

# **Richland County Health Improvement Plan**

## *2011 Public Health Priorities*



**This project was funded and coordinated by the  
Richland County Health Department**

# Public Health Priorities

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# Public Health Priorities

## Obesity and Overweight

### **Goal**

Reduce the prevalence of obesity and overweight in Richland County

### **Objectives**

Increase physical activity  
Increase fruit and vegetable consumption

*In Northeastern Montana, over one quarter of the adult population is considered obese, and an additional almost forty percent of adults are considered overweight.*

*Obese is defined for adults as having a body mass index (BMI) of greater than 30. Overweight is defined for adults as having a BMI of between 25.0 and 29.9, and for*

*children as at or above the 95 percentile of the sex-specific BMI for age-growth charts.*

*Several other health factors, such as low physical activity levels and low fruit and vegetable consumption contribute significantly to weight gain and obesity.*

*Overweight and Obesity are significant issues in the Northeastern Region, including Richland County. 77% of adults reported eating less than five servings of fruits and vegetables a day.*

- Over one quarter of adults reported NOT participating in any physical activity outside of their regular job.*
- 26.8% of Northeastern Montanan adults are obese, and 37.8% are overweight. That means at least one in every 4 adults has a weight problem.*
- At a recent focus group conducted by the Richland County Nutrition Coalition, participants rated Richland County's nutritional environment at a 3 out of 5, or average.*

<p><b>Goal</b> Reduce the prevalence of obesity and overweight in Richland County</p>	<p><b>Objective One</b> Increase fruit and vegetable consumption</p>
<p><b>Risk Factors</b></p> <ul style="list-style-type: none"> <li>• Convenience of prepared foods</li> <li>• Personal choices</li> <li>• Changing norms for family dining- current condition is that residents don't sit down with family</li> </ul>	<p><b>Suggested Intervention Strategies</b></p> <ul style="list-style-type: none"> <li>• Improve vending contents or take them out of schools</li> <li>• Offer Year-round greenhouses for county food source</li> <li>• Campaign to change culture surrounding eating</li> <li>• Improve education</li> <li>• Promote unique means of incorporation fruits and vegetables, i.e. juicing</li> <li>• Decrease cost of fruits and vegetables</li> </ul>
<p><b>Direct Contributing Factors</b></p> <ul style="list-style-type: none"> <li>• McDonald's and other fast food restaurants</li> <li>• High availability and low cost of non-nutritious foods</li> </ul> <p><b>Indirect Contributing Factors</b></p> <ul style="list-style-type: none"> <li>• Convenience of prepared foods</li> </ul>	<p><b>Barriers</b></p> <ul style="list-style-type: none"> <li>• Community tolerance</li> <li>• Cost of nutritious foods- needs to be comparable to lower costing foods</li> <li>• Lack of access to nutritious foods</li> <li>• Lack of diverse and quality produce</li> </ul>
<p><b>Resources Available</b></p> <ul style="list-style-type: none"> <li>• NAPA</li> <li>• MSU Extension</li> <li>• Richland County Nutrition Coalition</li> <li>• Cooking classes for families</li> </ul>	

<p><b>Goal</b> Reduce the prevalence of obesity and overweight in Richland County</p>	<p><b>Objective Two</b> Increase physical activity</p>
<p><b>Risk Factors</b></p> <ul style="list-style-type: none"> <li>• Lack of motivation</li> <li>• Seasonality of activities</li> <li>• Lack of will power</li> </ul>	<p><b>Suggested Intervention Strategies</b></p> <ul style="list-style-type: none"> <li>• Improve education</li> <li>• Increase worksite wellness participation</li> <li>• Expand current service to offer more year-round work-out options</li> <li>• Offer incentives for physical activity</li> </ul>
<p><b>Direct Contributing Factors</b></p> <ul style="list-style-type: none"> <li>• Lack of time- working multiple jobs</li> <li>• Hours of convenience</li> <li>• Lack of indoor facilities</li> <li>• Fitness center is not “kid-friendly”</li> </ul> <p><b>Indirect Contributing Factors</b></p> <ul style="list-style-type: none"> <li>• Day light hours are limited - long winters</li> <li>• Distance to facilities</li> <li>• Traffic</li> </ul>	<p><b>Barriers</b></p> <ul style="list-style-type: none"> <li>• Cost</li> <li>• Weather constraints on available activities</li> </ul>
<p><b>Resources Available</b></p> <ul style="list-style-type: none"> <li>• HealthWorks</li> <li>• Bike path, tennis courts, pool</li> <li>• Recreation coordinator</li> <li>• Youth recreation activities/ groups</li> <li>• Public Works</li> <li>• Star Fund</li> <li>• Jerry Metcalf Foundation</li> <li>• Foundation for Community Care</li> <li>• Caviar Fund</li> </ul>	

# Public Health Priorities

## Drug and Alcohol Use

### Goal

Decrease drug and alcohol use in Richland County

### Objectives

Focus intervention strategies on binge drinking in the 18-44 age range

*Drug and alcohol use are important issues in the Northeastern Region of Montana, including Richland County.*

- Binge drinking was significantly higher in the Eastern Region than in Montana for all age groups.*
- 27.2% of adults aged 18-44 in Eastern Montana, or more than one quarter, currently use tobacco products.*
- According to the Prevention Needs Assessment, In Richland County 59.2% of students have consumed alcoholic beverages and 16.1% of students have used drugs by the eighth grade.*

*The mortality rate<sup>(1)</sup> of chronic liver disease and liver cirrhosis, conditions related to long-term alcohol usage<sup>(2)</sup>, is 17.7% in the Northeastern Region, compared to 12.7% in Montana.*

*Richland County has an exceptionally high drug-related mortality, at 22.0 compared to 13.8 per 100,000 population in Montana.*

*10% of motor vehicle accidents in Richland County involve alcohol.*

*The effects of drug use are extensive- other effects include economic losses due to lost productivity, healthcare costs associated with emergency and long term care, criminal justice costs, and the cost of social services including drug rehabilitation.*

*Each year abuse of alcohol costs Montanans over \$360 million; \$400 per year for every person in the state. The total annual cost of alcohol, tobacco, and other drug abuse is more than \$900 million in Montana.*

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1 Per 100,000 population

2 Mayo Clinic

<p><b>Goal</b> Decrease drug and alcohol use in Richland County</p>	<p><b>Objective One</b> Focus interventions strategies on binge drinking in the 18-44 age range</p>
<p><b>Risk Factors</b></p> <ul style="list-style-type: none"> <li>• Drinking culture- promoted by attitudes and advertising</li> </ul>	<p><b>Suggested Intervention Strategies</b></p> <ul style="list-style-type: none"> <li>• Providing a multi-purpose gathering place like a Rec. center with a library, Internet café, and place to hold cooking, dancing and quilting classes</li> <li>• Open a book store where people can congregate</li> <li>• Open a teen center</li> <li>• Meeting with lawmakers to find out where the root of the problems in the law are</li> </ul>
<p><b>Direct Contributing Factors</b></p> <ul style="list-style-type: none"> <li>• Nowhere to gather besides the bars</li> </ul> <p><b>Indirect Contributing Factors</b></p> <ul style="list-style-type: none"> <li>• No consequences</li> </ul>	<p><b>Barriers</b></p> <ul style="list-style-type: none"> <li>• Deeply engrained culture- It's "what the parents did"</li> </ul>
<p><b>Resources Available</b></p> <ul style="list-style-type: none"> <li>• County/city</li> <li>• Judges/county attorney</li> <li>• Youth/adult probation coordinator</li> <li>• Recreation Coordinator</li> <li>• "movers and shakers" like Russ Wells</li> <li>• Whiskey Plates (3)</li> </ul>	

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3 Whiskey Plates is a program in Minnesota that requires that DUI offenders put special plates on their vehicles indicating that they are guilty of certain alcohol-related driving offenses.

# Public Health Priorities

## Injury

### **Goal**

Decrease injury in Richland County

### **Objectives**

Decrease motor vehicle accident rate  
Increase seat belt, helmet and car seat use

*Accidents are the number 3 cause of death of Richland County residents.*

*Unintentional injury includes motor vehicle accidents, falls, poisonings and drowning, among other causes.*

*Injuries are largely preventable.*

*The majority of unintentional injuries occur in men.*

*Drug and alcohol use are important issues in the Northeastern Region of Montana, including Richland County.*

- *The non-motor vehicle unintentional injury rate for Richland County is 77.0, compared to 61.0 in Montana.*
- *The motor vehicle death rate in Richland County is 37.4 per 100,000 population.*
- *The rate of motor vehicle related fatalities in Richland County is over two times that of the United States.*
- *Regionally, only 83.1% of residents always or nearly always use a seatbelt while driving or riding in a car.*
- *The death rate due to work-related injuries is 4.4 in Richland County compared to 3.7 in Montana, per 100,000 population.*

*The average annual cost of road crashes in developed countries is 2.0% of the gross national product. In the United States, this is over \$298 billion.*

*Ninety-four percent of the reviewed unintentional injury deaths to children in Montana were preventable.*

<p><b>Goal</b> Decrease injury in Richland County</p>	<p><b>Objective One</b> Decrease motor vehicle accident rate</p>
<p><b>Risk Factors</b></p> <ul style="list-style-type: none"> <li>• Alcohol use</li> <li>• Texting/ cell phone usage</li> </ul>	<p><b>Suggested Intervention Strategies</b></p> <ul style="list-style-type: none"> <li>• Promote helmet use</li> <li>• Promote safe driving habits</li> <li>• Educate to parents, school staff</li> <li>• Promote farm safety education</li> <li>• Develop public policy/laws</li> <li>• Reexamine design of roads</li> <li>• Increase enforcement of truck routes</li> <li>• Increase seatbelt use</li> <li>• Enforce a decrease in cell phone use while driving</li> </ul>
<p><b>Direct Contributing Factors</b></p> <ul style="list-style-type: none"> <li>• Lack of knowledge</li> <li>• Increased truck/traffic</li> <li>• Road maintenance</li> <li>• Decreased seatbelt use</li> </ul> <p><b>Indirect Contributing Factors</b></p> <ul style="list-style-type: none"> <li>• Safety isn't "cool"</li> </ul>	<p><b>Barriers</b></p> <ul style="list-style-type: none"> <li>• Culture of independence</li> <li>• State, county, city cooperation</li> </ul>
<p><b>Resources Available</b></p> <ul style="list-style-type: none"> <li>• Department of Transportation</li> <li>• FHWA</li> <li>• School Displays</li> <li>• County Agencies</li> <li>• City Agencies</li> <li>• Digital signs on highway</li> <li>• Sidney Health Center promoted ENA education to coach staff on head injuries</li> <li>• Law Enforcement- seat belt education</li> <li>• Community Health Fair</li> </ul>	

<p><b>Goal</b> Decrease injury in Richland County</p>	<p><b>Objective Two</b> Increase seat belt, helmet and car seat use</p>
<p><b>Risk Factors</b></p> <ul style="list-style-type: none"> <li>• Misconception that “It’s not going to happen to me”</li> <li>• “Don’t want to”</li> <li>• Myth that wearing seat-belt causes deaths</li> </ul>	<p><b>Suggested Intervention Strategies</b></p> <ul style="list-style-type: none"> <li>• Promote helmet promotion for all activities</li> <li>• Educate on injury prevention for all ages</li> <li>• Increase school involvement in injury prevention</li> <li>• Pass stricter laws</li> <li>• Encourage enforcement of motorcycle endorsement</li> </ul>
<p><b>Direct Contributing Factors</b></p> <ul style="list-style-type: none"> <li>• Biking, ATV-ing, snowmobiling without a helmet</li> <li>• Cell phones</li> <li>• Senior driving</li> <li>• Not taking time for safety- “getting there in a hurry”</li> </ul> <p><b>Indirect Contributing Factors</b></p> <ul style="list-style-type: none"> <li>• Seat belt doesn’t “fit” right</li> </ul>	<p><b>Barriers</b></p> <ul style="list-style-type: none"> <li>• Culture of drinking and driving- especially on gravel roads</li> </ul>
<p><b>Resources Available</b></p> <ul style="list-style-type: none"> <li>• Reward/reinforcement of wearing seatbelt at checkpoints</li> <li>• Education of teens/adults</li> <li>• Mandatory helmet use</li> <li>• 4-H- have older kids teach younger kids</li> <li>• FFA</li> <li>• Car Seat program</li> <li>• DARE</li> <li>• Health Department Injury Prevention Program</li> <li>• DUI Task Force</li> </ul>	

# Public Health Priorities

## Chronic Disease

### Goal

Reduce morbidity and mortality related to chronic disease

### Objectives

- Promote appropriate use of prescription medications
- Increase the number of people utilizing preventative screening tests, including pap test, colonoscopy, mammogram
- Decrease the number of people who use tobacco products

*Chronic disease accounts for a larger proportion of death and disability in Richland County. Heart disease and cancer, two chronic conditions, are the top two causes of death in Richland County.*

- The number of residents seeking preventative cancer screening tests, including mammograms, pap tests, and colonoscopies, is significantly lower in our region than in Montana.*
- The hospitalization rates of stroke, diabetes, heart attack and asthma are significantly higher in Richland County than in Montana.*
- The cost of caring for chronic disease will more than triple in Montana by 2023, reaching almost \$3 billion<sup>(4)</sup>.*

*Several other health factors, such as low physical activity levels and low fruit and vegetable consumption contribute significantly to chronic disease.*

*According to Sidney Health Center data from 7/1/2008 through 6/30/2009, approximately one third of inpatient and outpatient visits were coded for one of six chronic conditions: malignant neoplasm, diabetes mellitus, hypertension, coronary artery disease, heart failure, and chronic pulmonary disease<sup>(5)</sup>.*

*Chronic disease is largely preventable through lifestyle changes. Despite this, a study conducted at the Sidney Health Center on hospital readmissions during a 30-day period of time found that 50% of people readmitted refused discharge planning services when available.*

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4 General Electric. The Growing Cost of Chronic Disease.

5 Sidney Health Center Data, Sidney MT

<p><b>Goal</b> Reduce morbidity and mortality related to chronic disease</p>	<p><b>Objective One</b> Promote appropriate use of prescription medications</p>
<p><b>Risk Factors</b></p> <ul style="list-style-type: none"> <li>• Lack of understanding and education about medications when they are prescribed</li> </ul>	<p><b>Suggested Intervention Strategies</b></p> <ul style="list-style-type: none"> <li>• Increase education efforts</li> <li>• Develop proactive programs through MD offices to show patients the benefits of taking all of their prescriptions</li> <li>• Promote Medication Assistance</li> <li>• Create and promote an alert system for drug seekers who are doctor hopping</li> <li>• Offer options for pain control- physical activity, i.e. instead of medication</li> </ul>
<p><b>Direct Contributing Factors</b></p> <ul style="list-style-type: none"> <li>• Inappropriate use of medications</li> <li>• Inability to set up medications</li> </ul> <p><b>Indirect Contributing Factors</b></p> <ul style="list-style-type: none"> <li>• Patients do not understand medications</li> <li>• Contraindications between medications</li> </ul>	<p><b>Barriers</b></p> <ul style="list-style-type: none"> <li>• Patients cannot afford all of their medications</li> </ul>
<p><b>Resources Available</b></p> <ul style="list-style-type: none"> <li>• Medication Assistance Program at Sidney Health Center</li> <li>• Great pharmacists in Sidney</li> <li>• Internet</li> <li>• Home Health</li> <li>• Health Department</li> </ul>	

<p><b>Goal</b> Reduce morbidity and mortality related to chronic disease</p>	<p><b>Objective Two</b> Increase the number of people utilizing preventative screening tests, including pap test, colonoscopy, mammogram</p>
<p><b>Risk Factors</b></p> <ul style="list-style-type: none"> <li>• Myths about discomfort during screening tests</li> <li>• Assuming the test is “the worst”</li> <li>• “Cowboy/cowgirl” mentality</li> </ul>	<p><b>Suggested Intervention Strategies</b></p> <ul style="list-style-type: none"> <li>• Promote “virtual” colonoscopy</li> <li>• Find funding sources for colonoscopies, similar to the MT Breast and Cervical Program</li> <li>• Investigate wellness benefits for colonoscopies and other preventative tests</li> <li>• Offer providers a checklist for recommended screenings for certain age groups to hand out to patients</li> <li>• Educate about facts vs. myths about screening tests</li> <li>• Promote benefits, i.e. testimonials</li> <li>• Promote screening fairs / clinics</li> <li>• Incentives/discount program for getting screenings</li> <li>• Investigate how to combat “cowboy” mentality</li> <li>• Have speakers educate businesses about having screenings</li> <li>• Educate providers to promote screenings</li> <li>• Promote non-invasive screenings ex: blood pressure</li> </ul>
<p><b>Direct Contributing Factors</b></p> <ul style="list-style-type: none"> <li>• Prevention is not a priority</li> </ul>	<p><b>Barriers</b></p> <ul style="list-style-type: none"> <li>• Financial barriers</li> </ul>

### **Resources Available**

- American Cancer Society
- From the Heart Cardiovascular Disease Prevention and Awareness Program
- Health fair
- Fair booth
- Cancer Center
- Montana Breast and Cervical Cancer Program
- Comprehensive Cancer program
- Cancer Coalition
- Sanctuary, support groups
- Relay for Life
- Brown Bag Lunch through SHC

<p><b>Goal</b> Reduce morbidity and mortality related to chronic disease</p>	<p><b>Objective Three</b> Decrease the number of people who use tobacco products</p>
<p><b>Risk Factors</b></p> <ul style="list-style-type: none"> <li>• Unwillingness to quit</li> <li>• Peer pressure (teens)</li> </ul>	<p><b>Suggested Intervention Strategies</b></p> <ul style="list-style-type: none"> <li>• Change community perceptions</li> <li>• Reduce youth access</li> <li>• Promote youth anti-tobacco coalitions</li> <li>• Reduce advertising for tobacco products</li> <li>• Support no smoking in bars</li> <li>• Make prescription medication available</li> <li>• Promote nicotine/tar dependence assistance</li> <li>• Educate about the benefits of quitting</li> </ul>
<p><b>Direct Contributing Factors</b></p> <ul style="list-style-type: none"> <li>• Kids have access in homes, from friends</li> </ul>	<p><b>Barriers</b></p> <ul style="list-style-type: none"> <li>• Community tolerance and family acceptance of smoking</li> </ul>
<p><b>Resources Available</b></p> <ul style="list-style-type: none"> <li>• Incentive of lower insurance rate for non-smokers</li> <li>• Montana Tobacco Use Prevention Program</li> <li>• QuitLine</li> <li>• STAND</li> <li>• Smart Moves classes at Boys + Girls Club</li> <li>• Youth Coalitions</li> <li>• Compliance checks</li> <li>• RASS training</li> </ul>	

# Public Health Priorities

## Emotional Health

### **Goal**

Promote emotional health

### **Objectives**

Increase options for stress relief

Decrease suicide rates

*Mental health is an important health and wellness concern in Richland County. Stress, depression, anxiety, and other emotional problems may substantially interfere with major life activities, such as self-care, employment, safe housing, and personal relationships. Significant emotional distress also substantially affects physical health.*

- *Suicide persists as a major public health concern in Montana: As of 2004, Montana had one of the top five highest suicide rates in the country <sup>(6)</sup>.*
- *The suicide rate per 100,000 population in Richland County is 19.8.*
- *Regionally, 7.8% of residents reported having 14 or more days of “not good” mental health in the past 30 days.*
- *In 2008, 50% of 10<sup>th</sup> grade students reported depressive symptoms.*
- *People with significant emotional distress are more likely to smoke and less likely to have health insurance.*
- *Adults with significant emotional distress are more likely to have chronic diseases*

*After January 2006, up to 6,400 Montanans with mental illnesses or cognitive impairments who were eligible for both Medicare and Medicaid lost their Medicaid pharmacy benefit and thus their ability to pay for their medication.*

*In 2005 Eastern Montanans reported less difficulty accessing psychiatric medication. In the criminal justice system, more concerns about accessing psychiatric medication were reported.*

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<sup>6</sup> Mental Health America, “Ranking America’s Mental Health: An analysis of depression across the states”. 2004.

<p><b>Goal</b> Promote emotional health</p>	<p><b>Objective One</b> Increase options for stress relief</p>
<p><b>Risk Factors</b></p> <ul style="list-style-type: none"> <li>• Stigma surrounding “mental health”</li> <li>• Individual choices</li> <li>• Returning soldiers with PTSD</li> <li>• Individuals not identifying their mental health problems</li> <li>• Peer pressure</li> <li>• Bullying</li> </ul>	<p><b>Suggested Intervention Strategies</b></p> <ul style="list-style-type: none"> <li>• Educate people regarding PTSD</li> <li>• Educate about emotional health to expose what is available to lessen stigma of “mental health”</li> <li>• Make list of providers available publicly</li> <li>• Increase physical activity</li> <li>• Address bullying issues by supporting “Rachel’s Challenge”</li> <li>• Support and encourage participation in school programs and sports, and other hobbies</li> <li>• Promote faith-based activities</li> <li>• Promote positive social interactions</li> <li>• Educate about time management</li> <li>• Promote and support consistent variety of activities- dancing, cooking classes, quilting</li> </ul>
<p><b>Direct Contributing Factors</b></p> <ul style="list-style-type: none"> <li>• No centralized information resource</li> <li>• Not enough mental health providers or funding</li> </ul> <p><b>Indirect Contributing Factors</b></p> <ul style="list-style-type: none"> <li>• Length of winter season</li> <li>• Unemployment</li> <li>• Work environment- lack of employees- balancing families/careers</li> </ul>	<p><b>Barriers</b></p> <ul style="list-style-type: none"> <li>• Independent culture</li> <li>• Cost</li> <li>• Choices for stress relief- therapy not as accepted in this area vs. California</li> </ul>

### **Resources Available**

- Churches
- Fitness center
- Adult education
- Walking path
- Mental Health
- Resources available through church groups, library, job service,  
District II
- Nutrition and Physical Activity Program's Worksite Wellness Program
- RSVP and other volunteer opportunities

<p><b>Goal</b> Promote emotional health</p>	<p><b>Objective Two</b> Decrease suicide rates</p>
<p><b>Risk Factors</b></p> <ul style="list-style-type: none"> <li>• Stigma- resistance to asking for help- “cowboy” mentality</li> <li>• No base funding</li> <li>• Lack of knowledge about early signs of illness</li> <li>• Lack of resources and help from others</li> </ul>	<p><b>Suggested Intervention Strategies</b></p> <ul style="list-style-type: none"> <li>• Increase resources dedicated to the subject</li> <li>• Educate/campaign to attempt interventions that produce a cultural change</li> <li>• Partner with churches and senior citizens to get more information out</li> <li>• Promote positive aspects of mental health treatment</li> <li>• Offer additional recreation opportunities (indoors) where alcohol is not served</li> <li>• Support and promote Rachel's Challenge to reduce bullying</li> <li>• Educate on early recognition and intervention</li> <li>• Recognize a need for a grief support group</li> </ul>
<p><b>Direct Contributing Factors</b></p> <ul style="list-style-type: none"> <li>• Bullying in schools</li> <li>• Fears about confidentiality in a small town</li> <li>• Access to firearms</li> <li>• Social isolation</li> </ul> <p><b>Indirect Contributing Factors</b></p> <ul style="list-style-type: none"> <li>• Unhealthy habits- drinking, drug use, etc</li> <li>• Lack of mental health resources, especially in schools (guidance counselors trained to deal with depression)</li> <li>• Economic strains</li> </ul>	<p><b>Barriers</b></p> <ul style="list-style-type: none"> <li>• Cost</li> <li>• Lack of insurance coverage</li> </ul>

### **Resources Available**

- Sidney Health Center Home Health and Hospice- women's, men's and children's support groups
- Bereavement programs through employers
- Local Advisory Committee for Mental Health
- Community Response Committee
- Worksite Wellness Programs
- Mental Health- additional therapist
- Schools
- Media resources
- Community outreach
- Churches, pastors, ministerial association
- Warm Line crisis line
- Stephen Ministry programs
- Rachel's Challenge in schools
- Chaplain at Sidney Health Center

# Public Health Priorities

## Healthy Pregnancy

### **Goal**

Increase the number of healthy pregnancies

### **Objectives**

Increase the number of women seeking prenatal care in the first trimester

Eliminate the use of alcohol and tobacco products during pregnancy

Richland County has a higher percentage of babies being born at low birth weight than in Montana and in the United States.

The percent of mothers who smoked during pregnancy in Richland County is more than double the national rate, and is significantly higher than the state rate.

3% of pregnant women in Richland County develop gestational diabetes<sup>(7)</sup>.

Only 85.9% of pregnant mothers<sup>(8)</sup> in Richland County enter into prenatal care in the first trimester of pregnancy.

Drug and alcohol prevention is one of the top five health needs of women of childbearing age, according to the Montana Maternal and Child Health Needs Assessment in 2010.

*1.7% of mothers reported using alcohol during pregnancy in Montana, and number that has remained steady over the past decade.*

*Mothers of low birth weight and preterm infants born between 2005 and 2008 in Montana were more likely to report no prenatal care than infants of higher birth weight.*

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<sup>7</sup> This statistic is percentage of live births

<sup>8</sup> This statistic is percentage of live births

<p><b>Goal</b> Increase the number of healthy pregnancies</p>	<p><b>Objective One</b> Increase the number of women seeking prenatal care in the first trimester</p>
<p><b>Risk Factors</b></p> <ul style="list-style-type: none"> <li>• Mentality that “It’s not going to happen to me”</li> <li>• Teen pregnancy peer pressure</li> </ul>	<p><b>Suggested Intervention Strategies</b></p> <ul style="list-style-type: none"> <li>• Provide free initial prenatal exams</li> <li>• Provide education about needed care and confidentiality</li> <li>• Provide confidential pregnancy testing</li> <li>• Clarify recommendations for 1<sup>st</sup> trimester care</li> <li>• Increase education through all media outlets and schools</li> <li>• Consolidate resources in one place</li> <li>• Improve access to health care programs</li> <li>• Mentor women to help them through process of health care during pregnancy and health insurance issues</li> <li>• Promote current support groups and create new ones as needed</li> <li>• Educate about current programs for insurance, i.e. low income medical assistance/CHIPS</li> <li>• Increase PR about Richland County Transportation Service</li> <li>• Increase PR on public assistance</li> </ul>

**Direct Contributing Factors**

- Lack of education on pregnancy outcomes
- Economic difficulties for single moms
- Denial of pregnancy

**Indirect Contributing Factors**

- Application for Medicaid is too difficult

**Barriers**

- Learned behaviors
- Cost of insurance

**Resources Available**

- Sunrise Pregnancy Resource Center
- Library Resources
- WIC
- Richland County Health Department Family Planning
- Some education to students at high schools
- Richland County Nutrition Coalition for nutrition
- Public Assistance
- Richland County Transportation Service

<p><b>Goal</b> Increase the number of healthy pregnancies</p>	<p><b>Objective Two</b> Eliminate the use of alcohol and tobacco products during pregnancy</p>
<p><b>Risk Factors</b></p> <ul style="list-style-type: none"> <li>• Mentally unprepared to quit</li> <li>• Lack of options for entertainment that doesn't involve alcohol</li> </ul>	<p><b>Suggested Intervention Strategies</b></p> <ul style="list-style-type: none"> <li>• Increase education about the benefits and methods of quitting</li> <li>• Increase referral to QuitLine</li> <li>• Improve encouragement to quit by medical providers</li> </ul>
<p><b>Direct Contributing Factors</b></p> <ul style="list-style-type: none"> <li>• Lack of education about negative effects on the development of the baby</li> </ul> <p><b>Indirect Contributing Factors</b></p> <ul style="list-style-type: none"> <li>• Lack of mental health resources</li> </ul>	<p><b>Barriers</b></p> <ul style="list-style-type: none"> <li>• Culture- addictive behaviors</li> <li>• Medical charges differ based on insurance or no insurance</li> </ul>
<p><b>Resources Available</b></p> <ul style="list-style-type: none"> <li>• Medicaid</li> <li>• Family Planning</li> <li>• Public Health Home Visiting</li> <li>• WIC</li> <li>• Montana Tobacco Use Prevention Program</li> <li>• Sunrise Pregnancy Resource Center</li> </ul>	

# Public Health Priorities

## Domestic Violence, Family Offenses, Criminal Offenses

### Goals

- Decrease prevalence of criminal offenses
- Decrease prevalence of family offenses
- Decrease prevalence of domestic violence

### Objectives

- Decrease the 3-year rate of sex offenses (i.e. statutory rape, non-forcible sex acts)
- Decrease the 3-year rate of family offenses (i.e. neglect, failure to pay child support)
- Decrease the prevalence of partner family member assault

- *The 3-year rate of domestic abuse is 416.9 per 100,000 population<sup>(9)</sup>.*
- *The 3-year rate of sex offenses is 89.6 per 100,000 population<sup>(10)</sup>.*
- *The 3-year rate of rape is 44.8 per 100,000 population<sup>(11)</sup>.*
- *Alcohol and drug use are risk factors for sexual violence.*

*9.2% of Montana teens reported that they had "been physically forced to have sexual intercourse when they didn't want to."*

*9.6% of Montana teens reported that they were "hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend during the past 12 months."*

*34,495 Montana adults reported being a victim of sex against their will or without consent*

*11% of females, and 3% of males have been victims of attempted rape in Montana.*

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9 Domestic abuse is where a person knowingly or purposely causes injury to a partner, or family or household member.

10 A sex offense is defined as any sexual act directed against another person forcibly and/or against their will; or where the victim is incapable of giving consent. This includes sexual abuse of children, fondling, and statutory rape.

11 Rape is defined as the carnal knowledge of a person, forcibly and/or against their will; or where the victim is incapable of giving consent.

<p><b>Goal</b> Decrease prevalence of criminal offenses</p>	<p><b>Objective One</b> Decrease the 3-year rate of sex offenses (i.e. statutory rape, non-forcible sex acts)</p>
<p><b>Risk Factors</b></p> <ul style="list-style-type: none"> <li>• “Elephant in the room” problem</li> </ul>	<p><b>Suggested Intervention Strategies</b></p> <ul style="list-style-type: none"> <li>• Provide education for free in churches and schools</li> <li>• Have legal ramifications and a sex offender program</li> <li>• Research further to determine the root cause(s) of the problem</li> </ul>
<p><b>Direct Contributing Factors</b></p> <ul style="list-style-type: none"> <li>• Lack of education about boundaries</li> <li>• Lack of venues through which to educate</li> <li>• Lack of free and ready resources on sexual education</li> </ul> <p><b>Indirect Contributing Factors</b></p> <ul style="list-style-type: none"> <li>• Touchy moral issue if school is used as an educational venue</li> </ul>	<p><b>Barriers</b></p> <ul style="list-style-type: none"> <li>• Not a priority topic</li> </ul>
<p><b>Resources Available</b></p> <ul style="list-style-type: none"> <li>• Library</li> <li>• Schools</li> <li>• St. Matthews Virtus program<sup>(12)</sup></li> </ul>	

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<sup>12</sup> Virtus is a 2-year program that educates people who work with children about sexual offenders

<p><b>Goal</b> Decrease the prevalence of family offenses</p>	<p><b>Objective two</b> Decrease the 3-year rate of family offenses (i.e. neglect, failure to pay child support)</p>
<p><b>Risk Factors</b></p> <ul style="list-style-type: none"> <li>• Alcohol use</li> <li>• Drug use</li> </ul>	<p><b>Suggested Intervention Strategies</b></p> <ul style="list-style-type: none"> <li>• Inform the public of centralized intake number and educate on appropriate use</li> <li>• Improve consistency for child support payments, including: centralized place where payments are made; adjusting child support based on income; accountability/tracking of how child support is used; repercussions for failure to pay</li> <li>• Educate people about free legal services that may be available and assistance with parenting plans</li> <li>• Educate on the laws and rights of both parties</li> <li>• Institute mandatory community service and education for offenders</li> <li>• Research further to determine the root cause(s)</li> </ul>

**Direct Contributing Factors**

- “Nobody’s going to do anything about it anyway”
- Education level
- Only girls at Sidney Middle School get education programs- boys are not in that class
- Lack of education on healthy family dynamics
- Lack of family support
- Legal issues in regard to paying or not paying child support

**Indirect Contributing Factors**

- Economic hardship. Lack of resources to support needs of the family
- Under-reporting because public doesn’t see the results

**Barriers**

- Independent culture
- Mentality ‘I don’t need help”

**Resources Available**

- DCFS
- Family Resource Center
- Richland County Domestic Violence Coalition
- Legal assistance program
- Schools to educate youth
- Mental Health
- Court system
- CADV
- Parenting classes
- Churches
- Library

<p><b>Goal</b> Decrease prevalence of domestic violence</p>	<p><b>Objective Three</b> Decrease the prevalence of partner family member assault</p>
<p><b>Risk Factors</b></p> <ul style="list-style-type: none"> <li>• Drug and alcohol use and abuse</li> <li>• Stress of economy</li> <li>• Low self-esteem</li> <li>• Mental health issues</li> <li>• Stress</li> </ul>	<p><b>Suggested Intervention Strategies</b></p> <ul style="list-style-type: none"> <li>• Empower victims</li> <li>• Educate to combat the misconceptions of domestic violence</li> <li>• Provide more resources to identify who these people are- locals, new people, transients-to legitimize the statistics and identify other contributing factors</li> <li>• Offer counseling for young couples</li> <li>• Promote reporting of abuse and its use community-wide</li> <li>• Institute mandatory programs for offenders</li> <li>• Strengthen the family resource center</li> <li>• Improve public awareness of reporting procedures</li> <li>• Address stigma and fear of confidentiality breaches</li> <li>• Research further to determine the root cause(s)</li> </ul>

**Direct Contributing Factors**

- Lack of early intervention
- Lack of preventative resources

**Indirect Contributing Factors**

- Lack of professional resources- mental health, social support

**Barriers**

- Lack of trust and confidentiality- "don't tell"
- Community tolerance of behaviors- living what you learn
- Community tolerance of drug and alcohol use
- Social stigma

**Resources Available**

- Richland County Domestic Violence Coalition
- Schools- Friends of Rachael, Personal defense for girls, Rape Escape program
- Parenting classes
- SMART moves
- Boys + Girls club
- Churches
- Matthew House
- After school programs