr>
<th>Specialty</th>
<th>TOTAL Predicted Need (Hi Productivity)</th>
<th>TOTAL Predicted Need (Lo Productivity)</th>
<th>Current Supply</th>
<th>Additional Physicians Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Practice</td>
<td>2.3</td>
<td>3.6</td>
<td>5.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>1.9</td>
<td>3.2</td>
<td>4.0</td>
<td>0.0</td>
</tr>
<tr>
<td>General Surgery</td>
<td>0.4</td>
<td>1.0</td>
<td>2.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>1.9</td>
<td>3.2</td>
<td>4.0</td>
<td>0.0</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>0.7</td>
<td>1.5</td>
<td>1.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Orthopedic Surgery</td>
<td>0.5</td>
<td>1.0</td>
<td>2.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>1.1</td>
<td>1.9</td>
<td>1.0</td>
<td>0.9</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>0.5</td>
<td>1.3</td>
<td>1.0</td>
<td>0.0</td>
</tr>
</tbody>
</table>

3.8.2 Survey Results

Survey respondents were asked if they were not able to get or were delayed in getting needed health services in the past three years. The respondents answered that they experienced not getting or had a delay in getting needed health care services 26% of the time which was lower than North Central Montana responses overall.
The survey respondents were asked “What were the most important reasons for delay or not getting needed health care services?” For Hill County the most important reason was “It cost too much.” Other reasons are shown in the graph below.

3.9 Population Based Health

3.9.1 Child and Maternal Health

The health of women and children will determine the health of the next generation and can help predict future public health challenges for families, communities and the health care system (U.S. Department of Health and Human Services, 2010). Some of the important criteria are low birth weight, infant deaths and teen mothers. Maternal and child health indicators provide information of the determinants, mechanisms and systems related to the health and well-being of women and children. The following chart provides information on maternal and child health indicators for Hill County compared to Montana overall.
Mothers receiving prenatal care in the first trimester is significantly lower in Hill County than Montana overall. Births to adolescents aged 15 to 17 years old is higher in Hill County than Montana overall along with smoking during pregnancy.
### 3.9.2 Native Americans

Montana’s 60,000 Native Americans, who comprise 6.2 percent of Montana’s population, experience significant health disparities compared to non-Native Americans. For example Montana Native Americans are 42 percent more likely to die of cancer, 291 percent more likely to die of diabetes, and 100 percent more likely to experience infant mortality than non-Native American Montanans as shown in the table below. This data is not current; however, this is the most recent data available. Based on experience, causes of death most likely have remained the same in the past few years.

#### All Causes of Death

<table>
<thead>
<tr>
<th>Causes</th>
<th>Montanans (Native American)</th>
<th>Montanans (White)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Disease</td>
<td>1,319</td>
<td>834</td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COPD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stroke</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motor Vehicle Injuries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumonia and Influenza</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Motor Vehicle Injuries</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Montana Department of Public Health and Human Services

Almost 70% (42,000) of Montana’s Native American population reside in north central Montana. The primary counties affected by the health disparities of Native Americans are Glacier County (Blackfeet Reservation), Hill and Chouteau Counties (Rocky Boy Reservation), Blaine County (Fort Belknap Reservation).
Reservation), Roosevelt County (Fort Peck Reservation) and Cascade County (urban Native Americans). Meeting the critical needs of this population should be a health priority.

IV. NEXT STEPS

The next steps following the community health needs assessment report will be to present the findings of the report to the community. One or more community meeting(s) will be held to present the data and discuss the health needs of Hill County. During the community meeting(s), a consensus will be obtained to identify the three highest priority health needs that can be addressed. Following the community meeting(s) a Community Health Improvement Plan will be developed to help guide community action to address the three health priority needs through the identification of specific objectives or actions over the next three years. Specific measures of the three priority needs will be identified to enable the measurement of impact of community actions on the priority areas.

V. APPENDICES

Appendix A North Central Montana Healthy Communities Collaborative Partners
Appendix B Survey Questionnaire
Appendix C Community Needs Index Details
This document has been prepared by the Hill County Early Childhood Investment Team under a contract with the Montana Department of Public Health and Human Services. Entitled the Maternal, Infant and Early Childhood Home Visiting Infrastructure Development Project (MIECHV ID), the Department provided funding assistance to the Hill County Department of Public Health to conduct a community needs assessment in Hill County. The County contracted with Triple Divide Consulting to assist with preparation and facilitation of the needs assessment. DPHHS funding was also used to hire a coordinator for the Hill County Early Childhood Investment Team, which guided the needs assessment process and will work collaboratively to implement the priorities identified in the needs assessment document. The ECIT formally adopted the 2012 Needs Assessment in September, 2012.
I. EXECUTIVE SUMMARY

The State of Montana Department of Public Health and Human Services selected sixteen communities (counties) to participate in the Department's Maternal, Infant, and Early Childhood Home Visiting Infrastructure Development (MIECHV ID) Project. Based on an assessment of needs and local capacity, Hill County was one of the sixteen communities selected. According to the Department's MIECHV ID application, the purpose of the project "is to develop a plan for implementing and sustaining evidence-based home visiting in the community as a part of a comprehensive system of early childhood services." Collaboration between local organizations and agencies is seen as vital to successful early childhood systems and the MIECHV ID provided funding to communities "to develop new or enhance existing community partnerships and collaborations and conduct assessment and planning activities. This document is the outcome of an extensive needs assessment process conducted by Hill County's Best Beginnings Council, the Early Childhood Investment Team (ECIT).

Hill County's Department of Public Health designated the ECIT to oversee the needs assessment project. The Department also contracted with a consultant, Triple Divide Consulting, to assist with preparation of the document. Starting as a sub-committee of the Hill County Health Consortium, the ECIT has functioned as stand-alone entity for the past several years. Its membership is discussed in this document and profiles of several participating organizations are included. The Team's history of achievement and collaborating is clear evidence that the Hill County community has the capacity to implement a strategic plan that will be developed based on the findings of this needs assessment.

The needs assessment process that resulted in this document had three basic components: (1) Analysis of data and evaluation of that information to highlight the key factors affecting families with infants and young children in the community; (2) Interviews with members of the ECI Team and other key individuals in the community; (3) A community survey.

Census data has been analyzed for each of the six Tracts in Hill County and maps showing the location of the Tracts and their boundaries have been prepared. The data analysis component of the assessment process produced several key insights, such as:

The pregnancy rate among teens in Hill County is much higher than the state.
26% of all children under age 18 in Hill County live in families whose income is below the poverty level.
The number of food stamp recipients and students receiving free or reduced school lunches has more than doubled since 2000.
There are 4,020 family households in Hill County, of which 1,779 (44.3%) have children under the age of 18. Although the labor force participation rate is highest in Census Tract 403 (which includes the City of Havre residential areas of North Havre and the East End), 48% of the families in that neighborhood have incomes below the Federal Poverty Level. The County’s median family income is $55,963, but two Census Tracts have levels significantly below that number (see Part V).

Analysis of family data in Hill County leads to the following conclusions regarding the challenges facing many families with infants and young children:

- Young parents with infants and young children are likely to be working poor and need help with child care, housing, and job training.
- Single mothers constitute one out of four families in Hill County with children under 18 and are even more likely to have income below the poverty level.
- As reported in the Summer 2012 issue of the *Montana Business Quarterly*, which is published by the Bureau of Business and Economic Research at The University of Montana, "the likelihood of being working poor is inversely related to a person's level of education." Hill County’s high school drop-out rate is higher significantly higher than the State’s, which points to the importance of helping families with young children prepare their kids to be ready for school.

The interview process was extensive. Most of the members of ECIT participated in this component of the needs assessment. Based on the results of the interviews, an outline of the following questions was prepared: (1) What is working well? (2) What is not working well? And (3) What can be done? (see Appendix E)

The initial draft of the responses to these questions was presented to the ECIT, follow-up interviews were conducted, and a second draft was presented to the Team at a needs assessment retreat. At the retreat, findings from the community survey were incorporated into the assessment and the members of ECIT then ranked the findings according to which should be considered "definitely a priority" and which are "important but not a priority."

The ECIT will use the findings of this needs assessment process to develop a strategic plan that will guide its efforts in the year to come. That plan will be updated annually and it is the intent of the ECIT that the strategic planning process will promote collaborative efforts to improve the community’s system of support for families with infants and young children.
Established in 2004 as a subcommittee of the Hill County Community Health Consortium, the Early Childhood Investment Team is a local council consisting of volunteer members from agencies and organizations in the community devoted to helping families, infants and young children. The Team has adopted the following vision and mission statements:

**VISION:** Healthy Children in healthy families through collaborative community partnerships.

**MISSION:** ECIT will promote healthy growth and development in children in our community by:
- Empowering families to be active participants throughout their child's life;
- Collaborating with existing agencies;
- Referring to comprehensive supporting services; and
- Advocating for the overall health of young children.

The current members of the Team are as follows:

Karen Thomas, Executive Director
Kathy Leeds
Danielle Golie
Cindy Smith
Bridget Kallenberger
Marit Ita
Sue Swan
Arlys Williams
Lisa O'Neil
Karla Wohlwend
Lea Ann Larson
Bonnie Parenteau
Lorraine Verploegen, Director
Vicki Wilkins, Director
Tina Thomas
Cindy Sinclair
Trinity Raymond
Ryan Pearson
Jana Nordboe
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District 4 HRDC
Quality Life Concepts
Hill County Health Department
Bullhook Community Health Center
Hill County Health Department
Northern Montana Child Development Center
Community Representative
MSU Northern
Havre Public Schools
MSU Extension
City Council Member
United Way
Child Care Link
Quality Life Concepts
Northern Montana Child Development Center
Hill County Health Department (WIC)
Havre Police Department
Havre Public Schools-Nurse
Boys and Girls Club-HELP Committee
Northern Montana Healthcare
Havre Police Department
Hill County Commissioner
Havre Fire Department
5th Avenue Christian Church
First Lutheran Daycare
Montana Department of Justice (Probation/Parole)
Havre Public Schools
United Way
ECIT Coordinator/N. Montana Child Development Center
Acknowledgement

The Hill County Consortium is composed of many important stakeholders of our community who put in a great deal of time and resources to make this Community Health Assessment become a reality. Those who participated include:

Hill County Health Department
Boys and Girls Club of the Hi-Line (HELP Committee)
Northern Montana Hospital
Board of Health (BOH)
Community Members
Rocky Boy Health Board
United Way
District IV Human Resource Development Council (HRDC)
Extension Office
Sanitarian/Planner
Commissioners
Havre Daily News
New Media Broadcasters Inc.
Quality Life Concepts
Department of Family Services
Bullhook Community Health Center
Youth Dynamics
Center for Mental Health
White Sky Hope Center
LAC/NAMI Members
Havre Police Department
Justice of Peace
Juvenile Probation
MSU Northern Nursing Program
Legislators
North Central Montana Collaborative

Thank You!
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