

Prairie County Community Health Assessment

A Prairie County that is safe and healthy with a high quality of life for all
community members.

PRAIRIE COUNTY

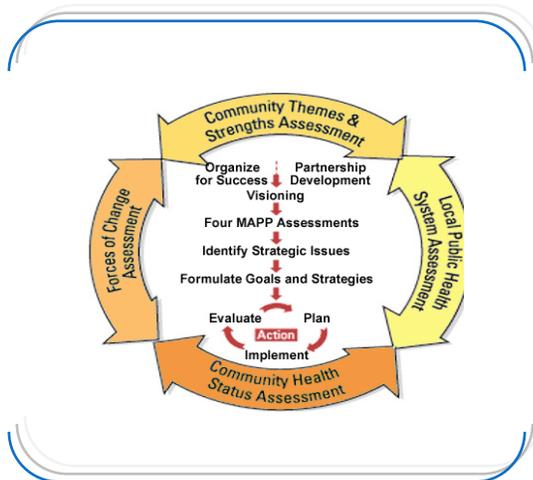
2010

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INTRODUCTION

The 2010 Prairie County Community Health Assessment (CHA) is the culmination of a community-wide collaboration to evaluate the health status of Prairie County and its residents. The purpose is to provide useful information to assist community members and organizations in improving health and maximizing resources in Prairie County. This is a shared responsibility, not only of health care providers and public health officials, but of community members who contribute to residents' well-being. Prairie County Public Health Department was required to conduct a Community Health Assessment to participate in the House Bill 173 pilot project through the Montana Department of Public Health and Human Services.

The MAPP (Mobilizing for Action through Planning and Partnerships) model was selected because it is a community-driven process that yielded successful results for other organizations. MAPP helps communities prioritize health issues, and then identify resources to address them and ways to take



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

Community Themes and Strengths Assessment answered: “What is important to our community?”, “How is quality of life perceived in our community?” and “What assets can be used to improve community health?” This assessment included: community interviews, Photovoice, senior activity questionnaire, and the asset-mapping process.

Forces of Change Assessment addressed: “What is occurring or might occur that affects the health of our community or the local public health system?” and “What specific threats or opportunities are generated by these occurrences?”

Community Health Status Assessment answered: “How healthy are our residents?” and “What does the health status of our community look like?” This included a 36-question Community Health Survey and collecting statistics from different sources.

Approximately 300 opinions from community members were collected during the Prairie County Community Assessment

ACKNOWLEDGEMENTS

Prairie County Public Health Department in conjunction with a dedicated group of community members was the driving force for the Community Health Assessment. Many community residents and community-based organizations contributed valuable information throughout the entire process.

Special thanks to the following community members that contributed their time, opinions and commitment to the Community Health Assessment:

Deanna Bockness, Commissioner, Prairie County

Rolane Christofferson, City Council Representative, Town of Terry

Ann Marie Davis, Commissioner, Prairie County

Todd Devlin, Commissioner, Prairie County

Janet Fredrickson, Nurse, Prairie County Public Health Department

Joan Hubber, Health Nurse, Prairie County Public Health Department

Lance Kalfell, Prairie County Economic Development Council

Parker Powell, Administrator, Prairie Community Hospital

Tristy Schroeber, PAWS After-School Program

4TH and 5th Graders at the PAWS After-School Program

Council on Aging Board Members

Richland County Public Health Dept & Communities In Action



“I like the Milwaukee Bridge because it’s pretty but not when driving on it.”

Terry Elementary Student, Photovoice

2010

COMMUNITY PROFILE

Prairie County offers rural living at its best with wide open spaces under the “big sky”, plenty of recreational opportunities, and an old-fashioned sense of western hospitality. The county was formed in February of 1915 from parts of Custer, Dawson, and Fallon Counties. Prairie County located in Eastern Montana along the Yellowstone River is home to the scenic Terry Badlands. Prairie County is primarily a ranching and agricultural community with strong historical roots including world famous English Photographer Evelyn Cameron.

Prairie County is a frontier community with approximately 1,064 residents. The permanent population has started to decline over the past several years with many of the younger generations leaving, leading to an aging population base in the county. The town of Terry is the county seat and the only incorporated town with a population of approximately 611. The only other community is Fallon with population of approximately 138.

County Demographics

- 98.0% of population is Caucasian (Census)
- 48.9% of population is female (Census)
- 51.1% of population is male (Census)
- 3.8 % of population under 5 years (Census)
- 15.6% of population under 18 years (Census)
- 25.3% of population over 65 years (Census)
- 0.7 person per square mile (Census)
- -7.6% population change from 2000 to 2009 (Census)
- Median age is 49.1 years (Montana is 39.3) (Census)

Socioeconomics

- 17% of population is below Federal Poverty Level (Census)
 - 25% of Children under 18 are below Federal Poverty Level (Census)
- \$32,857 Median Household Income (Census)
- \$28,874 per Capita Income (Census)



“I like wide open spaces and not being crammed into small spaces.”

Terry Elementary Student, Photovoice 2010

METHODOLOGY

The Community Health Survey was developed using surveys from the National Association of County and City Health Officials (NACCHO) MAPP Clearinghouse. Questions were modified and added based on feedback from different community members & organizations. The Senior Activity and community interview questions were developed using a process from Richland County. People 60 years and older were asked about their physical activity levels. The Photovoice procedure was modified from the Hamilton Community Foundation Photovoice Handbook. Disposable cameras were given to 4th and 5th graders to take pictures of things they like and do not like about the community. The Asset-Mapping assessment procedure was based on Best Practice Briefs from Michigan State University and Richland County. Community members identified assets in the County. The Forces of Change assessment was based on the MAPP procedure with the community identifying forces that could impact or are impacting the health.

Assessments were conducted from September 1st to November 1st of 2010. An AmeriCorps VISTA from Prairie Co. Public Health Dept. conducted the assessments through appointments, meetings, and community events. Data was manually entered into SurveyMonkey, an online survey tool for analysis. A total of 130 individuals were surveyed with the Community Health Survey to obtain a 95% confidence level with a +/- 7.95 sampling error.

REGIONAL data was used when county specific data was not available. **Region** refers to the following counties: Phillips, Valley, Daniels, Sheridan, Roosevelt, Richland, McCone, Garfield, Prairie, Dawson and Wibaux.

LIMITATIONS

The Prairie County Community Health Assessment has several limitations. The first limitation is that part of the data is based on self-reported information and may reflect respondents' likelihood of reporting a particular behavior. The second limitation is that the Community Health Status Assessment was primarily conducted by giving out surveys at community events, through businesses or to people coming into Prairie County Public Health Dept. Office. Community members could be excluded that do not attend community events, work in Prairie County or come into Prairie County Public Health Dept. Office.

The Community Health Status surveyed population was similar and dissimilar for different Prairie Co. demographics. Below are demographics of the surveyed population compared to the U.S. Census Bureau statistics for Prairie County.

- Similar for % of population living in Terry with 60% verse actual of 57.4%
- Not similar for % of population being male with 37.7% verse actual of 51.1%
- Similar for % of population being Caucasian with 97.6% verse actual of 98.2%
- Not similar for % of population over 65 years of age with 19.2% verse actual of 26.0%
- Similar for % of population between 18 – 65 years with 80.8% compared to actual of 73.9%

AREAS OF OPPORTUNITY

The following “health priorities” are areas for improvement, based on the data obtained from the Prairie County Community Health Assessment. The following represent opportunities to improve the health and well-being of Prairie County:

- Promoting Alcohol & Smoking Cessation Programs
- Improving Prenatal Care & Childhood Vaccination Coverage
- Nutrition & Overweight/Obesity
- Promote Physical Activity & Fitness Utilizing Community Assets for All Ages
- Chronic Disease Education & Prevention through the Local Health Community
- Health Insurance Coverage (promote Health Montana Kids)
- Environmental Health Issues
- Address Barriers to Health Care & Promote Local Health Care Options
- Senior Health & Vaccinations

FUTURE USE

Prairie County Public Health Department, community members and community partners/organizations will use this information to identify and prioritize health issues present in the county. A Community Health Improvement Plan (CHIP) will be created to address each issue, identify steps to improve the health issue and who will address it. This report will also be used by Prairie County Public Health Department during their strategic planning process.

Community members and organizations are encouraged to use this information to work on improving the health, well-being and quality of life in Prairie County. This can be done through grant writing, creating programs to improve health, or improving personal health behaviors for example.



“I don’t like that because it disrespects the property.” Terry Elementary Student, Photovoice 2010

PHYSICAL & MODIFIABLE HEALTH RISKS

Physical health is the general condition of a person's body. The relationship between lifestyle risk factors, morbidity, and mortality is well established. Experts estimate that more than 50 percent of diseases and conditions that lead to early death can be eliminated by changing risk factors. A practical approach focuses on the risk factors that lead to diseases. By identifying and reducing risk factors, communities reduce disease and premature death. The majority of community residents listed the health of Prairie County as "somewhat healthy" or "healthy." The majority of community residents listed their health as "healthy" or "very good."

Increasing Alcohol & Drug Use

Alcohol & Drug abuse is the top **"Risky Behavior"** & **"Health Problem"** in Prairie County according to community members

Cirrhosis/liver disease death rate per 100,000 for Region (37.2) is higher than MT rate of 12.7 (Vital Statistics)

Heavy & Binge Drinking rates are similar for Prairie County & Montana (2005 – 08 BRFSS)

5% of Montanans admit to **drinking and driving** within the past month (2008 BRFSS)

Eight **Driving Under the Influence** (DUIs) in Prairie County in 2009 (MT Board of Crime Control)

Current **smoking** rate for the Region (20.5%) is similar to state rate of 19.3% (BRFSS)



"I don't like beer."

Terry Elementary Student,
Photovoice 2010

Prenatal Care & Childhood Immunizations

% of mothers with **prenatal care during 1st trimester** (68.9%) (MT 83.9%) (Vital Statistics)

% of mothers in Prairie Co. received **adequate prenatal care** (63%) (MT 76%) (Vital Statistics)

21.9% of mothers in Prairie Co. **smoked during pregnancy** (18.3% MT) (Vital Statistics)

Montana ranked 45th in the Nation for children aged 19 to 35 months being up-to-date on **childhood vaccinations** (CDC 09)

Montana ranked 49th in the Nation for children 19 to 35 months having the **Varicella Vaccine** (CDC 09)

Physical Activity & Obesity

Being **“overweight”** & **“lack of exercise”** are **“risky behaviors”** in Prairie County according to community members

26.8% of adults in the Region are **overweight/obese** (21.6% MT) (BRFSS)

“People and jobs are really sedentary with computers, phones now-a-days.” Community Interview 2010

31% of Region had no **leisure-time physical activity** in past month (BRFSS)

Good sidewalks, a pool, and a tennis court are community assets at the Terry Park

There are many sport programs in the Terry School System for children to participate in.



77% in Region had **inadequate fruits, vegetables consumption**, similar to Montana (BRFSS)

“I like our garden because you do not have to buy as much food. Seeds cost a lot less. Always have fresh food.” Terry Elementary Student, Photovoice 2010

Chronic Disease

Seen as the 2nd greatest **“health problem”** in Prairie Co. according to community members.

Cancer, Heart Disease, Chronic Lower Respiratory Disease are leading causes of death in Prairie County & Montana (Vital Statistics)

Heart Disease mortality rate per 100,000 for the Region is 371.6 compared to Montana rate of 198 (Vital Statistics)

Chronic Lower Respiratory Disease (COPD, emphysema, chronic bronchitis, etc) mortality rate per 100,000 for Region is 92 (63.9 for MT) (Vital Statistics)

39.8% of surveyed population has been diagnosed with **high blood pressure** (MT 27.7%) (BRFSS)

36.1% of surveyed population has been diagnosed with **high cholesterol** (MT36.5%) (BRFSS)

28.9% of surveyed population has been diagnosed with **arthritis** (MT27%) (BRFSS)

“Cowboying up attitude about health care & treatment”

“Preventative medications, annual check-ups, and following provider’s orders are the toughest things for people to follow.” Community Interview 2010

SOCIAL HEALTH & QUALITY OF LIFE

Social health examines social factors that impact the quality of life for both the individual and the community. Social health includes equal access of goods and services for everyone in the society. Quality of life refers to an individual's emotional, social and physical well-being, including their ability to function in the ordinary tasks of living. Indicators may include equality in wealth, employment, mutual social support, physical and mental health, education, recreation and leisure time, and social belonging.

Schools & good place to raise children are key to a "Healthy Community" in Prairie Co.

\$28,874 is per **capita income** (\$33,225 MT) (BEA)

\$32,851 **median household income** (\$43,000 MT) (Labor & Industry)

80% of eligible population was **registered to vote** in 2009 (Prairie Co.)

17% of population is below the **Federal poverty level** (14% MT) (Census)

25% of children under 18 are below the **Federal poverty level** (19% MT) (Census)

23% in E. Montana rarely/never get needed **social/emotional support** (17% MT) (BRFSS)

"I like how the town is social and we have BBQs in the Park"

Terry Elementary Student, Photovoice 2010



83% are satisfied with the **quality of life** in County

84% think Prairie Co. is a good **place to raise kids**

35% think there is no **economic opportunity** in Co.

90% think Prairie Co. is a **safe place to live**

43% of people **volunteer** 1 to 5 hours per month

60% think there are **networks of support for individuals & families** in Prairie Co.

57% think there a **sense of civic responsibility, engagement, civic pride** in Prairie Co.

69% think individuals & groups have the opportunity to **contribute** to & **participate** in **community's quality of life** in Prairie Co.

40% are neutral about perceiving that they can make the community a better place

46% are neutral about levels of **mutual trust** & **respect** increasing among community members as they participate in collaborative activities to achieve shared community goals

"Best thing about living in Prairie County is the small town atmosphere and people." Community Interview 2010

"People will open their hands and hearts to others with no expectations of anything in return."

Community Interview 2010

ENVIRONMENTAL HEALTH

Environmental health concerns all aspects of the natural and built environment that affect the community's health. It focuses on preventing disease and creating an environment that supports a healthy and safe community. Environmental health hazards are encountered from a variety of sources, each of which poses a unique set of challenges to community health. Environmental health addresses disaster preparedness, food safety, land use, vector control, and availability of housing.

45% marked 3 for **mosquitoes** on a scale of low risk (1) to high risk (4)

Vacant lots, littering/illegal dumping, sidewalks, street lighting, & pedestrian sidewalks were rated as low risks in Prairie County



23% marked 3 for **junk cars** on a scale of low risk (1) to high risk (4)

Community Concern about availability of housing in Prairie County

"I like how we clean up our community."

Terry Elementary Student, Photovoice 2010

40% of **housing units** built before 1939 (Census)

24 % of **housing units** were built from 1940 to 1959 (Census)

45% marked 3 for **abandoned buildings** on scale of low risk (1) to high risk (4)

Pesticide use & animal control were rated as more neutral risks in Prairie County

"Have access to an environment that you can move around in."

Community Interview 2010

Environmental Assets

include Terry Badlands, Calypso Trail & Yellowstone River

Tax-exempt **Federal lands** takes up 43% of Prairie

County (Prairie Co.)



"I don't like the gravel or the road dust"

Terry Elementary Student, Photovoice 2010

ACCESS TO HEALTH CARE

Community access to health care depends on several factors. Health services must be available to and physically accessible to everyone in the community. The services must be affordable and meet the health needs of the community at that time. Adequate access to health care services can significantly influence health care use and health outcomes of the community. Barriers to health care extend beyond simple issues like shortage of health care providers or facilities to include the inability to pay, being underinsured or uninsured, age and no preventive care available.

Access to Health Care is an important factor for a **“Healthy Community”** in Prairie Co. according to community members

Primary medical care, mental health, dental health professional shortage area (HRSA)

28% of population under 65 has **NO health insurance** (19% in Montana) (Census)

Main reason for being uninsured in Prairie County was **“Could not afford to pay premiums”**

48% had **lab work** done outside of Prairie Co. within past year

34% had **X-rays/MRIs** done outside of Prairie County within the past year

30% received **general practitioner care** outside of Prairie Co. within the past year

The Ambulance, Hospital, Clinic and Health Department are **Health Assets** in Prairie Co.

Barriers to Health Care

Cost/High Deductible

Choice was in another city

No providers for services

Fear or distrust of health care system

“In a small community, you know the provider personally and people may not like that or feel comfortable.”

Community Interview 2010

New Health Care Services

28% want dental services

21% want specialists



“I like EMTs.”

Terry Elementary Student, Photovoice 2010



“I like that we have a clinic so you can get shots.” Terry Elementary Student, Photovoice 2010

SENIOR HEALTH

People in the U.S. are living longer than ever before. In Prairie County, 25.3% of the population is 65 years and older while it is only 14.6% for Montana (Census). The growing number of senior citizens increases demands on the public health system, medical and social services. Chronic diseases contribute to disability, diminish quality of life and increase health – and long-term – care costs.

“Aging problems” is a “health problem” in Prairie Co. according to community members

32% of Montanans 65 years & older reported **inactivity** in the last month (BRFSS)

Walking & Chair Exercises are the many ways that seniors exercise in Prairie County



Terry Elementary Student, Photovoice 2010

Being older, health problems & no motivation are the top reasons seniors do not exercise in Prairie County

Seniors would like **group activities, exercise classes** at the Community Center

Exercise equipment, community meals & a social gathering place at the Community Center are available to seniors

Meals-on-Wheels, Senior Companions, Personal Home Care Aide & Homemaker Services are available to seniors in Prairie Co

15% of adults 65 years & older are below the **Federal poverty level** (19% for Montana) (Census)

75% of surveyed population thinks that Prairie County is a **good place to grow old**

Community concern about the elderly population living alone in their homes

Pneumonia/Influenza mortality rate per 100,000 for Region is 55.7 compared to 19.0 for Montana (Vital Statistics)

68.7% of adults aged 65 years & older are immunized for **pneumococcal pneumonia** in Region is similar to 70.7% for Montana (BRFSS)

“In terms of elderly, its chronic illness and pain related illness that affects mobility and sense of safety.” Community Interview 2010

DATA SOURCES

The Community Health Assessment has taken every precaution to ensure the accuracy of data presented in the report. In some instances there was a lack of available county-wide data and regional information was used instead. The regional data includes the following counties: Phillips, Valley, Daniels, Sheridan, Roosevelt, Richland, McCone, Garfield, Prairie, Dawson and Wibaux.

Acknowledgements: Picture from Prairie County Photovoice 2010.

Community Profile: U.S. Census Bureau 2009; U.S. Census Bureau 2000; U.S. Census Bureau 2007; U.S. Census Bureau 2000 to 2009; U.S. Census Bureau 2009; Picture from Prairie County Photovoice 2010; remaining from Prairie County Community Health Assessment 2010.

Areas of Opportunity: Picture from Prairie County Photovoice 2010.

Alcohol & Drug Use: Montana Vital Statistics 2004 -08; Montana Behavioral Risk Factor Surveillance System (BRFSS) 2005 – 2008; Montana Behavioral Risk Factor Surveillance System 2008; Montana Board of Crime Control 2009, www.mbcc.state.mt.us; Montana Behavioral Risk Factor Surveillance System 2003 -08; Picture from Prairie County Photovoice 2010; remaining from Prairie County Community Health Assessment 2010.

Prenatal & Childhood Immunizations: Montana Vital Statistics 2003 – 07; Montana Vital Statistics 2004 – 08; Montana Vital Statistics 2003- 07; Center for Disease Control and Prevention (CDC), National Immunization Survey 2009; remaining from Prairie County Community Health Assessment 2010.

Physical Activity & Obesity: Montana Behavioral Risk Factor Surveillance System 2004, 06, 08; Community Interview 2010; Montana Behavioral Risk Factor Surveillance System 2008; Montana Behavioral Risk Factor Surveillance System; remaining from Prairie County Community Health Assessment 2010.

Chronic Disease: Montana Vital Statistics, 2004 – 08; Montana Vital Statistics, 2004 – 08; Montana Vital Statistics, 2004 – 08; Behavioral Risk Factor Surveillance System 2009; Behavioral Risk Factor Surveillance System 2009; Behavioral Risk Factor Surveillance System 2009; Community Interview 2010; remaining from Prairie County Community Health Assessment 2010.

Social Health & Quality of Life: Bureau of Economic Analysis (BEA) U.S. Department of Commerce 2007; Montana Department of Labor and Industry 2008; Prairie County Clerk and Recorder; U.S. Census 2009; U.S. Census 2009; Community Interview 2010; Montana Behavioral Risk Factor Surveillance System 2008; Picture from Prairie County Photovoice 2010; Community Interview 2010; remaining from Prairie County Community Health Assessment 2010.

Environmental Health: Picture from Prairie County Photovoice 2010; U.S. Census 2000; U.S. Census 2000; Community Interview 2010; Picture from Prairie County Photovoice 2010; Farm Service Agency (FSA) 2005; remaining from Prairie County Community Health Assessment 2010.

Access to Health Care: Health Resource and Services Administration, U.S. Department of Health and Human Services 2006; U.S. Census 2000; Picture from Prairie County Photovoice 2010; Community Interview 2010; Picture from Prairie County Photovoice 2010; remaining from Prairie County Community Health Assessment 2010.

Senior Health: U.S. Census 2000; Montana Behavioral Risk Factor Surveillance System 2008; U.S. Census 2009; Montana Vital Statistics 2004 -08; Montana Behavioral Risk Factor Surveillance System 2003 – 08; Community Interview 2010; remaining from Prairie County Community Health Assessment 2010.