

2012 MONTANA BRFSS ANNUAL REPORT



SURVEY RESULTS FROM THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM



Public Health and Safety Division

Montana Department of Public Health and Human Services

DIVISION MISSION: *To Improve the Health of Montanans to the Highest Possible Level*

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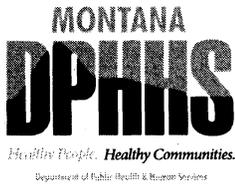
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Steve Bullock, Governor

Richard H. Opper, Director

February 18, 2014

To the Citizens of Montana:

On behalf of the Montana Department of Public Health and Human Services I am pleased to present the 2012 Montana Behavioral Risk Factor Surveillance System (BRFSS) Annual Report. The BRFSS is a telephone survey health monitoring system of Montana residents of ages 18 and older. It has been funded and supported by the Centers for Disease Control and Prevention (CDC) since its inception in 1984.

I would like to personally thank all of the 8,679 residents who participated in the 2012 survey and provided us with valuable health data. Montana continually ranks in the top ten for participation rates among the 50 states, the District of Columbia, and several territories that administer the survey.

The BRFSS gathers information that helps Montana identify which population sub-groups are at risk for disease, injuries, inadequate clinical care, and disabilities. The data are used as a planning guide for health promotion and disease prevention programming. They are also used at the state and national levels to determine public health benchmarks and to measure progress over time. Examples of the survey use can be reviewed in the recently released State of Montana Health Improvement Plan (SHIP) and the federal Healthy People 2020, which measures health improvement priorities for the nation.

This report is a summary of health measures and the current state of the population's health for non-institutionalized adults. Use it as a resource for yourself and others to help improve the health of Montanans to the highest possible level.

Sincerely,

Richard H. Opper
Director

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ACKNOWLEDGEMENTS

Montana BRFSS, 2012

The Centers for Disease Control and Prevention (CDC), Division of Behavioral Surveillance provided financial and technical support for developing the questionnaires, implementing the survey, and processing and weighting the data. CDC's financial support has greatly facilitated the Montana Department of Public Health and Human Services (DPHHS) ability to continually monitor health risk factors for preventable diseases, disabilities, and injuries, access to health use and use of preventive screenings, and other emerging health issues.

Special appreciation is extended to the telephone interviewers and staff of the University of Nebraska Medical Center and call center located in Omaha, NE. Their dedication and experience has yielded high quality survey data for the Montana BRFSS.

To the citizens of the state of Montana, we thank you for your continued cooperation and willingness to participate in this very important health survey. The information you have provided regarding health risk behaviors is invaluable for assessing state trends for public health planning purposes and allowing us the ability to compare Montana's progress to the rest of the states and the nation.

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SUMMARY

Montana BRFSS, 2012

This report presents selected findings from the 2012 Montana Behavioral Risk Factor Surveillance System (BRFSS) survey. BRFSS is an annual statewide landline and cell phone survey of non-institutionalized Montana residents ages 18 years of age and older. The survey is conducted through a collaborative effort with the Division of Behavioral Surveillance of the Centers for Disease Control and Prevention (CDC) and the Montana Department of Public Health and Human Services (DPHHS).

Health Status Indicators

- 15.8% of Montana adults reported that their general health status was “fair” or “poor.”
- Activity limitations due to health problems was slightly higher among Montana residents than the national median.

Access to Health Care Indicators

- The prevalence of uninsured Montana adults ages 18-64 years was 23.2% and the prevalence of no personal health care provider was 27.4%, slightly higher than the national medians of 20.4% and 22.2%, respectively.
- 14.6% of Montana adults could not afford to see a doctor in the past year.

Clinical Preventive Measures

- The prevalence of not receiving regular preventative cancer screenings in accordance with the national recommendations was higher among Montana residents than the national median.
- Influenza immunization in the past year among adults ages 65 and older was lower among Montana residents than then national median.

Health Related Risk Behaviors

- The percentage of Montana adults reporting no leisure-time physical activity was lower than the national median.
- The percentage of Montana adults who reported being overweight (BMI 25.0-29.9) was slightly higher than the national median. The percentage of Montana adults who reported being obese (BMI > 30.0) was lower than the national median.
- Heavy drinking and binge drinking were slightly more prevalent among Montanans than the national median.

Chronic Health Conditions

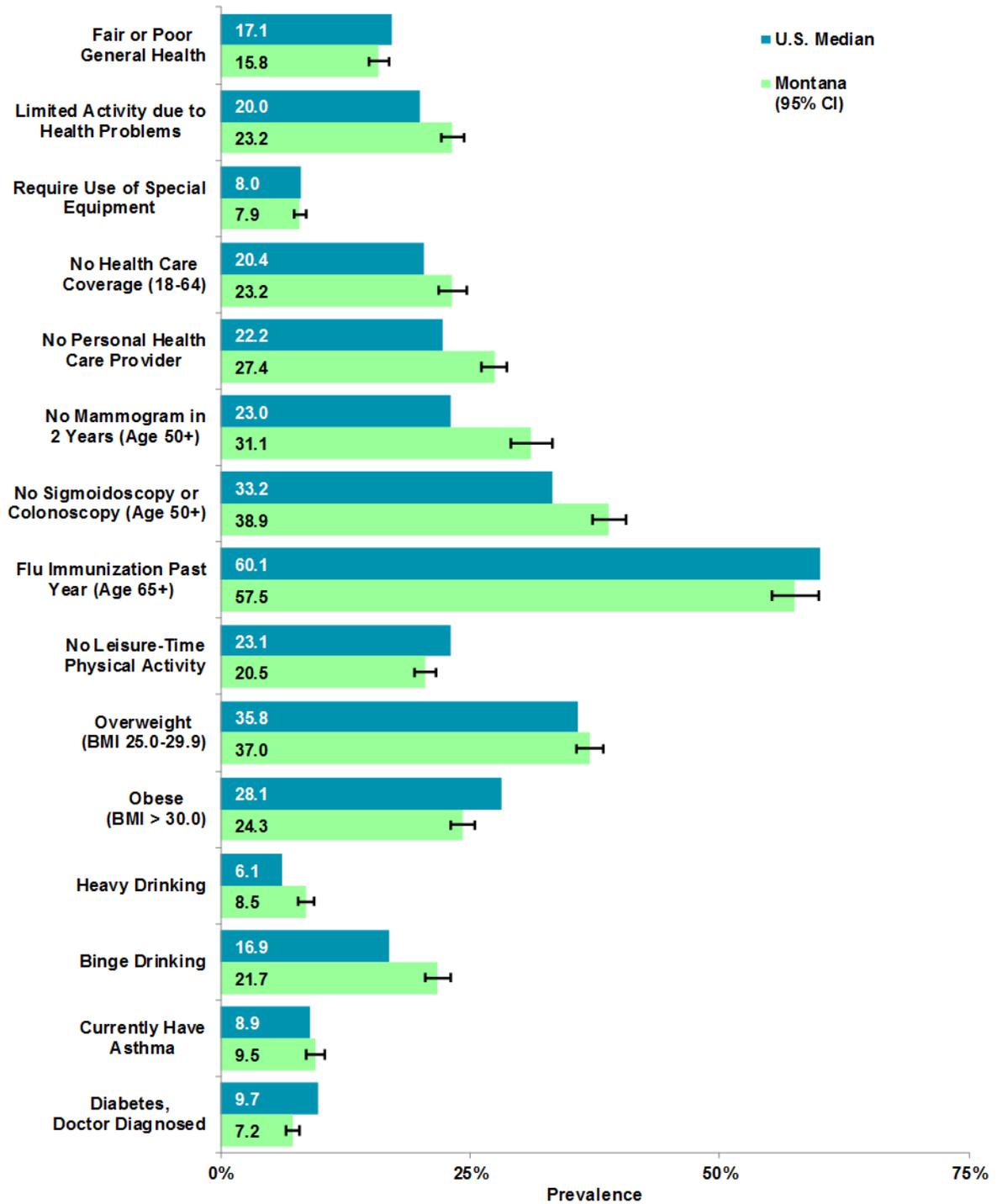
- The percentage of Montana adults who reported currently having asthma was similar to the national median.
- Montana adults reported less clinically diagnosed diabetes than the national median.

Population Subgroups

- Adults with less education (particularly those who have not completed high school), those with lower household incomes (<\$25,000), and American Indians/Alaska Natives more often reported risky health behaviors and poorer health outcomes than other population subgroups.

The results provided in this report have been weighted, as described in the methods section, to be representative of the non-institutionalized Montana adult population. **As of 2011, BRFSS prevalence data can no longer be directly compared to data from previous years due to changes in the weighting methodology and the addition of cell phone sampling. 2012 BRFSS data is not directly comparable to data before 2011.**

**Figure A. 2012 BRFSS Selected Risk Factors and Health Conditions
U.S. Median and Montana**



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PUBLIC HEALTH RECOMMENDATIONS

Montana BRFSS, 2012

Reduce the proportion of adults in Montana who report are overweight or obese.

One goal of *Big Sky. New Horizons. A Healthier Montana: A Plan to Improve the Health of Montanans*, also known as the *State Health Improvement Plan (SHIP)*¹ is to reduce the prevalence of adults who report being overweight or obese to $\leq 24\%$ by 2018. In 2012, 61.3% of Montana adults reported they were overweight or obese. In order to meet the SHIP target, the average prevalence of adults who are overweight or obese will need to decrease by 7.3%, a decrease of 1.2% per year over the next six years.

Reduce tobacco use as a major risk factor for poor health outcomes among Montana adults.

Cigarette smoking is the leading cause of preventable death in the United States. Currently the prevalence of smoking Montana is 19.7%. In particular, the prevalence estimates of smoking is significantly higher among American Indians/Alaska Native residents (41.3%) than White, non-Hispanic residents (18.1%). The goal of SHIP is to reduce cigarette smoking prevalence for all residents to $\leq 19\%$. Montana's Public Health and Safety Division has programs and policies in place to help reduce tobacco use, <http://tobaccofree.mt.gov/>.

Increase the use of seatbelts to save lives.

In 2012, 29.9% of Montana adults reported that they did not always wear a seat belt, an increase of 3.0% from 2011. To meet the SHIP target of $\geq 83\%$ of adults always wearing a seatbelt, Montana adults need to increase seat belt use by 12.9%. Montana's Public Health and Safety Division has programs and policies in place to help address this public health issue, see Montana's Injury Prevention Program, <http://www.dphhs.mt.gov/ems/prevention/>.

Reduce the prevalence of binge drinking, especially among adults 35 years of age and younger.

In 2012, an estimated 21.7% of Montana adults reported binge drinking on at least one occasion within the past month. The prevalence of binge drinking is significantly higher among younger adults than older adults. The target goal for SHIP is to decrease binge drinking to $\leq 15\%$ for all residents of Montana. DPHHS has programs and policies in place to help reduce binge drinking, <http://www.dphhs.mt.gov/amdd/chemicaldependencyservices/index.shtml>.

Increase cancer screening rates for early detection, especially among low income households.

Cancer was the leading cause of death among Montana residents in 2012. Timely screening for breast, cervical, and colorectal cancer can detect cancer in its early stages when it is most treatable. Residents with household incomes of $< \$25,000$ reported lower rates of routine cancer screenings. Montana's Public Health and Safety Division has programs and policies in place to help increase cancer screening rates among low income families, <http://www.dphhs.mt.gov/publichealth/cancer/cancerscreening.shtml>.

¹ Montana Department of Public Health and Human Services. **Big Sky. New Horizons. A Healthier Montana: A Plan to Improve the Health of Montanans (State Health Improvement Plan/SHIP)**. Available at: <http://www.dphhs.mt.gov/ship/>.

INTRODUCTION

Montana BRFSS, 2012

From 1981 to 1983, the Centers for Disease Control and Prevention (CDC) funded states in the U.S. to conduct point-in-time pilot surveys about health-related behaviors that were thought-to-be associated with an increased risk of disease and premature death. Montana has the distinction of having been one of the original 29 states to conduct the pilot surveys for CDC. Because of successful implementation of these pilot surveys, the CDC established the Behavioral Risk Factor Surveillance System (BRFSS) in 1984 and Montana was one of the 15 states to secure funding from CDC when this initiative formally began. BRFSS is an annual state-based telephone survey assessing the health status and behavioral risk factors of the non-institutionalized adult population 18 years of age and older. The BRFSS began with four primary goals:

1. To document health trends at the state level;
2. To identify emerging health issues;
3. To compare health behaviors across states; and
4. To measure progress toward the nation's health goals.

Through cooperative agreements between CDC and state departments of public health, the BRFSS expanded to include all 50 states, the District of Columbia, and several U.S. territories. BRFSS is now the largest continuously conducted telephone health survey in the world.

The BRFSS survey provides valuable information on health trends, chronic disease risks, and data for monitoring the effectiveness of policies, programs, and interventions. Subject areas include self-reported health status, access to health care, health awareness, use of preventive services, as well as knowledge and attitudes of health care and health care practices. Each year modifiable behaviors such as smoking, excessive alcohol consumption, obesity, and physical inactivity contribute to a substantial portion of the mortality and morbidity associated with chronic disease and unintentional injury. Underutilization of preventive health services (e.g. blood pressure, cholesterol, and cancer screenings) may also contribute to morbidity and premature death from many diseases. Measuring the prevalence of high-risk behaviors and preventive health service utilization provides information for developing and monitoring interventions designed to reduce premature death and disease. In 2012, 72% of Montana deaths were associated with modifiable health risk behaviors and conditions (Table A).

The *Healthy People 2020* (U.S. DHHS) is a national initiative designed to serve as a road map for improving the health of all people in the United States during the second decade of the 21st century. *Healthy People 2020* (HP2020) builds on similar initiatives pursued over the past three decades. Objectives were developed to measure the health of the nation and our progress towards those goals.

Montana has a similar initiative, *Big Sky. New Horizons. A Healthier Montana: A Plan to Improve the Health of Montanans* (MT DPHHS), also known as the *State Health Improvement Plan (SHIP)*, that is targeted specifically to improving the health of Montanans to the highest possible level. *SHIP* is a five year plan, from 2013 to 2018, developed by the Department of Public Health and Human Services, along with over 130 outside organizations.

Data from the annual BRFSS survey are one of the primary means of monitoring progress towards achieving *HP2020* and *SHIP* health objectives. The objectives and targets of *HP2020* and *SHIP* are different because they have different time frames and *SHIP* measures are specific for current challenges of Montana residents. Table B summarizes Montana's progress toward *HP2020* and *SHIP* goals that were measured on the 2012 survey.

Table A: Behavioral Risk Factors Associated with the Leading Causes of Death in Montana, 2012*

Rank	Cause of Death	# of Deaths	% of Total Deaths ¹	Crude Rate ²	Associated Risk Factors ³
1	Cancer	1,927	21.7%	191.7	Smoking, high-fat diet, chronic alcohol abuse
2	Heart Disease	1,876	21.1%	186.6	Smoking, physical inactivity, hypertension, high-fat diet, high blood cholesterol, overweight
3	Chronic Lower Respiratory Disease	600	6.8%	59.7	Smoking, exposure to certain chemicals
4	Unintentional Injuries	551	6.2%	54.8	Binge and chronic drinking, non-use of safety belts
5	Cerebrovascular Disease (including stroke)	406	4.6%	40.4	High blood pressure, smoking, high blood cholesterol
6	Alzheimer's Disease	263	3.0%	26.2	Family history
7	Diabetes	231	2.6%	23.0	Overweight, physical inactivity, poor nutrition
8	Intentional Self-Harm	226	2.5%	22.5	Depression, alcohol or substance abuse, major stressor events
9	Pneumonia and Influenza	155	1.7%	15.4	Infection with pneumococcal bacteria or influenza virus, compromised immune system
10	Chronic Liver Disease	143	1.6%	14.2	Chronic alcohol abuse, Hepatitis B or Hepatitis C
Total deaths from leading causes		6,378	71.9%		

* Mortality data are from Montana Vital Statistics, 2012 Annual Report.

¹ Total deaths from all causes in 2012, excluding fetal deaths, were 8,876.

² Cause-specific crude death rates are per 100,000 estimated population.

³ Not a comprehensive or definitive lists of all associated risk factors.

Table B: HP2020¹ and SHIP² Objectives for Montana: Summary of Montana 2012 BRFSS Data³

Objectives	HP2020 Target	SHIP Target	MT 2012	Meets Both
Health Insurance	100.0	N/A	76.8	
Usual Primary Care Provider	≥ 83.9	N/A	72.6	
Routine Mammogram, Women Ages 50 and Older	N/A	≥ 71	68.9	
Annual Influenza Immunization	N/A	≥ 60	35.5	
Pneumococcal Pneumonia Vaccination, Ages 65 and Older	≥ 90.0	≥ 80	69.5	
No Leisure-Time Physical Activity	≤ 32.6	≤ 22	20.5	√
Obese, BMI ≥ 30	≤ 30.5	N/A	24.3	
Overweight or Obese, BMI ≥ 25	N/A	≤ 54	61.3	
Cigarette Smoking	≤ 12.0	≤ 19	19.7	
Smokeless Tobacco Use	≤ 0.3	N/A	8.0	
Binge Drinking During the Past Month	≤ 24.4	≤ 15	21.7	
Use of Seat Belts	≥ 92.4	≥ 83	70.1	

¹ U.S. Department of Health and Human Services. *Healthy People 2020*. Washington, DC, 2010.

² Montana Department of Public Health and Human Services. *Big Sky. New Horizons. A Healthier Montana: A Plan to Improve the Health of Montanans (SHIP)*. Helena, MT, 2012.

³ Objectives are for adults age 18 or older except as noted.

^{N/A} No objective for this plan.

√ Met HP2020 and SHIP objectives in Montana in 2012.

METHODS

Montana BRFSS, 2012

Sampling Design

Montana’s sampling frame in 2012 contained seven strata. Since 2000, Montana’s BRFSS sample has been stratified based on county population density and proportion of American Indians/Alaska Natives, Montana’s largest minority population. Stratum I consists of six counties containing high population density and a high proportion of American Indians/Alaska Natives; Stratum II consists of 41 counties with relatively low population density and a low proportion of American Indians/Alaska Natives; and Stratum III consists of six counties with relatively high population density and a low proportion of American Indians/Alaska Natives. These three strata allow the potential for oversampling households of American Indians/Alaska Natives and are used strictly for sampling, rather than analytical purposes.

In 2002, CDC began the Selected Metropolitan/Micropolitan Area Risk Trends (SMART BRFSS) in order to analyze the data from selected metropolitan and micropolitan statistical areas (MMSAs).¹ The Montana BRFSS began participating in SMART BRFSS in 2004 and added a fourth stratum (Stratum IV) that includes Yellowstone and Carbon Counties – Billings, Montana’s largest

MMSA with a minimal sample size of 500. Starting in 2006, Montana BRFSS added two additional strata (Stratum V and Stratum VI) to the sampling frame to be rotated among Montana’s other MMSAs so that each MMSA has two consecutive years of data collected approximately every four to five years. In 2012, the MMSAs that achieved a sample size of at least 500 included: Billings, Great Falls, Missoula, Kalispell, and Havre.

YEAR	Billings	Great Falls	Missoula	Bozeman	Butte	Helena	Kalispell	Havre
2008	x			x	x			
2009	x			x	x		x	
2010	x					x	x	
2011		x	x			x		
2012		x	x					x
2013				x	x			x
2014	x			x	x			
2015	x					x	x	
2016		x				x	x	
2017		x	x					x
2018			x	x				x
2019	x			x	x			
2020	x				x	x		

Beginning in 2003, Montana’s dataset has been weighted for regional analyses based on the state’s five health planning regions (HP1 – HP5) to report regional health information for public health planning purposes (see Appendix A for map of health planning regions). In 2010, an additional stratum (Stratum VII) was added to further increase the proportion of American Indians/Alaska Natives respondents statewide.

* This schedule will be followed if funding remains sufficient and as long as no additional communities reach MMSA status. Should a new MMSA be identified it will be added to the rotation.

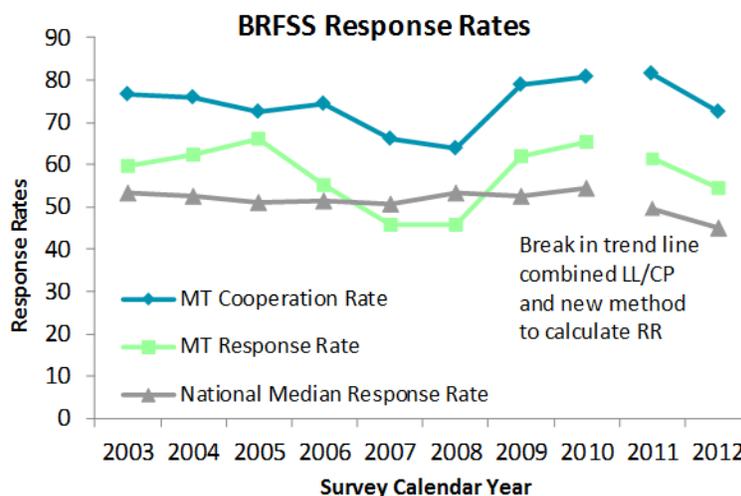
Based on CDC protocol, the sample is selected using a Disproportionate Stratified Sampling (DSS) design.² In the DSS design, the universe of all Montana telephone numbers is disproportionately stratified by telephone blocks. This means all landline telephone numbers are based on phone bank density, listedness (i.e., known household number in phone bank) and population density of American Indians/Alaska Natives. Phone numbers are randomly dialed using this list-assisted methodology. High density or listed household numbers are sampled at a rate of 1.5 over low density or unlisted numbers. This random-digit-dialing approach serves to lower costs and improve interviewer efficiency in sample usage.

For the past decade, CDC has been researching dual frame methodologies in order to include cellular telephones in the BRFSS samples. Approximately one-third of U.S. households rely exclusively on cell phones (Blumberg and Luke 2001; CDC 2012). Because of increased use of cell phone communication across the country, as of 2011 BRFSS collects survey data from both landline and cell phone respondents.

Survey Administration

Interviews were conducted by University of Nebraska Medical Center with headquarters and call center in Omaha. Interviews were conducted during daytime and evening hours on Monday through Friday and on weekends to ensure that selected individuals had ample opportunity to participate in the survey. Fifteen efforts were made to reach a landline telephone number and five attempts were made to reach a cell phone number at different times of the day and evening and on different days before a number was classified as unreachable. Once a phone number is successfully identified as a residence rather than business, an individual respondent is randomly selected from all adults ages 18 and older living in the household. The selected adult is then invited to be interviewed in accordance with the BRFSS protocol (CDC 2006). In 2012, approximately 724 interviews were completed each month, for a yearly total sample size of 8,679 (6,686 landline and 1,993 cell phones). In addition, at least 10 percent of all interviews were monitored and validated by the quality assurance section of the call center, using the system’s monitoring function to observe and score interviews in progress for quality improvement purposes (CDC 2006).

Measures of data quality are calculated using standards set by the American Association of Public Opinion Research (AAPOR).³ The weighted AAPOR Response Rate (RR4) is the number of completed and partially completed interviews divided by the number of eligible and likely-eligible residents. The RR4 for combined landline and cell phone calls for Montana in 2012 was 54.4%, one of the top ten BRFSS response rates in the nation. The AAPOR Cooperation Rate (CR2) is the number of completed and partially completed interviews divided by the number of contacted and eligible residents. The CR2 for Montana was 72.3%, placing Montana in the top eight for BRFSS cooperation rates in the nation in 2012. A complete report of the data quality for the 2012 BRFSS is available online.⁴



Data Weighting and Analysis

Data were weighted to account for the design of the survey and differences in the probability of selection due to the disproportionate sampling method and due to households with different numbers of adults and different numbers of telephones. This adjustment is intended to reduce bias that may result from excluding Montanans without telephone service (non-coverage) or from the varying characteristics of those that choose not to participate in the survey (non-response).

Starting in 2011, CDC's Division of Behavioral Surveillance began using a new weighting method for BRFSS data in order to allow the incorporation of cell phones into the weighting scheme and to more closely match the demographic make-up within each state by using a broader range of demographic subgroups.⁵ This method, called raking, ensures that groups which are under- or over- represented in the sample can be accurately represented in the final data set (CDC 2012). For a more complete discussion, see the *2011 Issue 3 Montana Fact[or]s, Changing BRFSS Protocols: Transition to Raking Weights and Incorporation of Cell Phone Sampling* published at www.brfss.mt.gov. **2011 is the baseline year for all future comparisons.**

The demographic characteristics of the 2012 survey respondents are presented in Table C. This table describes the 2012 survey population, including the un-weighted number of respondents, the population estimate, and the weighted percent of respondents by selected demographic characteristics.

Data Reliability and 95% Confidence Intervals

The precision of a sample statistic (e.g., prevalence) can be estimated by calculating the confidence interval of the statistic; 95% confidence intervals (CI) are presented with the prevalence estimates in this report. As an example, a prevalence estimate for cigarette smoking of 20% with a computed 95% confidence interval of $\pm 2\%$, translates to a lower limit of 18% and an upper limit of 22%. We are 95% confident that the interval 18% to 22% includes the true percentage of smokers in the Montana population. The width of a confidence interval (e.g., $\pm 2\%$) using weighted data is dependent upon sample size and the design effect of the survey. Generally, estimates based on large samples have narrower confidence intervals and are more precise than are estimates based on small samples.

Confidence intervals must be considered when making comparisons among subgroups of the population (e.g., among age classes). Percentages for different subgroups of the population can be considered significantly different if their confidence intervals do not overlap. A statistical test is needed to determine if estimates are different when the confidence intervals overlap.

Table C: Demographic Distribution of Montana Adults in the 2012 Behavioral Risk Factor Surveillance System (BRFSS)

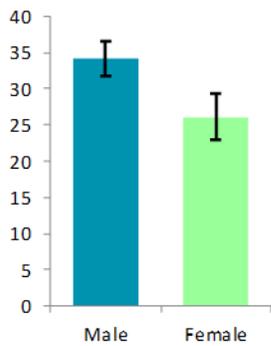
	2012 BRFSS Sample		
	Sample Size (N)	Population Estimate	Weighted Percent †
All Adults:	8,679	780,800	100.0
Sex:			
Male	3,786	388,800	49.8
Female	4,893	391,900	50.2
Age:			
18 - 24	460	96,900	12.5
25 - 34	948	123,400	15.9
35 - 44	950	112,200	14.4
45 - 54	1,497	138,800	17.9
55 - 64	1,947	145,000	18.7
65+	2,829	160,100	20.6
Unknown§	48		
Education:			
<High School	620	72,900	9.3
High School	2,758	243,100	31.2
Some College	2,512	264,200	34.0
College Degree +	2,767	198,300	25.4
Unknown§	22		
Income:			
<\$15,000	1,040	85,000	12.2
\$15,000 - \$24,999	1,612	140,600	20.1
\$25,000 - \$49,999	2,632	213,300	30.5
\$50,000 - \$74,999	1,169	112,300	16.1
\$75,000 +	1,551	147,600	21.1
Unknown§	945		
Race/Ethnicity:			
White, non-Hispanic	7,575	693,800	89.6
AI/AN*	594	40,400	5.2
Other or Hispanic**	420	40,000	5.1
Unknown§	90		
Disability:			
Disability	2,481	191,800	24.8
No Disability	6,094	580,600	75.2
Unknown§	104		
Region:			
1- Eastern MT	992	63,300	8.3
2- N Central MT	1,934	109,100	14.3
3- S Central MT	1,330	154,500	20.2
4- Southwest MT	1,530	188,600	24.7
5- Northwest MT	2,762	249,100	32.6
Unknown§	131		

† Weighted percentages are based on CDC's 2012 pop. estimate of 780,800 adults.

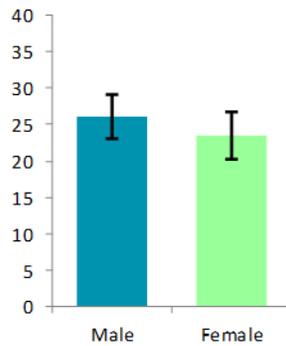
§ Cases with unknown values are excluded from relevant analyses.

* American Indian or Alaska Native only.

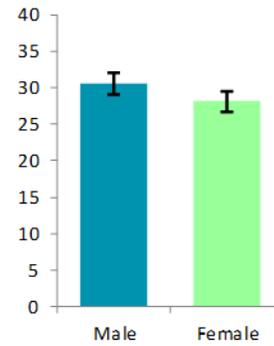
** All other non-White (including multi-racial or Hispanic).



No Overlap
Significantly different
($p < .05$)



Substantial Overlap
Not significantly different
($p > .05$)



Some Overlap
Needs a chi-square or other
statistical test to determine
significance

Analysis of subpopulations results in a concomitant reduction of sample size. The more subgroups into which the data are partitioned, the smaller the sample size per subgroup. **Prevalence estimates based on denominators with fewer than 50 respondents or half-width confidence intervals greater than 10 percent are not reported due to their inherent low precision.**

The SAS statistical software package for survey data analysis was used to compute prevalence estimates (expressed as percentages) and associated 95% confidence intervals using sample weights provided by CDC.

Questionnaire

The BRFSS questionnaire has three parts: the core, consisting of the fixed core questions (asked every year), rotating core questions (asked in alternating years), and emerging core questions (asked for only one year). There are also optional modules provided by the CDC, any number of which can be selected by individual states for inclusion; and state-added questions of specific interest to individual states. All states must ask the core questions without modification in wording. As part of the core, respondents are asked to provide demographic information including such indicators as sex, age, race, marital status, annual household income, employment status, and education level. Optional modules and state-added questions may be added by individual states to their respective questionnaires. Montana's BRFSS Working Group, consisting of state data analysts and users, helps to establish the state questionnaire content each year using the "Criteria for Adding Questions to the MT BRFSS," which can be found at the Montana BRFSS website: www.brfss.mt.gov.

The 2012 Montana BRFSS questionnaire consisted of 176 questions. Not all respondents were asked all questions, since some questions pertain to a specific age group or sex or persons with a particular health condition. In 2012, the average length of time to complete the survey was 27 minutes.

Survey Limitations

Surveys that require self-reporting of data have limitations and should be interpreted with caution. Respondents may have a tendency to under-report behaviors that are socially undesirable, unhealthy, or illegal and to over-reporting desirable behaviors. The accuracy of self-reported information is also affected by the ability of respondents to fully recall past behaviors or health screening results.

Telephone surveys exclude households without telephones, which may result in a biased survey population due to under-representation of certain segments of the population. In 2012, based on NCHS estimates, less than 2% of Montana households did not have any telephone service.

¹ These geographic subdivisions are designated by the U. S. Office of Management and Budget and used by the U. S. Census Bureau as of June 2003. See http://www.cdc.gov/brfss/smart/smart_faq.htm for frequently asked questions and answers about SMART BRFSS and MMSAs.

² For a detailed description of BRFSS methodology, see the BRFSS User's Guide, an online version at: http://www.cdc.gov/brfss/data_documentation/PDF/UserguideJune2013.pdf.

³ The AAOPR standard definitions can be found online at: http://www.aapor.org/Standard_Definitions2.htm#Uv6G_2JdWdQ.

⁴ The 2012 Summary Data Quality Report can be found online at: http://www.cdc.gov/brfss/annual_data/2012/pdf/SummaryDataQualityReport2012_20130712.pdf.

⁵ Raking, also called Automated Sample Weighting System methodology or Iterative Proportional Fit, credited to W.E. Deming and F. Stephan, was first used to estimate U.S. Census population totals in 1940. Raking is commonly used when only the marginal population totals of the adjusted weights are known and the joint population distributions of post-strata are unknown. Raking is preferable as a post-stratification method when the cell counts of the responders within each demographic combination are too small to produce stable estimates. It is equivalent to log-linear regression expected totals.

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INTERPRETING THE TABLES

Montana BRFSS, 2012

Each table presents a set of prevalence estimates weighted to represent the proportion of the non-institutionalized adult population age 18 years and older in Montana, unless a demographic sub-group is specified. Weighting adjusts for different probability of selection by the random dialing procedures and the varied demographic characteristics of the respondents (see Methods, page 5). As a result, for the table below, it is appropriate to state: **“Among Montana adults, age 45 years or older, 32.9% experienced at least one fall in 2012.”** For this table, all adults include only those greater than 45 years of age, rather than all adults.

The survey questions that the tables are based on appear in the footnote of the table. For the full question and response categories from which the data were derived, see the “Questionnaires” link: www.brfss.mt.gov.

Weighted data are used in all calculations of prevalence. The weighted population estimate in the footnote provides the estimated number of adults in Montana who are characterized by a particular risk factor or behavior. The unweighted sample size (UnWt. N) is the number of respondents who gave a particular response and is given only as an indicator of sample size. It is not appropriate to use unweighted numbers to compute prevalence estimates of risk factors and health conditions. Unless stated differently within the table, estimates do not include respondents who refused to answer the question, said “Don’t know/Not Sure” or the response is missing.

These tables also contain 95% confidence intervals (CI) for each estimate. The 95% CI is the range of values within which the true value falls with 95% certainty. The column headings of LL represent the lower limit and UL represent the upper limit of the 95% confidence interval. The confidence interval associated with the prevalence estimate for adults age 45 years or older who fell in the past year ranges from 31.4% to 34.4%. The small width of this confidence interval indicates that the estimate is fairly precise (see Methods, page 5).

Risk factors or health conditions may be more or less common among Montana adults of various demographic groups. In general, where confidence intervals for two subgroups do not overlap, the subgroups can be said to be statistically different. Formal statistical tests, such as chi-square, are needed to evaluate statistically significant differences when confidence intervals overlap. For example from this table,

Table 18: Falls and Injuries, Montana Adults Age 45 Years or Older, 2012

	Ever Fall in Past 12 Months †			
	Wt. %	95% CI		UnWt. N
LL		UL		
All Adults:	32.9	31.4	34.4	2,050
Sex:				
Male	33.6	31.3	35.9	877
Female	32.3	30.3	34.3	1,173
Age:				
45 - 54	32.1	29.2	35.2	488
55 - 64	33.4	30.8	36.2	648
65+	33.6	31.4	35.9	906
Education:				
<High School	39.6	33.6	46.0	169
High School	31.9	29.4	34.6	655
Some College	34.0	31.2	36.9	592
College Degree +	30.7	28.2	33.3	631
Income:				
<\$15,000	46.5	41.7	51.4	330
\$15,000 - \$24,999	36.6	33.0	40.4	426
\$25,000 - \$49,999	33.5	30.7	36.5	553
\$50,000 - \$74,999	30.3	26.3	34.5	247
\$75,000 +	26.6	23.4	30.0	292
Race/Ethnicity:				
White, non-Hispanic	32.5	30.9	34.1	1,786
AI/AN*	42.7	34.8	51.0	153
Other or Hispanic**	34.0	26.3	42.7	85
Disability:				
Disability	45.4	42.6	48.2	980
No Disability	27.0	25.3	28.8	1,062
Region:				
1- Eastern MT	35.6	30.9	40.5	238
2- N Central MT	32.6	29.3	36.2	478
3- S Central MT	31.6	28.1	35.3	290
4- Southwest MT	33.8	30.7	37.1	355
5- Northwest MT	32.4	29.7	35.2	662

† Have you ever fallen in the past 12 months? Total Sample Size: 6,151, Weighted Prevalence Estimate: 143,700.

* American Indian or Alaska Native only.

** All other non-White (including multi-racial or Hispanic).

“Adults with a disability reported experiencing a fall in the past year more often than adults without a disability (45.4% and 27.0%, respectively).” This is a statistically significant difference because the confidence intervals do not overlap.

Following CDC guidance, data that are considered unreliable have been suppressed. If the total number of respondents in the sample (found in the footnote for each question in the table) is less than 50, then the data are not reported. If the half-width of the confidence interval is greater than 10 percentage points, the estimate is considered unreliable. In tables where NSD is presented, it means that there was “not sufficient data” to report, i.e., either too few respondents in the population subgroup that answered the question or too wide a confidence interval to give a reliable estimate.

The survey results that follow are the major demographic trends of health status, health care access and utilization, health risk behavior, and chronic health conditions. **All relationships or associations that are statistically significant are described in the corresponding text for each table.** Respondents who indicated "don't know," "not sure," or "refused" were excluded from the calculation of prevalence estimates. Therefore, the sample sizes used to calculate the estimates in this report vary. Appendix B contains a summary of selected 2012 health indicators for the nation, state, and health planning regions in Montana.

Important Changes Beginning in 2011

Due to methodology changes, the 2012 BRFSS estimates should not be compared to BRFSS estimates from before 2011; 2011 is the baseline for future estimates. Any trend lines produced from BRFSS data should show a break between 2010 and 2011 data. The methodological changes of adding cell phones and using a larger number of sociodemographic categories to weight the data greatly improves the accuracy, coverage, validity, and representativeness of BRFSS data. For more information on these changes, please visit the CDC website: <http://www.cdc.gov/surveillancepractice/reports/brfss/brfss.html>

HEALTH-RELATED QUALITY OF LIFE

Montana BRFSS, 2012

In 2012, 15.8% of Montana adults reported their general health was “fair” or “poor.” An estimated 12.6% of Montana adults reported experiencing 14 or more days of poor physical health in the previous month. Eleven percent of Montana adults reported having 14 or more days of poor mental health in the previous month.

Sociodemographic Trends

- ◆ More women than men reported having 14 or more days of poor mental health in the previous month.
- ◆ Fair or poor general health and frequent poor physical health increased with age, while frequent poor mental health decreased with age.
- ◆ Fair or poor general health and frequent poor physical and mental health decreased with increasing education and household income levels.
- ◆ American Indians/Alaska Natives reported fair or poor general health more frequently than other race/ethnic groups. American Indians/Alaska Natives reported poor physical and mental health more frequently than White, non-Hispanic adults.
- ◆ Adults with a disability reported fair or poor general health and poor physical and mental health more frequently than adults without a disability.
- ◆ Adults living in the North Central health planning region reported fair or poor general health more frequently than adults in the Southwest health planning region.

Figure 1a. Health Status by Race/Ethnicity, Montana BRFSS, 2012

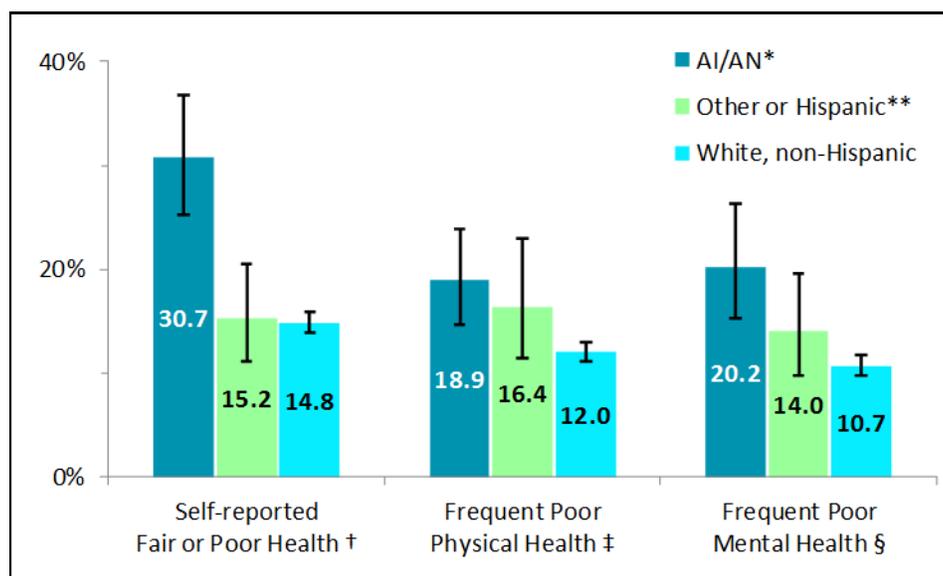


Table 1a: Health Related Quality of Life Measures, Montana Adults, 2012

	Self-reported Fair or Poor Health †				Frequent Poor Physical Health ‡				Frequent Poor Mental Health §			
	Wt. %	95% CI		UnWt. N	Wt. %	95% CI		UnWt. N	Wt. %	95% CI		UnWt. N
		LL	UL			LL	UL			LL	UL	
All Adults:	15.8	14.8	16.8	1,606	12.6	11.7	13.6	1,212	11.4	10.5	12.3	942
Sex:												
Male	16.3	14.9	17.8	735	12.4	11.1	13.8	524	9.7	8.5	11.0	347
Female	15.2	14.0	16.6	871	12.9	11.7	14.1	688	13.1	11.8	14.5	595
Age:												
18 - 24	6.5	4.4	9.4	33	4.7	2.8	7.8	22	13.4	10.1	17.6	54
25 - 34	8.6	6.6	11.0	80	8.1	6.2	10.5	73	10.6	8.5	13.1	105
35 - 44	11.3	9.1	14.1	102	10.0	7.8	12.7	90	14.5	11.9	17.5	126
45 - 54	17.8	15.4	20.4	293	15.4	13.2	17.9	232	12.8	10.8	15.1	209
55 - 64	18.2	16.1	20.5	379	16.0	14.0	18.2	310	10.1	8.6	11.9	218
65+	26.2	24.1	28.4	713	17.4	15.6	19.3	480	8.5	7.2	10.0	225
Education:												
<High School	34.5	29.8	39.5	249	25.7	21.2	30.8	161	20.7	16.7	25.4	121
High School	19.4	17.7	21.3	656	13.6	12.2	15.3	455	12.9	11.3	14.7	362
Some College	13.6	12.0	15.3	429	12.6	11.1	14.4	364	10.5	9.0	12.2	250
College Degree +	7.4	6.4	8.6	267	6.8	5.8	7.9	230	7.4	6.2	8.8	207
Income:												
<\$15,000	32.9	29.2	36.8	434	27.2	23.7	31.0	320	27.7	24.0	31.8	254
\$15,000 - \$24,999	25.0	22.3	27.9	450	18.2	15.7	20.9	319	16.5	14.1	19.2	253
\$25,000 - \$49,999	14.8	13.0	16.8	360	12.3	10.6	14.2	282	9.5	8.0	11.4	201
\$50,000 - \$74,999	6.6	5.2	8.5	97	6.6	5.1	8.5	87	5.1	3.8	6.9	65
\$75,000 +	5.0	3.9	6.5	89	4.8	3.7	6.3	87	5.8	4.5	7.5	90
Race/Ethnicity:												
White, non-Hispanic	14.8	13.9	15.9	1,293	12.0	11.1	13.0	992	10.7	9.8	11.7	761
AI/AN*	30.7	25.2	36.7	204	18.9	14.7	23.9	136	20.2	15.2	26.3	109
Other or Hispanic**	15.2	11.1	20.5	87	16.4	11.4	23.0	72	14.0	9.8	19.6	59
Disability:												
Disability	42.7	40.1	45.4	1,126	40.0	37.3	42.7	934	24.9	22.6	27.5	538
No Disability	6.8	6.0	7.6	461	3.9	3.3	4.5	263	7.0	6.2	7.9	392
Region:												
1- Eastern MT	17.2	14.4	20.4	191	13.5	10.9	16.5	141	9.7	7.5	12.4	95
2- N Central MT	18.2	16.0	20.8	409	12.3	10.5	14.5	282	13.2	10.9	15.8	227
3- S Central MT	15.9	13.7	18.4	235	12.3	10.2	14.7	165	11.0	9.0	13.3	130
4- Southwest MT	13.3	11.5	15.2	233	11.7	10.0	13.7	187	10.1	8.4	12.0	150
5- Northwest MT	16.3	14.5	18.2	513	13.7	12.1	15.5	422	12.4	10.8	14.2	326

† How would you say your general health is? Total Sample Size: 8,665, Weighted Prevalence Estimate: 122,800.

‡ How many days during the past month was your physical health “not good”? Frequent is defined as 14 or more days in the past 30. Total Sample Size: 8,479, Weighted Prevalence Estimate: 96,500.

§ How many days during the past month was your mental health “not good”? Frequent is defined as 14 or more days in the past 30. Total Sample Size: 8,534, Weighted Prevalence Estimate: 87,500.

* American Indian or Alaska Native only.

** All other non-White (including multi-racial or Hispanic).

HEALTH-RELATED QUALITY OF LIFE

Montana BRFSS, 2012

In 2012, 14.9% Montana adults reported their usual activities were limited 14 or more days in the previous month due to poor physical or mental health. Montana adults experienced an average of 6.6 unhealthy days per month.

Sociodemographic Trends

- ◆ Older adults reported frequent activity limitation because of poor health more often than younger adults.
- ◆ Frequent activity limitation decreased significantly with increasing education and household income levels.
- ◆ American Indians/Alaska Natives reported frequent activity limitation more often than White, non-Hispanic adults.
- ◆ Adults with a disability reported limiting their usual activities due to poor health more frequently than adults without a disability. In addition, adults with a disability reported more unhealthy days on average than adults without a disability.
- ◆ Adults living in the North Central health planning region reported more frequent activity limitation than adults in the South Central health planning region.

Figure 1b. Health Status by Disability Status, Montana BRFSS, 2012

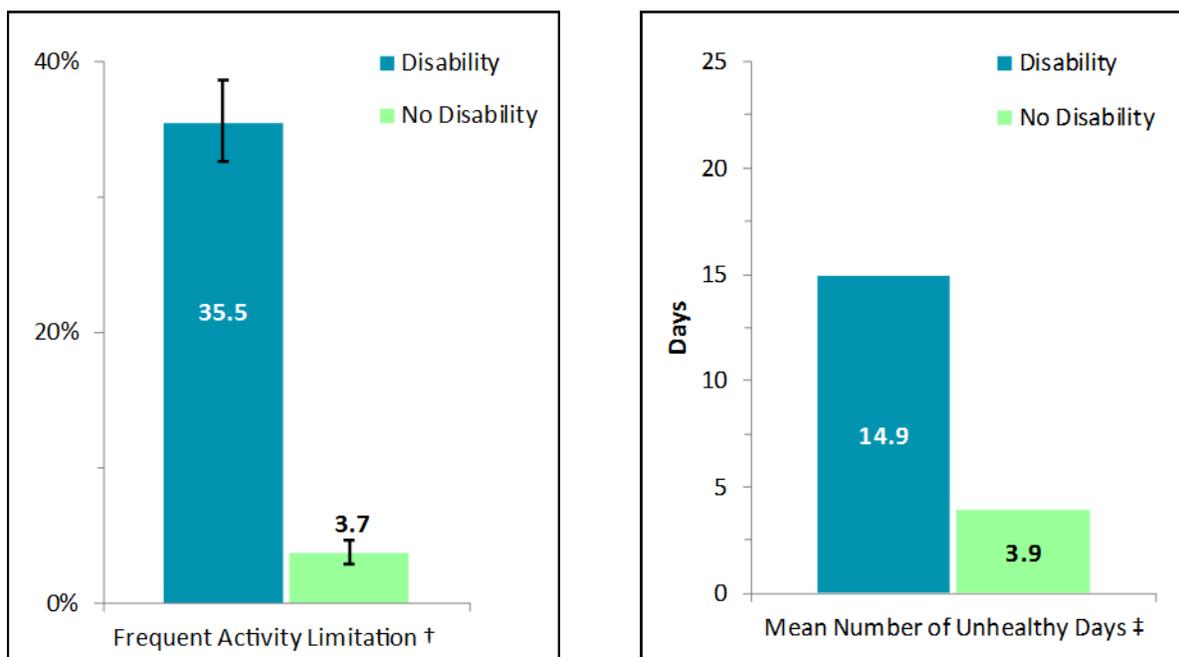


Table 1b: Health Related Quality of Life Measures (continued), Montana Adults, 2012

	Frequent Activity Limitation †				Mean Number of Unhealthy Days ‡		
	Wt. %	95% CI		UnWt. N	Mean	95% CI	
LL		UL	LL			UL	
All Adults:	14.9	13.6	16.3	778	6.6	6.3	6.9
Sex:							
Male	16.5	14.4	18.7	341	6.0	5.6	6.4
Female	13.7	12.1	15.4	437	7.2	6.8	7.5
Age:							
18 - 24	5.5	3.2	9.5	15	5.8	4.9	6.8
25 - 34	9.6	7.0	13.1	52	6.0	5.3	6.7
35 - 44	11.8	8.9	15.6	62	6.6	5.8	7.4
45 - 54	19.1	15.9	22.8	162	7.2	6.5	7.9
55 - 64	20.9	17.8	24.4	208	6.9	6.3	7.5
65+	20.0	17.3	23.0	277	6.6	6.1	7.1
Education:							
<High School	25.7	20.3	31.9	104	10.1	8.7	11.5
High School	17.2	14.9	19.8	296	7.2	6.7	7.7
Some College	13.7	11.5	16.1	220	6.5	6.0	7.0
College Degree +	9.2	7.6	11.2	156	4.7	4.3	5.1
Income:							
<\$15,000	27.6	23.5	32.0	244	12.6	11.6	13.7
\$15,000 - \$24,999	20.1	16.9	23.7	219	9.1	8.3	9.9
\$25,000 - \$49,999	12.7	10.5	15.3	159	6.2	5.7	6.7
\$50,000 - \$74,999	5.6	3.7	8.3	34	4.2	3.6	4.8
\$75,000 +	7.5	5.4	10.4	54	3.7	3.3	4.2
Race/Ethnicity:							
White, non-Hispanic	14.1	12.8	15.6	618	6.3	6.0	6.6
AI/AN*	21.8	16.0	28.9	93	9.7	8.3	11.2
Other or Hispanic**	18.4	12.3	26.7	58	8.1	6.5	9.8
Disability:							
Disability	35.5	32.6	38.6	661	14.9	14.2	15.6
No Disability	3.7	2.9	4.7	107	3.9	3.7	4.2
Region:							
1- Eastern MT	14.4	10.8	18.8	86	6.5	5.7	7.4
2- N Central MT	19.1	15.8	22.8	196	7.1	6.4	7.8
3- S Central MT	12.2	9.6	15.4	99	6.5	5.8	7.2
4- Southwest MT	13.9	11.4	16.9	120	6.2	5.6	6.7
5- Northwest MT	15.8	13.5	18.4	264	6.8	6.3	7.3

† Being limited in your usual activities due to poor physical or mental health for 14 or more days during the past 30 days .

‡ Mean number of the total unhealthy days (poor physical health days and poor mental health days combined) in the past 30 days. Total Sample Size: 8,371.

* American Indian or Alaska Native only.

** All other non-White (including multi-racial or Hispanic).

DISABILITY

Montana BRFSS, 2012

- ◆ In 2012, an estimated 23.2% of Montana adults reported being limited in their activities due to health problems, while 7.9% of Montana adults reported having a health problem that required the use of special equipment, such as a cane, a wheelchair, a special bed, or a special telephone due to a health problem. One in four Montana adults had a self-reported disability, which is defined as being limited in any activities because of physical, mental, or emotional problems or requiring the use of special equipment.

Sociodemographic Trends

- ◆ Activity limitations due to health, required use of special equipment, and disability increased significantly with age.
- ◆ The prevalence of activity limitations due to health, required use of special equipment, and disability decreased with increasing education and household income levels.
- ◆ Adults in the Northwest health planning region reported having a disability more often than residents in the South Central and Southwest health planning regions.

Figure 2. Use of Special Equipment and Disability Status by Age, Montana BRFSS, 2012

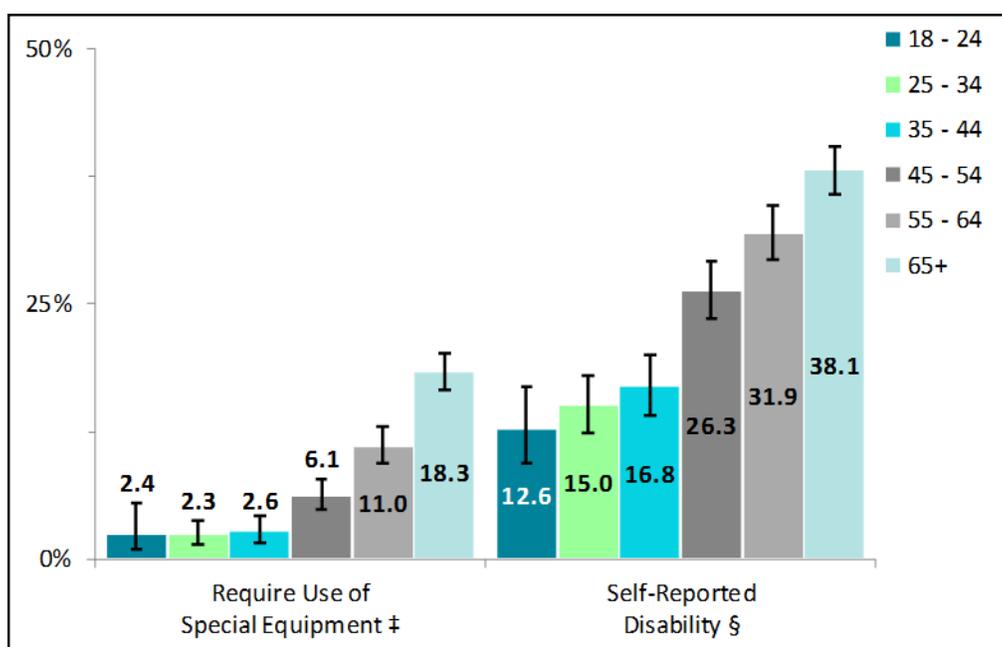


Table 2: Disability, Montana Adults, 2012

	Limited due to Health Problems †				Require Use of Special Equipment ‡				Self-Reported Disability §			
	Wt. %	95% CI		UnWt. N	Wt. %	95% CI		UnWt. N	Wt. %	95% CI		UnWt. N
		LL	UL			LL	UL			LL	UL	
All Adults:	23.2	22.1	24.4	2,292	7.9	7.3	8.6	896	24.8	23.7	26.0	2,481
Sex:												
Male	22.9	21.3	24.6	1,009	8.4	7.3	9.5	396	24.7	23.0	26.5	1,097
Female	23.6	22.0	25.2	1,283	7.5	6.7	8.4	500	24.9	23.4	26.6	1,384
Age:												
18 - 24	12.3	9.1	16.5	50	2.4	1.0	5.4	9	12.6	9.4	16.8	51
25 - 34	14.6	12.0	17.6	133	2.3	1.4	3.7	22	15.0	12.4	18.0	135
35 - 44	16.5	13.8	19.6	152	2.6	1.6	4.3	26	16.8	14.1	20.0	155
45 - 54	25.4	22.7	28.3	396	6.1	4.8	7.8	103	26.3	23.6	29.2	408
55 - 64	30.5	27.9	33.1	609	11.0	9.4	12.9	208	31.9	29.4	34.6	640
65+	33.3	31.1	35.5	947	18.3	16.5	20.2	526	38.1	35.8	40.4	1,087
Education:												
<High School	35.7	30.8	40.9	239	13.4	10.2	17.3	109	39.1	34.1	44.4	265
High School	24.6	22.7	26.8	782	8.5	7.4	9.8	315	26.3	24.3	28.5	849
Some College	22.8	20.8	24.9	666	7.4	6.3	8.7	260	24.0	22.0	26.2	719
College Degree +	17.6	16.0	19.3	603	5.9	4.9	6.9	211	18.9	17.3	20.7	646
Income:												
<\$15,000	40.5	36.5	44.6	500	14.4	12.0	17.1	227	42.0	37.9	46.1	532
\$15,000 - \$24,999	30.7	27.8	33.9	551	14.1	12.0	16.5	263	33.7	30.6	36.8	609
\$25,000 - \$49,999	22.2	20.1	24.5	555	6.0	4.9	7.3	168	23.5	21.4	25.8	592
\$50,000 - \$74,999	14.6	12.3	17.3	205	4.0	2.8	5.6	57	16.0	13.6	18.8	222
\$75,000 +	14.5	12.4	16.8	242	3.8	2.8	5.1	63	15.5	13.4	17.8	262
Race/Ethnicity:												
White, non-Hispanic	22.6	21.4	23.8	1,943	7.9	7.2	8.6	762	24.2	23.0	25.4	2,104
AI/AN*	27.0	21.7	33.0	190	8.2	5.9	11.2	80	28.5	23.1	34.5	206
Other or Hispanic**	29.8	23.5	36.8	130	7.8	4.3	13.8	40	30.6	24.3	37.6	137
Disability:												
Disability	93.7	92.5	94.8	2,286	32.0	29.7	34.5	896	Not Applicable			
No Disability	Not Applicable				Not Applicable				Not Applicable			
Region:												
1- Eastern MT	21.7	18.6	25.2	241	8.5	6.6	10.8	103	23.4	20.2	27.0	262
2- N Central MT	24.3	21.7	27.2	529	7.8	6.5	9.4	205	25.7	23.0	28.6	567
3- S Central MT	21.6	19.1	24.3	329	8.1	6.5	10.1	144	22.9	20.4	25.7	367
4- Southwest MT	21.3	19.1	23.7	359	6.8	5.6	8.2	136	22.8	20.6	25.3	388
5- Northwest MT	26.2	24.1	28.5	809	8.8	7.6	10.3	296	28.1	26.0	30.4	869

† Are you limited in any way in any activities because of physical, mental, or emotional problems? Total Sample Size: 8,585, Weighted Prevalence Estimate: 179,600.

‡ Do you now have any health problems that require you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? Total Sample Size: 8,605, Weighted Prevalence Estimate: 61,400.

§ Disability is defined as a “Yes” response to one or both of the questions: 1. Are you limited in any way in any activities because of physical, mental, or emotional problems? 2. Do you now have any health problem that requires you to use special equipment? Total Sample Size: 8,575, Weighted Prevalence Estimate: 191,800.

* American Indian or Alaska Native only.

** All other non-White (including multi-racial or Hispanic).

ACCESS TO HEALTH CARE

Montana BRFSS, 2012

In 2012, 23.2% of Montana adults 18 to 64 years of age did not have health care coverage; 14.6% of Montana adults were in need of medical care in the previous 12 months, but were unable to see a doctor due to cost.

Sociodemographic Trends

- ◆ Men reported having no health care coverage more often than women. However, women reported not seeing a doctor within the preceding 12 months due to cost more often than men.
- ◆ The prevalence of not having health care coverage and not being able to see a doctor due to cost decreased with age, education, and household income levels.
- ◆ American Indians/Alaska Natives reported having health care coverage more often than other race/ethnic groups. White, non-Hispanic adults reported being unable to afford seeing a doctor due to cost less often than other race/ethnic groups.
- ◆ Adults with a disability reported being unable to see a doctor in the preceding year due to cost more frequently than adults without a disability.
- ◆ Adults in the Northwest health planning region reported not having health care coverage more often than adults in the Eastern and Southwest health planning regions. The prevalence of being unable to see a doctor in the preceding year due to cost was significantly higher for adults living in the North Central and Northwest health planning regions than for adults in the Eastern, South Central, and Southwest health planning regions.

Figure 3. Access to Health Care by Household Income Levels, Montana BRFSS, 2012

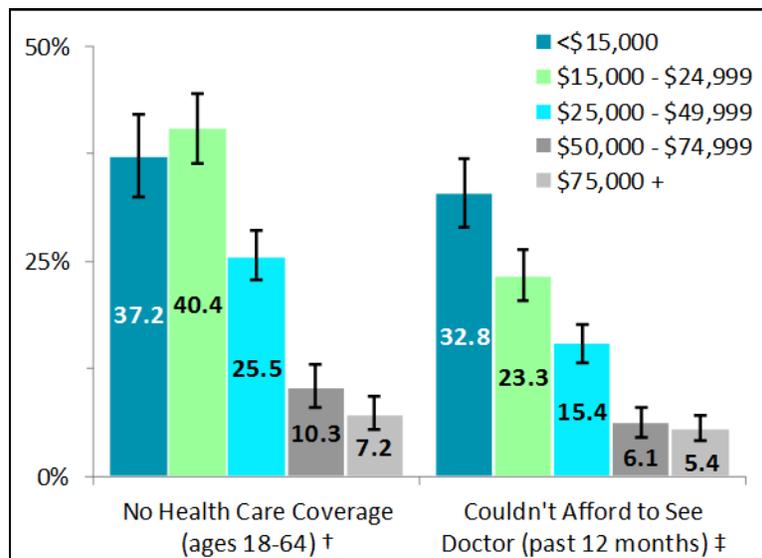


Table 3: Access to Health Care, Montana Adults, 2012

	No Health Care Coverage (ages 18-64) †				Couldn't Afford to See Doctor (past 12 months) ‡			
	95% CI				95% CI			
	Wt. %	LL	UL	UnWt. N	Wt. %	LL	UL	UnWt. N
All Adults:	23.2	21.8	24.7	1,228	14.6	13.6	15.7	1,116
Sex:								
Male	25.2	23.1	27.4	580	11.9	10.6	13.3	405
Female	21.2	19.4	23.1	648	17.4	15.9	19.0	711
Age:								
18 - 24	26.0	21.5	31.1	121	14.3	10.8	18.7	62
25 - 34	28.9	25.5	32.5	249	19.3	16.4	22.5	172
35 - 44	20.9	17.9	24.3	194	19.9	16.8	23.3	174
45 - 54	24.3	21.6	27.2	332	20.3	17.8	23.1	286
55 - 64	17.3	15.3	19.5	332	12.6	10.9	14.6	269
65+		Not Applicable			4.6	3.8	5.6	149
Education:								
<High School	43.3	36.9	50.0	140	25.6	21.2	30.6	147
High School	30.2	27.5	33.1	496	15.8	13.9	17.8	372
Some College	21.9	19.5	24.5	374	15.1	13.3	17.0	354
College Degree +	10.3	8.7	12.0	214	8.6	7.4	10.1	239
Income:								
<\$15,000	37.2	32.5	42.2	249	32.8	28.9	37.0	304
\$15,000 - \$24,999	40.4	36.3	44.6	366	23.3	20.5	26.3	317
\$25,000 - \$49,999	25.5	22.8	28.5	337	15.4	13.3	17.6	285
\$50,000 - \$74,999	10.3	8.1	13.0	92	6.1	4.6	8.1	75
\$75,000 +	7.2	5.5	9.3	72	5.4	4.1	7.1	67
Race/Ethnicity:								
White, non-Hispanic	23.2	21.7	24.8	1,086	13.5	12.5	14.6	884
AI/AN*	13.6	9.4	19.3	52	26.4	20.9	32.9	130
Other or Hispanic**	33.9	26.7	41.8	82	22.5	17.1	28.9	89
Disability:								
Disability	26.1	23.1	29.3	320	24.4	22.1	26.9	500
No Disability	22.4	20.8	24.1	891	11.3	10.3	12.5	596
Region:								
1- Eastern MT	19.6	16.0	23.8	118	11.4	9.1	14.4	103
2- N Central MT	22.5	19.2	26.1	252	18.9	16.2	21.9	274
3- S Central MT	22.0	18.9	25.4	191	12.0	9.9	14.4	144
4- Southwest MT	20.9	18.2	23.9	213	12.5	10.6	14.6	171
5- Northwest MT	26.8	24.1	29.6	432	17.0	15.1	19.1	404

† Do you have any kind of health care coverage, adults ages 18-64? Total Sample Size: 5,776, Weighted Prevalence Estimate: 142,200.

‡ Did you need to see a doctor in the past year, but could not because of the cost? Total Sample Size: 8,654, Weighted Prevalence Estimate: 114,00.

* American Indian or Alaska Native only.

** All other non-White (including multi-racial or Hispanic).

HEALTH CARE UTILIZATION

Montana BRFSS, 2012

In 2012, 27.4% of Montana adults did not have a personal health care provider and 43.0% of Montana adults did not have a routine checkup in the past 12 months.

Sociodemographic Trends

- ◆ Men reported not having a personal doctor or a routine checkup in the previous year more frequently than women.
- ◆ Lack of a personal health care provider and no routine checkup in the past 12 months decreased with increasing age, education, and household income levels.
- ◆ Hispanics and adults of other race/ethnicities reported not having a routine checkup in the previous year more often than American Indians/Alaska Natives and White, non-Hispanic adults.
- ◆ Adults without a disability reported not having a personal health care provider or a routine checkup in the preceding year more frequently than adults with a disability.

Figure 4. Health Care Utilization by Sex, Montana BRFSS, 2012

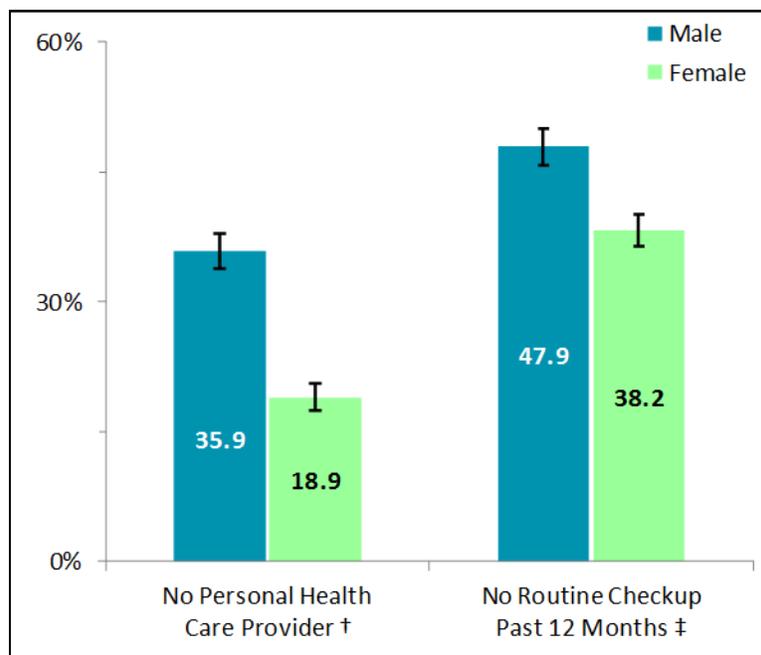


Table 4: Health Care Utilization, Montana Adults, 2012

	No Personal Health Care Provider †				No Routine Checkup in the Past 12 Months ‡			
	Wt. %	95% CI		UnWt. N	Wt. %	95% CI		UnWt. N
		LL	UL			LL	UL	
All Adults:	27.4	26.1	28.7	1,825	43.0	41.6	44.4	3,292
Sex:								
Male	35.9	33.9	37.9	1,094	47.9	45.8	50.0	1,585
Female	18.9	17.4	20.6	731	38.2	36.3	40.1	1,707
Age:								
18 - 24	49.5	44.1	54.8	224	52.4	47.0	57.8	230
25 - 34	45.5	41.7	49.3	380	60.2	56.4	63.8	533
35 - 44	31.6	28.1	35.4	286	51.4	47.5	55.3	473
45 - 54	26.3	23.6	29.3	374	46.3	43.1	49.5	675
55 - 64	16.3	14.3	18.5	304	34.4	31.8	37.1	690
65+	8.3	7.1	9.7	249	23.8	21.8	25.8	678
Education:								
<High School	37.2	32.0	42.7	160	50.0	44.7	55.4	268
High School	30.0	27.7	32.4	624	45.4	42.9	47.9	1,087
Some College	26.0	23.8	28.4	524	41.6	39.1	44.2	931
College Degree +	22.2	20.2	24.3	511	39.5	37.1	41.8	998
Income:								
<\$15,000	31.2	27.1	35.5	236	47.3	43.0	51.7	438
\$15,000 - \$24,999	32.5	29.3	35.9	390	47.4	44.1	50.8	648
\$25,000 - \$49,999	28.3	25.8	30.9	503	44.0	41.3	46.7	912
\$50,000 - \$74,999	24.5	21.3	28.0	238	38.2	34.7	41.9	420
\$75,000 +	21.5	18.9	24.3	284	39.8	36.7	42.9	559
Race/Ethnicity:								
White, non-Hispanic	26.7	25.4	28.0	1,549	42.6	41.1	44.0	2,865
AI/AN*	32.2	26.3	38.7	147	39.7	33.6	46.2	221
Other or Hispanic**	34.7	28.1	42.0	109	54.2	47.1	61.1	174
Disability:								
Disability	16.9	14.8	19.2	305	35.4	32.8	38.1	766
No Disability	30.7	29.2	32.3	1,496	45.5	43.8	47.1	2,487
Region:								
1- Eastern MT	25.7	22.2	29.7	225	43.3	39.2	47.6	383
2- N Central MT	26.5	23.4	29.8	370	40.6	37.3	44.0	678
3- S Central MT	29.4	26.4	32.7	320	43.3	40.0	46.7	508
4- Southwest MT	26.0	23.4	28.7	327	41.8	39.0	44.7	593
5- Northwest MT	26.7	24.4	29.1	539	44.4	41.8	46.9	1,077

† Do you have one person you think of as your personal doctor or health care provider? Total Sample Size: 8,640, Weighted Prevalence Estimate: 212,500.

‡ About how long has it been since you last visited a doctor for a routine checkup? Total Sample Size: 8,560, Weighted Prevalence Estimate: 333,900.

* American Indian or Alaska Native only.

** All other non-White (including multi-racial or Hispanic).

ORAL HEALTH

Montana BRFSS, 2012

In 2012, 39.0% of Montana adults had not visited a dentist in the past year.

Sociodemographic Trends

- ◆ Men reported not visiting a dentist in the previous year more frequently than women.
- ◆ The prevalence of no dental visit in the past year decreased with increasing education and household income levels.
- ◆ American Indians/Alaska Natives and Hispanics or other race/ethnic groups reported not visiting the dentist in the past year more frequently than White, non-Hispanic adults.
- ◆ Adults with a disability reported not visiting a dentist in the preceding year more often than adults without a disability.

Figure 5. Oral Health by Household Income Levels, Montana BRFSS, 2012

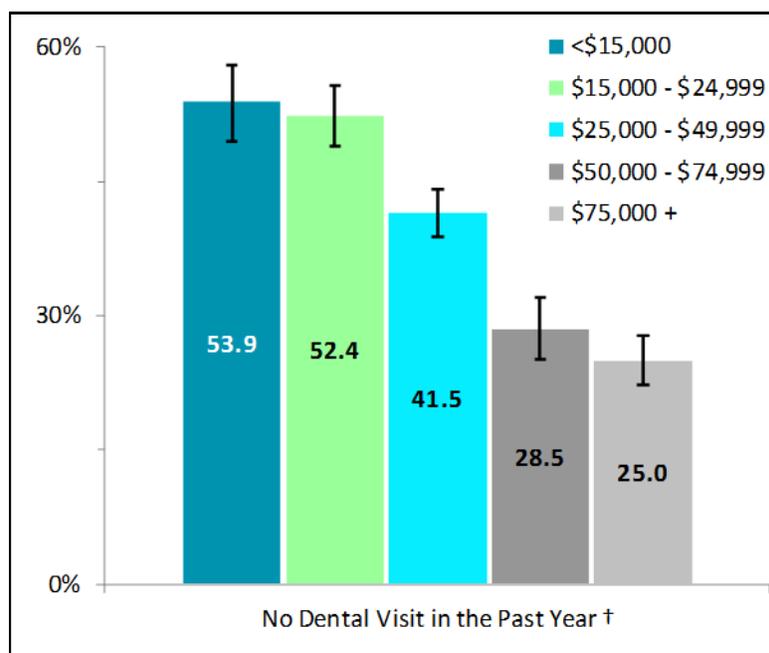


Table 5: Oral Health, Montana Adults, 2012

	No Dental Visit in the Past Year †			
	Wt. %	95% CI		UnWt. N
LL		UL		
All Adults:	39.0	37.7	40.4	3,268
Sex:				
Male	43.6	41.6	45.7	1,614
Female	34.5	32.7	36.3	1,654
Age:				
18 - 24	38.8	33.7	44.2	181
25 - 34	43.7	40.0	47.5	396
35 - 44	42.1	38.2	46.0	392
45 - 54	42.5	39.4	45.7	618
55 - 64	32.4	29.8	35.1	634
65+	37.0	34.7	39.3	1,039
Education:				
<High School	60.4	55.0	65.5	353
High School	46.0	43.6	48.5	1,276
Some College	36.1	33.7	38.6	894
College Degree +	26.6	24.5	28.7	736
Income:				
<\$15,000	53.9	49.5	58.1	584
\$15,000 - \$24,999	52.4	49.0	55.8	812
\$25,000 - \$49,999	41.5	38.9	44.2	896
\$50,000 - \$74,999	28.5	25.2	32.0	307
\$75,000 +	25.0	22.3	27.8	371
Race/Ethnicity:				
White, non-Hispanic	38.0	36.6	39.5	2,765
AI/AN*	47.4	41.1	53.8	266
Other or Hispanic**	48.3	41.2	55.5	202
Disability:				
Disability	44.8	42.2	47.5	1,090
No Disability	37.1	35.5	38.7	2,139
Region:				
1- Eastern MT	41.4	37.4	45.5	417
2- N Central MT	39.6	36.3	43.0	702
3- S Central MT	38.9	35.7	42.2	503
4- Southwest MT	36.0	33.3	38.9	538
5- Northwest MT	40.4	37.9	42.9	1,054

† How long since you last visited a dentist for any reason? Total Sample Size: 8,610, Weighted Prevalence Estimate: 302,700.

* American Indian or Alaska Native only.

** All other non-White (including multi-racial or Hispanic).

BREAST CANCER SCREENING

Montana BRFSS, 2012

In 2012, of Montana adult women ages 50 or older, 31.1% reported not having a mammogram within the past two years and 6.3% reported never having a mammogram.

Sociodemographic Trends of Adult Women 50 and Older

- ◆ Never having a mammogram was reported more often among women 50 to 54 years of age than among older women.
- ◆ The prevalence of not having a mammogram in the past two years and never having had a mammogram decreased with increasing education and household income levels.

Figure 6. Breast Cancer Screening by Household Income Levels, Montana BRFSS, 2012

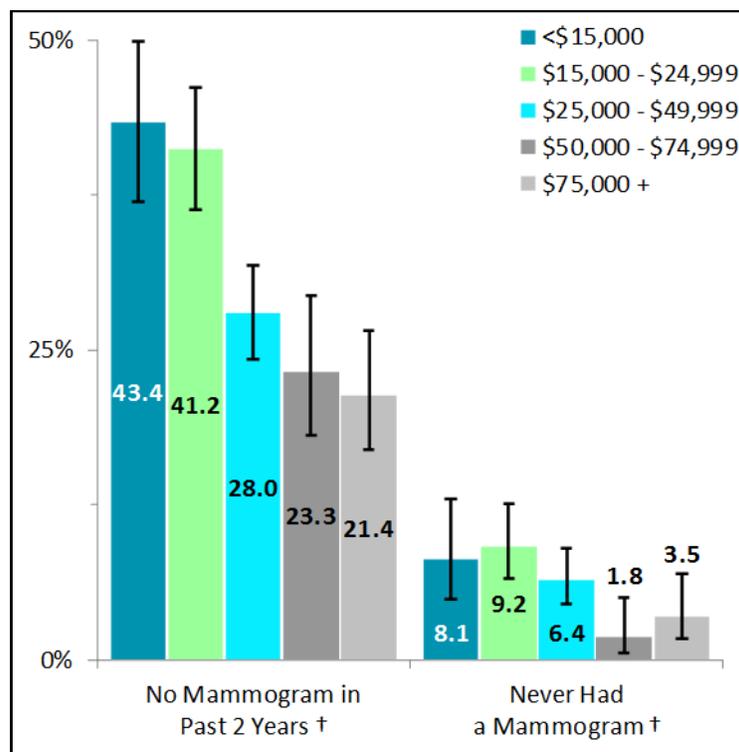


Table 6: Breast Cancer Screening, Montana Adult Women Ages 50 and Older, 2012

	No Mammogram in Past 2 Years †				Never Had a Mammogram ‡			
	95% CI				95% CI			
	Wt. %	LL	UL	UnWt. N	Wt. %	LL	UL	UnWt. N
All Women:	31.1	29.1	33.2	1,025	6.3	5.2	7.5	204
Age:								
18 - 49	Not Applicable				Not Applicable			
50 - 54	35.1	29.9	40.7	179	11.3	8.1	15.6	54
55 - 64	28.3	25.0	31.8	321	4.9	3.5	6.8	61
65+	31.6	28.8	34.5	525	5.0	3.9	6.4	89
Education:								
<High School	50.0	41.2	58.9	118	10.8	6.7	17.0	33
High School	35.3	31.7	39.1	371	10.0	7.7	12.9	94
Some College	27.8	24.4	31.4	290	3.7	2.5	5.4	40
College Degree +	23.8	20.6	27.3	244	3.5	2.4	5.2	37
Income:								
<\$15,000	43.4	37.0	50.0	172	8.1	4.9	13.0	35
\$15,000 - \$24,999	41.2	36.4	46.2	273	9.2	6.6	12.6	60
\$25,000 - \$49,999	28.0	24.3	31.9	256	6.4	4.5	9.0	56
\$50,000 - \$74,999	23.3	18.1	29.4	78	1.8	0.6	5.1	5
\$75,000 +	21.4	17.0	26.6	97	3.5	1.7	7.0	13
Race/Ethnicity:								
White, non-Hispanic	30.8	28.7	33.0	898	5.9	4.9	7.2	171
AI/AN*	NSD ^Δ			70	10.6	5.6	19.0	17
Other or Hispanic**	NSD ^Δ			47	NSD ^Δ			14
Disability:								
Disability	33.9	30.3	37.7	381	6.2	4.5	8.4	76
No Disability	29.7	27.2	32.2	637	6.2	5.0	7.8	125
Region:								
1- Eastern MT	33.6	27.8	39.9	135	5.4	3.4	8.7	25
2- N Central MT	30.9	26.3	35.8	227	7.2	4.8	10.6	48
3- S Central MT	27.6	23.1	32.5	145	6.7	4.4	10.3	32
4- Southwest MT	30.9	26.6	35.6	165	5.9	4.0	8.6	33
5- Northwest MT	32.8	29.2	36.6	342	5.9	4.2	8.3	62

† Have you ever had a mammogram? How long has it been since your last mammogram? Total Sample Size: 3,213, Weighted Prevalence Estimate: 60,400.

‡ Have you ever had a mammogram? Total Sample Size: 3,237, Weighted Prevalence Estimate: 12,200.

* American Indian or Alaska Native only.

** All other non-White (including multi-racial or Hispanic).

^Δ Not Sufficient Data to report a reliable estimate.

CERVICAL CANCER SCREENING

Montana BRFSS, 2012

In 2012, 23.9% of women reported not having a cervical cancer Papanicolaou (Pap) test in the past three years and 54.9% of women reported never having a Pap test.

Sociodemographic Trends of Adult Women

- ◆ Older women reported not having a Pap test in the past three years more often than younger women, however younger women reported never having a Pap test more often than older women.
- ◆ The prevalence of not having a Pap test in the past three years and never having a Pap test decreased with increasing education and household income levels.
- ◆ Adult women with a disability reported not having a Pap test within the past three years more often than adult women without a disability.

Figure 7. Cervical Cancer Screening by Education, Montana BRFSS, 2012

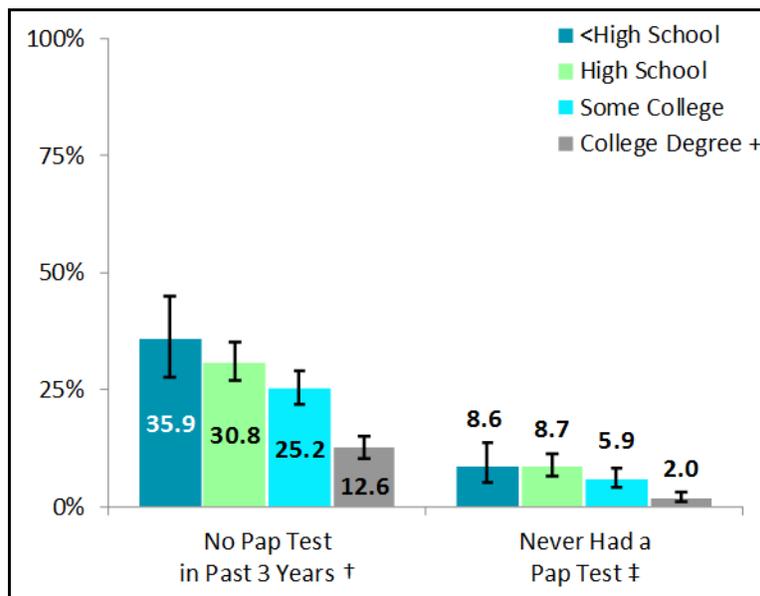


Table 7: Cervical Cancer Screening, Montana Adult Women, 2012

	No Pap Test in Past 3 Years †				Never Had a Pap Test ‡			
	95% CI				95% CI			
	Wt. %	LL	UL	UnWt. N	Wt. %	LL	UL	UnWt. N
All Women:	23.9	22.0	25.9	876	5.9	4.9	7.1	197
Age:								
18 - 24	32.9	25.9	40.6	67	29.8	23.1	37.4	60
25 - 34	13.0	9.7	17.1	58	2.9	1.6	5.2	14
35 - 44	14.8	11.0	19.6	71	2.3	1.1	4.9	12
45 - 54	19.6	15.8	24.1	125	1.5	0.8	2.8	16
55 - 64	22.1	18.5	26.1	177	1.4	0.8	2.6	14
65+	44.6	40.5	48.8	378	4.3	3.3	5.7	79
Education:								
<High School	35.9	27.6	45.2	86	8.6	5.3	13.7	32
High School	30.8	26.9	35.1	307	8.7	6.5	11.5	81
Some College	25.2	21.8	28.9	275	5.9	4.2	8.2	54
College Degree +	12.6	10.5	15.0	207	2.0	1.2	3.3	29
Income:								
<\$15,000	34.8	28.5	41.7	155	12.6	8.7	17.9	49
\$15,000 - \$24,999	31.2	26.4	36.5	212	8.1	5.7	11.4	55
\$25,000 - \$49,999	23.0	19.5	26.9	226	2.9	1.7	5.0	29
\$50,000 - \$74,999	16.7	12.6	21.7	81	2.3	1.1	5.1	13
\$75,000 +	10.5	7.6	14.5	66	1.6	0.5	4.5	5
Race/Ethnicity:								
White, non-Hispanic	24.2	22.2	26.4	776	5.6	4.6	6.9	776
AI/AN*	NSD ^Δ			55	NSD ^Δ			55
Other or Hispanic**	NSD ^Δ			36	NSD ^Δ			36
Disability:								
Disability	33.1	28.7	37.8	279	5.4	3.8	7.6	63
No Disability	21.6	19.4	23.8	592	6.0	4.8	7.5	132
Region:								
1- Eastern MT	30.8	24.7	37.5	119	30.8	24.7	37.5	119
2- N Central MT	21.7	17.3	26.9	186	21.7	17.3	26.9	186
3- S Central MT	21.5	17.4	26.2	126	21.5	17.4	26.2	126
4- Southwest MT	24.7	20.7	29.2	146	24.7	20.7	29.2	146
5- Northwest MT	24.1	20.8	27.8	291	24.1	20.8	27.8	291

† Have you ever had a Pap test? How long has it been since your last Pap test? Total Sample Size: 3,264, Weighted Prevalence Estimate: 67,800.

‡ Have you ever had a Pap test? Total Sample Size: 4,765, Weighted Prevalence Estimate: 22,400.

* American Indian or Alaska Native only.

** All other non-White (including multi-racial or Hispanic).

Δ Not Sufficient Data to report a reliable estimate.

COLORECTAL CANCER SCREENING

Montana BRFSS, 2012

In 2012, of Montana adults ages 50 years and older, 89.1% reported not having a blood stool test within the past two years and 38.9% reported never having a sigmoidoscopy or colonoscopy.

Sociodemographic Trends of Adults 50 and Older

- ◆ Younger adults reported not having a blood stool test within the past two years and never having a sigmoidoscopy or colonoscopy more often than older adults.
- ◆ The prevalence of adults who have never had a sigmoidoscopy or colonoscopy decreased with increasing education.
- ◆ The prevalence of adults who have not had a blood stool test within the past two years increased with increasing household income levels. The prevalence of adults who have never had a sigmoidoscopy or colonoscopy decreased with increasing household income levels.
- ◆ American Indians/Alaska Natives and Hispanics or other race/ethnic groups reported never having a sigmoidoscopy or colonoscopy more often than White, non-Hispanic adults.
- ◆ Adults without a disability reported not having a blood stool test within the past two years and never having a sigmoidoscopy or colonoscopy more often than adults with a disability.
- ◆ Adults in the North Central and South Central health planning regions reported not having a blood stool test within the past two years more often than adults in the Southwest health planning region. Adults in the Eastern health planning region reported never having a sigmoidoscopy or colonoscopy more often than adults in all of the other health planning regions.

Figure 8. Colorectal Cancer Screening by Health Planning Region, Montana BRFSS, 2012

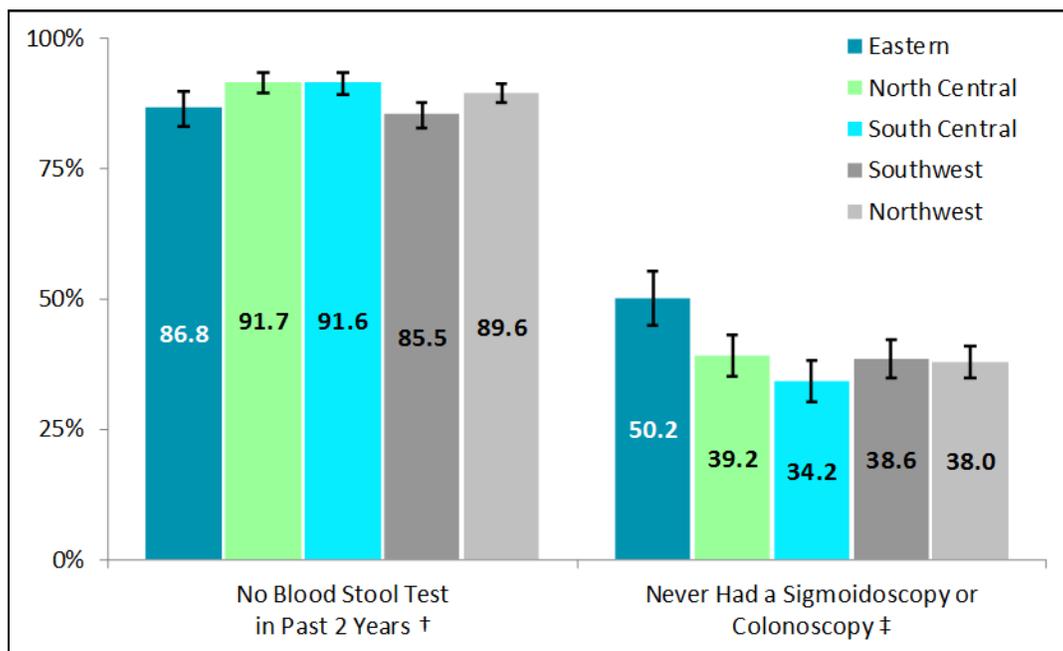


Table 8: Colorectal Cancer Screening, Montana Adults Ages 50 and Older, 2012

	No Blood Stool Test in Past 2 Years †				Never Had a Sigmoidoscopy or Colonoscopy ‡			
	Wt. %	95% CI		UnWt. N	Wt. %	95% CI		UnWt. N
		LL	UL			LL	UL	
All Adults:	89.1	88.0	90.1	4,756	38.9	37.2	40.6	2,076
Sex:								
Male	88.7	87.0	90.2	1,957	39.6	37.0	42.2	851
Female	89.4	87.9	90.7	2,799	38.3	36.1	40.5	1,225
Age:								
18 - 49		Not Applicable				Not Applicable		
50 - 54	92.7	90.1	94.7	790	64.5	60.4	68.5	548
55 - 64	89.4	87.5	90.9	1,654	35.9	33.2	38.7	723
65+	87.0	85.2	88.5	2,312	28.1	26.0	30.3	773
Education:								
<High School	88.1	82.7	92.0	322	53.3	46.5	59.9	204
High School	89.8	87.9	91.4	1,567	42.9	40.0	45.9	731
Some College	89.1	87.0	90.9	1,348	37.9	34.8	41.0	585
College Degree +	88.4	86.4	90.1	1,510	30.4	27.7	33.2	547
Income:								
<\$15,000	84.8	80.1	88.5	549	53.3	48.0	58.4	322
\$15,000 - \$24,999	86.9	84.1	89.3	899	42.6	38.7	46.6	468
\$25,000 - \$49,999	89.5	87.4	91.3	1,355	38.2	35.1	41.4	556
\$50,000 - \$74,999	90.3	87.4	92.6	587	33.3	28.7	38.2	202
\$75,000 +	91.4	88.8	93.4	815	32.2	28.4	36.2	280
Race/Ethnicity:								
White, non-Hispanic	89.2	88.1	90.3	4,247	37.9	36.1	39.6	1,773
AI/AN*	83.7	76.8	88.8	256	49.2	40.4	58.0	159
Other or Hispanic**	88.1	80.0	93.2	188	54.6	45.6	63.3	109
Disability:								
Disability	87.1	85.0	89.0	1,653	35.6	32.8	38.4	690
No Disability	90.1	88.8	91.2	3,080	40.6	38.5	42.8	1,372
Region:								
1- Eastern MT	86.8	83.2	89.8	532	50.2	45.1	55.4	308
2- N Central MT	91.7	89.5	93.4	1,107	39.2	35.3	43.1	487
3- S Central MT	91.6	89.1	93.5	710	34.2	30.4	38.3	274
4- Southwest MT	85.5	82.8	87.8	770	38.6	35.0	42.2	335
5- Northwest MT	89.6	87.5	91.3	1,583	38.0	35.0	41.0	637

† Have you ever had a blood stool test using a home kit? How long has it been since your last blood stool test? Total Sample Size: 5,386, Weighted Prevalence Estimate: 325,500.

‡ Have you ever had either a sigmoidoscopy or colonoscopy? Total Sample Size: 5,505, Weighted Prevalence Estimate: 145,700.

* American Indian or Alaska Native only.

** All other non-White (including multi-racial or Hispanic).

PROSTATE CANCER SCREENING

Montana BRFSS, 2012

In 2012, 54.3% of adult Montana men ages 40 and older reported not having a prostate specific antigen (PSA) test in the past two years and 38.6% of men reported never having a PSA test.

Sociodemographic Trends of Adult Men Ages 40 and Older

- ◆ Younger men reported not having had a PSA test in the past two years and never having had a PSA test more often than older men.
- ◆ The prevalence of not having a PSA test in the past two years and never having a PSA test decreased with increasing education and household income levels.
- ◆ Adult men with a disability reported not having a PSA test in the past two years and never having a PSA test less often than adult men without a disability.
- ◆ Men in the Northwest health planning region reported not having a PSA test in the past two years and never having had a PSA test more often than men in the Eastern health planning region.

Figure 9. Prostate Cancer Screening by Education, Montana BRFSS, 2012

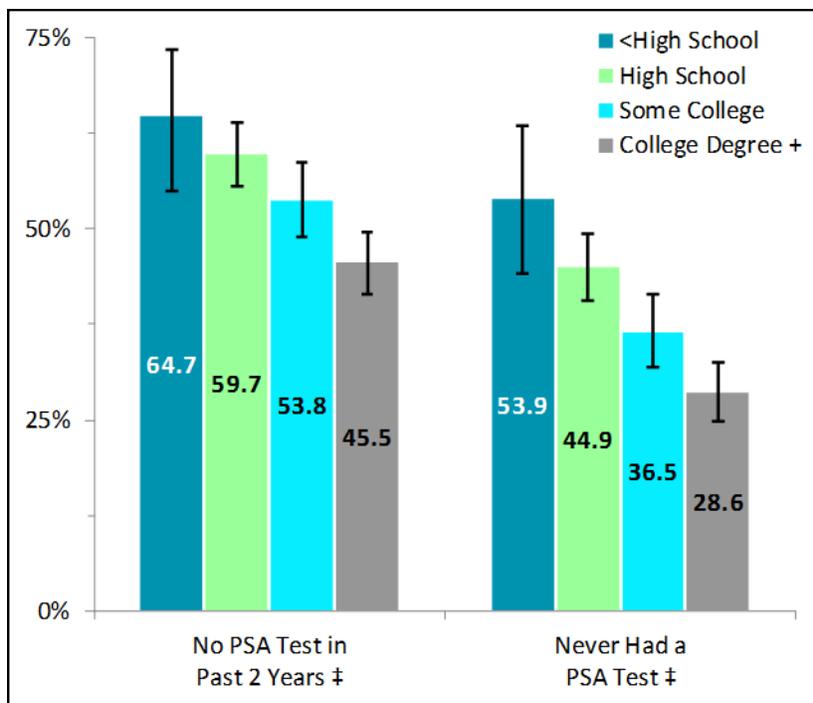


Table 9: Prostate Cancer Screening, Montana Adult Men Ages 40 and Older, 2012

	No PSA Test in Past 2 Years †				Never Had a PSA Test ‡			
	95% CI				95% CI			
	Wt. %	LL	UL	UnWt. N	Wt. %	LL	UL	UnWt. N
All Men:	54.3	51.8	56.7	1,247	38.6	36.1	41.0	838
Age:								
18 - 39	Not Applicable				Not Applicable			
40 - 44	88.6	82.4	92.8	162	82.9	75.9	88.1	151
45 - 54	70.5	65.7	75.0	386	55.9	50.7	61.0	310
55 - 64	44.7	40.3	49.2	341	25.8	22.1	29.9	193
65+	36.2	32.5	40.0	358	20.0	17.0	23.4	183
Education:								
<High School	64.7	54.9	73.4	111	53.9	44.1	63.4	89
High School	59.7	55.5	63.9	440	44.9	40.6	49.3	325
Some College	53.8	48.9	58.6	314	36.5	31.9	41.4	210
College Degree +	45.5	41.5	49.5	379	28.6	24.9	32.5	212
Income:								
<\$15,000	69.7	61.6	76.7	163	51.4	43.3	59.5	123
\$15,000 - \$24,999	60.4	54.0	66.4	226	47.4	41.0	53.8	164
\$25,000 - \$49,999	53.5	48.9	58.1	337	36.3	31.7	41.0	207
\$50,000 - \$74,999	48.9	42.6	55.4	166	35.7	29.7	42.1	114
\$75,000 +	49.5	44.4	54.5	258	33.1	28.4	38.2	163
Race/Ethnicity:								
White, non-Hispanic	52.8	50.2	55.3	1,074	36.7	34.2	39.3	703
AI/AN*	NSD ^Δ			82	NSD ^Δ			70
Other or Hispanic**	NSD ^Δ			65	NSD ^Δ			47
Disability:								
Disability	47.9	43.5	52.3	388	30.1	26.2	34.3	236
No Disability	57.0	54.1	60.0	853	42.3	39.3	45.3	598
Region:								
1- Eastern MT	43.8	36.6	51.3	127	29.2	22.9	36.5	78
2- N Central MT	52.2	46.4	58.0	270	36.8	31.2	42.8	180
3- S Central MT	55.4	49.4	61.3	186	38.6	32.9	44.7	130
4- Southwest MT	52.5	47.4	57.5	229	36.3	31.4	41.4	149
5- Northwest MT	57.8	53.3	62.2	415	43.2	38.8	47.8	289

† Have you ever had a PSA test? How long has it been since your last PSA test? Total Sample Size: 2,488, Weighted Prevalence Estimate: 115,600.

‡ Have you ever had a PSA test? Total Sample Size: 2,522, Weighted Prevalence Estimate: 83,200.

* American Indian or Alaska Native only.

** All other non-White (including multi-racial or Hispanic).

Δ Not Sufficient Data to report a reliable estimate.

HIV TESTING AND RISK BEHAVIOR

Montana BRFSS, 2012

More than one in three Montana adults ages 18 to 64 reported ever having been tested for HIV. An estimated 3.2% of Montana adults reported participating in one or more HIV risk related behaviors in the past year (i.e., used intravenous drugs, been treated for a sexually transmitted disease, given or received money or drugs in exchange for sex, or had anal sex without a condom).

Sociodemographic Trends

- ◆ Younger adults reported ever having been tested for HIV and participating in one or more HIV risk related behaviors in the past year more frequently than older adults.
- ◆ Participation in HIV risk related behavior decreased with increasing education.
- ◆ The prevalence of ever having been tested for HIV and participating in any HIV risk related behavior in the past year decreased as household income increased.
- ◆ The prevalence of ever having been tested for HIV was significantly higher among American Indians/Alaska Natives than White, non-Hispanic adults. American Indians/Alaska Natives reported participating in HIV high risk behavior more often than White, non-Hispanic adults.
- ◆ Adults with a disability reported having been tested for HIV more often than adults without a disability.
- ◆ The prevalence of ever having been tested for HIV was significantly higher for adults living in the Northwest health planning region than adults living in the Eastern health planning region.

Figure 10. HIV Testing and Risk Behaviors by Race/Ethnicity, Montana BRFSS, 2012

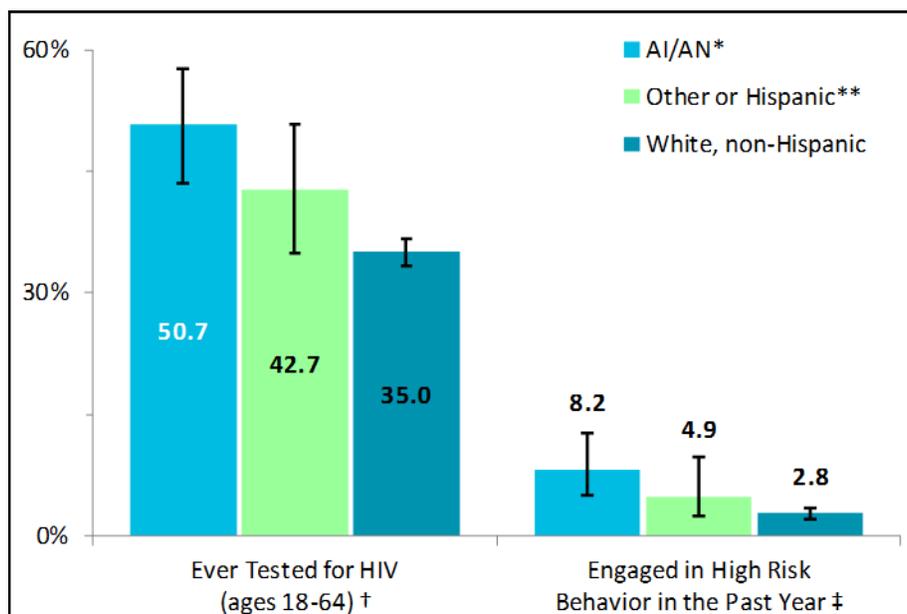


Table 10: HIV Testing and Risk Behavior, Montana Adults, 2012

	Ever Tested for HIV (adults 18 - 64) †				Engaged in High Risk Behavior in the Past Year ‡			
	95% CI				95% CI			
	Wt. %	LL	UL	UnWt. N	Wt. %	LL	UL	UnWt. N
All Adults:	36.4	34.8	38.0	1,903	3.2	2.6	3.8	170
Sex:								
Male	35.5	33.1	37.9	837	3.4	2.7	4.3	90
Female	37.3	35.1	39.6	1,066	2.9	2.2	3.9	80
Age:								
18 - 24	31.9	27.0	37.2	133	8.8	6.1	12.7	34
25 - 34	51.2	47.3	55.1	442	4.6	3.2	6.6	44
35 - 44	48.9	44.9	52.9	441	4.3	2.8	6.5	31
45 - 54	31.1	28.2	34.2	453	1.7	1.0	2.7	26
55 - 64	22.6	20.3	25.1	427	1.3	0.8	2.2	19
65+		Not Applicable			0.8	0.4	1.4	16
Education:								
<High School	40.9	34.4	47.7	131	6.1	3.7	9.8	22
High School	31.0	28.1	34.1	461	3.6	2.5	5.0	57
Some College	37.3	34.4	40.2	596	3.0	2.2	4.1	52
College Degree +	39.9	37.2	42.7	714	1.9	1.3	2.8	39
Income:								
<\$15,000	46.9	41.8	52.1	298	6.9	4.9	9.7	43
\$15,000 - \$24,999	43.1	38.8	47.5	337	4.4	3.1	6.3	43
\$25,000 - \$49,999	35.6	32.4	38.9	476	2.5	1.5	4.1	27
\$50,000 - \$74,999	30.5	26.7	34.6	251	2.1	1.2	3.8	17
\$75,000 +	36.7	33.4	40.0	437	1.8	1.1	3.2	21
Race/Ethnicity:								
White, non-Hispanic	35.0	33.3	36.7	1,562	2.8	2.2	3.5	125
AI/AN*	50.7	43.6	57.7	206	8.2	5.1	12.8	32
Other or Hispanic**	42.7	34.9	50.8	118	4.9	2.5	9.7	11
Disability:								
Disability	44.9	41.4	48.5	546	3.4	2.4	4.8	55
No Disability	34.0	32.2	35.9	1,347	3.1	2.4	3.8	113
Region:								
1- Eastern MT	29.7	25.2	34.6	170	1.8	0.9	3.5	14
2- N Central MT	36.0	32.1	40.1	410	2.8	1.7	4.5	32
3- S Central MT	36.8	33.0	40.7	300	3.5	2.3	5.3	26
4- Southwest MT	34.9	31.7	38.3	353	2.4	1.5	3.6	29
5- Northwest MT	39.8	36.8	43.0	646	4.0	2.9	5.5	63

† Have you ever been tested for HIV (not counting tests as part of a blood donation)? Total Sample Size: 5,543, Weighted Prevalence Estimate: 214,400.

‡ Engaged in high risk behaviors: used intravenous drugs, been treated for a sexually transmitted disease, given or received money or drugs in exchange for sex, or had anal sex without a condom. Total Sample Size: 8,359, Weighted Prevalence Estimate: 23,800.

* American Indian or Alaska Native only.

** All other non-White (including multi-racial or Hispanic).

IMMUNIZATION

Montana BRFSS, 2012

In 2012, 29.7% of adults ages 18 to 64 had received a seasonal influenza vaccination in the previous year; 57.5% of adults ages 65 years and older had received a seasonal influenza vaccination in the previous year. An estimated 69.5% of adults ages 65 years and older had received a pneumonia vaccination during their lifetime.

Sociodemographic Trends

- ◆ Among adults ages 18 to 64, women reported receiving an influenza vaccination in the past year more often than men.
- ◆ Among adults ages 18 to 64, the prevalence of receiving a flu vaccine in the previous year increased with increasing age, education, and household income levels.
- ◆ The prevalence of receiving a flu vaccination in the past year among adults ages 65 and older increased as household income levels increased.
- ◆ The prevalence of receiving a seasonal flu vaccination in the past year among adults ages 18 to 64 and adults ages 65 and older was significantly higher for adults with a disability than adults without a disability. The prevalence of ever receiving a pneumonia vaccination was significantly higher for adults with a disability than adults without a disability
- ◆ Among adults ages 18 to 64, American Indians/Alaska Natives reported receiving a flu vaccine in the previous year more often than all other race/ethnicities.
- ◆ The prevalence of receiving a flu vaccine in the past year among adults ages 18 to 64 was significantly higher in the South Central health planning region than the Northwest health planning region.

Figure 11. Immunization by Disability Status, Montana BRFSS, 2012

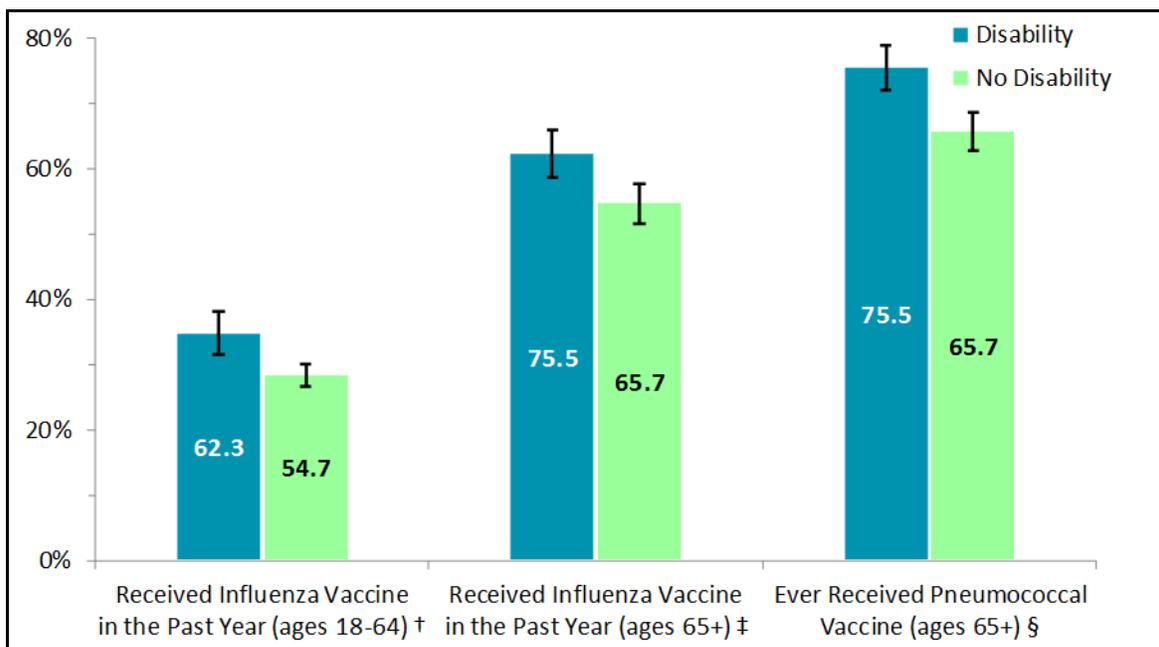


Table 11: Immunization, Montana Adults, 2012

	Received Influenza Vaccine in Past Year (ages 18-64) †				Received Influenza Vaccine in Past Year (ages 65+) ‡				Ever Received Pneumococcal Vaccine (ages 65+) §			
	95% CI				95% CI				95% CI			
	Wt.	LL	UL	UnWt. N	Wt. %	LL	UL	UnWt. N	Wt. %	LL	UL	UnWt. N
All Adults:	29.7	28.2	31.2	1,897	57.5	55.2	59.9	1,598	69.5	67.2	71.7	1,880
Sex:												
Male	24.8	22.8	26.8	731	56.8	53.1	60.4	639	66.3	62.6	69.8	706
Female	34.8	32.6	36.9	1,166	58.2	55.1	61.2	959	72.1	69.2	74.8	1,174
Age:												
18 - 24	21.9	17.5	26.2	112								
25 - 34	26.4	23.1	29.7	265								
35 - 44	27.9	24.3	31.4	263	Not Applicable				Not Applicable			
45 - 54	29.2	26.3	32.0	471								
55 - 64	39.7	36.9	42.5	786								
65+		Not Applicable			57.5	55.2	59.9	1,598	69.5	67.2	71.7	1,880
Education:												
<High School	19.1	13.7	24.4	76	59.9	51.6	67.6	138	66.3	58.0	73.7	153
High School	25.1	22.6	27.7	482	57.6	53.7	61.4	597	70.0	66.2	73.5	707
Some College	30.8	28.1	33.5	574	56.6	52.0	61.1	408	70.6	66.1	74.7	504
College Degree +	62.9	34.5	39.8	762	57.5	53.2	61.8	452	68.9	64.6	72.9	513
Income:												
<\$15,000	27.7	23.3	32.1	220	48.2	41.1	55.4	178	68.0	60.8	74.4	230
\$15,000 - \$24,999	26.6	22.8	30.3	267	54.3	49.4	59.2	352	71.1	66.2	75.6	466
\$25,000 - \$49,999	28.5	25.7	31.4	463	57.9	53.6	62.1	493	70.0	65.7	73.9	567
\$50,000 - \$74,999	32.1	28.3	35.9	324	62.0	54.6	68.9	160	70.5	63.1	76.9	179
\$75,000 +	33.9	30.8	37.1	486	64.6	57.0	71.5	155	64.1	56.1	71.5	149
Race/Ethnicity:												
White, non-Hispanic	29.7	28.1	31.3	1,606	57.6	55.2	60.1	1,453	69.6	67.2	71.9	1,710
AI/AN*	38.7	31.9	45.4	200	NSD^Δ			62	NSD^Δ			77
Other or Hispanic**	21.5	14.9	28.1	81	NSD^Δ			61	NSD^Δ			69
Disability:												
Disability	34.8	31.5	38.1	529	62.3	58.6	66.0	653	75.5	72.0	78.8	803
No Disability	28.4	26.7	30.1	1,362	54.7	51.6	57.7	940	65.7	62.7	68.7	1,070
Region:												
1- Eastern MT	31.1	26.6	35.6	224	57.2	50.1	64.0	173	67.4	60.2	73.8	204
2- N Central MT	31.5	27.9	35.0	466	52.7	47.5	57.8	358	66.4	61.1	71.3	401
3- S Central MT	33.7	30.0	37.5	311	63.2	57.7	68.4	255	75.9	70.7	80.5	314
4- Southwest MT	29.9	26.8	32.9	335	59.5	54.4	64.5	260	69.4	64.3	74.1	298
5- Northwest MT	25.6	23.0	28.1	533	56.6	52.3	60.8	535	67.4	63.1	71.4	636

† Have you had a flu shot in the past year (ages 18 to 64)? Total Sample Size: 5,699, Weighted Prevalence Estimate: 179,700.

‡ Have you had a flu shot in the past year (age 65 years and older)? Total Sample Size: 2,779, Weighted Prevalence Estimate: 90,500.

§ Have you ever had a pneumonia vaccination (age 65 years and older)? Total Sample Size: 2,674, Weighted Prevalence Estimate: 104,900.

* American Indian or Alaska Native only.

** All other non-White (including multi-racial or Hispanic).

Δ Not Sufficient Data to report a reliable estimate.

PHYSICAL ACTIVITY

Montana BRFSS, 2012

In 2012, 20.5% of Montana adults reported not participating in any leisure-time physical activity in the past month.

Sociodemographic Trends

- ◆ The prevalence of not participating in any leisure-time physical activity in the past month was significantly higher for men than women.
- ◆ Older adults reported no leisure-time physical activity in the past month more often than younger adults.
- ◆ The prevalence of no leisure-time physical activity in the previous month significantly decreased with increasing education and household income levels.
- ◆ American Indians/Alaska Natives reported no leisure-time physical activity in the past month more often than White, non-Hispanic adults.
- ◆ The prevalence of no leisure-time physical activity in the past month was significantly higher for adults with a disability than adults without a disability.
- ◆ Adults living in the Eastern health planning region reported no leisure-time physical activity in the past month more often than adults living in the Southwest and Northwest health planning regions. Adults living in the North Central health planning region reported no leisure-time physical activity in the past month more often than adults living in the South Central, Southwest, and Northwest health planning regions.

Figure 12. Physical Activity by Health Planning Region, Montana BRFSS, 2012

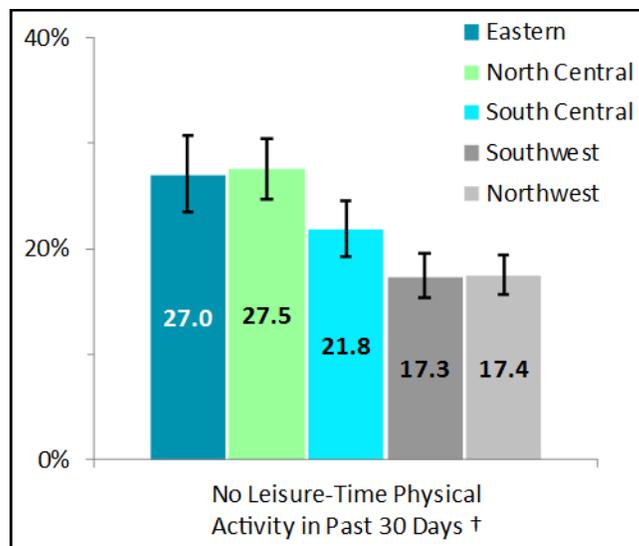


Table 12: Physical Activity, Montana Adults, 2012

	No Leisure-Time Physical Activity †			
	95% CI			
	Wt. %	LL	UL	UnWt. N
All Adults:	20.5	19.4	21.6	2,071
Sex:				
Male	21.7	20.1	23.4	920
Female	19.3	17.9	20.8	1,151
Age:				
18 - 24	12.1	9.1	15.9	57
25 - 34	15.7	13.1	18.8	149
35 - 44	16.4	13.7	19.5	165
45 - 54	19.9	17.5	22.6	314
55 - 64	22.4	20.1	24.9	463
65+	31.2	29.1	33.5	916
Education:				
<High School	31.3	26.8	36.3	236
High School	25.8	23.8	27.9	831
Some College	20.3	18.5	22.3	614
College Degree +	10.1	8.9	11.4	383
Income:				
<\$15,000	28.0	24.5	31.7	371
\$15,000 - \$24,999	25.8	23.1	28.6	496
\$25,000 - \$49,999	20.1	18.1	22.2	529
\$50,000 - \$74,999	16.5	13.9	19.5	210
\$75,000 +	14.4	12.3	16.8	222
Race/Ethnicity:				
White, non-Hispanic	20.1	19.0	21.3	1,746
AI/AN*	26.8	21.6	32.7	190
Other or Hispanic**	19.3	14.6	25.0	106
Disability:				
Disability	34.3	31.9	36.8	958
No Disability	16.0	14.9	17.2	1,089
Region:				
1- Eastern MT	27.0	23.5	30.7	294
2- N Central MT	27.5	24.7	30.5	573
3- S Central MT	21.8	19.2	24.6	318
4- Southwest MT	17.3	15.3	19.5	291
5- Northwest MT	17.4	15.6	19.4	562

† During the past month, other than your regular job, did you do any physical activities or exercise? Total Sample Size: 8,669, Weighted Prevalence Estimate: 159,900.

* American Indian or Alaska Native only.

** All other non-White (including multi-racial or Hispanic).

WEIGHT STATUS

Montana BRFSS, 2012

In 2012, 37.0% of Montana adults were overweight ($25.0 \leq \text{BMI} < 30.0$) and 24.3% of Montana adults were obese ($\text{BMI} \geq 30.0$). One and a half percent of Montana adults were underweight ($\text{BMI} \leq 18.4$).

Sociodemographic Trends

- ◆ The prevalence of being overweight was higher for men than for women, but there was no significant difference in the prevalence of obesity by sex.
- ◆ Older adults in Montana had a higher prevalence of being overweight and obese than younger adults.
- ◆ The prevalence of obesity decreased with increasing education.
- ◆ Adults with lower household incomes reported being overweight less often than adults with higher household incomes. However, adults with lower household incomes reported being obese more often than adults with higher household income levels.
- ◆ The prevalence of obesity was significantly higher among American Indians/Alaska Natives than White, non-Hispanic adults.
- ◆ The prevalence of being overweight was significantly lower among adults with a disability than those without a disability, while the prevalence of being obese was significantly higher among adults with a disability than those without a disability.
- ◆ Adults living in the Eastern and North Central health planning regions reported being obese more often than adults living in the South Central, Southwest, and Northwest health planning regions.

Figure 13. Weight Status by Age, Montana BRFSS, 2012

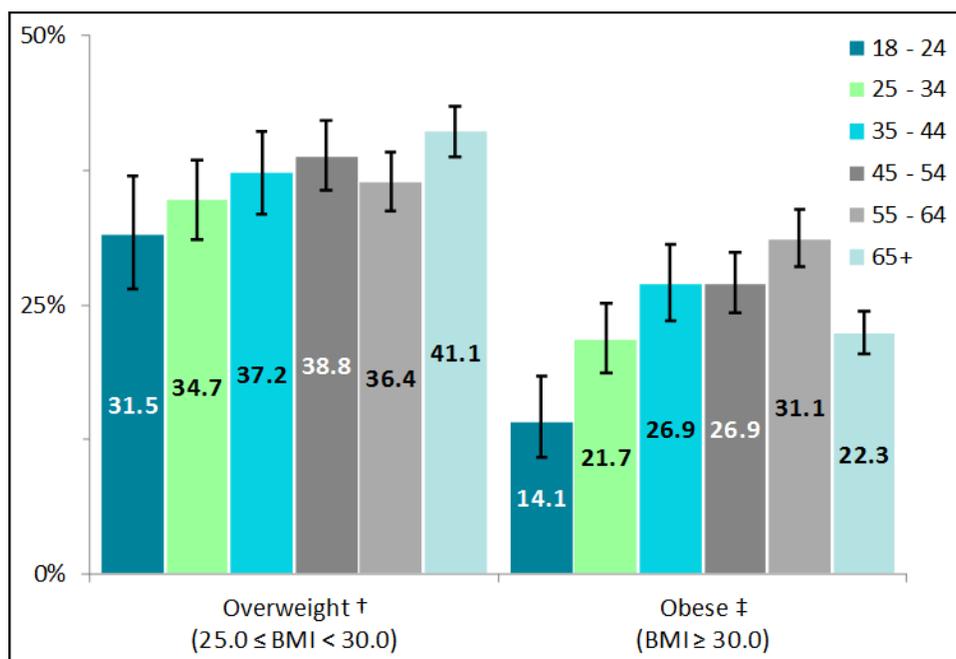


Table 13: Weight Status, Montana Adults, 2012

	Overweight † (25.0 ≤ BMI <30.0)				Obese ‡ (BMI ≥30.0)			
	95% CI				95% CI			
	Wt. %	LL	UL	UnWt. N	Wt. %	LL	UL	UnWt. N
All Adults:	37.0	35.7	38.4	3,064	24.3	23.1	25.5	2,154
Sex:								
Male	44.4	42.4	46.5	1,674	25.2	23.5	27.0	1,006
Female	29.3	27.5	31.1	1,390	23.4	21.8	25.0	1,148
Age:								
18 - 24	31.5	26.5	36.9	126	14.1	10.8	18.3	70
25 - 34	34.7	31.1	38.5	308	21.7	18.6	25.2	191
35 - 44	37.2	33.4	41.1	326	26.9	23.5	30.6	259
45 - 54	38.8	35.7	42.1	531	26.9	24.2	29.9	418
55 - 64	36.4	33.7	39.2	683	31.1	28.5	33.8	577
65+	41.1	38.8	43.5	1084	22.3	20.4	24.4	633
Education:								
<High School	35.0	30.1	40.3	201	30.3	25.5	35.5	182
High School	38.1	35.7	40.6	1,012	25.6	23.5	27.8	737
Some College	37.9	35.4	40.4	889	26.3	24.2	28.6	692
College Degree +	35.4	33.2	37.7	960	17.7	16.0	19.6	539
Income:								
<\$15,000	30.1	26.2	34.4	294	30.4	26.6	34.5	330
\$15,000 - \$24,999	34.4	31.3	37.8	529	27.9	25.0	31.0	461
\$25,000 - \$49,999	37.8	35.2	40.4	879	23.2	21.1	25.6	568
\$50,000 - \$74,999	40.9	37.2	44.6	459	23.5	20.6	26.7	293
\$75,000 +	39.9	36.8	43.0	612	20.7	18.2	23.3	324
Race/Ethnicity:								
White, non-Hispanic	37.0	35.6	38.5	2,680	23.0	21.8	24.3	1,794
AI/AN*	36.9	30.9	43.3	205	40.5	34.4	47.0	231
Other or Hispanic**	36.5	30.0	43.6	147	30.8	24.2	38.3	113
Disability:								
Disability	33.7	31.2	36.3	805	34.7	32.2	37.3	844
No Disability	38.2	36.5	39.8	2,229	20.8	19.5	22.2	1,286
Region:								
1- Eastern MT	38.4	34.3	42.6	347	33.7	29.9	37.7	323
2- N Central MT	38.4	35.1	41.8	683	29.8	26.8	33.0	552
3- S Central MT	38.5	35.2	41.8	490	23.6	20.8	26.5	319
4- Southwest MT	34.4	31.7	37.2	512	20.5	18.2	23.0	306
5- Northwest MT	37.3	34.8	39.9	991	23.5	21.4	25.8	635

† Self-reported height and weight yield a body mass index (BMI) greater than or equal to 25 and less than 30. Total Sample Size: 8,357, Weighted Prevalence Estimate: 279,000.

‡ Self-reported height and weight yield a body mass index (BMI) greater than or equal to 30. Total Sample Size: 8,357, Weighted Prevalence Estimate: 183,100.

* American Indian or Alaska Native only.

** All other non-White (including multi-racial or Hispanic).

TOBACCO USE

Montana BRFSS, 2012

In 2012, 19.7% of Montana adults reported currently smoking cigarettes most days or every day and 8.0% of adults reported using smokeless tobacco (i.e., chew, snuff, or snus) most days or every day.

Sociodemographic Trends

- ◆ The prevalence of current smokeless tobacco use was significantly higher among men than women.
- ◆ Younger adults reported regularly smoking cigarettes and using smokeless tobacco more often than older adults.
- ◆ Current cigarette smoking and smokeless tobacco use decreased with increasing education.
- ◆ Current cigarette smoking decreased with increasing household income levels.
- ◆ The prevalence of smoking cigarettes was significantly higher among American Indians/Alaska Natives than White, non-Hispanic adults and other race/ethnic groups. The prevalence of smokeless tobacco use was significantly higher among American Indians/Alaska Natives than White, non-Hispanic adults.
- ◆ The prevalence of cigarette smoking was significantly lower among adults without a disability than adults with a disability.
- ◆ Adults in the Eastern and North Central health planning regions reported using smokeless tobacco products more often than adults in the Northwest health planning region.

Figure 14. Tobacco Use by Race/Ethnicity, Montana BRFSS, 2012

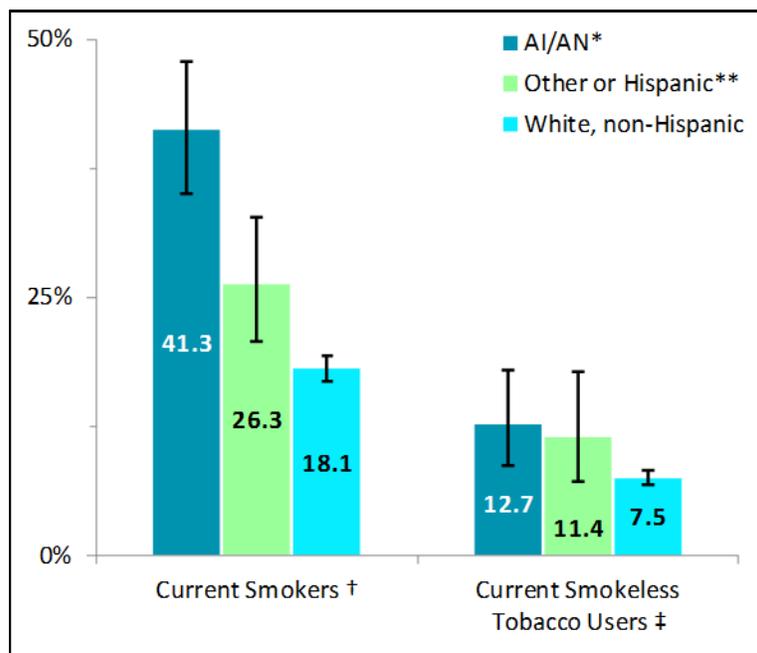


Table 14: Tobacco Use, Montana Adults, 2012

	Current Smokers †				Current Smokeless Tobacco Users ‡			
	95% CI				95% CI			
	Wt. %	LL	UL	UnWt. N	Wt. %	LL	UL	UnWt. N
All Adults:	19.7	18.6	20.9	1,520	8.0	7.2	8.8	539
Sex:								
Male	20.6	18.9	22.3	689	14.5	13.0	16.0	487
Female	18.8	17.3	20.5	831	1.5	1.1	2.2	52
Age:								
18 - 24	26.0	21.5	31.1	114	12.5	9.3	16.4	56
25 - 34	26.4	23.2	29.9	255	14.2	11.7	17.1	126
35 - 44	21.7	18.6	25.1	197	10.0	7.9	12.7	88
45 - 54	24.9	22.2	27.8	373	7.9	6.4	9.8	114
55 - 64	16.6	14.6	18.8	333	4.4	3.4	5.8	84
65+	7.8	6.6	9.2	241	2.5	1.8	3.4	70
Education:								
<High School	40.9	35.6	46.3	221	10.3	7.1	14.7	42
High School	23.7	21.6	26.0	590	8.8	7.5	10.4	205
Some College	18.7	16.8	20.8	459	8.7	7.3	10.4	177
College Degree +	8.2	7.0	9.6	246	5.1	4.1	6.3	115
Income:								
<\$15,000	35.8	31.8	40.1	353	8.1	6.0	10.8	70
\$15,000 - \$24,999	28.7	25.6	32.0	362	7.0	5.3	9.2	89
\$25,000 - \$49,999	20.0	17.8	22.4	401	7.6	6.2	9.2	142
\$50,000 - \$74,999	12.2	9.8	15.0	133	9.4	7.3	12.1	83
\$75,000 +	9.6	7.9	11.7	145	9.3	7.5	11.4	118
Race/Ethnicity:								
White, non-Hispanic	18.1	16.9	19.3	1,172	7.5	6.8	8.4	449
AI/AN*	41.3	35.1	47.8	232	12.7	8.7	18.0	52
Other or Hispanic**	26.3	20.7	32.8	102	11.4	7.1	17.8	35
Disability:								
Disability	25.5	23.2	28.0	557	7.0	5.6	8.8	144
No Disability	17.7	16.5	19.1	953	8.3	7.4	9.3	393
Region:								
1- Eastern MT	18.4	15.4	21.9	170	10.4	8.0	13.4	83
2- N Central MT	22.7	19.8	25.8	383	11.2	8.9	13.9	132
3- S Central MT	21.0	18.3	23.9	238	8.6	6.8	10.9	95
4- Southwest MT	17.8	15.5	20.2	240	7.8	6.3	9.6	95
5- Northwest MT	19.6	17.5	21.8	470	5.6	4.5	7.0	123

† A current smoker is defined as someone who has ever smoked 100 cigarettes and who now smokes every day or some days. Total Sample Size: 8,564, Weighted Prevalence Estimate: 151,900.

‡ A current user is defined as using chewing tobacco, snuff or snus everyday or some days. Total Sample Size: 8,593, Weighted Prevalence Estimate: 61,600.

* American Indian or Alaska Native only.

** All other non-White (including multi-racial or Hispanic).

ALCOHOL RELATED RISK BEHAVIORS

Montana BRFSS, 2012

In 2012, 8.5% of Montana adults reported drinking heavily within the past month and 21.7% of adults reported binge drinking within the past month. Of those adults who binge drank the previous month, 7.5% reported they drove after binge drinking.

Sociodemographic Trends

- ◆ The prevalence of binge drinking was significantly higher for men than for women.
- ◆ Older adults reported drinking heavily and binge drinking within the past month less often than younger adults. However, older adults reported driving after binge drinking more often than younger adults.
- ◆ The prevalence of having driven after the most recent binge drinking episode was significantly higher among White, non-Hispanic adults than American Indians/Alaska Natives.
- ◆ Adults with a disability reported binge drinking in the past month less often than adults without a disability. However, adults with a disability reported driving after their most recent binge drinking episode more often than adults without a disability.

Figure 15. Alcohol Related Risk Behaviors by Sex, Montana BRFSS, 2012

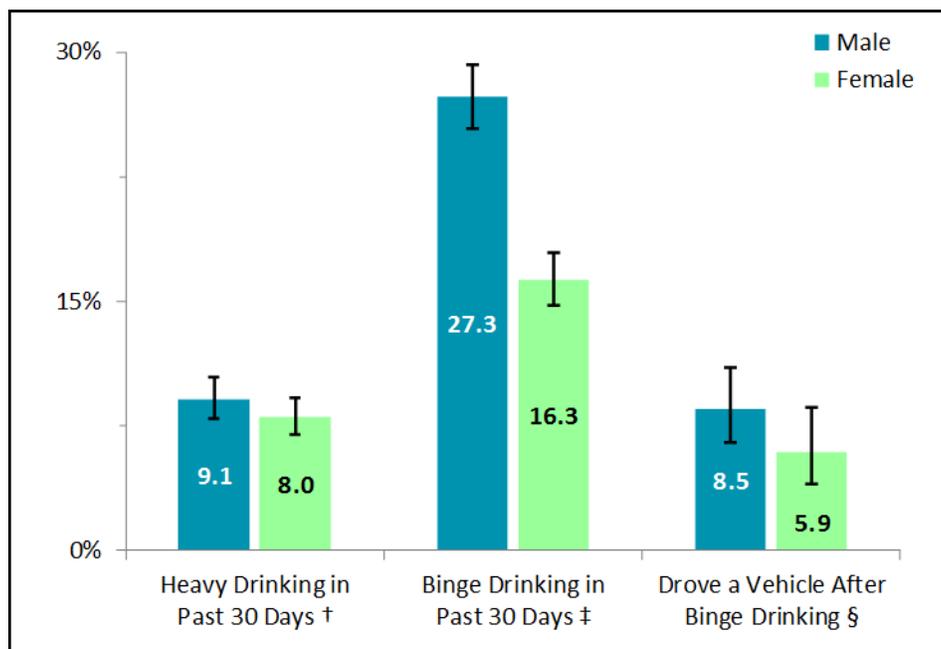


Table 15: Alcohol Related Risk Behaviors, Montana Adults, 2012

	Heavy Drinking in the Past 30 Days †				Binge Drinking in the Past 30 Days ‡				Binge Drinking and Driving in Past 30 Days §			
	95% CI				95% CI				95% CI			
	Wt.	LL	UL	UnWt. N	Wt. %	LL	UL	UnWt. N	Wt. %	LL	UL	UnWt. N
All Adults:	8.5	7.7	9.4	610	21.7	20.5	23.0	1,434	7.5	6.0	9.3	134
Sex:												
Male	9.1	7.9	10.4	293	27.3	25.4	29.2	856	8.5	6.5	11.0	93
Female	8.0	7.0	9.2	317	16.3	14.8	17.9	578	5.9	4.0	8.6	41
Age:												
18 - 24	14.5	11.0	19.0	57	39.3	34.1	44.7	164	3.8	1.7	8.5	6
25 - 34	8.4	6.5	10.8	72	34.4	30.8	38.1	302	8.1	5.0	12.7	23
35 - 44	8.7	6.7	11.1	77	26.1	22.8	29.7	231	6.2	3.4	11.3	13
45 - 54	9.8	8.0	11.8	144	20.5	18.0	23.2	306	7.5	4.8	11.6	33
55 - 64	8.1	6.7	9.7	141	16.3	14.3	18.6	299	10.0	6.6	14.9	36
65+	4.4	3.5	5.4	118	4.9	3.9	6.0	131	17.9	11.1	27.6	23
Education:												
<High School	10.4	7.5	14.3	49	19.8	15.7	24.7	94	4.8	1.7	13.3	7
High School	8.9	7.4	10.6	193	21.9	19.7	24.2	458	7.3	5.0	10.8	45
Some College	7.9	6.6	9.4	174	23.5	21.3	25.9	445	7.3	4.9	10.8	37
College Degree +	8.3	7.1	9.8	194	20.1	18.2	22.2	436	8.7	6.1	12.3	45
Income:												
<\$15,000	9.1	6.8	12.0	77	25.0	21.2	29.2	181	9.5	5.3	16.4	17
\$15,000 - \$24,999	8.0	6.3	10.1	99	22.5	19.6	25.6	248	6.5	4.0	10.5	26
\$25,000 - \$49,999	8.0	6.5	9.8	158	20.7	18.4	23.1	381	6.8	4.3	10.6	31
\$50,000 - \$74,999	8.7	6.8	11.1	90	25.3	22.0	28.8	243	8.6	5.2	14.0	25
\$75,000 +	10.2	8.4	12.4	137	23.0	20.4	25.9	305	7.2	4.5	11.2	30
Race/Ethnicity:												
White, non-Hispanic	8.7	7.9	9.7	550	21.4	20.2	22.7	1,251	7.7	6.1	9.7	118
AI/AN*	7.5	4.5	12.4	30	27.5	21.4	34.7	96	1.9	0.7	5.2	4
Other or Hispanic**	6.7	3.8	11.6	27	23.8	18.1	30.5	80	NSD ^Δ			12
Disability:												
Disability	8.0	6.6	9.7	151	16.0	13.9	18.3	303	11.0	7.3	16.1	40
No Disability	8.7	7.8	9.8	456	23.7	22.3	25.2	1,126	6.7	5.2	8.7	94
Region:												
1- Eastern MT	7.7	5.6	10.4	54	20.0	16.7	23.8	148	9.8	5.6	16.6	19
2- N Central MT	8.2	6.4	10.4	123	20.5	17.7	23.6	308	11.4	7.2	17.5	41
3- S Central MT	8.6	6.9	10.7	103	21.4	18.7	24.4	237	7.4	4.5	12.0	21
4- Southwest MT	8.9	7.4	10.8	128	23.4	20.9	26.2	285	5.1	3.0	8.7	17
5- Northwest MT	8.3	6.8	10.0	189	21.2	19.0	23.5	428	7.6	5.0	11.3	36

† Heavy drinking is defined as the consumption of more than two alcoholic drinks per day for men or more than one alcoholic drink per day for women. Total Sample Size: 8,446, Weighted Prevalence Estimate: 64,900.

‡ Binge drinking is defined as having five or more alcoholic drinks on one occasion for men, and four or more alcoholic drinks on one occasion for women. Total Sample Size: 8,457, Weighted Prevalence Estimate: 165,400.

§ Did you drive a motor vehicle such as a car, truck, or motorcycle during or within a couple of hours after this [binge drinking] occasion? Total Sample Size: 1,329, Weighted Prevalence Estimate: 11,200.

* American Indian or Alaska Native only.

** All other non-White (including multi-racial or Hispanic).

Δ Not Sufficient Data to report a reliable estimate.

FALLS AND INJURIES

Montana BRFSS, 2012

In 2012, of Montana adults ages 45 years and older, 32.9% reported having fallen in the past 12 months and of those who reported falling, 34.7% reported being injured from a fall.

Sociodemographic Trends of Adults 45 and Older

- ◆ Women reported being injured from a fall more often than men.
- ◆ The prevalence of falling and being injured from a fall decreased with increasing education and household income levels.
- ◆ American Indians/Alaska Natives reported having fallen in the past year more often than White, non-Hispanic adults.
- ◆ The prevalence of falling in the past year and getting injured from a fall was significantly higher among adults with a disability than adults without a disability.

Figure 16. Falls and Injuries by Disability Status, Montana BRFSS, 2012

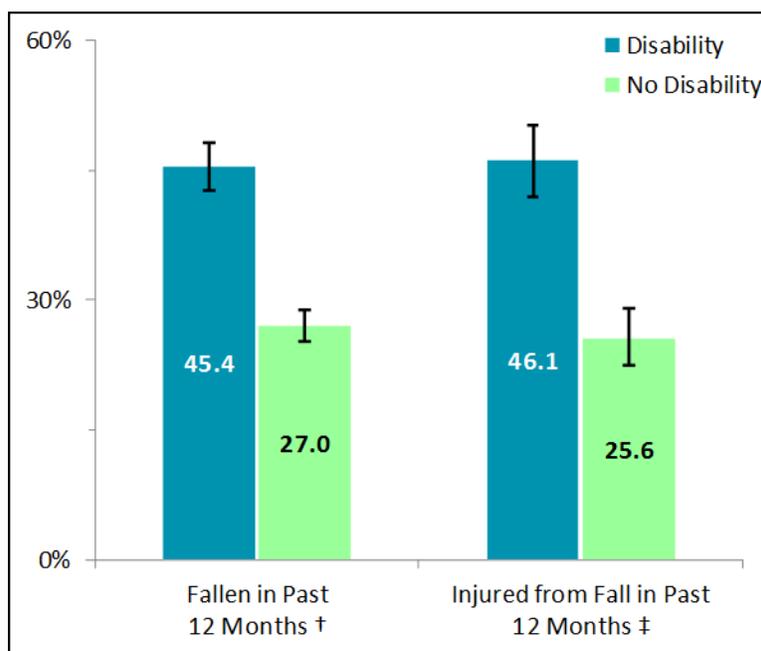


Table 16: Falls and Injuries, Montana Adults Ages 45 and Older, 2012

	Fallen in Past 12 Months †				Injured From Fall in Past 12 Months ‡			
	95% CI				95% CI			
	Wt. %	LL	UL	UnWt. N	Wt. %	LL	UL	UnWt. N
All Adults:	32.9	31.4	34.4	2,050	34.7	32.1	37.4	748
Sex:								
Male	33.6	31.3	35.9	877	30.2	26.5	34.2	271
Female	32.3	30.3	34.3	1,173	39.2	35.6	42.9	477
Age:								
18 - 24								
25 - 34		Not Applicable				Not Applicable		
35 - 44								
45 - 54	32.1	29.2	35.2	488	35.9	30.7	41.4	197
55 - 64	33.4	30.8	36.2	648	35.6	30.9	40.5	236
65+	33.6	31.4	35.9	906	33.3	29.5	37.2	313
Education:								
<High School	39.6	33.6	46.0	169	41.5	32.2	51.5	74
High School	31.9	29.4	34.6	655	39.0	34.3	43.9	259
Some College	34.0	31.2	36.9	592	33.5	28.9	38.5	221
College Degree +	30.7	28.2	33.3	631	28.3	24.1	32.8	193
Income:								
<\$15,000	46.5	41.7	51.4	330	50.7	43.5	57.9	169
\$15,000 - \$24,999	36.6	33.0	40.4	426	38.7	32.7	45.0	174
\$25,000 - \$49,999	33.5	30.7	36.5	553	36.0	31.0	41.3	195
\$50,000 - \$74,999	30.3	26.3	34.5	247	27.7	21.1	35.4	74
\$75,000 +	26.6	23.4	30.0	292	21.6	16.4	28.0	68
Race/Ethnicity:								
White, non-Hispanic	32.5	30.9	34.1	1,786	33.2	30.5	36.0	620
AI/AN*	42.7	34.8	51.0	153	NSD ^Δ			79
Other or Hispanic**	34.0	26.3	42.7	85	NSD ^Δ			40
Disability:								
Disability	45.4	42.6	48.2	980	46.1	41.9	50.2	468
No Disability	27.0	25.3	28.8	1,062	25.6	22.4	29.0	276
Region:								
1- Eastern MT	35.6	30.9	40.5	238	33.0	25.5	41.5	80
2- N Central MT	32.6	29.3	36.2	478	40.2	34.2	46.6	192
3- S Central MT	31.6	28.1	35.3	290	32.4	26.4	38.9	103
4- Southwest MT	33.8	30.7	37.1	355	31.2	26.0	36.8	114
5- Northwest MT	32.4	29.7	35.2	662	36.1	31.4	41.1	246

† Have you ever fallen in the past 12 months? Total Sample Size: 6,151, Weighted Prevalence Estimate: 143,700.

‡ Have you been injured from your fall in the past 12 months? Total Sample Size: 2,042, Weighted Prevalence Estimate: 49,800.

* American Indian or Alaska Native only.

** All other non-White (including multi-racial or Hispanic).

^Δ Not Sufficient Data to report a reliable estimate.

SEAT BELT USE

Montana BRFSS, 2012

In 2012, 29.9% of Montana adults reported that they did not always wear a seat belt.

Sociodemographic Trends

- ◆ Men reported not always wearing seat belts more often than women.
- ◆ Younger adults reported not always wearing seat belts more often than older adults.
- ◆ The prevalence not always wearing a seat belt decreased with increasing education and household income levels.
- ◆ Adults living in the Eastern health planning region reported not always wearing seat belts more often than adults in the other four health planning regions. Adults in the North Central health planning region reported not always wearing seat belts more often than adults in the Southwest and Northwest health planning regions.

Figure 17. Seat Belt Use by Sex, Montana BRFSS, 2012

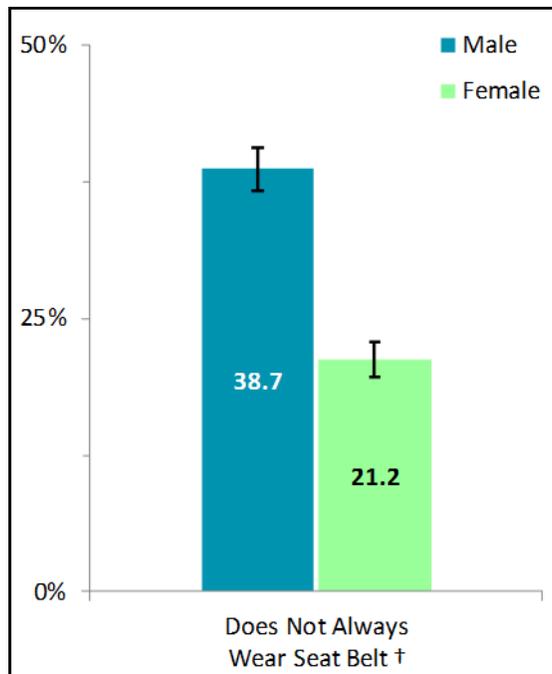


Table 17: Seat Belt Use, Montana Adults, 2012

	Does Not Always Wear Seat Belt †			
	Wt. %	95% CI		UnWt. N
LL		UL		
All Adults:	29.9	28.6	31.2	2,492
Sex:				
Male	38.7	36.7	40.7	1,433
Female	21.2	19.6	22.8	1,059
Age:				
18 - 24	43.2	37.9	48.6	199
25 - 34	32.6	29.1	36.2	319
35 - 44	28.6	25.2	32.3	284
45 - 54	28.3	25.5	31.2	454
55 - 64	25.1	22.7	27.6	519
65+	26.4	24.3	28.6	707
Education:				
<High School	42.8	37.6	48.3	251
High School	34.0	31.6	36.5	882
Some College	29.8	27.5	32.2	744
College Degree +	20.3	18.5	22.2	610
Income:				
<\$15,000	37.1	33.0	41.4	350
\$15,000 - \$24,999	34.2	31.0	37.6	520
\$25,000 - \$49,999	30.2	27.8	32.8	692
\$50,000 - \$74,999	27.1	23.9	30.5	313
\$75,000 +	23.5	20.9	26.2	374
Race/Ethnicity:				
White, non-Hispanic	29.2	27.9	30.6	2,151
AI/AN*	36.2	30.3	42.6	187
Other or Hispanic**	33.7	27.0	41.1	125
Disability:				
Disability	31.8	29.3	34.4	772
No Disability	29.2	27.7	30.7	1,709
Region:				
1- Eastern MT	48.6	44.5	52.8	455
2- N Central MT	35.5	32.3	38.8	646
3- S Central MT	29.7	26.6	32.9	377
4- Southwest MT	27.0	24.4	29.7	381
5- Northwest MT	24.9	22.7	27.3	597

† How often do you use seat belts when you drive or ride in a car?
 Total Sample Size: 8,475, Weighted Prevalence Estimate:
 227,800.

* American Indian or Alaska Native only.

** All other non-White (including multi-racial or Hispanic).

SEXUAL ASSAULT

Montana BRFSS, 2012

In 2012, 8.3% of Montana adults reported ever experiencing sexual assault and 10.0% of adults reported ever experiencing an attempted sexual assault.

Sociodemographic Trends

- ◆ The prevalence of experiencing sexual assault or attempted sexual assault was significantly higher among women than men.
- ◆ Older adults reported ever experiencing sexual assault or attempted sexual assault less often than younger adults.
- ◆ The prevalence of ever experiencing sexual assault or attempted sexual assault decreased with increasing household income levels.
- ◆ Adults with a disability reported ever experiencing sexual assault or attempted sexual assault more often than adults without a disability.
- ◆ Adults in the Northwest health planning region reported ever experiencing attempted sexual assault more often than adults in the Eastern health planning region.

Figure 18. Sexual Assault by Household Income Levels, Montana BRFSS, 2012

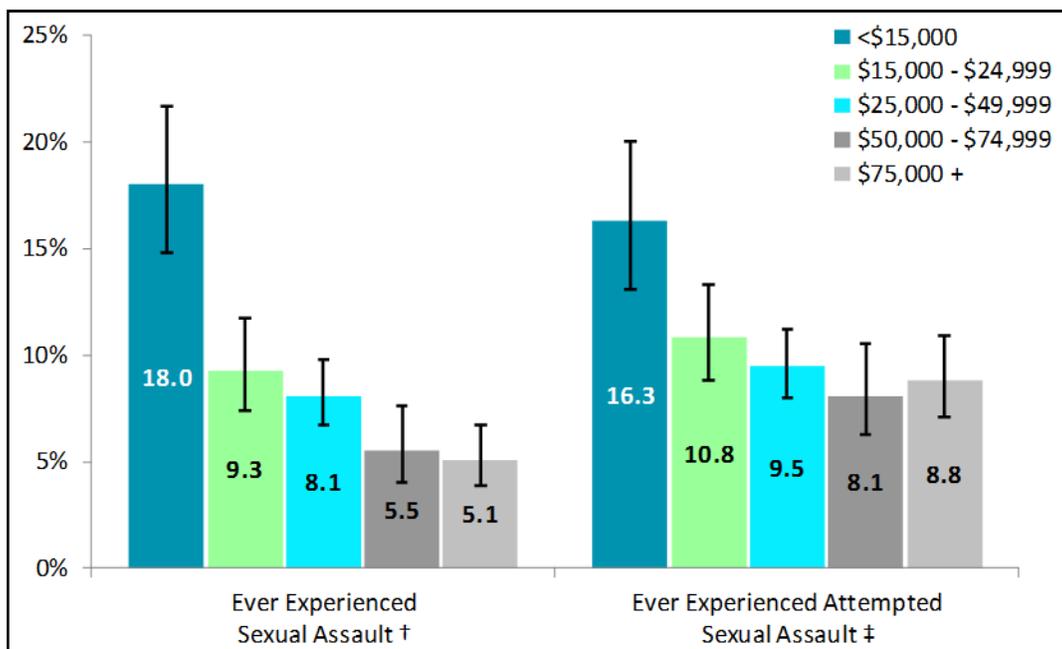


Table 18: Sexual Assault, Montana Adults, 2012

	Ever Experienced Sexual Assault †				Ever Experienced Attempted Sexual Assault ‡			
	Wt. %	95% CI		UnWt. N	Wt. %	95% CI		UnWt. N
		LL	UL			LL	UL	
All Adults:	8.3	7.5	9.1	641	10.0	9.2	11.0	774
Sex:								
Male	1.8	1.3	2.5	55	4.0	3.2	5.0	122
Female	14.6	13.2	16.1	586	16.0	14.5	17.5	652
Age:								
18 - 24	8.0	5.5	11.6	32	12.5	9.3	16.6	53
25 - 34	10.3	8.1	13.1	84	10.3	8.0	13.1	82
35 - 44	10.4	8.2	13.1	94	13.1	10.6	16.1	114
45 - 54	9.9	8.2	11.9	158	11.6	9.7	13.8	179
55 - 64	8.5	7.1	10.2	168	10.1	8.5	11.9	198
65+	3.8	3.0	4.8	104	4.9	4.0	6.0	147
Education:								
<High School	11.0	7.8	15.2	53	9.2	6.4	13.0	49
High School	6.9	5.8	8.3	174	8.8	7.4	10.4	204
Some College	9.4	8.0	11.1	225	11.4	9.8	13.2	247
College Degree +	7.5	6.2	8.9	189	10.1	8.7	11.7	273
Income:								
<\$15,000	18.0	14.8	21.7	167	16.3	13.1	20.0	153
\$15,000 - \$24,999	9.3	7.4	11.7	129	10.8	8.8	13.3	149
\$25,000 - \$49,999	8.1	6.7	9.8	163	9.5	8.0	11.2	213
\$50,000 - \$74,999	5.5	4.0	7.6	57	8.1	6.3	10.5	87
\$75,000 +	5.1	3.9	6.7	76	8.8	7.1	10.9	118
Race/Ethnicity:								
White, non-Hispanic	8.0	7.2	8.9	540	9.8	8.9	10.8	655
AI/AN*	9.8	6.4	14.5	55	12.8	8.8	18.1	69
Other or Hispanic**	11.6	7.7	17.1	41	11.3	7.6	16.6	44
Disability:								
Disability	15.2	13.2	17.3	312	15.4	13.4	17.6	319
No Disability	6.0	5.2	6.8	328	8.3	7.4	9.3	453
Region:								
1- Eastern MT	5.8	4.0	8.3	47	6.9	4.9	9.5	61
2- N Central MT	8.8	7.0	11.1	139	9.2	7.4	11.4	166
3- S Central MT	7.9	6.2	10.1	86	9.5	7.6	11.7	111
4- Southwest MT	8.4	6.9	10.1	125	10.1	8.4	12.0	145
5- Northwest MT	8.9	7.6	10.5	240	11.6	10.0	13.5	285

† Has anyone EVER had sex with you after you said or showed that you didn't want them to or without your consent? Total Sample Size: 7,779, Weighted Prevalence Estimate: 57,500.

‡ Has anyone EVER ATTEMPTED to have sex with you after you said or showed that you didn't want to or without your consent, BUT SEX DID NOT OCCUR? Total Sample Size: 7,787, Weighted Prevalence Estimate: 69,800.

* American Indian or Alaska Native only.

** All other non-White (including multi-racial or Hispanic).

ASTHMA

Montana BRFSS, 2012

In 2012, 13.7% of Montana adults reported ever having been diagnosed with asthma and 9.5% of adults currently had asthma.

Sociodemographic Trends

- ◆ Women reported lifetime and current asthma more frequently than men.
- ◆ Younger adults reported ever having been diagnosed with asthma more frequently than older adults.
- ◆ The prevalence of lifetime and current asthma decreased with increasing education and household income levels.
- ◆ The prevalence of lifetime and current asthma was significantly higher among Hispanics and other race/ethnic groups than among White, non-Hispanic adults.
- ◆ The prevalence of lifetime and current asthma was significantly higher among adults with a disability than adults without a disability.
- ◆ Adults in the North Central health planning region reported lifetime asthma more often than adults in the Eastern health planning region.

Figure 19. Asthma by Household Income Levels, Montana BRFSS, 2012

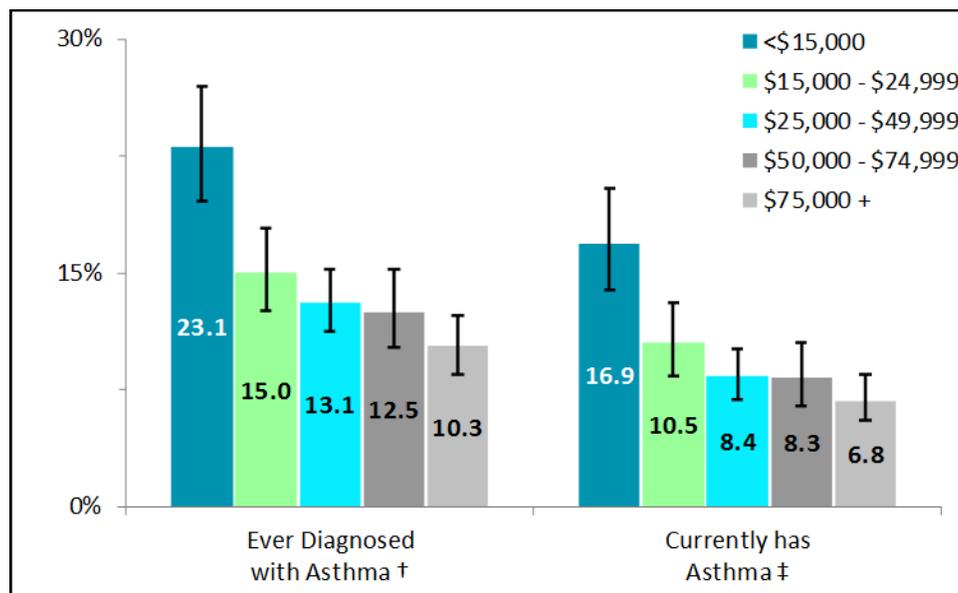


Table 19: Asthma, Montana Adults, 2012

	Ever Diagnosed with Asthma †				Currently has Asthma ‡			
	Wt. %	95% CI		UnWt. N	Wt. %	95% CI		UnWt. N
		LL	UL			LL	UL	
All Adults:	13.7	12.7	14.8	1,108	9.5	8.6	10.4	802
Sex:								
Male	12.2	10.9	13.7	432	7.5	6.4	8.7	291
Female	15.2	13.8	16.7	676	11.4	10.2	12.7	511
Age:								
18 - 24	20.4	16.4	25.2	84	12.7	9.4	16.9	49
25 - 34	15.2	12.6	18.2	133	8.4	6.5	10.9	81
35 - 44	13.5	11.0	16.4	119	9.7	7.5	12.3	89
45 - 54	12.4	10.4	14.8	188	9.7	7.9	11.8	138
55 - 64	12.0	10.2	13.9	239	8.6	7.2	10.4	185
65+	11.7	10.2	13.3	341	8.9	7.6	10.3	257
Education:								
<High School	20.5	16.3	25.5	112	15.8	12.1	20.5	89
High School	12.9	11.3	14.7	334	8.8	7.4	10.3	237
Some College	13.8	12.1	15.7	339	9.5	8.2	11.1	256
College Degree +	12.2	10.7	13.9	319	7.9	6.7	9.3	216
Income:								
<\$15,000	23.1	19.6	27.0	231	16.9	13.9	20.4	177
\$15,000 - \$24,999	15.0	12.6	17.9	212	10.5	8.4	13.1	159
\$25,000 - \$49,999	13.1	11.3	15.2	272	8.4	6.9	10.1	184
\$50,000 - \$74,999	12.5	10.2	15.2	140	8.3	6.5	10.5	97
\$75,000 +	10.3	8.5	12.3	159	6.8	5.5	8.5	110
Race/Ethnicity:								
White, non-Hispanic	13.2	12.2	14.2	929	9.0	8.2	9.9	662
AI/AN*	16.8	12.2	22.7	92	12.1	8.2	17.5	73
Other or Hispanic**	21.2	15.6	28.1	79	15.7	10.9	22.0	61
Disability:								
Disability	20.2	18.0	22.6	474	17.0	15.0	19.3	389
No Disability	11.5	10.4	12.6	622	6.9	6.0	7.8	404
Region:								
1- Eastern MT	10.3	8.1	13.1	107	8.2	6.3	10.6	87
2- N Central MT	17.1	14.6	20.0	288	12.0	9.9	14.4	222
3- S Central MT	13.0	10.8	15.6	155	9.1	7.2	11.4	114
4- Southwest MT	13.7	11.7	15.9	195	9.2	7.5	11.1	134
5- Northwest MT	13.8	12.1	15.7	349	9.5	8.0	11.2	238

† Did a doctor ever tell you that you had asthma? Total Sample Size: 8,653, Weighted Prevalence Estimate: 106,800.

‡ Do you currently have asthma? Total Sample Size: 8,624, Weighted Prevalence Estimate: 73,300.

* American Indian or Alaska Native only.

** All other non-White (including multi-racial or Hispanic).

ARTHRITIS

Montana BRFSS, 2012

In 2012, 27.8% of Montana adults had ever been diagnosed arthritis.

Sociodemographic Trends

- ◆ The prevalence of ever having been diagnosed with arthritis was significantly higher for women than men.
- ◆ Older adults reported ever having been diagnosed with arthritis more often than younger adults.
- ◆ The prevalence of arthritis decreased with increasing education and household income levels.
- ◆ Adults with a disability reported ever having been diagnosed with arthritis more often than adults without a disability.

Figure 20. Arthritis by Disability Status, Montana BRFSS, 2012

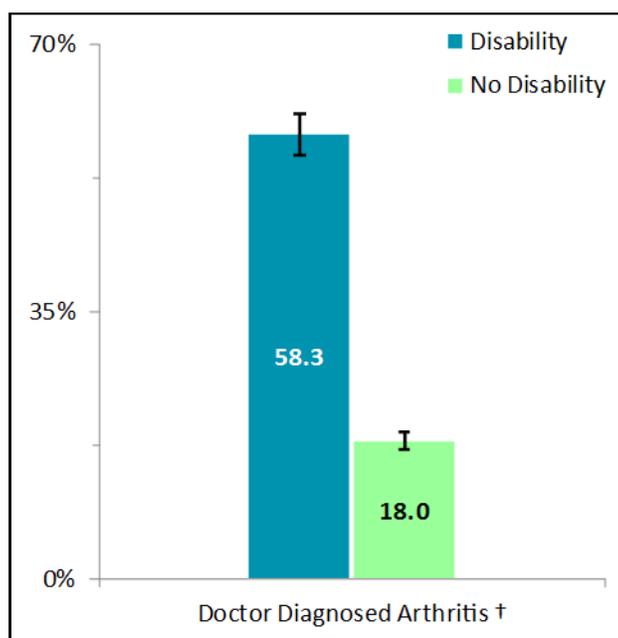


Table 20: Arthritis, Montana Adults, 2012

	Doctor Diagnosed Arthritis †			
	95% CI			
	Wt. %	LL	UL	UnWt. N
All Adults:	27.8	26.7	29.0	2,918
Sex:				
Male	25.0	23.4	26.7	1,133
Female	30.6	29.0	32.3	1,785
Age:				
18 - 24	5.7	3.5	9.0	24
25 - 34	10.6	8.4	13.4	94
35 - 44	18.0	15.1	21.4	150
45 - 54	28.9	26.1	31.9	436
55 - 64	40.2	37.5	43.0	786
65+	49.7	47.3	52.1	1,421
Education:				
<High School	35.2	30.4	40.3	265
High School	29.8	27.7	31.9	1,004
Some College	27.7	25.6	29.9	862
College Degree +	23.0	21.2	24.9	785
Income:				
<\$15,000	37.1	33.2	41.1	481
\$15,000 - \$24,999	32.0	29.1	35.0	642
\$25,000 - \$49,999	28.7	26.5	31.0	790
\$50,000 - \$74,999	22.2	19.4	25.2	314
\$75,000 +	22.7	20.3	25.4	378
Race/Ethnicity:				
White, non-Hispanic	27.6	26.4	28.9	2,524
AI/AN*	32.8	27.1	39.1	239
Other or Hispanic**	25.5	19.8	32.3	128
Disability:				
Disability	58.3	55.6	60.9	1,515
No Disability	18.0	16.9	19.2	1,383
Region:				
1- Eastern MT	29.2	25.7	32.9	331
2- N Central MT	30.6	27.8	33.5	691
3- S Central MT	28.4	25.6	31.4	429
4- Southwest MT	26.5	24.1	28.9	486
5- Northwest MT	27.5	25.5	29.7	951

† Ever been told by a health care professional that you have arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?
Total Sample Size: 8,637, Weighted Prevalence Estimate: 216,400.

* American Indian or Alaska Native only.

** All other non-White (including multi-racial or Hispanic).

CARDIOVASCULAR DISEASE

Montana BRFSS, 2012

In 2012, 4.5% of Montana adults had ever been diagnosed with a heart attack or what is called a myocardial infarction, 3.8% of adults had ever been diagnosed with angina or coronary heart disease (CHD) and 3.1% of adults had ever experienced a stroke.

Sociodemographic Trends

- ◆ The prevalence of ever having had a heart attack and angina or CHD was higher among men than women.
- ◆ Older adults reported ever having been diagnosed with a heart attack, angina or CHD, and stroke more often than younger adults.
- ◆ The prevalence of all three cardiovascular diseases decreased with increasing education and household income levels.
- ◆ The prevalence of ever having a heart attack was higher among American Indians/Alaska Natives than among Hispanics or other race/ethnicities. The prevalence of ever having had a stroke was higher among American Indians/Alaska Natives and Hispanics or other race/ethnicities than among White, non-Hispanic adults.
- ◆ Adults with a disability reported ever having been diagnosed with a heart attack, angina or CHD, and stroke more frequently than adults without a disability.

Figure 21. Cardiovascular Disease by Sex, Montana BRFSS, 2012

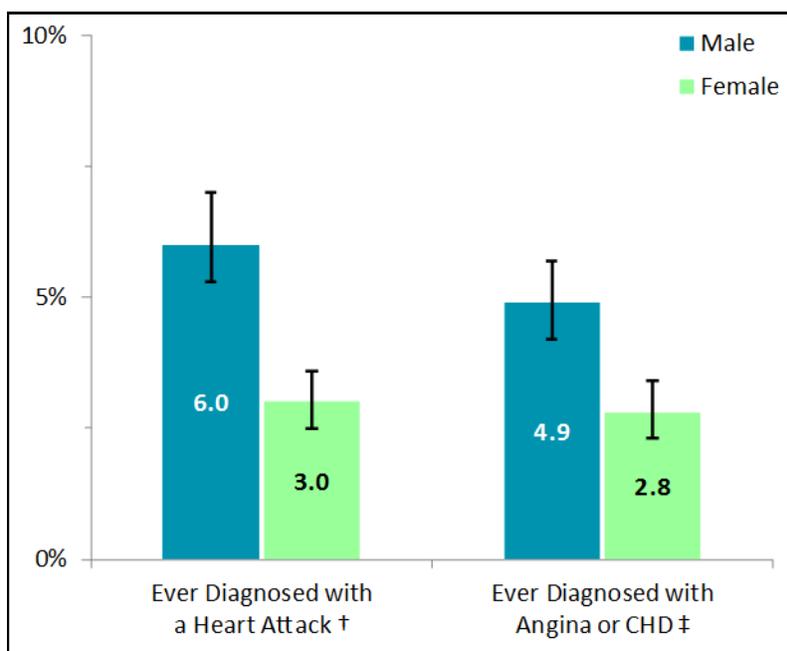


Table 21: Cardiovascular Disease, Montana Adults, 2012

	Ever Diagnosed with a Heart Attack †				Ever Diagnosed with Angina or CHD ‡				Ever Diagnosed with a Stroke §			
	Wt. %	95% CI		UnWt. N	Wt. %	95% CI		UnWt. N	Wt. %	95% CI		UnWt. N
		LL	UL			LL	UL			LL	UL	
All Adults:	4.5	4.0	5.0	508	3.8	3.4	4.3	459	3.1	2.7	3.5	339
Sex:												
Male	6.0	5.3	7.0	302	4.9	4.2	5.7	259	3.4	2.7	4.1	163
Female	3.0	2.5	3.6	206	2.8	2.3	3.4	200	2.8	2.3	3.4	176
Age:												
18 - 24	0.3	0.0	2.2	1	0.2	0.0	1.3	1	0.8	0.2	3.0	3
25 - 34	0.4	0.1	1.2	5	0.1	0.0	0.6	2	1.2	0.5	2.7	7
35 - 44	1.6	0.9	3.1	13	0.7	0.2	1.9	5	1.6	0.8	3.0	13
45 - 54	2.0	1.3	3.2	32	1.4	0.9	2.2	27	2.7	1.8	3.9	40
55 - 64	5.4	4.2	6.9	96	5.6	4.3	7.1	96	2.8	2.0	4.0	57
65+	13.7	12.1	15.4	359	11.7	10.2	13.3	325	7.6	6.5	9.0	219
Education:												
<High School	8.4	6.2	11.2	69	4.2	2.8	6.2	43	6.8	4.7	9.7	52
High School	5.8	4.9	6.9	199	4.7	3.9	5.6	176	3.7	3.0	4.7	136
Some College	3.6	2.9	4.5	134	4.0	3.2	4.9	139	2.4	1.8	3.2	79
College Degree +	2.7	2.1	3.4	104	2.5	1.9	3.2	98	1.8	1.4	2.4	72
Income:												
<\$15,000	7.2	5.5	9.2	105	5.5	4.1	7.2	89	6.5	4.8	8.7	78
\$15,000 - \$24,999	7.2	5.8	8.8	146	4.6	3.6	5.8	111	4.4	3.2	6.0	87
\$25,000 - \$49,999	4.8	3.9	5.8	139	4.4	3.5	5.4	131	2.7	2.0	3.5	86
\$50,000 - \$74,999	2.2	1.4	3.5	32	1.9	1.2	3.0	34	1.1	0.6	2.0	13
\$75,000 +	2.0	1.3	3.0	35	1.9	1.3	2.9	33	1.4	0.8	2.4	23
Race/Ethnicity:												
White, non-Hispanic	4.5	4.0	5.1	427	3.8	3.4	4.3	386	2.7	2.3	3.1	265
AI/AN*	6.4	4.4	9.2	53	4.7	3.0	7.2	45	6.2	3.9	9.6	43
Other or Hispanic**	2.4	1.3	4.6	19	2.8	1.5	5.0	23	6.3	3.4	11.4	27
Disability:												
Disability	10.5	9.1	12.1	288	8.7	7.5	10.2	267	7.3	6.1	8.7	206
No Disability	2.5	2.1	3.0	214	2.3	1.9	2.7	190	1.7	1.3	2.1	132
Region:												
1- Eastern MT	5.1	3.6	7.2	58	5.3	3.8	7.2	64	3.1	2.0	4.8	38
2- N Central MT	4.5	3.5	5.8	109	3.9	3.0	5.1	99	4.2	3.0	6.0	83
3- S Central MT	4.6	3.6	6.0	83	3.9	3.0	5.2	69	3.4	2.5	4.6	57
4- Southwest MT	4.3	3.4	5.6	76	3.4	2.6	4.4	67	2.3	1.6	3.3	42
5- Northwest MT	4.5	3.6	5.4	173	3.6	2.9	4.5	149	3.0	2.3	3.8	113

† Has a doctor ever told you that you had a heart attack? Total Sample Size: 8,636, Weighted Prevalence Estimate: 35,100.

‡ Has a doctor ever told you that you have angina or coronary heart disease (CHD)? Total Sample Size: 8,603, Weighted Prevalence Estimate: 35,100.

§ Has a doctor ever told you that you had a stroke? Total Sample Size: 8,653, Weighted Prevalence Estimate: 23,900.

* American Indian or Alaska Native only.

** All other non-White (including multi-racial or Hispanic).

DEPRESSIVE DISORDERS AND TREATMENT

Montana BRFSS, 2012

In 2012, one in five adults reported ever being diagnosed with a depressive disorder, 3.8% of adults reported serious psychological distress (SPD), as measured by the Kessler K-6 algorithm (see Appendix C for further information), and 12.3% of adults reported taking medicine or receiving treatment for their mental health condition or emotional problem.

Sociodemographic Trends

- ◆ Women reported ever being diagnosed with a depressive disorder and taking medicine or receiving treatment more often than men.
- ◆ The prevalence of ever being diagnosed with a depressive disorder and SPD decreased with increasing education.
- ◆ The prevalence of ever being diagnosed with a depressive disorder, SPD, and taking medicine or receiving treatment decreased with increasing household income levels.
- ◆ American Indians/Alaska Natives reported ever being diagnosed with a depressive disorder more often than White, non-Hispanic adults. American Indians/Alaska Natives and Hispanics or other race/ethnic groups reported SPD more often than White, non-Hispanic adults.
- ◆ The prevalence of ever being diagnosed with a depressive disorder, SPD, and taking medicine or receiving treatment was significantly higher among adults with a disability than adults without a disability.
- ◆ Adults in the North Central health planning region reported SPD more often than adults in the Southwest health planning region.

Figure 22. Depressive Disorders by Race/Ethnicity, Montana BRFSS, 2012

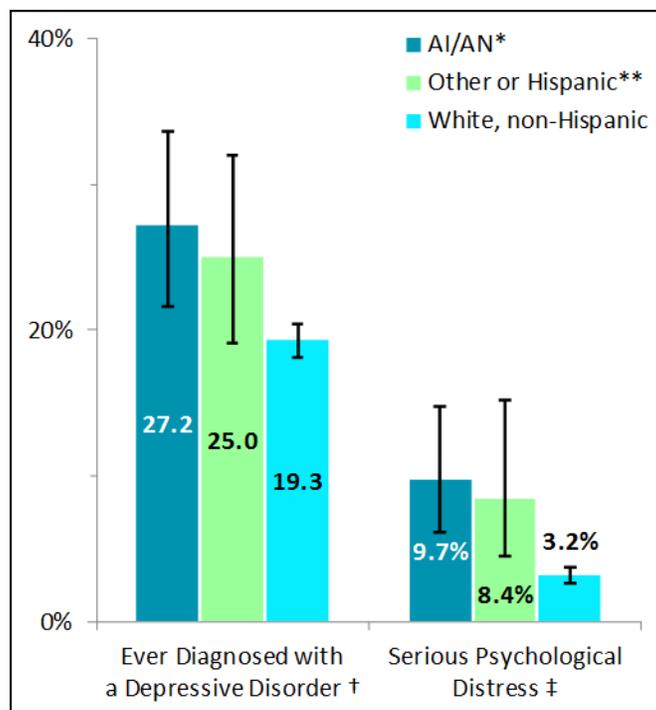


Table 22: Depressive Disorders and Treatment, Montana Adults, 2012

	Ever Diagnosed with a Depressive Disorder †				Serious Psychological Distress ‡				Taking Medicine or Receiving Treatment §			
	Wt. %	LL	UL	UnWt. N	Wt. %	LL	UL	UnWt. N	Wt. %	LL	UL	UnWt. N
All Adults:	20.0	18.9	21.2	1,713	3.8	3.3	4.5	288	12.3	11.4	13.2	1,069
Sex:												
Male	16.0	14.5	17.6	589	3.8	2.9	4.8	112	8.4	7.4	9.7	318
Female	24.0	22.4	25.7	1,124	3.9	3.2	4.7	176	16.1	14.7	17.5	751
Age:												
18 - 24	19.0	15.0	23.8	80	3.5	1.8	6.6	12	8.7	6.1	12.2	35
25 - 34	20.4	17.5	23.7	192	4.3	2.9	6.3	36	10.6	8.4	13.3	101
35 - 44	22.8	19.7	26.3	213	4.0	2.5	6.2	29	15.0	12.4	18.0	134
45 - 54	22.7	20.2	25.5	357	5.6	4.2	7.4	91	14.9	12.7	17.4	229
55 - 64	21.9	19.7	24.3	444	3.6	2.7	4.8	71	14.5	12.6	16.5	293
65+	14.5	12.9	16.3	422	2.3	1.5	3.3	48	9.7	8.4	11.3	276
Education:												
<High School	27.5	22.9	32.7	159	11.5	8.1	16.2	55	13.8	10.5	17.9	85
High School	20.2	18.3	22.4	551	4.3	3.4	5.6	111	11.9	10.3	13.5	324
Some College	20.9	18.9	23.0	524	2.8	2.0	3.8	69	13.3	11.6	15.1	337
College Degree +	15.9	14.3	17.7	478	1.9	1.4	2.7	53	11.0	9.7	12.6	319
Income:												
<\$15,000	35.5	31.5	39.6	380	9.3	7.1	12.1	99	21.9	18.6	25.6	242
\$15,000 - \$24,999	23.8	21.0	26.8	378	6.8	5.1	9.1	87	14.3	12.1	16.8	225
\$25,000 - \$49,999	20.4	18.3	22.8	430	3.0	2.1	4.4	47	12.7	11.0	14.7	272
\$50,000 - \$74,999	15.4	12.9	18.2	190	1.6	0.9	2.9	16	10.3	8.2	12.7	122
\$75,000 +	13.6	11.6	15.9	206	0.9	0.4	2.1	12	8.9	7.2	11.0	138
Race/Ethnicity:												
White, non-Hispanic	19.3	18.1	20.4	1,446	3.2	2.7	3.8	218	12.3	11.4	13.3	906
AI/AN*	27.2	21.6	33.6	154	9.7	6.2	14.8	45	12.0	8.6	16.7	91
Other or Hispanic**	25.0	19.1	32.0	93	8.4	4.5	15.2	22	11.4	8.0	16.0	60
Disability:												
Disability	38.4	35.8	41.1	875	11.1	9.3	13.2	219	24.9	22.6	27.4	573
No Disability	13.8	12.7	15.0	815	1.3	1.0	1.8	66	8.1	7.2	9.0	489
Region:												
1- Eastern MT	16.6	13.7	19.8	165	3.0	1.7	5.0	24	10.6	8.3	13.4	104
2- N Central MT	20.5	18.0	23.3	392	6.4	4.7	8.6	88	13.4	11.3	15.8	261
3- S Central MT	20.8	18.2	23.8	257	3.4	2.1	5.3	31	12.8	10.7	15.3	159
4- Southwest MT	18.1	16.0	20.5	282	2.8	2.0	4.1	37	10.7	9.1	12.6	170
5- Northwest MT	21.8	19.7	24.0	595	3.7	2.9	4.9	103	13.1	11.5	14.9	360

† Ever told that you have a depressive disorder, including depression, major depression, dysthymia, or minor depression? Total Sample Size: 8,638, Weighted Prevalence Estimate: 155,600.

‡ Based on Kessler K-6 scoring (see Appendix C). Total Sample Size: 8,097, Weighted Prevalence Estimate: 27,800.

§ Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem? Total Sample Size: 8,227, Weighted Prevalence Estimate: 90,500.

* American Indian or Alaska Native only.

** All other non-White (including multi-racial or Hispanic).

DIABETES

Montana BRFSS, 2012

In 2012, 7.2% of adults reported ever having been diagnosed with diabetes.

Sociodemographic Trends

- ◆ Older adults reported having diabetes more often than younger adults.
- ◆ The prevalence of diabetes decreased with increasing education and household income levels.
- ◆ American Indians/Alaska Natives reported having been diagnosed with diabetes more often than all other race/ethnic groups.
- ◆ The prevalence of ever having been diagnosed with diabetes was significantly higher among adults with a disability than adults without a disability.
- ◆ Adults in the Eastern and North Central health planning regions reported having been diagnosed with diabetes more frequently than adults in the Southwest health planning region. Adults in the Eastern health planning region also reported having been diagnosed with diabetes more often than adults in the Northwest health planning region.

Figure 23. Diabetes by Race/Ethnicity, Montana BRFSS, 2012

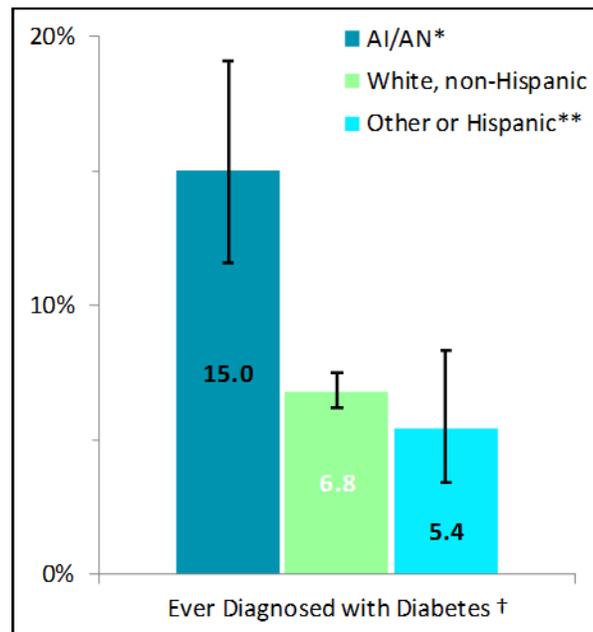


Table 23: Diabetes, Montana Adults, 2012

	Ever Diagnosed with Diabetes †			
	Wt. %	95% CI		UnWt. N
LL		UL		
All Adults:	7.2	6.6	7.9	884
Sex:				
Male	7.7	6.8	8.7	429
Female	6.7	6.0	7.6	455
Age:				
18 - 24	0.9	0.4	2.3	5
25 - 34	0.9	0.4	2.0	13
35 - 44	2.5	1.6	3.8	32
45 - 54	7.2	5.7	8.9	125
55 - 64	11.7	10.0	13.6	249
65+	15.3	13.7	17.0	455
Education:				
<High School	8.3	6.2	11.1	75
High School	9.0	7.8	10.3	348
Some College	6.7	5.7	7.8	257
College Degree +	5.4	4.5	6.4	200
Income:				
<\$15,000	10.0	8.1	12.2	167
\$15,000 - \$24,999	10.1	8.5	12.0	230
\$25,000 - \$49,999	7.4	6.3	8.7	229
\$50,000 - \$74,999	4.4	3.3	5.9	75
\$75,000 +	4.7	3.6	6.2	90
Race/Ethnicity:				
White, non-Hispanic	6.8	6.2	7.5	689
AI/AN*	15.0	11.6	19.1	128
Other or Hispanic**	5.4	3.4	8.3	52
Disability:				
Disability	15.4	13.7	17.2	462
No Disability	4.6	4.0	5.2	413
Region:				
1- Eastern MT	11.5	9.1	14.3	132
2- N Central MT	8.8	7.4	10.4	248
3- S Central MT	7.8	6.4	9.5	128
4- Southwest MT	5.3	4.3	6.6	104
5- Northwest MT	6.6	5.6	7.7	261

† Have you ever been told by a doctor you have diabetes?
 Total Sample Size: 8,666, Weighted Prevalence Estimate: 56,300.

* American Indian or Alaska Native only.

** All other non-White (including multi-racial or Hispanic).

OTHER CHRONIC CONDITIONS

Montana BRFSS, 2012

In 2012, 2.3% of Montana adults reported ever having been diagnosed with kidney disease. 18.5% of adults reported having trouble seeing, even when wearing glasses or contact lenses.

Sociodemographic Trends of Kidney Disease

- ◆ Older adults reported ever having been diagnosed with kidney disease more frequently than younger adults.
- ◆ The prevalence of ever having been diagnosed with kidney disease decreased with increasing household income levels.
- ◆ American Indians/Alaska Natives reported ever having been diagnosed with kidney disease more often than White, non-Hispanic adults.
- ◆ Adults with a disability reported ever having been diagnosed with kidney disease more often than adults without a disability.

Sociodemographic Trends of Vision Problems

- ◆ The prevalence of having trouble seeing was higher among women than men.
- ◆ Older adults reported having trouble seeing more frequently than younger adults.
- ◆ The prevalence of having trouble seeing decreased with increasing education and household income levels.
- ◆ American Indians/Alaska Natives reported having trouble seeing more often than White, non-Hispanic adults.
- ◆ Adults with a disability reported having trouble seeing more often than adults without a disability.

Figure 24. Other Chronic Conditions by Disability Status, Montana BRFSS, 2012

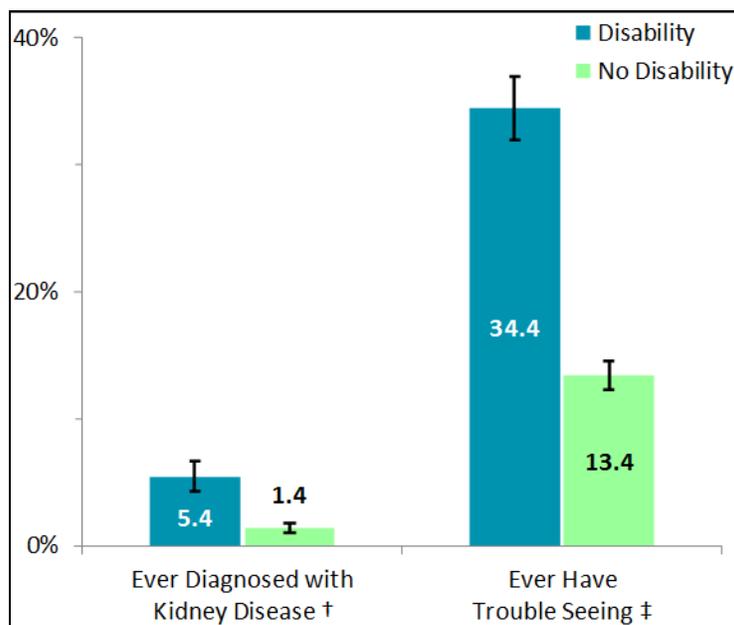


Table 24: Other Chronic Conditions, Montana Adults, 2012

	Ever Diagnosed with Kidney Disease †				Ever Have Trouble Seeing ‡			
	Wt. %	95% CI		UnWt. N	Wt. %	95% CI		UnWt. N
		LL	UL			LL	UL	
All Adults:	2.3	2.0	2.8	261	18.5	17.5	19.6	1,732
Sex:								
Male	2.2	1.7	2.8	109	16.6	15.1	18.1	674
Female	2.5	2.0	3.2	152	20.5	19.0	22.1	1,058
Age:								
18 - 24	0.9	0.2	3.8	2	15.7	12.1	20.1	70
25 - 34	1.0	0.5	2.1	12	11.3	9.0	14.1	104
35 - 44	1.7	0.9	3.3	16	13.0	10.6	15.7	128
45 - 54	1.5	0.9	2.3	33	23.1	20.6	26.0	347
55 - 64	3.7	2.8	4.9	71	21.8	19.5	24.2	435
65+	4.3	3.4	5.4	127	22.9	21.0	24.9	638
Education:								
<High School	3.2	1.8	5.6	25	25.3	21.2	30.0	176
High School	3.0	2.2	4.0	100	21.9	19.9	24.0	637
Some College	1.9	1.4	2.6	71	16.7	14.9	18.6	482
College Degree +	1.8	1.3	2.5	64	14.5	12.9	16.2	433
Income:								
<\$15,000	3.6	2.4	5.2	50	32.5	28.7	36.6	361
\$15,000 - \$24,999	3.0	2.2	4.2	73	22.8	20.2	25.6	400
\$25,000 - \$49,999	2.7	1.9	3.8	66	17.2	15.2	19.3	418
\$50,000 - \$74,999	1.0	0.6	1.9	19	11.1	9.2	13.4	159
\$75,000 +	1.4	0.9	2.3	25	12.6	10.7	14.7	200
Race/Ethnicity:								
White, non-Hispanic	2.1	1.7	2.5	207	17.6	16.6	18.8	1,418
AI/AN*	6.7	3.9	11.3	41	26.1	21.2	31.8	183
Other or Hispanic**	3.3	1.5	7.0	13	24.2	18.8	30.7	105
Disability:								
Disability	5.4	4.3	6.7	152	34.4	31.9	37.0	848
No Disability	1.4	1.0	1.8	108	13.4	12.3	14.6	867
Region:								
1- Eastern MT	2.5	1.6	4.0	30	18.7	15.8	22.0	206
2- N Central MT	2.2	1.6	3.1	64	18.8	16.4	21.6	380
3- S Central MT	1.8	1.2	2.8	32	16.0	13.8	18.4	235
4- Southwest MT	2.6	1.8	3.8	43	19.1	17.0	21.5	305
5- Northwest MT	2.4	1.7	3.2	85	19.5	17.6	21.6	578

† Has a doctor ever told you that you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence. Total Sample Size: 8,648, Weighted Prevalence Estimate: 18,300.

‡ Do you have any trouble seeing, even when wearing glasses or contact lenses? Total Sample Size: 8,615, Weighted Prevalence Estimate: 143,800.

* American Indian or Alaska Native only.

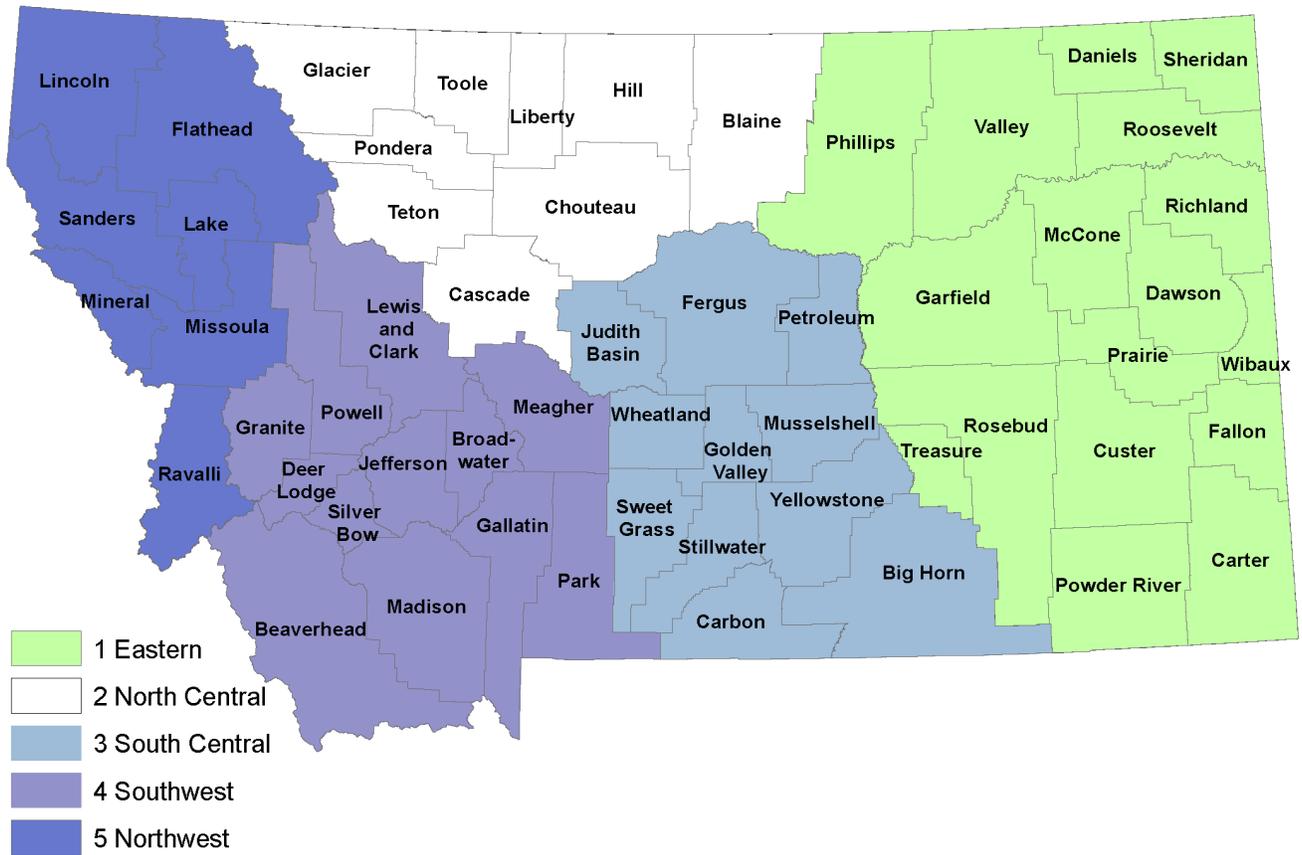
** All other non-White (including multi-racial or Hispanic).

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APPENDIX A

Montana BRFSS, 2012

Map of Montana's Health Planning Regions



APPENDIX B

Montana BRFSS, 2012

Regional Comparisons of Selected 2012 Health Indicators of Montana Adults¹

2012 Health Indicator	U.S. 2012 Median (Range)	Montana Wt.% 95% CI	Eastern Wt.% 95% CI	N. Central Wt.% 95% CI	S. Central Wt.% 95% CI	Southwest Wt.% 95% CI	Northwest Wt.% 95% CI
Health Status Indicators							
Fair or Poor General Health	17.1 (11.7-36.1)	15.8 14.8-16.8	17.2 14.4-20.4	18.2 16.0-20.8	15.9 13.7-18.4	13.3 11.5-15.2	16.3 14.5-18.2
Limited Activity due to Health Problems	20.0 (15.0-28.6)	23.2 22.1-24.4	21.7 18.6-25.2	24.3 21.7-27.2	21.6 19.1-24.3	21.3 19.1-23.7	26.2 24.1-28.5
Clinical Preventive Practices							
No Mammogram Within Past Two Years ²	23.0 (12.9-34.6)	31.1 29.1-33.2	33.6 27.8-39.9	30.9 26.3-35.8	27.6 23.1-32.5	30.9 26.6-35.6	32.8 29.2-36.6
No Pap Test Within Past Three Years ³	22.1 (17.8-36.5)	23.9 22.0-26.0	30.7 24.7-37.5	21.6 17.2-26.7	21.4 17.3-26.1	25.0 21.0-29.5	24.1 20.8-27.8
No Blood Stool Test Within Past Two Years ⁴	85.8 (72.1-94.3)	89.1 88.0-90.1	86.8 83.2-89.8	91.7 89.5-93.4	91.6 89.1-93.5	85.5 82.8-87.8	89.6 87.5-91.3
No Sigmoidoscopy or Colonoscopy Ever ⁴	33.2 (22.4-57.5)	38.9 37.2-40.6	50.2 45.1-55.4	39.2 35.3-43.1	34.2 30.4-38.3	38.6 35.0-42.2	38.0 35.0-41.0
No PSA Test Within Past Two Years ⁵	54.8 (23.2-80.1)	54.3 51.8-56.7	43.8 36.6-51.3	52.2 46.4-58.0	55.4 49.4-61.3	52.5 47.4-57.5	57.8 53.3-62.2
Influenza Immunization in the Past Year ⁶	60.1 (26.3-70.1)	57.5 55.2-59.9	57.2 50.1-64.0	52.7 47.5-57.8	63.2 57.7-68.4	59.5 54.4-64.5	56.6 52.3-60.8
Ever Had Pneumococcal Immunization ⁶	68.5 (22.2-76.2)	69.5 67.2-71.7	67.4 60.2-73.8	66.4 61.1-71.3	75.9 70.7-80.5	69.4 64.3-74.1	67.4 63.1-71.4
Health Related Risk Behaviors							
No Leisure Time Physical Activity	23.1 (16.3-42.5)	20.5 19.4-21.6	27.0 23.5-30.7	27.5 24.7-30.5	21.8 19.2-24.6	17.3 15.3-19.5	17.4 15.6-19.4
Overweight	35.8 (30.0-39.1)	37.0 35.7-38.4	38.4 34.3-42.6	38.4 35.1-41.8	38.5 35.2-41.8	34.4 31.7-37.2	37.3 34.8-39.9
Obese	28.1 (20.5-34.7)	24.3 23.1-25.5	33.7 29.9-37.7	29.8 26.8-33.0	23.6 20.8-26.5	20.5 18.2-23.0	23.5 21.4-25.8
Current Smoker	19.6 (10.6-28.3)	19.7 18.6-20.9	18.4 15.4-21.9	22.7 19.8-25.8	21.0 18.3-23.9	17.8 15.5-20.2	19.6 17.5-21.8
Heavy Drinking	6.1 (3.5-8.5)	8.5 7.7-9.4	7.7 5.6-10.4	8.2 6.4-10.4	8.6 6.9-10.7	8.9 7.4-10.8	8.3 6.8-10.0
Binge Drinking	16.9 (10.2-25.2)	21.7 20.5-23.0	20.0 16.7-23.8	20.5 17.7-23.6	21.4 18.7-24.4	23.4 20.9-26.2	21.2 19.0-23.5

APPENDIX B

Montana BRFSS, 2012

Regional Comparisons of Selected 2012 Health Indicators of Montana Adults

2012 Health Indicator	U.S. 2012 Median (Range)	Montana Wt% 95% CI	Eastern Wt% 95% CI	N. Central Wt% 95% CI	S. Central Wt% 95% CI	Southwest Wt% 95% CI	Northwest Wt% 95% CI
Chronic Health Conditions							
Currently Have Asthma	8.9 (5.8-11.1)	9.5 8.6-10.4	8.2 6.3-10.6	12.0 9.9-14.4	9.1 7.2-11.4	9.2 7.5-11.1	9.5 8.0-11.2
Ever Had Heart Attack	4.5 (2.7-7.4)	4.5 4.0-5.0	5.1 3.6-7.2	4.5 3.5-5.8	4.6 3.6-6.0	4.3 3.4-5.6	4.5 3.6-5.4
Ever Diagnosed with Angina or CVD	4.3 (2.6-8.5)	3.8 3.4-4.3	5.3 3.8-7.2	3.9 3.0-5.1	3.9 3.0-5.2	3.4 2.6-4.4	3.6 2.9-4.5
Ever Had Stroke	2.9 (1.8-4.6)	3.1 2.7-3.5	3.1 2.0-4.8	4.2 3.0-6.0	3.4 2.5-4.6	2.3 1.6-3.3	3.0 2.3-3.8
Diabetes, Doctor Diagnosed	9.7 (7.0-16.4)	7.2 6.6-7.9	11.5 9.1-14.3	8.8 7.4-10.4	7.8 6.4-9.5	5.3 4.3-6.6	6.6 5.6-7.7

¹ Further geographic comparisons can be found for selected Metropolitan-Micropolitan Statistical Areas (MMSAs) on our BRFSS SMART data query website: http://www.brfss.mt.gov/html/additional_resources.shtml.

² Among women 50 years of age and older.

³ Among women 18 years of age and older.

⁴ Among adults 50 years of age and older.

⁵ Among men 40 years of age and older.

⁶ Among adults 65 years of age and older.

APPENDIX C

Montana BRFS, 2012

Serious Psychological Distress Scoring Using Kessler K-6 Scale and Scoring¹

1. About how often during the past 30 days did you feel **nervous**—would you say *all* of the time, *most* of the time, *some* of the time, *a little* of the time, or *none* of the time?

- a. All. 1
- b. Most. 2
- c. Some. 3
- d. A little. 4
- e. None. 5
- Don't know/not sure. 7
- Refused. 9

2. During the past 30 days, about how often did you feel **hopeless**—*all* of the time, *most* of the time, *some* of the time, *a little* of the time, or *none* of the time?

- a. All. 1
- b. Most. 2
- c. Some. 3
- d. A little. 4
- e. None. 5
- Don't know/not sure. 7
- Refused. 9

3. During the past 30 days, about how often did you feel restless or **fidgety**? [*If necessary: all, most, some, a little, or none of the time?*]

- a. All. 1
- b. Most. 2
- c. Some. 3
- d. A little. 4
- e. None. 5
- Don't know/not sure. 7
- Refused. 9

4. During the past 30 days, about how often did you feel so depressed that **nothing could cheer you up**? [*If necessary: all, most, some, a little, or none of the time?*]

- a. All. 1
- b. Most. 2
- c. Some. 3
- d. A little. 4
- e. None. 5
- Don't know/not sure. 7
- Refused. 9

5. During the past 30 days, about how often did you feel that **everything was an effort**? [*If necessary: all, most, some, a little, or none of the time?*]

- a. All. 1
- b. Most. 2
- c. Some. 3
- d. A little. 4
- e. None. 5
- Don't know/not sure. 7
- Refused. 9

APPENDIX C

Montana BRFSS, 2012

6. During the past 30 days, about how often did you feel **worthless**? [If necessary: all, most, some, a little, or none of the time?]

- a. All. 1
- b. Most. 2
- c. Some. 3
- d. A little. 4
- e. None. 5
- Don't know/not sure. 7
- Refused. 9

Algorithm

- ◆ Scoring of individual items is based on a scale of between 0 and 4 points, according to increased frequency of the problem.
- ◆ Points are scored across the 6 questions.
- ◆ Total K6 score ranges between 0 and 24.
- ◆ Respondent with a score of ≥ 13 is considered to have *serious psychological distress (SPD)*.

RESPONSE		POINTS
All (1)	=	4 points
Most (2)	=	3 points
Some (3)	=	2 points
A little (4)	=	1 point
None (5)	=	0 points

- ◆ Both continuous (total score) and dichotomous scales (SPD) can be used based upon research need.
- ◆ Respondents with SPD are very likely to have a mental disorder.

¹ Kessler RC, Barke, PR, Colpe, LJ, Epstein JF, Gfroerer JC, Hiripi E, Howes MJ, Normand S-LT, Manderscheid RW, Walters EE, and Zaslavsky AM. Screening for serious mental illness in the general population. **Archives of General Psychiatry** 2003; 60(2), 184-189.

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APPENDIX D

Montana BRFSS, 2012

Data Use Permission and Contact Information

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