

2006 PRC COMMUNITY HEALTH ASSESSMENT

Yellowstone County, Montana

Sponsored By
THE ALLIANCE

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INTRODUCTION

PROJECT OVERVIEW

Project Goals

This Community Health Assessment is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in a defined geographical region. Subsequently, this information may be used to formulate strategies to improve community health and wellness.

A Community Health Assessment provides the information needed to consider when developing effective interventions so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Assessment will serve as a tool toward reaching three basic goals:

- To improve residents' health status, increase their life spans, and elevate their overall quality of life. A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- To reduce the health disparities among residents. By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents' health.
- To increase accessibility to preventive services for all community residents. More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

Community Defined for This Assessment

The “community” defined for this assessment includes each of the ZIP Codes comprising Yellowstone County. These include ZIP Codes 59002, 59006, 59015, 59024, 59037, 59044, 59057, 59064, 59079, 59088, 59101, 59102, 59105 and 59106.

METHODOLOGY

Community Health Survey

The survey instrument used for this study is largely based on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as other public health surveys and customized questions addressing gaps in indicator data relative to national health promotion and disease prevention objectives and other recognized health issues.

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the *PRC Community Health Survey*. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology was employed. The primary advantages of telephone interviewing are timeliness, efficiency and random selection capabilities.

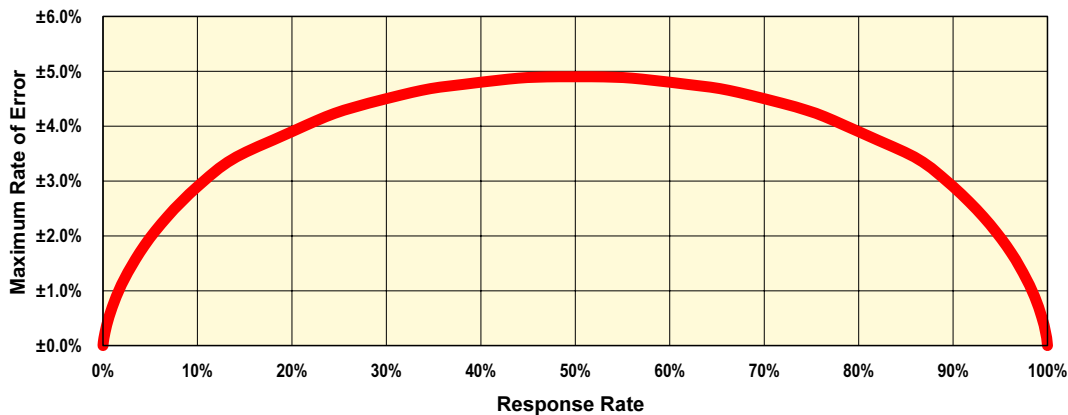
Sample Design

The sample design used for this effort consisted of a random sample of 400 individuals aged 18 and older in the defined community. Once these data were collected, the sample was weighted in proportion to the actual population distribution at the ZIP Code level. Population estimates were based on census projections of adults aged 18 and over provided in the latest *ESRI BIS Demographic Portfolio*.

All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

Sampling Error

Expected Error Ranges for a Sample of 400 Respondents at the 95 Percent Level of Confidence



Note: The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Example 1: For example, if 10% of the sample of 400 respondents answered a certain question with a "yes," it can be asserted that between 7.1% and 12.9% (10% ± 2.9%) of the total population would offer this response.

Example 2: If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 46.1% and 53.9% (50% ± 3.9%) of the total population would respond "yes" if asked this question.

For statistical purposes, the maximum rate of error associated with a sample size of 400 respondents is ±4.9% at the 95 percent level of confidence.

In addition, for further analysis, keep in mind that each percentage point recorded among the total sample of survey respondents is representative of approximately 1,000 residents aged 18 and older in Yellowstone County (based on current population estimates). Thus, in a case where 3.4% of the total sample gives a particular response to a survey question, this is representative of approximately 3,400 people and therefore must not be dismissed as too small to be significant.

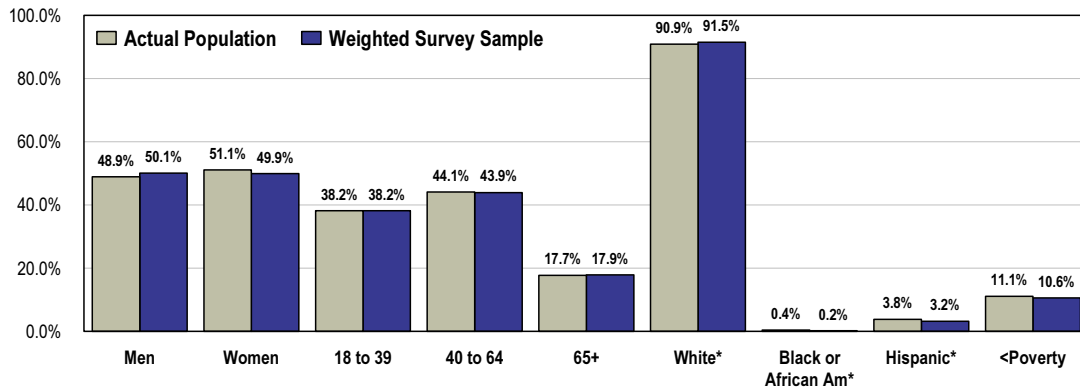
Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. And, while this random sampling of the population produces a highly representative sample, it is a common and preferred practice to “weight” the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely gender, age, race, ethnicity, and poverty status) and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual’s responses is maintained, one respondent’s responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents aged 18 and older; data on children were given by proxy by the person most responsible for that child’s healthcare needs, and these children are not represented demographically in this chart.]

Population and Sample Characteristics

(Yellowstone County, 2005)



- Sources:
- Census 2000, Summary File 3 (SF 3). U.S. Census Bureau.
 - 2005 PRC Community Health Survey, Professional Research Consultants.
 - Hispanic can be of any race.
 - *White and Black or African American sample percentages do not include Hispanic respondents who did not offer a race response.

Further note that the poverty descriptions and segmentation used in this report are based on 2005 administrative poverty thresholds determined by the U.S. Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2005 guidelines place the poverty threshold for a family of

four at \$19,350 annual household income or lower). In sample segmentation: “Low Income” refers to community members living in a household with defined poverty status or households living just above the poverty level, earning up to twice the poverty threshold; and “Middle to High Income” refers to households with incomes more than twice the poverty threshold defined for their household size.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in Yellowstone County with a high degree of confidence.

Public Health, Vital Statistics and Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Assessment. Data were obtained from the following sources (specific citations are included the graphs throughout this report):

- ESRI BIS Demographic Portfolio (Projections Based on Census 2000)
- Centers for Disease Control and Prevention
- National Center for Health Statistics
- Montana Department of Public Health and Human Services
- Montana Board of Crime Control
- Northwest Area Foundation, Urban Indian Community Ventures
- United States Department of Justice

Benchmark Data

Statewide Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local findings. These data are reported in the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Summary Prevalence Reports* published by the Centers for Disease Control and Prevention and the U.S. Department of Health & Human Services.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2005 PRC National Health Survey*. The methodological approach for the national study is identical to that employed in this assessment, and these data may be generalized to the U.S. population with a high degree of confidence.

Healthy People 2010

Healthy People 2010: Understanding and Improving Health is part of the Healthy People 2010 initiative that is sponsored by the U. S. Department of Health & Human Services. Healthy People 2010 outlines a comprehensive, nationwide health promotion and disease prevention agenda. It is

designed to serve as a roadmap for improving the health of all people in the United States during the first decade of the 21st century.

“With [specific] health objectives in 28 focus areas, Healthy People 2010 will be a tremendously valuable asset to health planners, medical practitioners, educators, elected officials, and all of us who work to improve health. Healthy People 2010 reflects the very best in public health planning—it is comprehensive, it was created by a broad coalition of experts from many sectors, it has been designed to measure progress over time, and, most important, it clearly lays out a series of objectives to bring better health to all people in this country.”

— Donna E. Shalala, (Former) Secretary of Health & Human Services



Like the preceding Healthy People 2000 initiative—which was driven by an ambitious, yet achievable, 10-year strategy for improving the nation’s health by the end of the 20th century—Healthy People 2010 is committed to a single, overarching purpose: promoting health and preventing illness, disability and premature death.

Community Health Panels

As part of the community health assessment, there were five community health panels held in Yellowstone County. These health panels included meetings with Physicians and Other Health Professionals, Employers, Educators and Public Service Providers, Community Leaders and Social Services Providers.

A list of recommended participants for the health panels was provided by The Alliance. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Health Panel candidates were first contacted by letter to request their participation. Follow-up phone calls were then made to ascertain whether or not they would be able to attend. Confirmation calls were placed the day before the groups were scheduled to insure they would have a reasonable turnout. Final participation rates are segmented below.

DATE	TIME	GROUP	PARTICIPANTS
11/30	3:30 PM	Social Services Providers	19
11/30	6:00 PM	Community Leaders	9
12/01	12:00 PM	Employers	6
12/01	6:00 PM	Educators/Public Services	8
12/02	7:00 AM	Physicians/Health Professionals	14

The health panel sessions were recorded on audio tapes from which verbatim comments in the report are taken. After each quote, the speaker’s group is denoted; however, aside from this group affiliation, there are no names connected with the comments, as participants were asked to speak candidly and assured of confidentiality.

NOTE: These findings represent qualitative rather than quantitative data. The groups were designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts.

SUMMARY OF ASSESSMENT FINDINGS

SUMMARY OF FINDINGS

Key Points

Self-Reported Health Status

Two positive indicators of health status in Yellowstone are lower prevalence of “fair/poor” physical health and “fair/poor” mental health in comparison to national findings. In contrast:

- **Mental Health.** The Yellowstone County death rate for Alzheimer’s Disease is higher than reported nationally.

Death & Disability

There are a few positive indicators of death and disability in Yellowstone County in comparison with national findings: a lower prevalence of chronic heart disease, high blood pressure, nasal/hay fever allergies and migraines/severe headaches; a higher percentage of women aged 40 and older who participated in breast cancer screening in the past two years; a higher percentage of children aged 5 to 17 reporting consistent seat belt usage; a lower incidence of tuberculosis; a lower violent crime rate; and lower death rates for diseases of the heart, cancer, pneumonia/influenza, homicide and diabetes. However, Yellowstone County compares unfavorably to national findings in the following regards:

- **Cardiovascular Disease.** Yellowstone County residents are less likely to have participated in cholesterol screening in the past five years. The death rate for stroke is also higher in Yellowstone County than seen nationally.
- **Injury & Violence.** Area residents are more likely to have firearms in their home and are more likely to have firearms in home with children compared to their national counterparts. Area residents are also more likely than adults nationwide to have been a victim of a violent crime in the past five years. Death rates in Yellowstone County are also higher than seen nationally for motor vehicle crashes, suicide, and unintentional injuries as a whole.
- **Respiratory Disease.** The death rate for chronic lower respiratory disease is higher in Yellowstone County than seen nationally.

Infectious & Chronic Disease

Positive findings in Yellowstone County include: a higher utilization of influenza immunizations among high-risk adults aged 18 to 64; a lower incidence of hepatitis A, salmonellosis, shigellosis, gonorrhea, hepatitis B, chlamydia, and primary/secondary syphilis; and a lower death rate for HIV/AIDS. However:

- **HIV.** Adults aged 18 to 64 are less likely than their national counterparts to have been tested for HIV in the past year.

Births

Regarding maternal, infant, and child health, the percentage of low birthweight births is more favorable in Yellowstone County than nationwide, as is the percentage of births to teenagers aged 10 to 17.

Modifiable Health Risks

In comparison to national averages, negative findings relating to modifiable health risk behavior in Yellowstone County include:

- **Nutrition & Overweight.** Area residents are less likely to eat at least three servings of vegetables each day (with at least a third of those servings being dark green or orange vegetables). Yellowstone County community members are also less likely to receive advice on nutrition in the past year. Overweight residents are likely to have been advised to lose weight in the past year.
- **Physical Activity & Fitness.** Area residents are less likely to participate in regular moderate exercise compared to their national counterparts, or to meet physical exercise recommendations.
- **Substance Abuse.** The death rate for cirrhosis/liver disease is higher in Yellowstone County than seen nationally.
- **Tobacco Use.** Smokers in Yellowstone County are less likely than their national counterparts to receive advice regarding smoking cessation.

Access to Healthcare Services

Access is a key issue for communities across the country. Barriers such as cost, transportation, insurance acceptance, physician and appointment availability, and inconvenient office hours are prohibitive factors for many residents. While the levels for access limitations in Yellowstone County as a whole are comparable to the U.S. for most of these items, the important analysis is how these barriers impact various subsegments of the population, particularly low-income residents. A significant amount of time in all health panels was spent discussing access to healthcare services. Negative findings related to access in Yellowstone County include:

- **Primary Care Services.** Local adults, when compared with adults nationally, are less likely to have had a routine checkup in the past year, and insured adults are less likely to have prescription drug coverage.

Health Education & Outreach

Throughout the community health panels, it became evident to participants that crucial to improving the community's health status is education — whether that be through resources already available, disseminating information to the public, or increased communication and coordination of services among providers. Community health panel members also stressed the need to further educate community children, not just in basic subjects (such as reading or math), but in exercise, nutrition, and sexuality as well. Furthermore, health panel members stressed the need to involve the entire community, not just the residents but the hospitals and businesses as well, in health improvement efforts.

Special Populations: American Indians

While the American Indian population of Billings was not represented in the *PRC Community Health Survey* at levels that allow these responses to be examined individually, this report does integrate health-related findings for the Billings area American Indian population from the *Community Based Research Survey* conducted by the Northwest Area Foundation Urban Indian Community Ventures in 2005.*

This study reveals the following findings from American Indians in the Billings Metropolitan Statistical Area (MSA):

- **Health Insurance.** A total of 59.9% of surveyed American Indians in the Billings area reported having some type of health insurance coverage, roughly one-half private insurance, one-half Medicaid/Medicare. **A total of 40.1% of those surveyed had no coverage.**
- **Healthcare Needs.** A majority of surveyed American Indians believe that their healthcare needs are being “completely” (25.8%) or “mostly” (41.8%) met. However, 32.5% feel they are being only “somewhat met” (24.5%) or “not at all” (8.0%).
- **Barriers to Healthcare.** When asked what barriers they encounter in meeting their family’s healthcare needs, the greatest share of responses related to **cost** (mentioned by 48.7%) or **lack of insurance** (28.9%). **Lack of transportation** was also a common response (23.4%).
- **Racism.** One out of four American Indians surveyed in the Billings area reports experiencing racism in their healthcare encounters.
- **Health Services Needed in the Community.** When asked what health services are needed in the community, 59.5% of surveyed American Indians in the Billings area mentioned **drug/alcohol prevention programs** (the top response); another 45.9% mentioned **drug/alcohol treatment programs**.

* Community Based Research Survey 2005. Northwest Area Foundation Urban Indian Community Ventures. Submitted by Julie Nielsen. July 15, 2005.

Tracking the Nation's Leading Health Indicators

Healthy People 2010 & the Nation's Leading Health Indicators**

A major challenge throughout the history of Healthy People has been to balance a comprehensive set of health objectives with a smaller set of health priorities. Thus, Healthy People 2010 has identified the following health issues as the Leading Health Indicators for the Nation:

Healthy People 2010: Nation's Leading Health Indicators	
Physical Activity	Overweight & Obesity
Tobacco Use	Substance Abuse
Responsible Sexual Behavior	Mental Health
Injury & Violence	Environmental Quality
Immunization	Access to Healthcare

The Leading Health Indicators reflect the major public health concerns in the United States and were chosen based on their ability to motivate action, the availability of data to measure their progress, and their relevance as broad public health issues. The Leading Health Indicators illuminate individual behaviors, physical and social environmental factors, and important health system issues that greatly affect the health of individuals and communities. Underlying each of these indicators is the significant influence of income and education.

The process of selecting the Leading Health Indicators mirrored the collaborative and extensive efforts undertaken to develop Healthy People 2010. The process was led by an interagency work group within the U.S. Department of Health and Human Services. Individuals and organizations provided comments at national and regional meetings or via mail and the Internet. A report by the Institute of Medicine, National Academy of Sciences, provided several scientific models on which to support a set of indicators. Focus groups were used to ensure that the indicators are meaningful and motivating to the public.

For each of the Leading Health Indicators, specific objectives derived from Healthy People 2010 will be used to track progress. This small set of measures will provide a snapshot of the health of the Nation. Tracking and communicating progress on the Leading Health Indicators through national- and State-level report cards will spotlight achievements and challenges in the next decade. The Leading Health Indicators serve as a link to the 467 objectives in *Healthy People 2010* and can become the basic building blocks for community health initiatives.

The Leading Health Indicators are intended to help everyone more easily understand the importance of health promotion and disease prevention and to encourage wide participation in improving health in the next decade. Developing strategies and action plans to address one or more of these indicators can have a profound effect on increasing the quality of life and the

** Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

years of healthy life and on eliminating health disparities—creating *healthy people in healthy communities*.

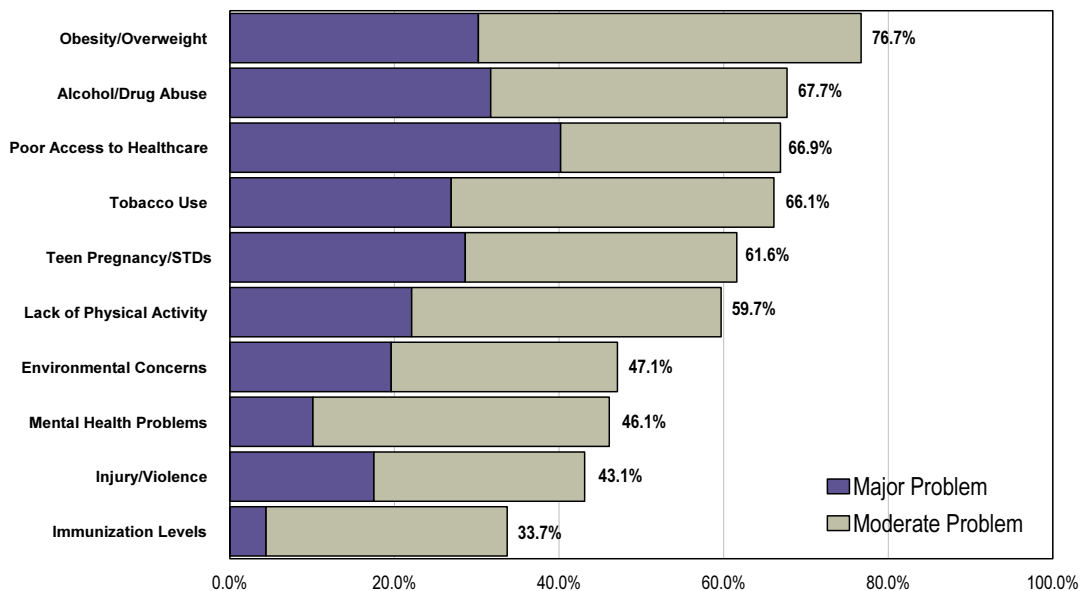
Americans’ Perceptions of the Leading Health Indicator Areas

In the 2005 PRC National Health Survey, respondents were presented with problems associated with these 10”Leading Health Indicators” and were asked to evaluate each as a “major problem,” “moderate problem,” “minor problem,” or “no problem at all” in their own community. As shown in the following chart:

- Tobacco use and obesity/overweight are perceived to be “major” or “moderate” problems by roughly two-thirds of Americans.
- Roughly one-half also view alcohol/drug abuse, lack of physical activity, and teen pregnancy/sexually transmitted diseases as “major/moderate” problems in their

Perceived Severity of Healthy People 2010's Nation's Leading Health Indicator Areas

(United States, 2005)



Source: • 2005 PRC National Health Survey, Professional Research Consultants, Inc. [Items 151-160]

communities.

OPPORTUNITY FOR COMMUNITY HEALTH IMPROVEMENT

Areas of Opportunity

The following “health priorities” represent recommended areas of intervention, based on the information gathered through this Community Health Assessment and the guidelines set forth in *Healthy People 2010*. From these data, significant opportunities for health improvement exist in Yellowstone County with regard to the following health areas (see also the summary tables presented in the following section). These areas of concern are presented in no particular order, and are subject to the discretion of area providers, the steering committee, or other local organizations and community leaders as to actionability and priority.

Access to Healthcare Services

- Barriers to Access
- Health Insurance Coverage
- Oral Health

Death & Disability

- Injury & Violence
- Respiratory Disease

Modifiable Health Risks

- Nutrition & Overweight
- Physical Activity & Fitness
- Substance Abuse

Self-Reported Health Status

- Mental Health

Focus Group Findings

Suggested priorities areas for Yellowstone County include the following:

*“I think we’ve heard most about economic development, you can address a lot of the other situations but the underlying problem is **poverty**.”—Physicians and Other Health Professionals Representative*

*“I think we do need other facilities for the homeless and for women and men who are dealing with domestic abuse. I don’t think we have enough **shelters**.”—Social Services Representative*

*“I think one of my priorities would be **job training**. We need to have better, higher paying jobs and a place to train the people to do it.”—Community Leaders Representative*

*“The **mental health** situation has to be addressed more effectively. We need to capitalize on the resources that we do have, and come up with a better system of how to address the mental healthcare needs of our population.”—Physicians and Other Health Professionals Representative*

*“I would put some money into sustaining the **crisis mental health center**.”—Community Leaders Representative*

*“We have to be able to supply providers with enough money so they can handle the person from intake to completion of therapy. And I think we don’t do that with our **mental health** patients.”—Community Leaders Representative*

*“We need **mental health services** for our young population, on-going services for kids.”—Educators and Public Services Representative*

*“I think we need to address our **dental care** problems. We need more dentists who will take Medicare and patients who can’t afford to pay.”—Physicians and Other Health Professionals Representative*

*“I think we need to increase the **access to dental care** for people who can’t afford to pay the full bill themselves.”—Community Leaders Representative*

*“I think **drugs** are a problem in our town. I can take you just about anyplace in this town and show you one or two drug houses that are still operating. I think we have a problem with law enforcement, lack of education and treatment centers.”—Community Leaders Representative*

*“I think we need more affordable access to **substance abuse treatment**. We also need to put the emphasis on drug education on treatment and prevention.”—Educators and Public Services Representative*

*“I think we need more adolescent follow-up **treatment for substance abuse**.”—Educators and Public Services Representative*

*“I would like to see the **Family Drug Court** funded 100%.”—Social Services Representative*

*“I would say a **cancer center** would be my top priority.”—Employers Representative*

*“I hate to sound so selfish, but I would like to see a **clinic** in the southeast portion of this county, something besides the Ronald McDonald Mobile Unit in our area.”—Educators and Public Services Representative*

*“I would say **public education and awareness programs** so people in the community would know what healthcare services are available to them.”—Employers Representative*

*“I prefer for the healthcare system to develop systems for **improving efficiency** on how they deliver care: quality, tracking, scheduling, and so on.”—Employers Representative*

*“I think we need to increase our **after-school children’s program**. I don’t think we have a lot of kids participating in the programs that we have available through the churches and other local organizations.”—Employers Representative*

*“I would think we need to build a **one-stop center** where many of the agencies could be in one location where they’d have a crisis center and a food bank. So, if somebody comes to town or somebody needs help, you would direct them there, a place that would be accessible twenty hour hours a day.”—Social Services Representative*

*“I feel like we need to take care of our **kids**. I feel they need a place that’s safe to go because we have a transient society where parents aren’t taking care of their kids.”—Social Services Representative*

*“I think we need to allocate more resources to helping people who are **homebound**.”—Social Services Representative*

*“I would like to **educate the haves about the needs of the have nots** so that they could really understand the disparity and realize that the have nots are good people.”—Social Services Representative*

*“We should get to the root problem in this community which is the **casinos**. They’re a huge socio-economic problem.”—Social Services Representative*

Selecting Health Priorities

There are various mechanisms through which individual organizations may wish to identify priority areas, such as through community direction and feedback, through analyses of primary and secondary data, or through a combination of the two. Regardless of which mechanism is applied, a variety of criteria must be considered when identifying priority areas, and these are outlined below. Keep in mind that no single criterion determines a specific area of need. Rather, the interplay among the different criteria should be considered in identifying priority areas.

Furthermore, it is important to recognize two important facts: 1) that many local efforts are currently active in addressing aspects of several of the outlined issues; and 2) that no individual or organization acting alone can remedy all of the implications of a given issue or problem.

In identifying priorities for community action and designing strategies for implementation, a variety of criteria should be applied to the consideration process, including:

- **Impact.** The degree to which the issue affects or exacerbates other quality of life and health-related issues.
- **Magnitude.** The number of persons affected, also taking into account variance from benchmark data and Year 2010 targets.
- **Seriousness.** The degree to which the problem leads to death, disability or impairs one's quality of life.
- **Feasibility.** The ability of organizations to reasonably impact the issue, given available resources.
- **Consequences of Inaction.** The risk of exacerbating the problem by not addressing at the earliest opportunity.

The following section outlines potential health priorities and supporting health status and risk reduction data, accompanied by community health panel findings.

Summary of Priority Area Findings

The following charts summarize findings for key indicators in Yellowstone County, with comparisons, where available, to findings for Montana, the U.S. and Healthy People 2010.

Note the following key used for benchmark comparisons: ☀ (denotes a favorable comparison), ☹ (denotes an unfavorable comparison), and ☁ (denotes statistically similar findings). A “blank” cell means that no data are available to make a comparison for this indicator.

		Yellowstone County	vs. MT	vs. US	vs. HP2010
Access to Healthcare Services	% Have Had Routine Checkup in Past Year	57.2		☹	
	% Have Prescription Drug Coverage (Among Insured)	79.6		☹	
	% Cost Prevented Getting Rx in Past Year	13.5		☁	
	% Cost Prevented Physician Visit in Past Year	13.4	☁	☁	
	% Difficulty Accessing Healthcare in Past Year	33.9		☁	☹
	% Difficulty Getting Appointment in Past Year	14.2		☁	
	% Difficulty Getting Child's Healthcare in Past Year	3.2		☁	
	% Inconvenient Hrs Prevented Dr Visit in Past Year	10.7		☁	
	% Child Has Had Checkup in Past Year	72.6		☁	
	% Have a Specific Source of Ongoing Care	84		☁	☹
	% Gone to ER More Than Once in Past Year	7.3		☁	
	% Went Without Healthcare Coverage Past Year (Among Insured)	5.9		☁	
	% Lack Health Insurance (Aged 18-64)	13.1	☀	☀	☹
	% Difficulty Finding Physician in Past Year	4.3		☀	
	% Transportation Prevented Dr Visit in Past Year	3.8		☀	
	% Rate Local Healthcare "Excellent/Very Good"	64.3		☀	
	% Have a Usual Primary Care Provider	66.4			☹
% Skipped Doses/Taken Smaller Doses in Past Year	14.3				
% Seen Doctor for Chronic Health Condition	63				
Arthritis, Osteoporosis & Chronic Pain	% Arthritis/Rheumatism	21.8		☁	
	% Chronic Neck Pain	9.8		☁	
	% Osteoporosis	5.8		☁	☀
	% Sciatica/Chronic Back Pain	22.3		☁	
	% Migraine/Severe Headaches	15.7		☀	
Cancer	% Blood Stool Test in Past 2 Yrs (Aged 50+)	35.6	☀	☁	☹
	% Cancer (Other Than Skin)	6.4		☁	
	% Pap Smear in Past 3 Years (Women)	76.4	☁	☁	☹
	% Prostate Exam in Past 2 Years (Men 50+)	84.2		☁	
	% Sigmoid/Colonoscopy Ever (Aged 50+)	62.6	☀	☁	☀
	% Skin Cancer	5.5		☁	
	% Mammogram in Past 2 Years (Women 40+)	81.3	☀	☀	☀
	Cancer (Age-Adjusted Death Rate)	184.9		☀	☹
Diabetes	% Diabetes/High Blood Sugar	8.7	☹	☁	
	Diabetes Mellitus (Age-Adjusted Death Rate)	23		☀	☹
Disability	% Activity Limitations	24.3	☹	☁	
Education & Community-Based Progs	% Attended Health Activity in Past Year (Aged 65+)	15.1		☁	☹
	% Attended Employer-Sponsored Health Promotion	66		☀	
Enteric Diseases	Salmonellosis/100,000	10.9		☀	
	Shigellosis/100,000	0.8		☀	
	Campylobacteriosis/100,000	9.6			
Environmental Health	% Aware of Authorized Location for Hazardous Waste Disposal	81.2			
Family Planning	% Births to Unwed Mothers	33		☁	
	% Births to Teenagers	2.9		☀	

KEY: ☀ = Favorable comparison ☹ = Unfavorable comparison ☁ = Statistically similar [Blank] = No data is available to make a comparison

		Yellowstone County	vs. MT	vs. US	vs. HP2010
Heart Disease & Stroke	% Cholesterol Checked in Past 5 Years	77.7	☀	☹	☹
	Stroke (Age-Adjusted Death Rate)	66.9		☹	☹
	% 1+ Cardiovascular Risk Factor	89.1		☹	
	% Blood Pressure Checked in Past 2 Years	94.6		☹	☹
	% Stroke	3.3	☹	☹	
	% Taking Action to Control High Blood Pressure	88.9		☹	☹
	% Told Have High Cholesterol	28.5	☹	☹	☹
	% Taking Action to Control High Blood Cholesterol	83.6		☹	
	% Chronic Heart Disease	5.1		☀	
	% Told Have High Blood Pressure	26.1	☹	☀	☹
Diseases of the Heart (Age-Adjusted Death Rate)	184.8		☀	☀	
HIV	% Tested for HIV in Past Yr (Ages 18-64)	7.9		☹	
	HIV (Age-Adjusted Death Rate)	0.5		☀	☹
Immunization & Infectious Disease	% Flu Shot in Past Yr (Aged 65+)	73.7	☹	☹	☹
	% Pneumonia Vaccine Ever (Aged 65+)	76.5	☹	☹	☹
	% Pneumonia Vaccine Ever (High-Risk Aged 18-64)	29.4		☹	☹
	Hepatitis C, non-A non-B Incidence/100,000	0.3		☹	
	% Flu Shot in Past Yr (High-Risk Aged 18-64)	46.9		☀	☹
	Hepatitis A Incidence/100,000	0.5		☀	☀
Injury & Violence	% Firearm in Home	53.5		☹	
	% Homes With Children With a Firearm	55		☹	
	% Victim of Violent Crime in Past 5 Years	4		☹	
	Motor Vehicle Crashes (Age-Adjusted Death Rate)	17.8		☹	☹
	Suicide (Age-Adjusted Death Rate)	17.9		☹	☹
	Unintentional Injury (Age-Adjusted Death Rate)	40.7		☹	☹
	% "Always" Wear Seat Belt	76.8		☹	☹
	% Child "Always" Wears Bicycle Helmet (Aged 5-16)	36.2		☹	
	% Child (Aged 0-4) "Always" Uses Auto Child Restraint	100		☹	☀
	% Homes w/Unlocked Loaded Firearm	9.9		☹	☀
	% Victim of Domestic Violence in Past 5 Years	3.2		☹	
	% Illness Due To Indoor Air Contamination	15.9		☹	
	% Illness Due to Outdoor Air Contamination	8		☹	
	% Mold in Home	4.3		☹	
	% Child (Aged 5-17) "Always" Uses Seat Belt	84.5		☀	☹
	Homicide (Age-Adjusted Death Rate)	3.5		☀	☹
	Violent Crimes/100,000	373.6		☀	
	Other Accidents (Age-Adjusted Death Rate)	22.9			
	% Contemplated Suicide in the Past	8.1			
% Quality/Safety of Drinking Water "Fair/Poor"	19.8				
Maternal, Child & Infant Health	% No Prenatal Care in 1st Trimester	15.2		☹	☹
	Infant Death Rate	7		☹	☹
	Neonatal Death Rate	4.4		☹	☹
	% of Low Birthweight Births	7.2		☀	☹
Mental Health & Mental Disorders	Alzheimer's Disease (Age-Adjusted Death Rate)	26.1		☹	
	% Major Depression	12.4		☹	
	% Prolonged Depression (2+ Years)	25.7		☹	
	% Depressed Persons Seeking Help	59.5		☹	☹
	% Typical Day is "Extremely/Very" Stressful	9.5		☹	
	% Child Takes ADD/ADHD Medicine	8.4		☹	
	% "Fair/Poor" Mental Health	6.9		☀	

KEY: ☀ = Favorable comparison ☹ = Unfavorable comparison ☹ = Statistically similar [Blank] = No data is available to make a comparison

		Yellowstone County	vs. MT	vs. US	vs. HP2010
Nutrition & Overweight	% Eat 3+ Servings of Vegetables per Day	28.7			
	% Overweights Advised to Lose Weight	19			
	% Received Advice on Nutrition in Past Year	31.4			
	% Children (Aged 6-17) Overweight	17.5			
	% Eat 2+ Servings of Fruit per Day	48.7			
	% Eat 5+ Servings of Fruit or Vegetables per Day	34.9			
	% Obese	23.9			
	% Overweight	62.7			
	% Overweight Trying to Lose	33.8			
	% Unhealthy Weight (BMI <18.5 or 25+)	64.2			
% Eat 3+ Servings of Dairy per Day	25.9				
Oral Health	% Child (Aged 2-17) Has Visited Dentist in Past Year	78.1			
	% Have Visited Dentist in Past Yr (18+)	63.9			
	% Have Dental Insurance	56.2			
	% Needed Dental Care But Didn't Receive Due to Cost	18.9			
Physical Activity & Fitness	% Moderate Physical Activity	23.1			
	% Meets Physical Recommendations	41.4			
	% No Leisure-Time Physical Activity	26.3			
	% Received Advice on Exercise in Past Year	36.8			
	% Vigorous Physical Activity	29.1			
	% Participates in Regular Fitness Program/Center	23.6			
	% Aware of Fitness Opportunities	93.5			
	% Child Watches 3+ Hours Per School Day	17.6			
	% Child Plays Computer/Video Games/Internet 3+ Hours/School Day	4.9			
Physical Health	% "Fair/Poor" Physical Health	10.5			
Respiratory Disease	CLRD (Age-Adjusted Death Rate)	64			
	% Asthma	10.2			
	% Child Has Asthma	7.5			
	% Chronic Lung Disease	6.8			
	% Sinusitis	14.6			
	% Nasal/Hay Fever Allergies	24.8			
	Pneumonia/Influenza (Age-Adjusted Death Rate)	15.5			
	Tuberculosis Incidence/100,000	1			
Sexually Transmitted Diseases	% Never-Married Adults (Ages 18-44) Using Condoms	48.5			
	Chlamydia Incidence/100,000	262.5			
	Gonorrhea Incidence/100,000	22.6			
	Hepatitis B Incidence/100,000	2.3			
	Primary & Secondary Syphilis Incidence/100,000	0			
Substance Abuse	Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	10.9			
	% Binge Drinker	15.2			
	% Chronic Drinker	3.2			
	% Current Drinker	57.4			
	% Drinking & Driving in Past Month	2.9			
	% Driving Drunk or Riding with Drunk Driver	6.9			
	% Illicit Drug Use in Past Month	1.6			
	% Riding With Drunk Driver in Past Month	4.1			
	% Sought Help for Alcohol or Drug Problem	3.8			
Tobacco Use	% Received Advice to Quit Smoking (Smokers)	48.9			
	% Children <7 Exposed to Smoke at Home	9.5			
	% Current Smoker	18.3			
	% Have Quit Smoking 1+ Days in Past Year (Smokers)	57			
	% Smoke Cigars	3.2			
	% Someone Smokes at Home	15.6			
	% Use Smokeless Tobacco	5.1			
Vision & Hearing	% Blindness/Trouble Seeing	6.5			
	% Deafness/Trouble Hearing	9.7			
	% Eye Exam in Past Year	44.5			

KEY: = Favorable comparison = Unfavorable comparison = Statistically similar = No data is available to make a comparison

SELF-REPORTED HEALTH STATUS

PHYSICAL HEALTH STATUS

Self-Reported Health Status

The initial inquiry of the Community Health Survey asked respondents the following: Would you say that in general your health is: excellent, very good, good, fair or poor?

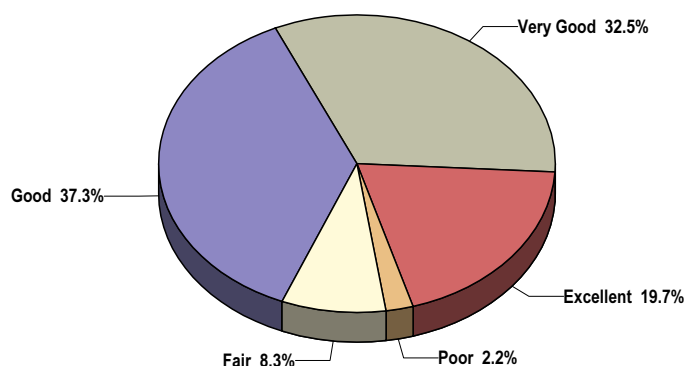
A majority of Yellowstone County adults (52.2%) rate their overall physical health as "excellent" or "very good."

However, 10.5% of adults believe that their overall health is "fair" or "poor."

- Similar to Montana findings (12.8% "fair/poor").
- More favorable than national findings (18.6% "fair/poor").

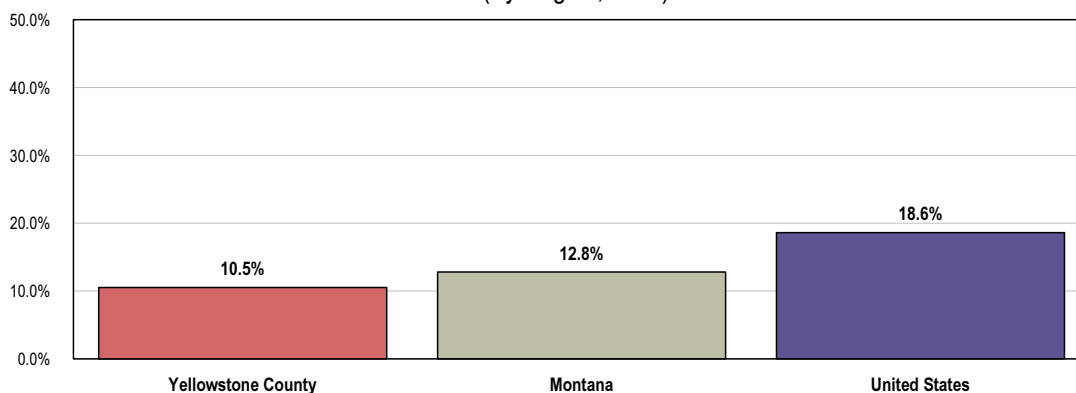
Self-Reported Health Status

(Yellowstone County, 2005)



Experience "Fair" or "Poor" Overall Health

(By Region, 2005)

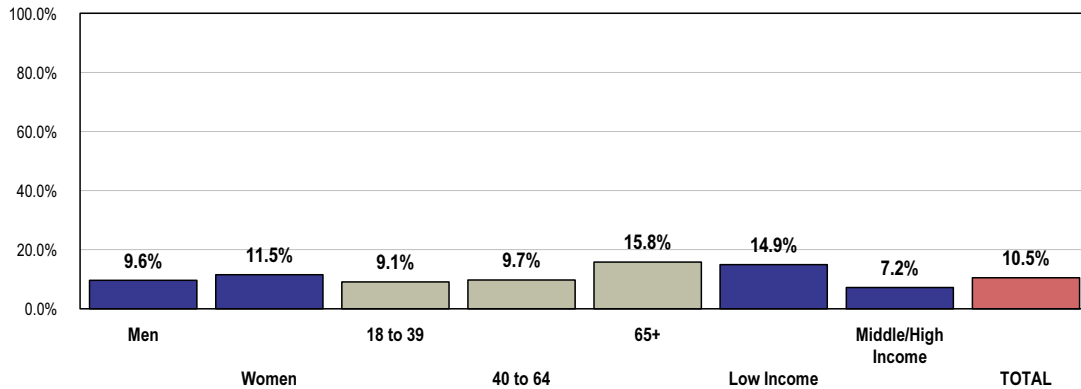


Source: • PRC Community Health Survey, Professional Research Consultants. [Item 5]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2004 Montana data.
• 2005 PRC National Health Survey, Professional Research Consultants.

Note: • Asked of all respondents.

The following chart further examines self-reported health status by various demographic characteristics.

Experience "Fair" or "Poor" Overall Health (Yellowstone County, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 5]
Note: • Asked of all respondents.

Related Focus Group Findings

Community health panelists talked about the link between income and the health of the individuals in their community.

- “We find at our agency that people who are struggling to make ends meet have a difficult time with their health.”* — Social Services Representative
- “I think that health status, practices and attitudes vary substantially based on socio-economic status and insurance status.”*—Physicians and Other Health Professionals Representative
- “The people who do have insurance are also the healthiest.”*—Employers Representative

MENTAL HEALTH & MENTAL DISORDERS

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity. Mental health is indispensable to personal well-being, family and interpersonal relationships, and contribution to community or society. *Mental disorders* are health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof), which are associated with distress and/or impaired functioning and spawn a host of human problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders...

Mental disorders generate an immense public health burden of disability. The World Health Organization, in collaboration with the World Bank and Harvard University, has determined ... that the impact of mental illness on overall health and productivity in the United States and throughout the world often is profoundly underrecognized [*Global Burden of Disease* study]. In established market economies such as the United States, mental illness is on a par with heart disease and cancer as a cause of disability. Suicide—a major public health problem in the U.S.—occurs most frequently as a consequence of a mental disorder.

- Mental disorders occur across the lifespan, affecting persons of all racial and ethnic groups, both genders, and all educational and socioeconomic groups...
- Modern treatments for mental disorders are highly effective, with a variety of treatment options available for most disorders...[however], the majority of persons with mental disorders do not receive mental health services.
- The co-occurrence of addictive disorders among persons with mental disorders is gaining increasing attention from mental health professionals...Having both mental and addictive disorders...is a particularly significant clinical treatment issue, complicating treatment for each disorder...
- There is increasing awareness and concern in the public health sector regarding the impact of stress, its prevention and treatment, and the need for enhanced coping skills...
- Evidence that mental disorders are legitimate and highly responsive to appropriate treatment promises to be a potent antidote to stigma. Stigma creates barriers to providing and receiving competent and effective mental health treatment and can lead to inappropriate treatment, unemployment, and homelessness.

As the life expectancy of individuals continues to grow longer, the sheer number—although not necessarily the proportion—of persons experiencing mental disorders of late life will expand. This trend will present society with unprecedented challenges in organizing, financing, and delivering effective preventive and treatment services for mental health.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

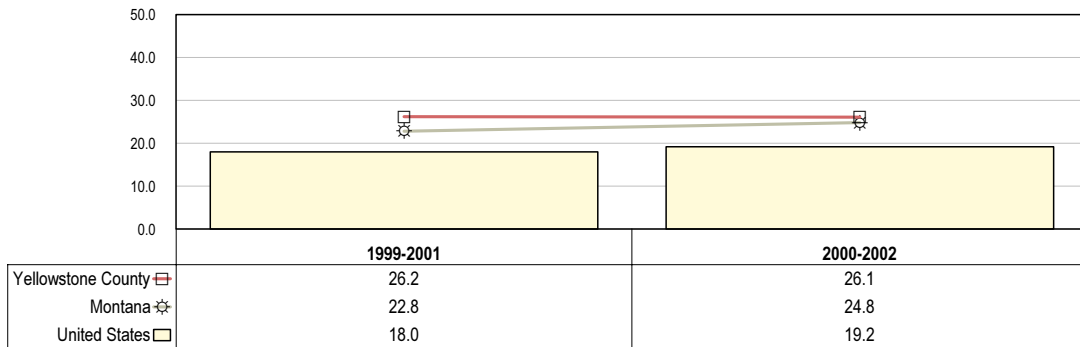
Alzheimer's Disease

The age-adjusted death rate for Alzheimer's Disease in Yellowstone County has remained stable in recent years.

- The 2000-2002 Yellowstone County death rate is higher than national rate for the same time period.

Age-Adjusted Mortality: Alzheimer's Disease

(By Region; 1999-2002 Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2005.

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Self-Reported Mental Health Status

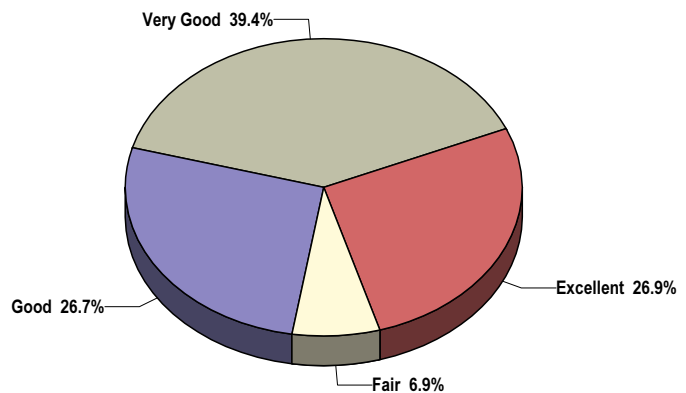
A majority of Yellowstone County adults (66.3%) rate their overall mental health as "excellent" or "very good."

However, 6.9% of adults believe that their overall mental health is "fair" or "poor."

- More favorable than national findings (11.7% "fair/poor").

Self-Reported Mental Health Status

(Yellowstone County, 2005)



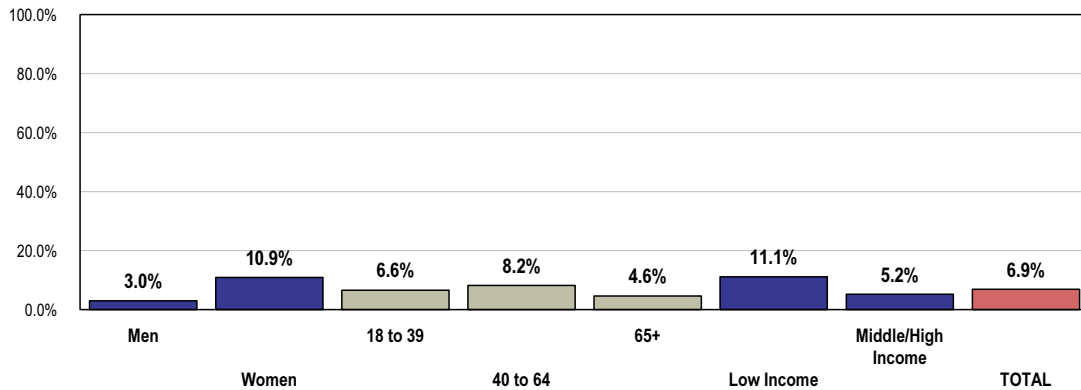
Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 125]

Note: • Asked of all respondents.

Women are more likely than men to report “fair” or “poor” mental health.

Experience "Fair" or "Poor" Mental Health

(Yellowstone County, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 125]
 Note: • Asked of all respondents.

Depression

Depression is a serious illness affecting many in the population, whether occasionally or, in many cases, for prolonged periods of time.

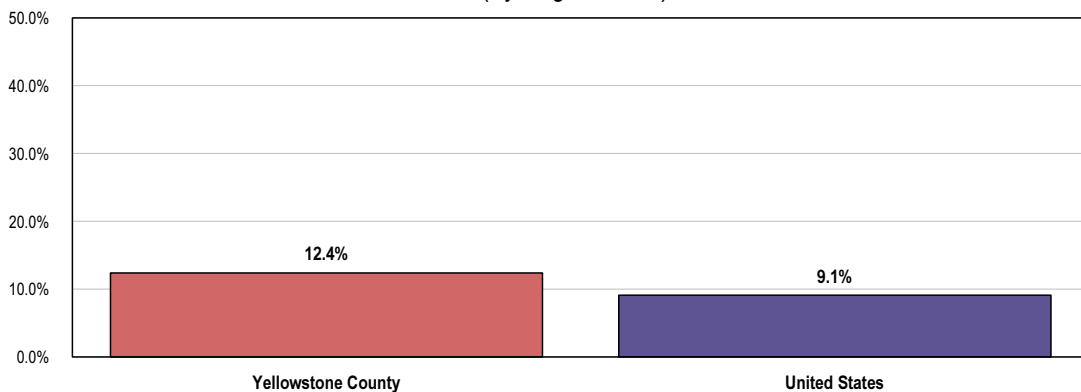
Self-Reported Diagnosed Depression

Across Yellowstone County, 12.4% of adults report that they have been diagnosed with major depression by a physician at some point in their lives.

- Statistically similar to national findings (9.1%).

Prevalence of Major Depression

(By Region, 2005)



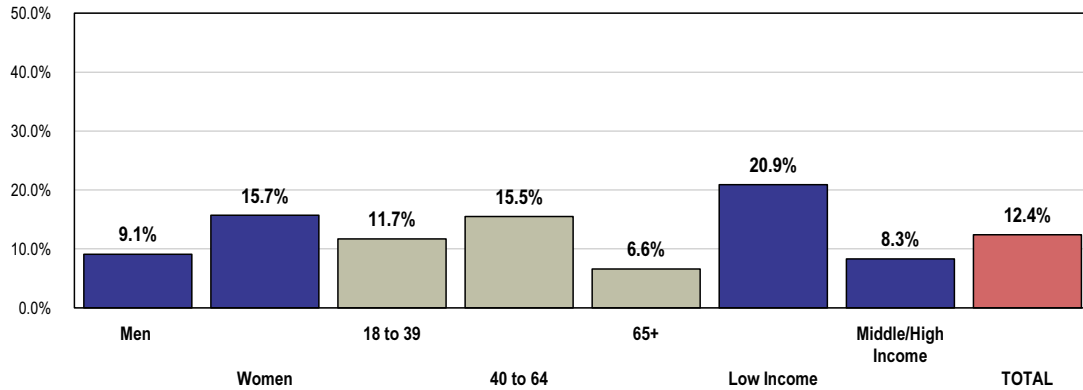
Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 39]
 • 2005 PRC National Health Survey, Professional Research Consultants.
 Notes: • Asked of all respondents.
 • In this case, the term "major depression" refers to self-reported major depression as diagnosed by a physician.

By key demographic characteristics, note the following findings:

- Women report a higher prevalence than do men.
- Adults aged 18 to 64 more often report a diagnosis of major depression than do older adults.
- Low-income adults report a much higher prevalence of diagnosed major depression.

Prevalence of Major Depression

(Yellowstone County, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 39]

Notes: • Asked of all respondents.

• In this case, the term "major depression" refers to self-reported major depression as diagnosed by a physician.

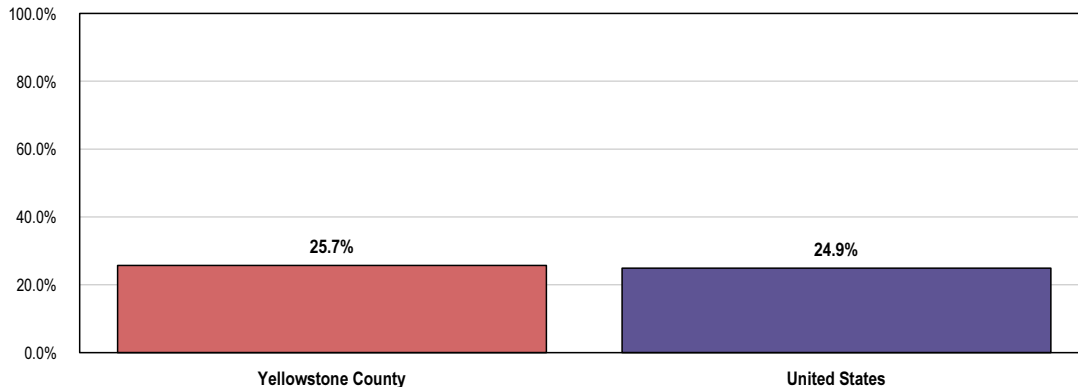
Experience of Chronic Depression

One out of four Yellowstone County adults (25.7%) reports having had two or more years in their life when they felt depressed or sad on most days, although they may have felt okay sometimes.

- This represents roughly 25,725 adults in Yellowstone County who have faced or are facing prolonged bouts with depression.
- Statistically similar to national findings (24.9%).

Have Experienced Chronic Depression

(By Region, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 126]

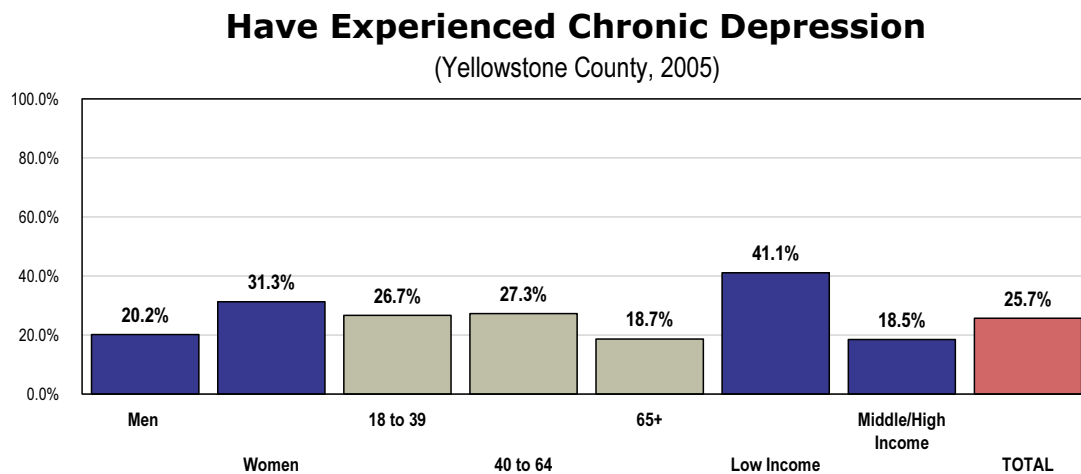
• 2005 PRC National Health Survey, Professional Research Consultants.

Notes: • Asked of all respondents.

• In this case, the term "chronic depression" refers to periods of self-reported depression lasting two years or longer.

The following chart illustrates differences found among key demographic groups. Note that self-reported prevalence is notably higher among:

- Women.
- Persons living at lower income levels.



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 143]

Notes: • Asked of all respondents.

• In this case, the term "chronic depression" refers to periods of self-reported depression lasting two years or longer.

Related Focus Group Findings

Community health panelists discussed the mental health of the residents in the community. One major concern expressed by a few panelists was the lack of mental health education as it pertains to prevention and care. Panelists are concerned that community residents don't seek mental healthcare until it is a crisis situation. Community members, one panelist feels, do not feel as comfortable as they should seeking out help early in an illness. Further education for the support of mental health problems could help individuals seek the help they need before their illness progresses.

"Sometimes our community residents don't pay attention to their mental health until it gets to the point where it is a crisis situation."—Physicians and Other Health Professionals Representative

"There aren't any services that address emotional health in the terms of prevention."—Physicians and Other Health Professionals Representative

"We still need to educate our people about mental health. We still have the stigma in society that you can have an physical injury and that's stylish. But you can't talk about mental health problems in the same manner."—Community Leaders Representative

One panelist suggested the high prevalence of mental illness in the area may be due to the fact that the community has more mental health services than surrounding communities.

"It seems like poor mental health is an epidemic here. There are so many people here that have mental illness problems and maybe that's because we're the only place in the area with mental health services."—Community Leaders Representative

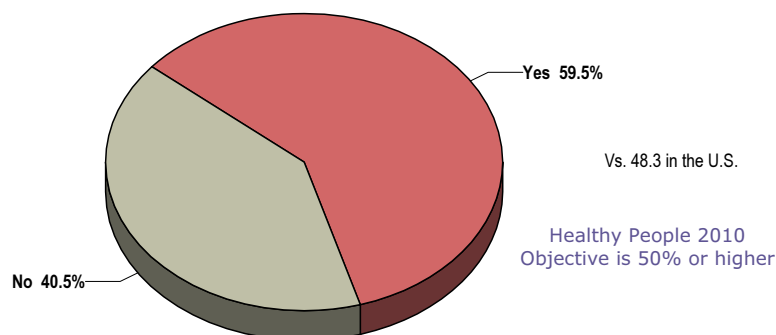
Mental Health Treatment

Among Yellowstone County respondents reporting major or chronic depression, 59.5% acknowledge that they have sought professional help for a mental or emotional problem.

- Statistically similar to national findings (48.3%).
- Appears to satisfy the Healthy People 2010 Objective (50% or higher).

Have Sought Professional Help With a Mental or Emotional Problem

(Among Respondents With Recognized Depression; Yellowstone County, 2005)



- Sources:
- 2005 PRC Community Health Survey, Professional Research Consultants. [Item 180]
 - 2005 PRC National Health Survey, Professional Research Consultants.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 18-9b]
- Note:
- Among respondents who have been diagnosed with major depression or who have experienced two or more years of depression at some point in their lives.

Related Focus Group Findings

Community health panelists discussed some of the mental health services available in the area.

“The Community Crisis Center is a joint project between the two hospitals. It is a mental health crisis center.”—Physicians and Other Health Professionals Representative

One health panelist commented that mental health services are available in the area for those with the money to pay for the services.

“I think if you have the ability to pay, you can find mental health treatment very easily.”—Educators and Public Services Representative

“The services that we have are more high-end services, the high-cost services. The intermediate and low-end services are not as available.”—Community Leaders Representative

However, most panelists were concerned about the lack of available mental health services for —
...The poor:

“Montana has public funding for mental healthcare for low-income folks, but it does not pay for anyone who does not have a serious mental illness, nor does it pay for preventative care.” — Social Services Representative

...Those with serious mental illnesses and alcohol/drug problems:

“There are just not enough beds for voluntary commitments. So often when we do involuntary commitment, it requires us to send people out of Billings about 350 miles away to the state hospital. The State Hospital requires referrals because they are so overcrowded. The emergency rooms are not set up to handle mental health patients. Private residential settings are very expensive. The state needs to be funding the mentally ill and the involuntary commitments through the legal system. The state has not done a very good job with this problem.”—Physicians and Other Health Professionals Representative

“One of the complaints against our system is that you really have to be in crisis before you can get help. People who are very seriously mentally ill first come to the ER. And at that point they have probably tried to kill themselves, or they’re not functioning at all, so it would be so much better to intervene before they went so far down.”—Community Leaders Representative

“Both hospitals, St. Vincent and Deaconess, are currently building an emergency hold. It’s a forty-eight hour temporary hold. Many of these people who would normally go to jail because they have no other place to go would go there.”—Educators and Public Services Representative

“The local jail holds about four hundred and fifty people every day. Eighty to ninety percent of those people that are in there are there either directly or indirectly there because of drug and alcohol abuse or mental illness problems.”—Educators and Public Services Representative

...And teens and seniors:

“The resources and services are very limited when it comes to young people with mental health problems, more limited even than for the adult population.”—Social Services Representative

“The eastern part of Montana, including Billings doesn’t have enough mental health facilities. It is hard to find mental health services for people who are really young and old.”—Physicians and Other Health Professionals Representative

Community panelists also discussed the lack of psychiatric care for persons needing outpatient care. One major concern was appointment availability among area psychiatrists, leading to primary care physicians treating mental health.

“In Billings, a first time psychiatric appointment is six to eight months out.”—Social Services Representative

“We have three psychiatrists who are middle-aged and we’ve been advertising for several years now for a fourth psychiatrist. People are coming from Northern Montana to Billings for psychiatry care and even if they have insurance, it’s at least six months before they can get in to see a psychiatrist.”—Physicians and Other Health Professionals Representative

“I don’t know if there are any psychiatrists in eastern Montana. That’s why we have to use primary care physicians for mental healthcare.”—Physicians and Other Health Professionals Representative

“A small portion of mental healthcare is being delivered by a psychiatrist. The large portion of mental healthcare is being delivered by a primary care physician.”—Physicians and Other Health Professionals Representative

“There is a six-month wait to see a psychiatrist at the mental health center. Even though there are a lot of psychiatrists in Billings, there aren’t enough to meet the demand on a timely basis.”—Community Leaders Representative

Community health panelists spoke about the progress made in the area of recognizing mental health as a disease and understanding treatment options.

“I do think there’s been quite a bit of progress made in the last five to ten years in terms of recognition of mental illness as a true disease and receiving treatment for the disease. Most people really don’t have a good understanding of the disease and about treatment options as we do about conventional medicine.”—Employers Representative

However another panelist also pointed out the difficulties of treating a complex disease.

“Mental health is very difficult to treat because it has such a broad spectrum of problems. There is a temporary emotional issue to clinical depression to serious psychiatric disorders, and some of these problems are very, very difficult to diagnose and treat.”—Employers Representative

Panelists pointed out that aftercare for the mentally ill could be improved in the community.

“There’s a lack of adequate support for mentally ill people if they do go through the program when they get back into the community. They just seem to fall back into the same pattern because of the lack of support or after-care services for them.” — Social Services Representative

“The Billings Clinic Psychiatric Center will have someone for a relatively short stay and discharge them on medications that they can’t afford to buy. They are given a three-day supply and sent to our clinic with prescriptions for medications that we can’t afford to give the patient.”—Physicians and Other Health Professionals Representative

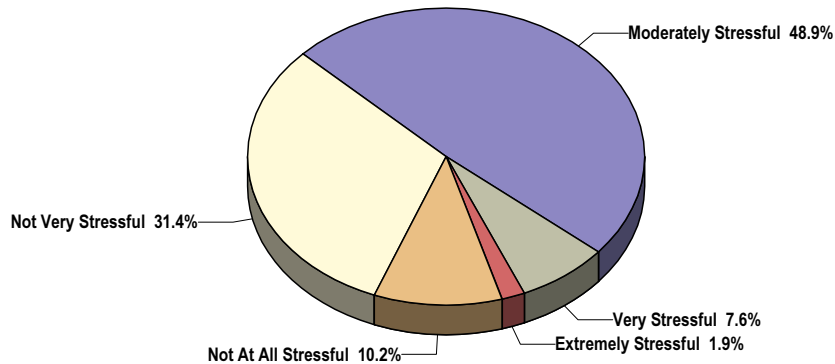
“In the surrounding areas, if they have mentally ill patients, they get a one-way bus ticket to Billings. Rural law enforcement refers to it as Greyhound therapy.”—Community Leaders Representative

Stress

Four in ten Yellowstone County adults say their level of stress on a typical day is “not very stressful” or “not at all stressful”.

- In contrast, nearly one in ten say their typical day is “extremely” or “very stressful”.

Perceived Level of Stress on a Typical Day
(Yellowstone County, 2005)

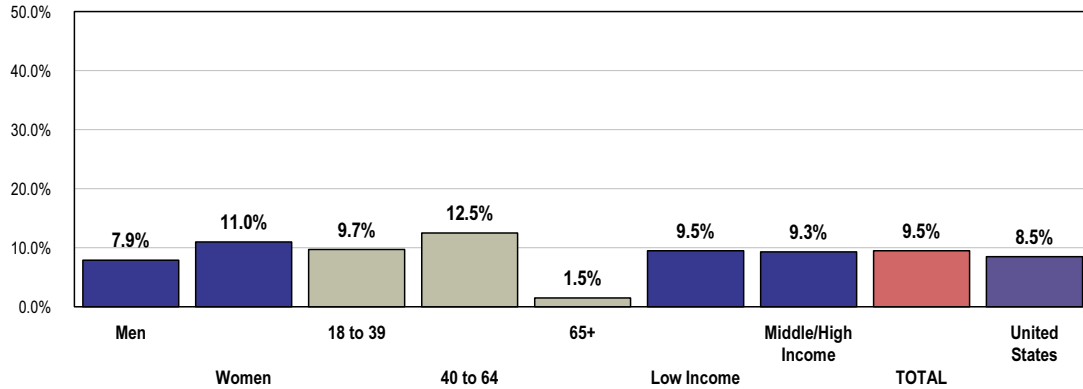


Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 127]
Note: • Asked of all respondents.

Adults under the age of 65 are more likely to perceive their typical days as “extremely” or “very” stressful.

Perceive Most Days as “Extremely” or “Very” Stressful

(Yellowstone County, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 127]
 • 2005 PRC National Health Survey, Professional Research Consultants.
 Note: • Asked of all respondents.
 • Percentages represent combined “extremely stressful” and “very stressful” responses.

Related Focus Group Findings

One community panelist discussed the link between stress and good health. This panelist felt that community members need to be better equipped to handle stress and stress-related problems.

“I think we are seeing some signs of stress and stress-related issues on the health side of the equation. Stress-related illnesses seems to crop up whenever we go through a tough time. This generation doesn’t seem to be able to handle tough times as easily as we used to handle them. Probably some additional education assistance in this area would be helpful to us. Stress-related illnesses like post-traumatic stress syndrome are new problems in the workplace.”—Employers Representative

Children

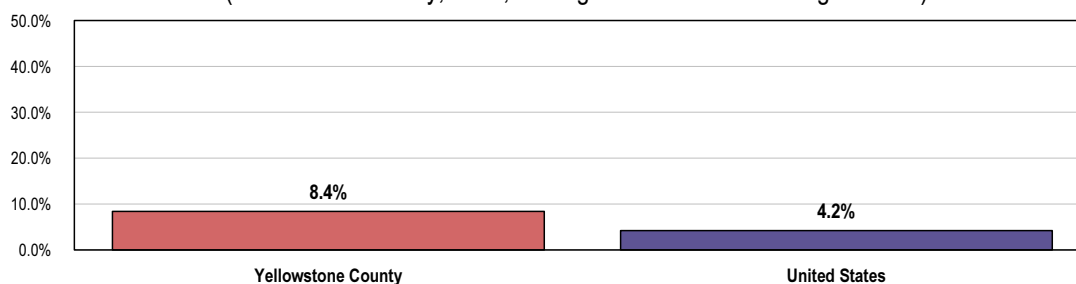
Attention-Deficit Hyperactivity Disorder and Medication

Nearly one in ten Yellowstone County children take medication for Attention-Deficit/Hyperactivity disorder.

- Statistically similar to national findings (4.2%).
- *Due to the small sample of responding parents, this percentage is double the national percentage, but not significantly different.*

Child Takes Medication for ADD/ADHD

(Yellowstone County, 2005; Among Parents of Children Age 5 to 17)



- Source:
- 2005 PRC Community Health Survey, Professional Research Consultants. [Item 145]
 - 2005 PRC National Health Survey, Professional Research Consultants.
- Note:
- Asked of all respondents with children aged 5 through 17 at home.
 - "ADD/ADHD" refers to "Attention-Deficit Disorder" and "Attention-Deficit/Hyperactivity Disorder."

Related Focus Group Findings

Community health panelists discussed ADD/ADHD and the recent emergence of the disease. One topic of concern was possible causes, such as a more rigid curriculum and a poor diet.

"I didn't hear about ADD or anyone who had ADD until I was in high school and that's when it all of a sudden it was a big issue."—Employers Representative

"There have been lots of studies about how ADD is increasing because of a poor diet. Maybe health providers could assist in some way to really help understand ADD because there are a lot of parents who are very troubled by it."—Employers Representative

"I have noticed a definite change in the curriculum since I was a child. I remember having to wait until the fifth grade to do the multiplication tables. My daughter is in second grade and has to learn her multiplication tables already. There seems to be this shift in how early we are trying to teach them things and yet we want them to have to pay attention the whole time. I mean it's awesome that they've increased the education level but at what cost to the child."—Employers Representative

(Related Issue: see also "Substance Abuse.")

DEATH & DISABILITY

LEADING CAUSES OF DEATH

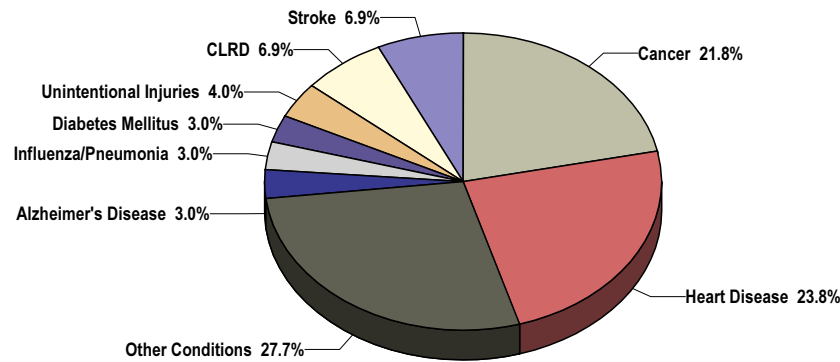
Leading Causes of Death

Together, the top five causes of death account for 63.4% of all 2003 deaths in Yellowstone County:

- **Heart disease** is the leading cause of death in Yellowstone County, accounting for 23.8% of all deaths.
- **Cancers** (malignant neoplasms) are the second leading cause of death, accounting for 21.8% of all deaths.
- Cerebrovascular disease, or (**stroke**) and **chronic lower respiratory disease** are the third and fourth leading causes of death, each accounting for 6.9% of all deaths.
- **Accidents** are the fifth leading cause of death, accounting for 4.0% of all deaths.
- Other leading causes include diabetes, pneumonia/influenza, and Alzheimer's disease.

Leading Causes of Death

(Yellowstone County, 2003)



- Sources: • Montana Department of Public Health and Human Services, Office of Vital Statistics.
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• CLRD is chronic lower respiratory disease.

Age-Adjusted Death Rates for All Causes

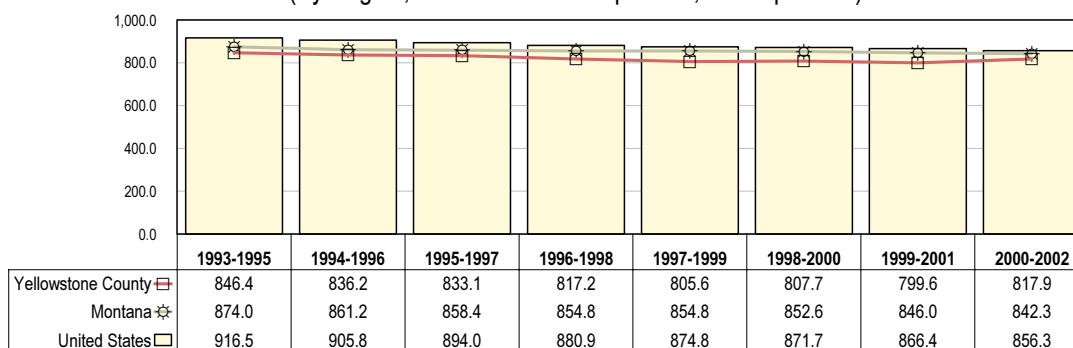
In order to compare mortality in Yellowstone County with other localities (in this case, Montana and the United States), it is necessary to look at *rates* of death — these are figures which represent the number of deaths in relation to the population size such as deaths per 100,000 population as is used here.

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these "age-adjusted" rates provides the most valuable means of gauging mortality against normative or benchmark data, as well as *Healthy People 2010* targets.

Yellowstone County age-adjusted death rates (for all causes) have generally declined over the past several years, mirroring trends seen statewide and nationwide.

Age-Adjusted Mortality: All Causes

(By Region; 1993-2002 Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2005.

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Age-Adjusted Death Rates for Selected Causes

The following chart outlines 2002 age-adjusted death rates per 100,000 population for selected causes of death. Note the following comparisons:

- Yellowstone County death rates fail to satisfy the outlined Healthy People 2010 targets for the following conditions: cancer, stroke, diabetes, motor vehicle accidents, suicide, homicide, and unintentional injuries.
- Yellowstone County death rates compare unfavorably to Montana death rates for chronic lower respiratory disease and stroke.
- Yellowstone County compares unfavorably to U.S. death rates for chronic lower respiratory disease, stroke, suicide and unintentional injuries.

Age-Adjusted Death Rates for Selected Causes

2000-2002 Deaths per 100,000 Population

	Yellowstone County	Montana	United States	HP2010
Diseases of the Heart	184.8	197.8	248.7	213.7*
Malignant Neoplasms (Cancers)	184.9	194.2	196.4	159.9
Chronic Lower Respiratory Diseases	64.0	56.7	43.8	
Cerebrovascular Disease (Stroke)	66.9	59.8	58.3	48.0
Influenza/Pneumonia	15.5	21.6	22.8	
Diabetes Mellitus	23.0	22.6	25.2	15.1*
Motor Vehicle Accidents	17.8	25.5	15.5	9.2
Intentional Self-Harm (Suicide)	17.9	18.8	10.7	5.0
Homicide/Legal Intervention	3.5	3.3	6.4	3.0
Liver Disease	10.9	10.8	9.5	
Unintentional Injuries (Accidents)	40.7	53.0	35.8	17.5
Alzheimer's Disease	26.1	24.8	19.2	

- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2005.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.
- Notes:
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population and coded using ICD-10 codes.
 - The Healthy People 2010 Heart Disease target is adjusted to account for all diseases of the heart; the Healthy People 2010 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

(For infant mortality data, see also "Maternal, Infant & Child Health")



CARDIOVASCULAR DISEASE

Heart disease and stroke—the principal components of cardiovascular disease—are the first and third leading causes of death in the United States, accounting for more than 40% of all deaths.

- About 950,000 Americans die of heart disease or stroke each year, which amounts to one death every 33 seconds.
- Although heart disease and stroke are often thought to affect men and older people primarily, it is also a major killer of women and people in the prime of life. More than half of those who die of heart disease or stroke each year are women.
- Each year, about 63 of every 100,000 deaths are due to stroke.

Looking at only deaths due to heart disease or stroke, however, understates the health effects of these two conditions:

- About 61 million Americans (almost one-fourth of the population) live with the effects of stroke or heart disease.
- Heart disease is a leading cause of disability among working adults.
- Stroke alone accounts for the disability of more than 1 million Americans.
- Almost 6 million hospitalizations each year are due to heart disease or stroke.
- About 4.5 million stroke survivors are alive today.

The economic effects of heart disease and stroke on the U.S. healthcare system grow larger as the population ages. In 2001, for example, the [nationwide] cost for all cardiovascular diseases was \$300 billion: for heart disease the cost was \$105 billion; for stroke, \$28 billion. Lost productivity due to stroke and heart disease cost more than \$129 billion.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Age-Adjusted Heart Disease & Stroke Deaths

Heart Disease

The greatest share of cardiovascular deaths are attributed to heart disease.

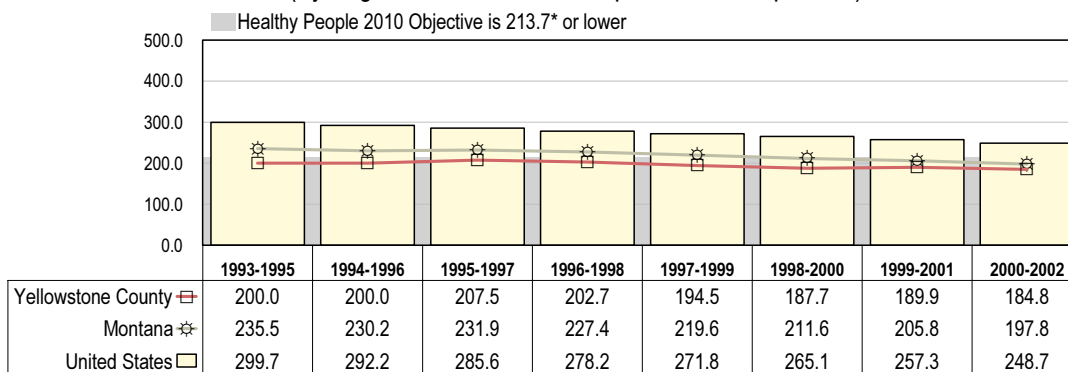
Yellowstone County age-adjusted heart disease death rates have declined over the past several years, mirroring trends seen statewide and nationwide.

Further note that Yellowstone County age-adjusted heart disease death rates are:

- Lower than statewide rates.
- Much lower than rates seen nationally.

Age-Adjusted Mortality: Heart Disease

(By Region; 1993-2002 Deaths per 100,000 Population)



Sources: • Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2004.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Notes: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • Data for 1999 and subsequent years are not fully comparable to data from 1998 and prior years, due to changes in coding of causes of deaths resulting from the switch from the ninth revision of the International Classification of Diseases (ICD9) to the tenth revision (ICD10).
 • The Healthy People 2010 Heart Disease target is adjusted to account for all diseases of the heart [Objective 12-1].

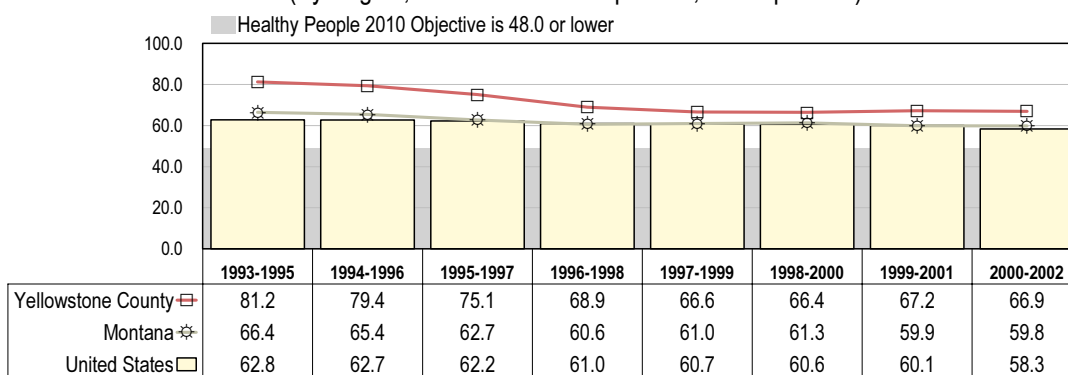
Stroke Deaths

Yellowstone County age-adjusted death rates for stroke (cerebrovascular disease) have decreased over the past several years.

- Yellowstone County stroke death rates are higher than both state and national rates.

Age-Adjusted Mortality: Stroke

(By Region; 1993-2002 Deaths per 100,000 Population)



Sources: • Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2004.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 [Objective 12-7]

Notes: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • Data for 1999 and subsequent years are not fully comparable to data from 1998 and prior years, due to changes in coding of causes of deaths resulting from the switch from the ninth revision of the International Classification of Diseases (ICD9) to the tenth revision (ICD10).

Self-Reported Heart Disease & Stroke

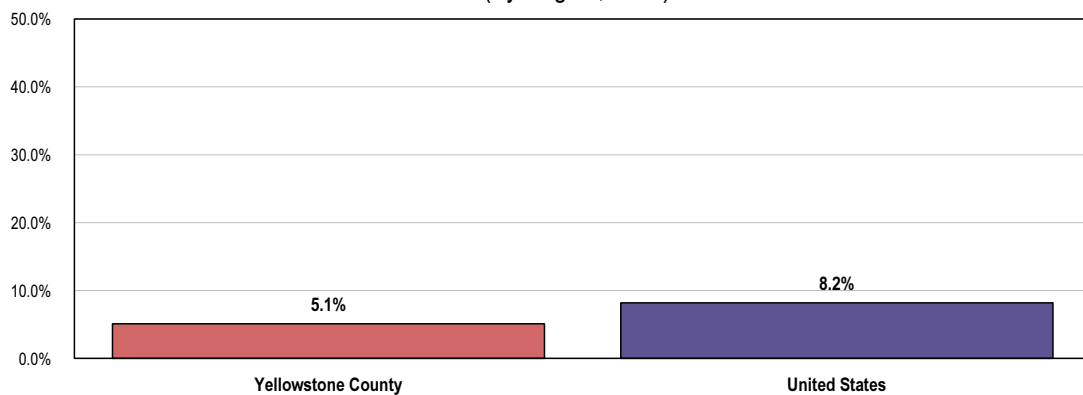
From the Yellowstone County Community Health Survey:

Prevalence of Heart Disease

5.1% of Yellowstone County adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

- This represents roughly 5,100 adults in Yellowstone County.
- More favorable than national findings (8.2%).

Self-Reported Prevalence of Chronic Heart Disease (By Region, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 34]
• 2005 PRC National Health Survey, Professional Research Consultants.

Notes: • Asked of all respondents.
• Respondents were asked if they have ever been diagnosed with chronic heart disease, including coronary heart disease, angina, or a heart attack.

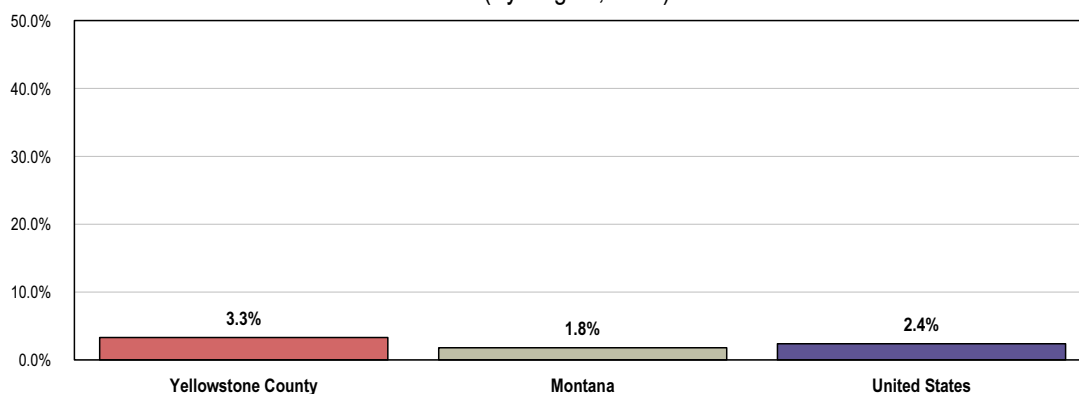
Prevalence of Stroke

3.3% of Yellowstone County adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Statistically similar to statewide findings (1.8%).
- Statistically similar to national findings (2.4%).

Self-Reported Prevalence of Stroke

(By Region, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 35]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2003 Montana data.
• 2005 PRC National Health Survey, Professional Research Consultants.

Note: • Asked of all respondents.

Cardiovascular Risk Factors

Hypertension (High Blood Pressure)

High blood pressure is known as the "silent killer" and remains a major risk factor for coronary heart disease, stroke, and heart failure. About 50 million adults in the United States have high blood pressure.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

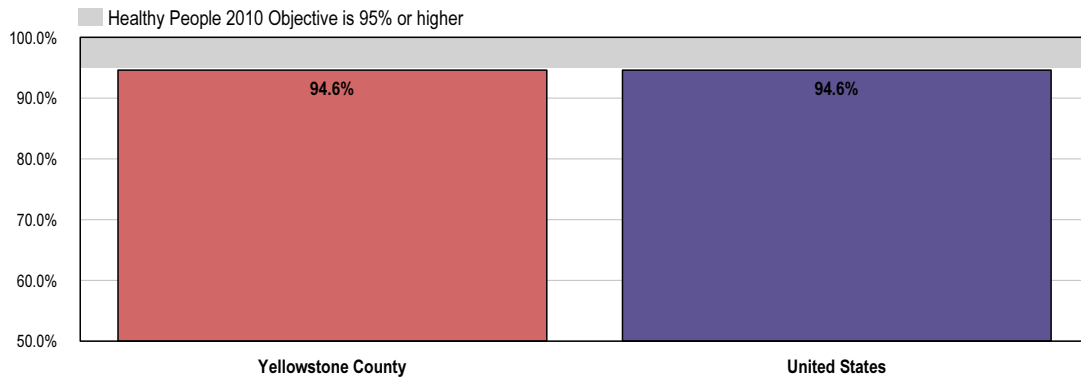
High Blood Pressure Testing

94.6% of adults in Yellowstone County have had their blood pressure tested within the past two years.

- Identical to national findings (94.6%).
- Close to the Healthy People 2010 target (95% or higher).

Have Had Blood Pressure Checked Within the Past Two Years

(By Region, 2005)



Sources: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 52]
 • 2005 PRC National Health Survey, Professional Research Consultants.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-12]

Note: • Reflects the total sample of respondents.
 • Excludes uncertain responses.

Self-Reported Hypertension

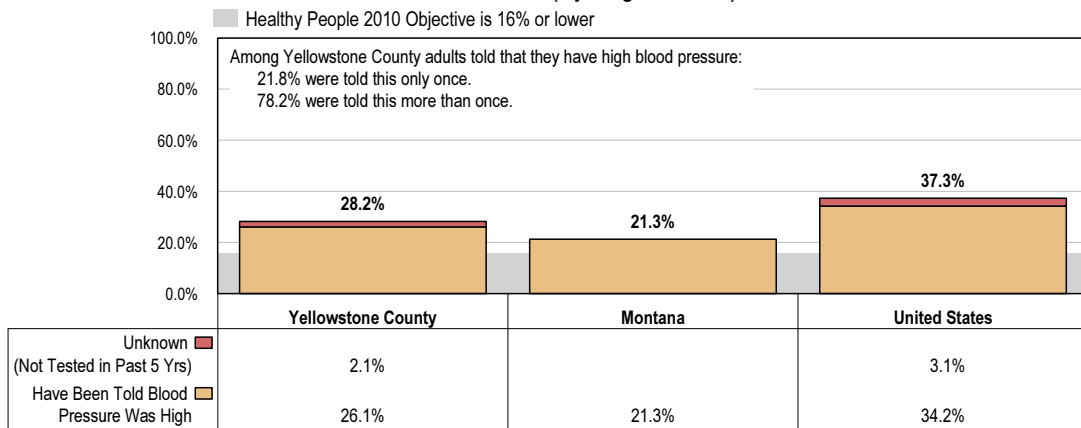
26.1% of Yellowstone County adults have been told at some point that their blood pressure was high; an additional 2.1% have not been tested in the past five years.

The prevalence of high blood pressure in Yellowstone County:

- Is less favorable than Montana findings (21.3%).
- Is more favorable than national findings (34.2%).
- Fails to satisfy the Healthy People 2010 target (16% or lower).
- Note also in the following chart that 78.2% of persons reporting hypertension report that they have been told their blood pressure was high on more than one occasion.

Self-Reported Prevalence of High Blood Pressure

(By Region, 2005)



- Sources:
- 2005 PRC Community Health Survey, Professional Research Consultants. [Items 50,153]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2003 Montana data.
 - 2005 PRC National Health Survey, Professional Research Consultants.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-9]

Note:

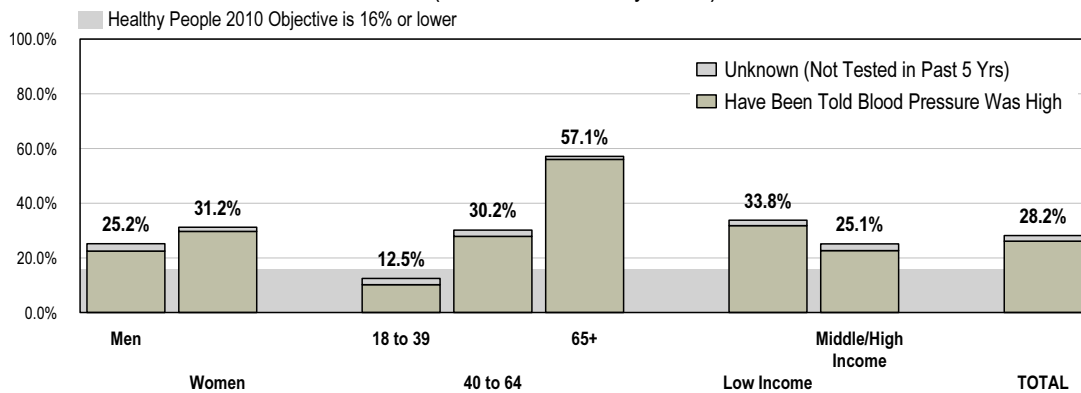
- Reflects the total sample of respondents.
- Unknown includes persons never tested, not tested within the past 5 years, or who were uncertain or did not respond to the testing question.

Demographic analysis reveals that:

- The prevalence of high blood pressure increases dramatically with age, including a majority of those 65 and older.

Self-Reported Prevalence of High Blood Pressure

(Yellowstone County, 2005)

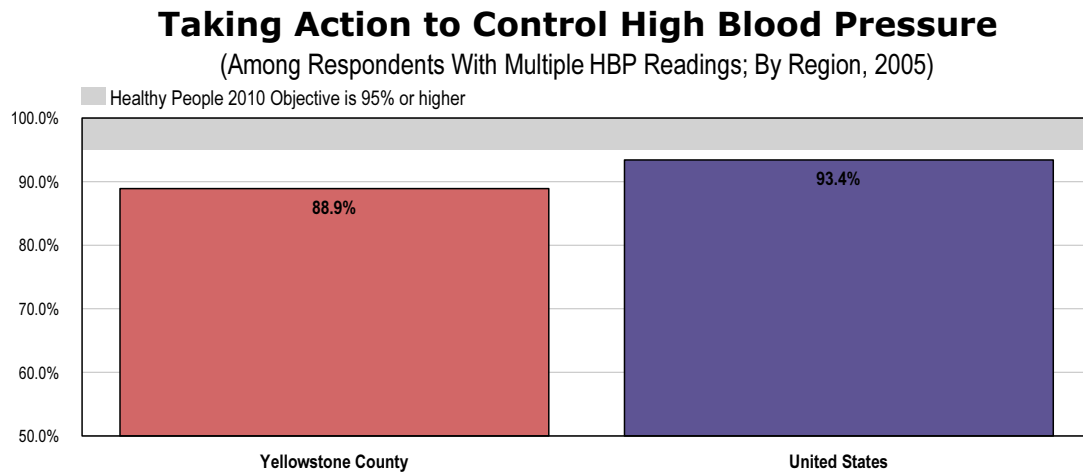


- Sources:
- 2005 PRC Community Health Survey, Professional Research Consultants. [Item 153]
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-9]
- Note:
- Reflects the total sample of respondents.

Hypertension Management

Nearly nine out of 10 Yellowstone County adults (88.9%) who have been told that their blood pressure was high report that they are currently taking actions to control their condition, such as through medication, diet and/or exercise.

- Statistically similar to national findings (93.4%).
- Close to the Healthy People 2010 target (95% or higher).



- Sources:
- 2005 PRC Community Health Survey, Professional Research Consultants. [Item 51]
 - 2005 PRC National Health Survey, Professional Research Consultants.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-11]
- Notes:
- Asked of respondents who have been told more than once that their blood pressure was high.
 - In this case, the term "action" includes medication, change in diet, and/or exercising.

Related Focus Group Findings

One community health panelist discussed the importance of educating the community in the proper treatment of high blood pressure.

“People may recognize they have an illness but they are not willing to treat it until it’s a crisis. With high blood pressure, people may know that they are borderline but they are not really interested in keeping it under control until they have a stroke or a heart attack or something like that. It is a prevalent attitude in this community.”—Physicians and Other Health Professionals Representative

High Blood Cholesterol

High blood cholesterol is a major risk factor for coronary heart disease that can be modified. More than 50 million U.S. adults have blood cholesterol levels that require medical advice and treatment. More than 90 million adults have cholesterol levels that are higher than desirable. Experts recommend that all adults aged 20 years and older have their cholesterol levels checked at least once every 5 years to help them take action to prevent or lower their risk of coronary heart disease. Lifestyle changes that prevent or lower high blood cholesterol include eating a diet low in saturated fat and cholesterol, increasing physical activity, and reducing excess weight.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

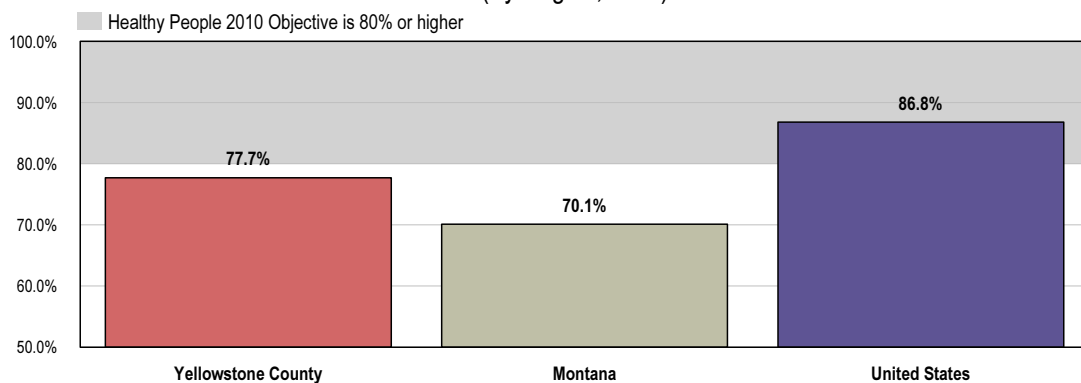
Blood Cholesterol Testing

77.7% of Yellowstone County adults have had their blood cholesterol checked within the past five years.

- More favorable than Montana findings (70.1%).
- Less favorable than national findings (86.8%).
- Close to the Healthy People 2010 target (80% or higher).

Have Had Blood Cholesterol Level Checked Within the Past 5 Years

(By Region, 2005)

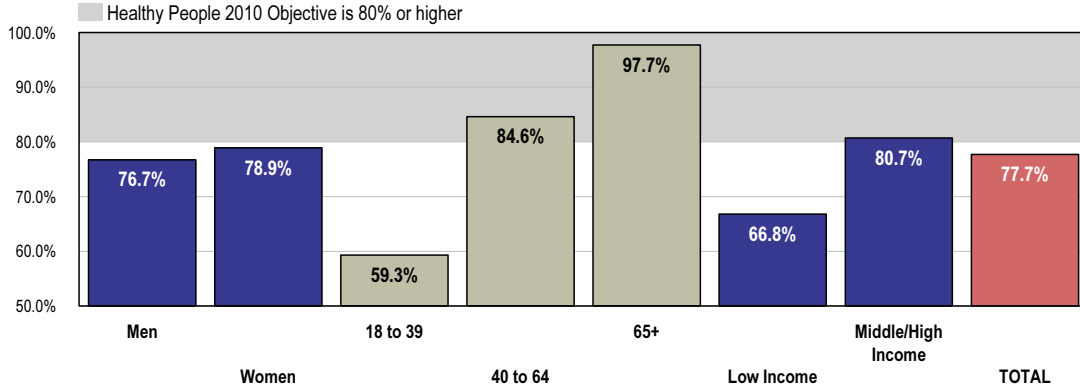


- Sources:
- 2005 PRC Community Health Survey, Professional Research Consultants. [Item 55]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2003 Montana data.
 - 2005 PRC National Health Survey, Professional Research Consultants.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-15]
- Note:
- Reflects the total sample of respondents.
 - Excludes uncertain responses.

- Older adults are the only demographic group to satisfy the Healthy People 2010 target for cholesterol screening.

Have Had Blood Cholesterol Level Checked Within the Past Five Years

(Yellowstone County, 2005)



Sources: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 55]
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-15]
 Note: • Reflects the total sample of respondents.

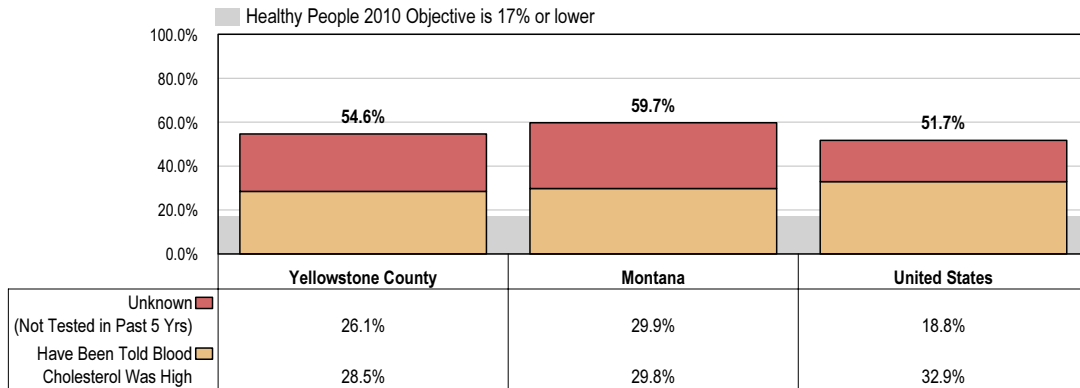
Self-Reported High Blood Cholesterol

28.5% of Yellowstone County adults have been told by a health professional that their cholesterol level was high.

- Statistically similar to statewide findings (29.8%).
- Statistically similar to national findings (32.9%).
- Fails to satisfy the Healthy People 2010 target (17% or lower).
- An additional 26.1% of adults have not have their cholesterol tested in the past five years

Self-Reported Prevalence of High Blood Cholesterol

(By Region, 2005)



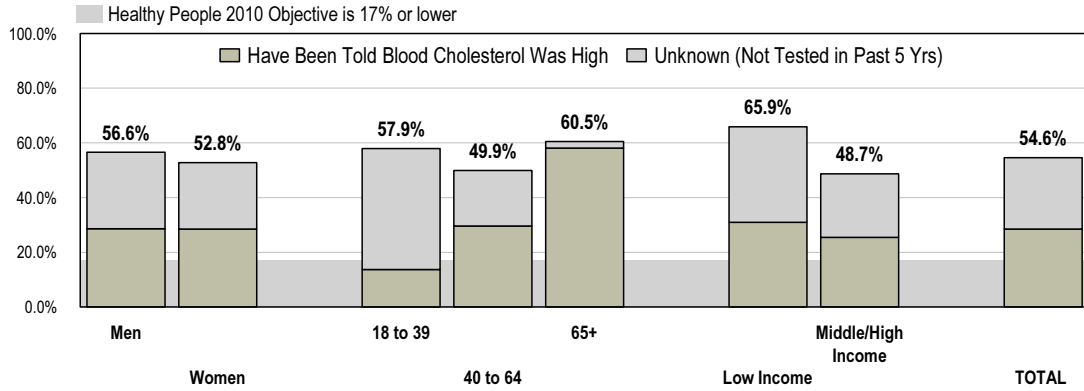
Sources: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 154]
 • 2005 PRC National Health Survey, Professional Research Consultants.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-14]
 Note: • Reflects the total sample of respondents.
 • Unknown includes persons never tested, not tested within the past 5 years, or who were uncertain or did not respond to the testing question.

Note the following demographic breakout of self-reported prevalence of high blood cholesterol.

- Nearly 35% of low income respondents and close to 45% of young adults have not been tested in the past five years.

Self-Reported Prevalence of High Blood Cholesterol

(Yellowstone County, 2005)



Sources: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 154]
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-14]
 Note: • Reflects the total sample of respondents.

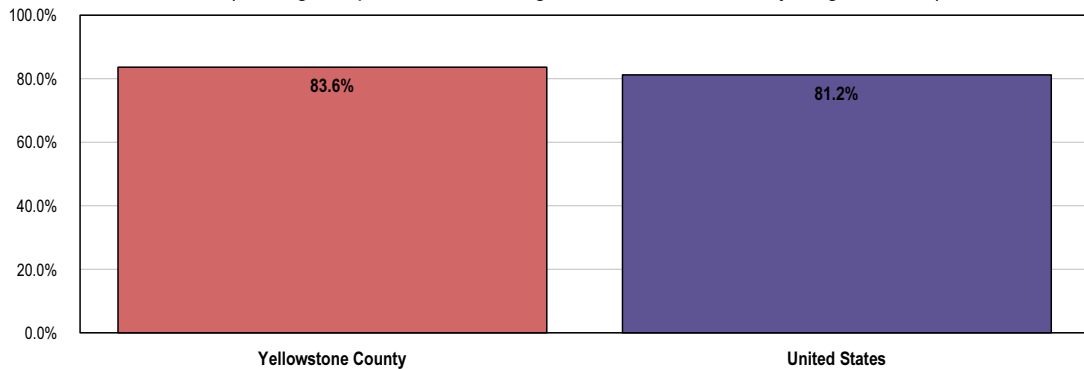
High Cholesterol Management

Nine out of 10 Yellowstone County adults (83.6%) who have been told that their blood cholesterol was high report that they are currently taking actions to control their condition, such as through medication, diet and/or exercise.

- Statistically similar to national findings (81.2%).

Taking Action to Control High Blood Cholesterol

(Among Respondents With High Blood Cholesterol; By Region, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 54]
 • 2005 PRC National Health Survey, Professional Research Consultants.
 Notes: • Asked of respondents who have been told that their blood cholesterol was high.
 • In this case, the term "action" includes medication, change in diet, and/or exercising.

Total Cardiovascular Risk

Individual level risk factors which put people at increased risk for cardiovascular diseases include:

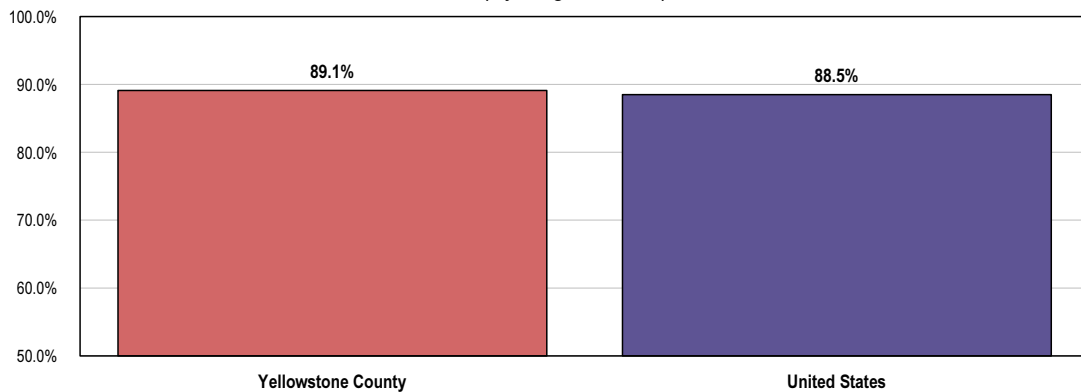
- High Blood Pressure
- High Blood Cholesterol
- Tobacco Use
- Physical Inactivity
- Poor Nutrition
- Overweight/Obesity
- Diabetes

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Nine out of 10 Yellowstone County adults (89.1%) report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- Statistically similar to national findings (88.5%).

Present One or More Cardiovascular Risk Factors or Behaviors (By Region, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 152]
• 2005 PRC National Health Survey, Professional Research Consultants.

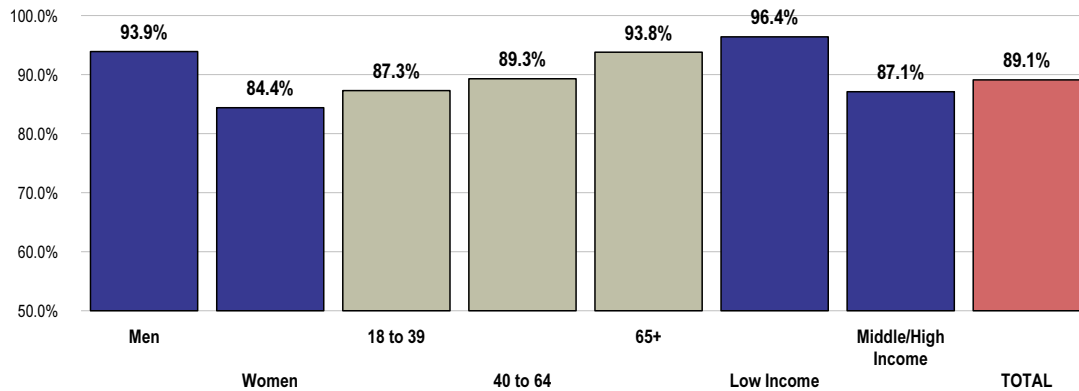
Note: • Includes respondents reporting any of the following: overweight, cigarette smoking, high blood pressure, high cholesterol, or physical inactivity.

By Yellowstone County demographics:

- Men more often present one or more cardiovascular risk factors than do women.
- Adults aged 65 and older are at much greater risk than young adults.
- Lower-income adults more often report one or more cardiovascular risk factors.

Present One or More Cardiovascular Risk Factors or Behaviors

(Yellowstone County, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 152]

Note: • Includes respondents reporting any of the following: overweight, cigarette smoking, high blood pressure, high cholesterol, or physical inactivity.

Three health-related behaviors contribute markedly to cardiovascular disease:

Poor nutrition. People who are overweight have a higher risk for cardiovascular disease. Almost 60% of U.S. adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.

Lack of physical activity. People who are not physically active have twice the risk for heart disease of those who are active. More than half of U.S. adults do not achieve recommended levels of physical activity.

Tobacco use. Smokers have twice the risk for heart attack of nonsmokers. Nearly one-fifth of all deaths from cardiovascular disease, or about 190,000 deaths a year nationally, are smoking-related. Every day, more than 3,000 young people become daily smokers in the U.S.

Modifying these behaviors is critical both for preventing and for controlling cardiovascular disease. Other steps that adults who have cardiovascular disease should take to reduce their risk of death and disability include adhering to treatment for high blood pressure and cholesterol, using aspirin as appropriate, and learning the symptoms of heart attack and stroke.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

(Related Issue: See also "Nutrition & Overweight," "Physical Activity & Fitness" and "Tobacco Use" in the Modifiable Health Risk section.)

CANCER

Cancer, the second leading cause of death among Americans, is responsible for one of every four deaths in the United States. In 2003, over half a million Americans—or more than 1,500 people a day—will die of cancer. Black Americans are more likely to die from cancer than people of any other racial or ethnic group.

The financial costs of cancer are staggering. According to the National Institutes of Health, cancers cost the United States more than \$170 billion in 2002. This includes more than \$110 billion in lost productivity and over \$60 billion in direct medical costs.

The number of new cancer cases can be reduced substantially, and many cancer deaths can be prevented. Healthier lifestyles can significantly reduce a person's risk for cancer—for example, avoiding tobacco use, increasing physical activity, improving nutrition, and avoiding sun exposure. Making cancer screening and information services available and accessible to all Americans is also essential for reducing the high rates of cancer and cancer deaths. Screening tests for breast, cervical, and colorectal cancers reduce the number of deaths from these diseases by finding them early, when they are most treatable. Screening tests for cervical and colorectal cancers can actually prevent these cancers from developing by detecting treatable precancerous conditions.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Age-Adjusted Cancer Deaths

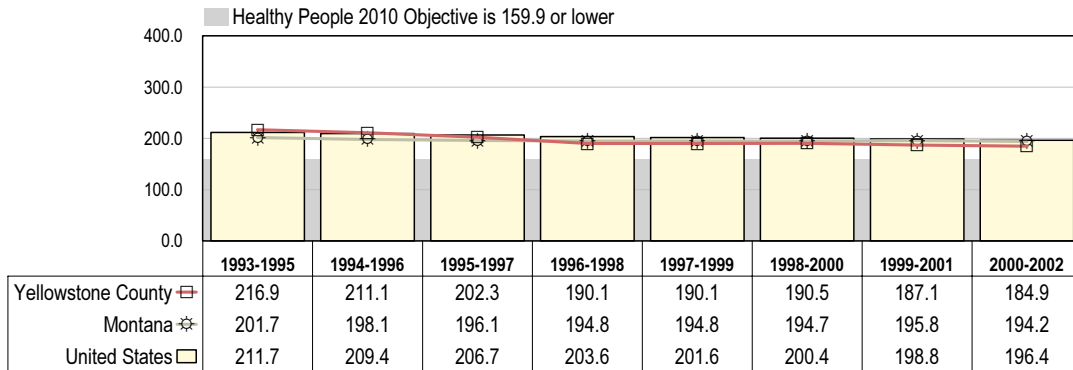
All Cancer Deaths

Between 2000 and 2002, the annual average age-adjusted cancer death rate in Yellowstone County was 184.9 per 100,000 population.

- Close to the Montana rate for the same period (194.2).
- Lower than the U.S. rate (196.4).
- Fails to satisfy the Healthy People 2010 objective (159.9 or lower).
- Over the past several years, the Yellowstone County age-adjusted cancer death rate has declined slightly.

Age-Adjusted Mortality: Cancer

(By Region; 1993-2002 Deaths per 100,000 Population)



Sources: • Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2004.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 3-1]

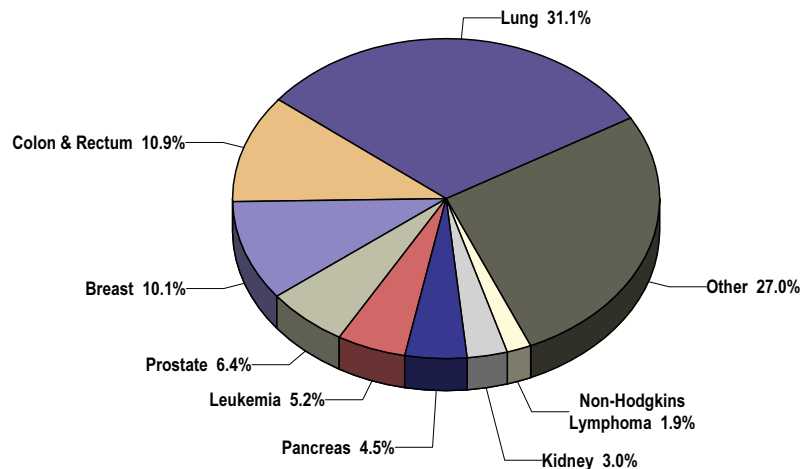
Notes: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • Data for 1999 and subsequent years are not fully comparable to data from 1998 and prior years, due to changes in coding of causes of deaths resulting from the switch from the ninth revision of the International Classification of Diseases (ICD9) to the tenth revision (ICD10).

Cancer Deaths by Site

Lung cancer is by far the leading cause of cancer deaths in Yellowstone County for both men and women. Other leading sites include colorectal cancer, female breast cancer, and prostate cancer.

Leading Types of Cancer Deaths by Site

(Yellowstone County, 2002)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2005.

Leading Cancer Diagnoses by Site

LUNG CANCER

Lung cancer is the most common cause of cancer death among both females and males in the United States. Cigarette smoking is the most important risk factor for lung cancer, accounting for 68 to 78 percent of lung cancer deaths among females and 88 to 91 percent of lung cancer deaths among males. Other risk factors include occupational exposures (radon, asbestos) and indoor and outdoor air pollution (radon, environmental tobacco smoke). One to two percent of lung cancer deaths are attributable to air pollution. After 10 years of abstinence, smoking cessation decreases the risk of lung cancer to 30 to 50 percent of that of continuing smokers.

PROSTATE CANCER

Prostate cancer is the most commonly diagnosed form of cancer (other than skin cancer) in males and the second leading cause of cancer death among males in the United States. Prostate cancer is most common in men aged 65 years and older, who account for approximately 80 percent of all cases of prostate cancer.

Digital rectal examination (DRE) and the prostate-specific antigen (PSA) test are two commonly used methods for detecting prostate cancer. Although several treatment alternatives are available for prostate cancer, their impact on reducing death from prostate cancer when compared with no treatment in patients with operable cancer is uncertain. Efforts aimed at reducing deaths through screening and early detection remain controversial because of the uncertain benefits and potential risks of screening, diagnosis, and treatment.

FEMALE BREAST CANCER

Breast cancer is the most common cancer [diagnosis] among women in the United States. Death from breast cancer can be reduced substantially if the tumor is discovered at an early stage. Mammography is the most effective method for detecting these early malignancies. Clinical trials have demonstrated that mammography screening can reduce breast cancer deaths by 20 to 39 percent in women aged 50 to 74 years and about 17 percent in women aged 40 to 49 years. Breast cancer deaths can be reduced through increased adherence with recommendations for regular mammography screening.

Many breast cancer risk factors, such as age, family history of breast cancer, reproductive history, mammographic densities, previous breast disease, and race and ethnicity, are not subject to intervention. However, being overweight is a well-established breast cancer risk for postmenopausal women that can be addressed. Avoiding weight gain is one method by which older women may reduce their risk of developing breast cancer.

COLORECTAL CANCER

Colorectal cancer (CRC) is the second leading cause of cancer-related deaths in the United States. When cancer-related deaths are estimated separately for males and females, however, CRC becomes the third leading cause of cancer death behind lung and breast cancers for females and behind lung and prostate cancers for males.

Risk factors for CRC may include age, personal and family history of polyps or colorectal cancer, inflammatory bowel disease, inherited syndromes, physical inactivity (colon only), obesity, alcohol use, and a diet high in fat and low in fruits and vegetables. Detecting and removing precancerous colorectal polyps and detecting and treating the disease in its earliest stages will reduce deaths from CRC. Fecal occult blood testing and sigmoidoscopy are widely used to screen for CRC, and barium enema and colonoscopy are used as diagnostic tests.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

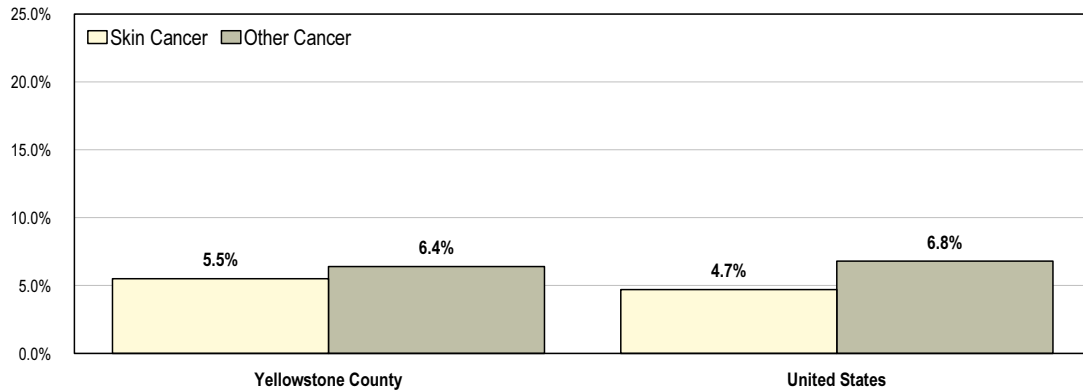
Self-Reported Cancer

5.5% of Yellowstone County adults report having been diagnosed with skin cancer, and 6.4% report having been diagnosed with another type of cancer.

- Similar to national findings for skin cancer (4.7%).
- Similar to national findings for other cancers (6.8%).

Self-Reported Prevalence of Cancer

(By Region, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Items 36, 37]
• 2005 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all respondents.

Cancer Risk

Reducing the nation's cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
- According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

(Related Issue: see also "Nutrition & Overweight," "Physical Activity & Fitness" and "Tobacco Use" in the Modifiable Health Risk section.)

Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Screening levels in Yellowstone County were measured in the survey relative to four cancer sites: colorectal cancer (sigmoidoscopy and fecal occult blood testing); female breast cancer (mammography); cervical cancer (Pap smear testing); and prostate cancer (prostate-specific antigen testing and digital rectal examination).

Colorectal Cancer Screenings

Beginning at age 50, both men and women should follow one of these five testing schedules:

- Yearly fecal occult blood test (FOBT)*
- Flexible sigmoidoscopy every 5 years
- Yearly fecal occult blood test plus flexible sigmoidoscopy every 5 years**
- Double-contrast barium enema every 5 years
- Colonoscopy every 10 years

*For FOBT, the take-home multiple sample method should be used.

**The combination of FOBT and flexible sigmoidoscopy is preferred over either of these two tests alone.

All positive tests should be followed up with colonoscopy. People should begin colorectal cancer screening earlier and/or undergo screening more often if they have certain colorectal cancer risk factors.

– American Cancer Society

Note that other organizations (e.g., American Academy of Family Physicians, American College of Physicians, National Cancer Institute, US Preventive Services Task Force) may have slightly different screening guidelines.

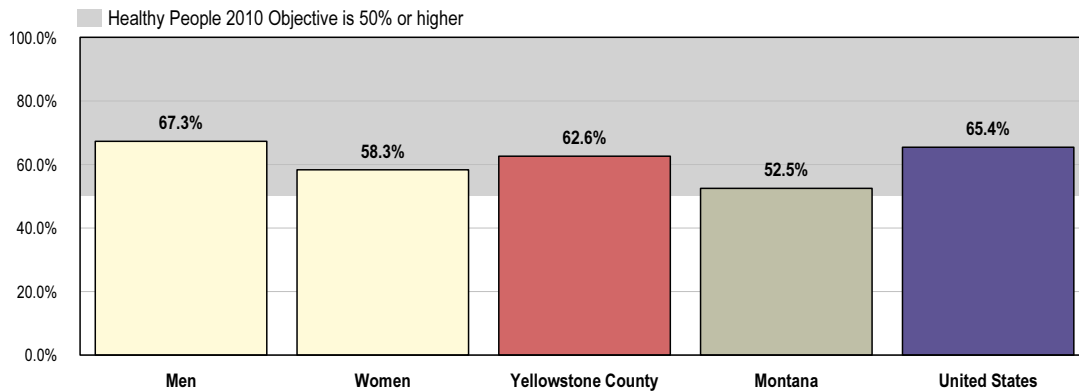
Sigmoidoscopy/Colonoscopy

62.6% of Yellowstone County adults aged 50 and older have had a sigmoidoscopy (or colonoscopy) at some point in their lives.

- More favorable than Montana findings (52.5%).
- Statistically similar to national findings (65.4%).
- Satisfies the Healthy People 2010 target (50% or higher).
- Includes 67.3% of Yellowstone County men and 58.3% of Yellowstone County women.

Have Ever Had a Sigmoidoscopy/Colonoscopy Examination

(Among Persons Aged 50 and Older; By Gender and Region, 2005)



Sources:

- 2005 PRC Community Health Survey, Professional Research Consultants. [Item 183]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2004 Montana data.
- 2005 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 3-12b]

Note:

- Asked of all respondents aged 50 or over.

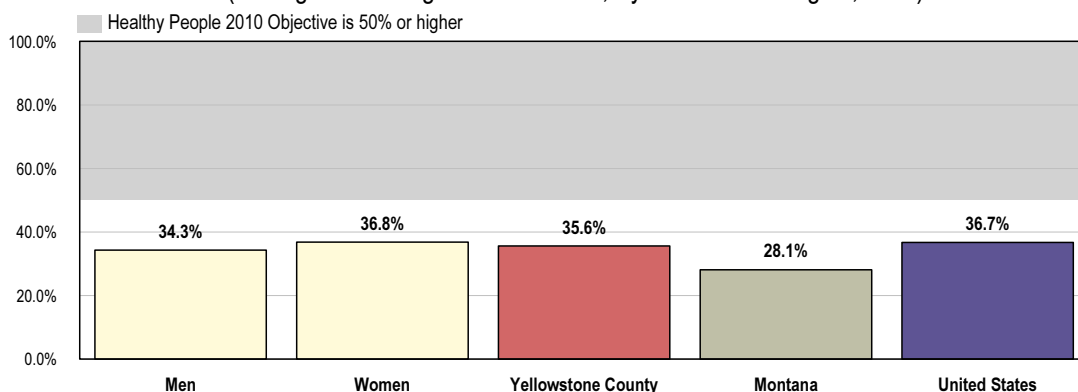
Fecal Occult Blood Testing

35.6% of Yellowstone County adults aged 50 and older have had a blood stool test (a.k.a., fecal occult blood test) within the past two years.

- More favorable than statewide findings (28.1%).
- Statistically similar to national findings (36.7%).
- Fails to satisfy the Healthy People 2010 target (50% or higher).
- Includes 34.3% of Yellowstone County men and 36.8% of Yellowstone County women.

Have Had a Blood Stool Test in the Past Two Years

(Among Persons Aged 50 and Older; By Gender and Region, 2005)



Sources:

- 2005 PRC Community Health Survey, Professional Research Consultants. [Item 184]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2004 Montana data.
- 2005 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 3-12a]

Note:

- Asked of respondents aged 50 and older.

Female Breast Cancer Screening

Screenings for female breast cancer are recommended as outlined below:

- Yearly mammograms starting at age 40 and continuing for as long as a woman is in good health.
- Clinical breast exams (CBE) should be part of a periodic health exam, about every three years for women in their 20s and 30s and every year for women 40 and over.
- Women should report any breast change promptly to their healthcare providers. Breast self-exam (BSE) is an option for women starting in their 20s.
- Women at increased risk (e.g., family history, genetic tendency, past breast cancer) should talk with their doctors about the benefits and limitations of starting mammography screening earlier, having additional tests (e.g., breast ultrasound or MRI), or having more frequent exams.

– American Cancer Society

Note that other organizations (e.g., American Academy of Family Physicians, American College of Physicians, National Cancer Institute, US Preventive Services Task Force) may have slightly different screening guidelines.

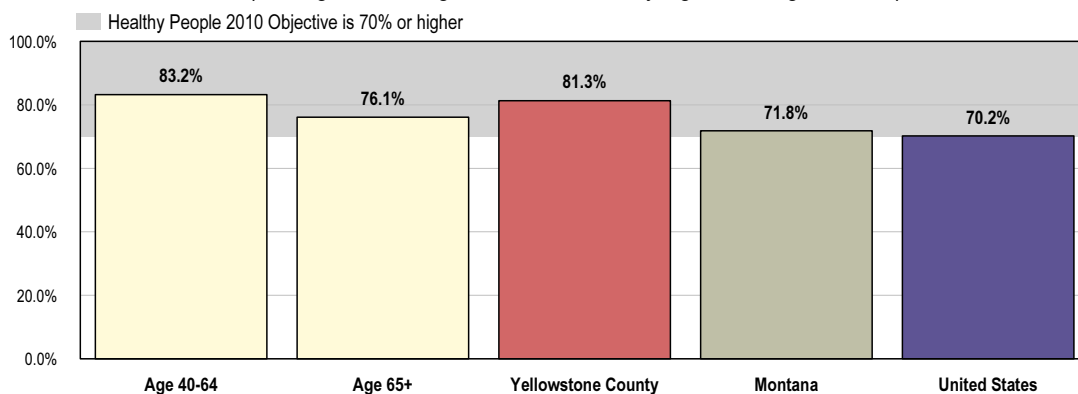
Mammography

81.3% of Yellowstone County women aged 40 and older have had a mammogram within the past two years.

- More favorable than statewide findings (71.8%).
- More favorable than national findings (70.2%).
- Satisfies the Healthy People 2010 target (70% or higher).
- Lower among Yellowstone County women aged 65 and older.

Have Had a Mammogram in the Past Two Years

(Among Women Aged 40 and Older; By Age and Region, 2005)



Sources: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 181]
 • 2005 PRC National Health Survey, Professional Research Consultants.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 3-13]

Note: • Reflects women aged 40 and over.

Cervical Cancer Screenings

Screenings for cervical cancer are recommended as outlined below:

- All women should begin cervical cancer screening about 3 years after they begin having vaginal intercourse, but no later than when they are 21 years old. Screening should be done every year with the regular Pap test or every 2 years using the newer liquid-based Pap test.
- Beginning at age 30, women who have had 3 normal Pap test results in a row may get screened every 2 to 3 years with either the conventional (regular) or liquid-based Pap test. Women who have certain risk factors such as diethylstilbestrol (DES) exposure before birth, HIV infection, or a weakened immune system due to organ transplant, chemotherapy, or chronic steroid use should continue to be screened annually.
- Another reasonable option for women over 30 is to get screened every 3 years (but not more frequently) with either the conventional or liquid-based Pap test, *plus* the HPV DNA test.
- Women 70 years of age or older who have had 3 or more normal Pap tests in a row and no abnormal Pap test results in the last 10 years may choose to stop having cervical cancer screening. Women with a history of cervical cancer, DES exposure before birth, HIV infection or a weakened immune system should continue to have screening as long as they are in good health.
- Women who have had a total hysterectomy (removal of the uterus and cervix) may also choose to stop having cervical cancer screening, unless the surgery was done as a treatment for cervical cancer or precancer. Women who have had a hysterectomy without removal of the cervix should continue to follow the guidelines above.

– American Cancer Society

Note that other organizations (e.g., American Academy of Family Physicians, American College of Physicians, National Cancer Institute, US Preventive Services Task Force) may have slightly different screening guidelines.

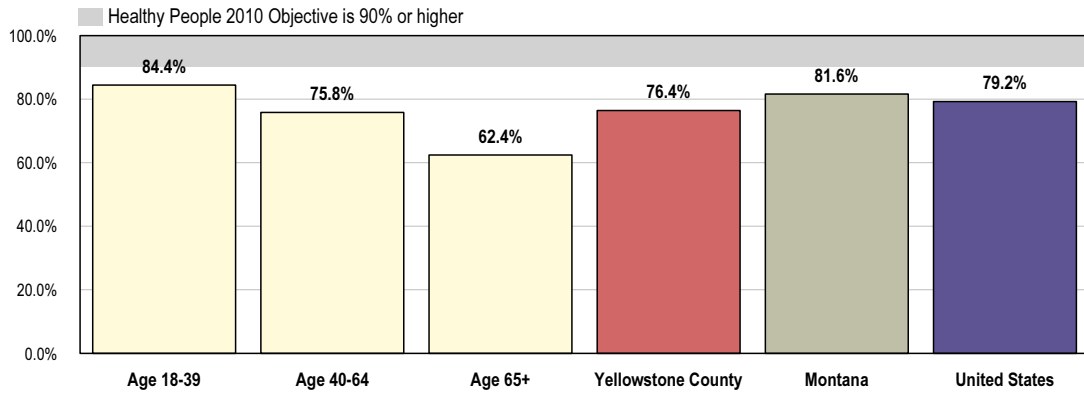
Pap Smear Testing

76.4% of Yellowstone County women aged 18 and older have had a Pap smear within the past three years.

- Statistically similar to statewide findings (81.6%).
- Statistically similar to national findings (79.2%).
- Fails to satisfy the Healthy People 2010 target (90% or higher).
- Decreases with age, with only 62.4% of women aged 65 or older having had a pap smear in the past three years.

Have Had a Pap Smear Within the Past Three Years

(Among Women Aged 18 and Older; By Age and Region, 2005)



- Sources:
- 2005 PRC Community Health Survey, Professional Research Consultants. [Item 101]
 - 2005 PRC National Health Survey, Professional Research Consultants.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 3-11]
- Note:
- Asked of all female respondents.

Prostate Cancer Screenings

Guideline Statement: Both prostate-specific antigen (PSA) testing and digital rectal examination (DRE) should be offered annually, beginning at age 50 years, to men who have at least a 10-year life expectancy. Men at high risk should begin testing at age 45 years. Information should be provided to men regarding potential risks and benefits of early detection and treatment of prostate cancer. Men at even higher risk, due to multiple first-degree relatives affected at an early age, could begin testing at age 40. Depending on the results of this initial test, no further testing might be needed until age 45. Information should be provided to men regarding potential risks and benefits of early detection and treatment of prostate cancer.

- Men who choose to undergo testing should begin at age 50 years. However, men in high-risk groups, such as African Americans and men who have a first-degree relative diagnosed with prostate cancer at a young age, should begin testing at 45 years. Note: a first-degree relative is defined as a father, brother, or son.
- Men who ask their doctor to make the decision on their behalf should be tested. Discouraging testing is not appropriate. Also not offering testing is not appropriate.
- Testing for prostate cancer in asymptomatic men can detect tumors at a more favorable stage (anatomic extent of disease). There has been a reduction in mortality from prostate cancer, but it has not been established that this is a direct result of screening.
- An abnormal Prostate-Specific Antigen (PSA) test result has been defined as a value of above 4.0 ng/ml. Some elevations in PSA may be due to benign conditions of the prostate.
- The Digital Rectal Examination (DRE) of the prostate should be performed by healthcare workers skilled in recognizing subtle prostate abnormalities, including those of symmetry and consistency, as well as the more classic findings of marked induration or nodules. DRE is less effective in detecting prostate carcinoma compared with PSA.

– American Cancer Society

Note that other organizations (e.g., American Academy of Family Physicians, American College of Physicians, National Cancer Institute, US Preventive Services Task Force) may have slightly different screening guidelines.

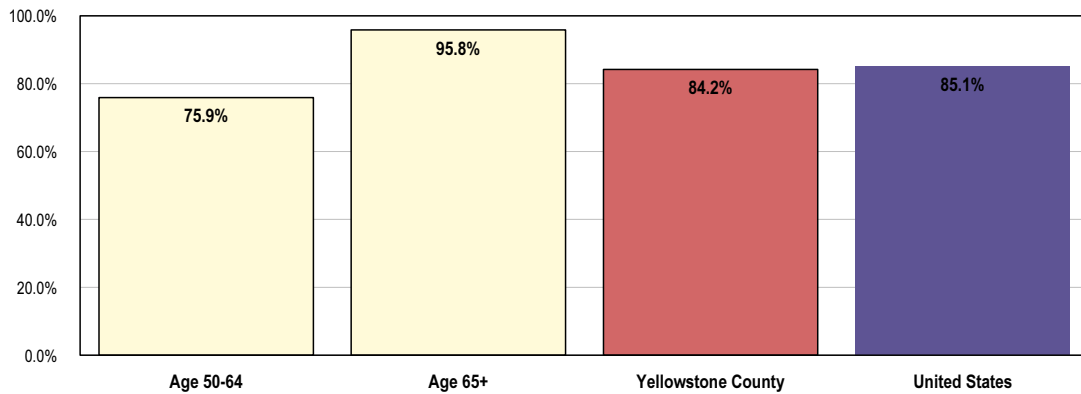
PSA Testing and/or Digital Rectal Examination

84.2% of Yellowstone County men aged 50 and older have had a PSA (prostate-specific antigen) test and/or a digital rectal examination within the past two years.

- Statistically similar to national findings (85.1%).
- Increases to 95.8% in area men aged 65 or older.

Have Had a Prostate-Specific Antigen (PSA) Test OR a Digital Rectal Exam in Past Two Years

(Among Men Aged 50 and Older; By Age and Region, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 182]
• 2005 PRC National Health Survey, Professional Research Consultants.

Note: • Reflects male respondents aged 50 and older.

RESPIRATORY DISEASE

Asthma and COPD (chronic obstructive pulmonary disease) are among the 10 leading chronic conditions causing restricted activity [in Americans]. After chronic sinusitis, asthma is the most common cause of chronic illness in children. Methods are available to treat these respiratory diseases and promote respiratory health.

- Asthma is a serious and growing health problem. An estimated 14.9 million persons in the United States have asthma. Asthma is responsible for about 500,000 hospitalizations, 5,000 deaths, and 134 million days of restricted activity a year. Yet most of the problems caused by asthma could be averted if persons with asthma and their healthcare providers managed the disease according to established guidelines.
- COPD includes chronic bronchitis and emphysema—both of which are characterized by irreversible airflow obstruction and often exist together. Similar to asthma, COPD may be accompanied by an airway hyperresponsiveness. Most patients with COPD have a history of cigarette smoking. COPD worsens over time with continued exposure to a causative agent—usually tobacco smoke or sometimes a substance in the workplace or environment. COPD occurs most often in older people.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

[Note: Chronic lower respiratory disease (CLRD) was called chronic obstructive pulmonary disease (COPD) prior to 1999 with the issuance of the International Classification of Diseases, Tenth Revision (ICD-10). Healthy People 2010 refers to COPD rather than CLRD.]

Age-Adjusted Respiratory Disease Deaths

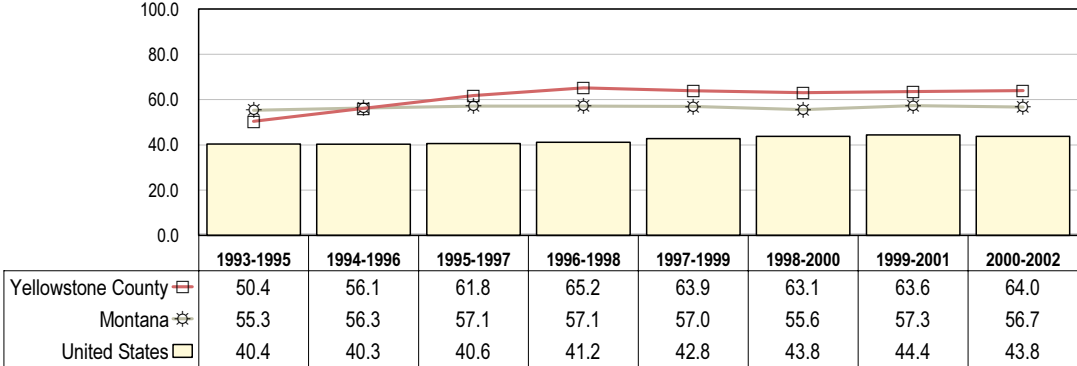
Chronic Respiratory Disease Deaths

Between 2000 and 2002, the annual average age-adjusted chronic lower respiratory disease death rate in Yellowstone County was 64.0 per 100,000 population.

- Higher than the Montana rate for the same period (56.7).
- Much higher than the U.S. rate (43.8).
- Over the past several years, the Yellowstone County age-adjusted chronic lower respiratory disease death rate has trended upward.

Age-Adjusted Mortality: CLRD

(By Region; 1993-2002 Deaths per 100,000 Population)



Sources: • Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2004.
 Notes: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • Data for 1999 and subsequent years are not fully comparable to data from 1998 and prior years, due to changes in coding of causes of deaths resulting from the switch from the ninth revision of the International Classification of Diseases (ICD9) to the tenth revision (ICD10).

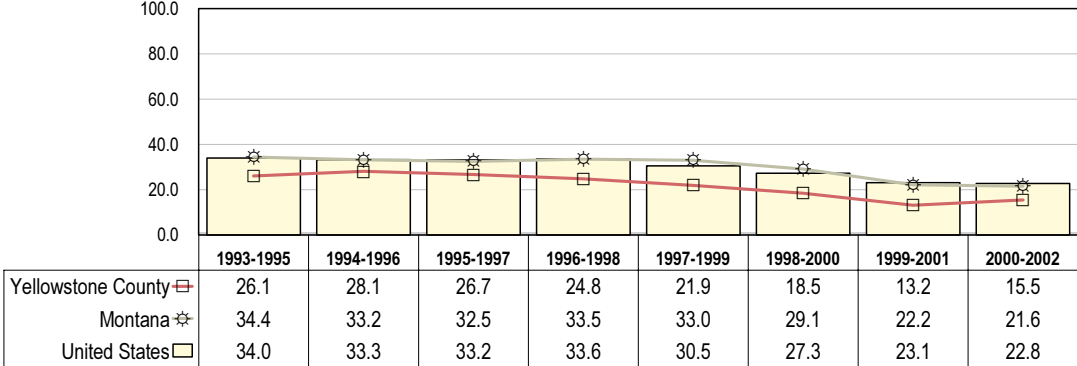
Pneumonia/Influenza Deaths

Between 2000 and 2002, the annual average age-adjusted pneumonia/influenza death rate in Yellowstone County was 15.5 per 100,000 population.

- Lower than the Montana rate for the same period (21.6).
- Lower than the U.S. rate (22.8).
- Over the past several years, the Yellowstone County age-adjusted pneumonia/influenza death rate has declined, mirroring state and national trends.

Age-Adjusted Mortality: Pneumonia/Influenza

(By Region; 1993-2002 Deaths per 100,000 Population)



Sources: • Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2004.
 Notes: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • Data for 1999 and subsequent years are not fully comparable to data from 1998 and prior years, due to changes in coding of causes of deaths resulting from the switch from the ninth revision of the International Classification of Diseases (ICD9) to the tenth revision (ICD10).

(For prevalence of vaccinations for pneumonia and influenza, see also "Immunization & Infectious Disease.")

Self-Reported Respiratory Conditions

More than one out of four Yellowstone County adults (24.8%) report suffering from nasal or hay fever allergies.

- More favorable than national findings (32.3%).

14.6% of Yellowstone County adults report suffering from sinusitis.

- Statistically similar to national findings (16.5%).

10.2% of Yellowstone County adults have been diagnosed with asthma (three-fourths of whom still have asthma).

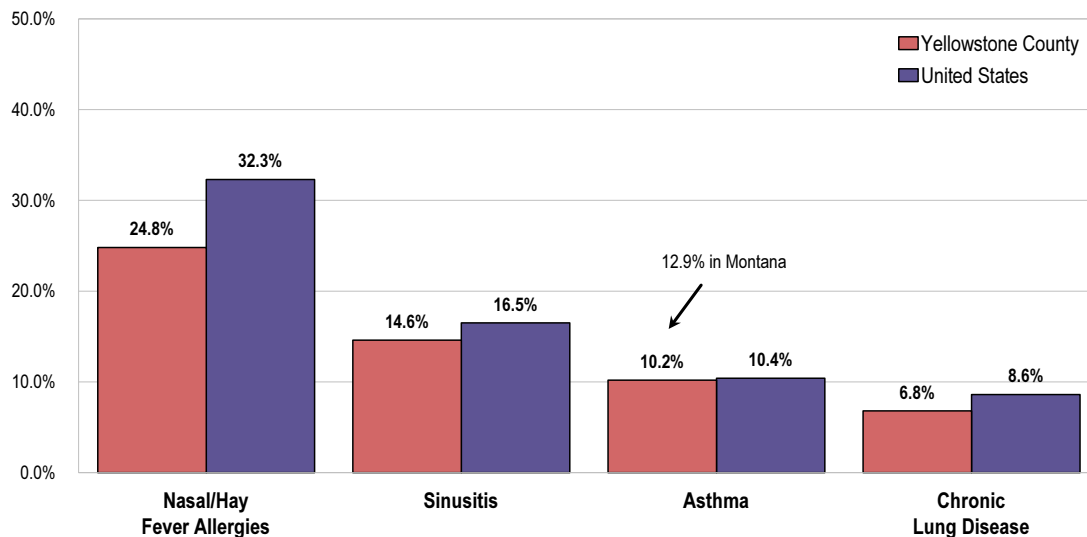
- Statistically similar to statewide findings (12.9%).
- Statistically similar to national findings (10.4%).

6.8% of Yellowstone County adults report suffering from chronic lung disease.

- Statistically similar to national findings (8.6%).

Self-Reported Respiratory Conditions

(By Region, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Items 29, 40, 41, 44]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2004 Montana data.
 • 2005 PRC National Health Survey, Professional Research Consultants.

Note: • Asked of all respondents.

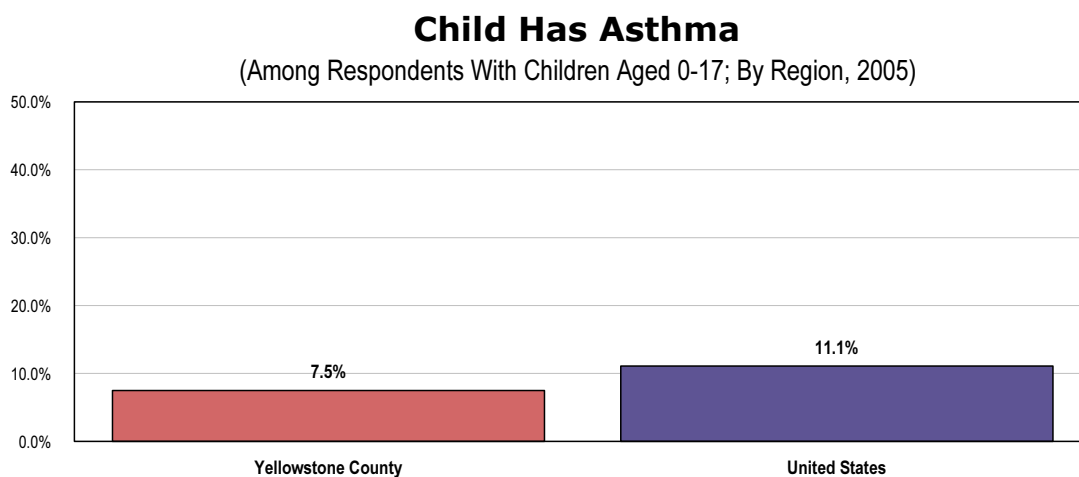
Asthma in Children

While the number of adults with asthma is greater than the number of children with asthma, the asthma rate is rising more rapidly in preschool-aged children than in any other group.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

7.5% of Yellowstone County parents report that their child (aged 0 to 17) has been diagnosed with asthma.

- Statistically similar to national findings (11.1%).



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 144]
• 2005 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of respondents with children aged 0-17.

Related Focus Group Findings

One community health panelist voiced concern over whether there was continued increase in chronic lower respiratory diseases.

“The last time there was a community health assessment in Billings eight or ten years ago, one of the pieces of data that surfaced was that there was an abnormally high amount of chronic obstructive pulmonary disease in this community.”—Community Leaders Representative

INJURY & VIOLENCE

The risk of injury is so great that most persons sustain a significant injury at some time during their lives. Nevertheless, this widespread human damage too often is taken for granted, in the erroneous belief that injuries happen by chance and are the result of unpreventable "accidents." In fact, many injuries are not "accidents," or random, uncontrollable acts of fate; rather, most injuries are predictable and preventable.

For ages 1 through 44 years, [U.S.] deaths from injuries far surpass those from cancer—the overall leading natural cause of death at these ages—by about three to one. Injuries cause more than two out of five deaths (43 percent) of children aged 1 through 4 years and result in four times the number of deaths due to birth defects, the second leading cause of death for this age group. For ages 15 to 24 years, injury deaths exceed deaths from all other causes combined from ages 5 through 44 years. For ages 15 to 24 years, injuries are the cause of nearly four out of five deaths. After age 44 years, injuries account for fewer deaths than other health problems, such as heart disease, cancer, and stroke. However, despite the decrease in the proportion of deaths due to injury, the death rate from injuries is actually higher among older persons than among younger persons.

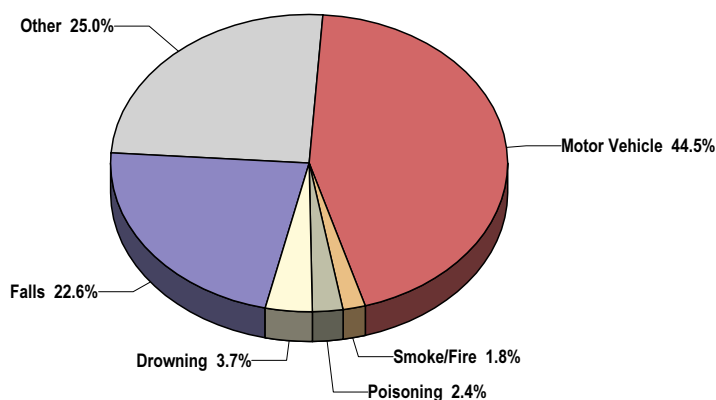
– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Injury Deaths

Leading Causes of Unintentional Injury Deaths

Motor vehicle crashes account for nearly one-half of all accidental deaths in Yellowstone County.

Leading Causes of Unintentional Injury Deaths (Yellowstone County, 2001-2003)



Sources: • Montana Department of Public Health and Human Services, Office of Vital Statistics.

(Related Issue: see also "Substance Abuse")

Related Focus Group Findings

Community panelists voiced concerns about the high rate of injury and death from accidents, especially motor vehicle accidents due to drunk driving or other reckless behaviors.

“Our youth has a high rate of violent injury and death from things like car accidents or accidents with firearms. Firearms are pretty easily accessible in rural Montana and in the towns too.”—Physicians and Other Health Professionals Representative

“We have one of the highest rates of injuries due to automobile accidents in the nation. About 40% of these accidents are alcohol-related accidents.”—Physicians and Other Health Professionals Representative

“We have this cultural attitude in Montana that nobody is going to tell us what to do. People don’t use seat belts and then they drink and drive, or drive at excessive speeds.”—Physicians and Other Health Professionals Representative

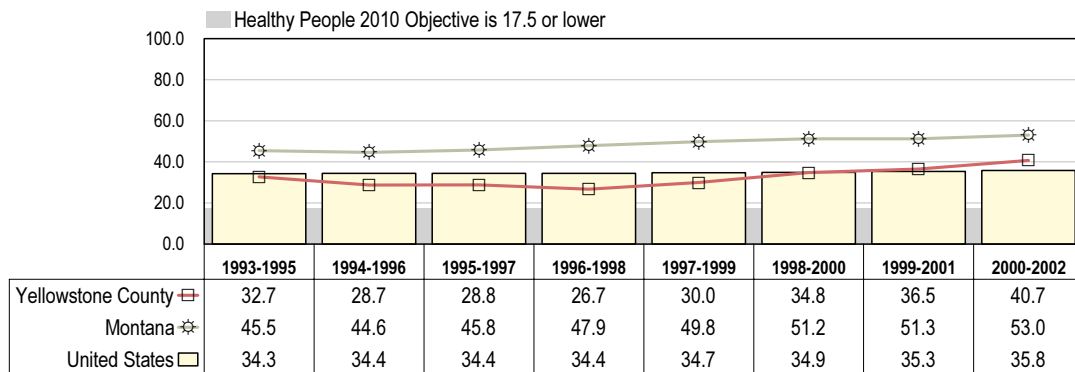
Age-Adjusted Unintentional Injury Deaths

Between 2000 and 2002, the annual average age-adjusted unintentional injury death rate in Yellowstone County was 40.7 per 100,000 population.

- Lower than the Montana rate for the same period (53.0).
- Higher than the U.S. rate (35.8).
- Fails to satisfy the Healthy People 2010 objective (17.5 or lower).
- Over the past several years, the Yellowstone County age-adjusted motor vehicle accident death rate has trended upward.

Age-Adjusted Mortality: Unintentional Injuries

(By Region; 1993-2002 Deaths per 100,000 Population)



Sources: • Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2004.
• Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 15-13]

Notes: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• Data for 1999 and subsequent years are not fully comparable to data from 1998 and prior years, due to changes in coding of causes of deaths resulting from the switch from the ninth revision of the International Classification of Diseases (ICD9) to the tenth revision (ICD10).

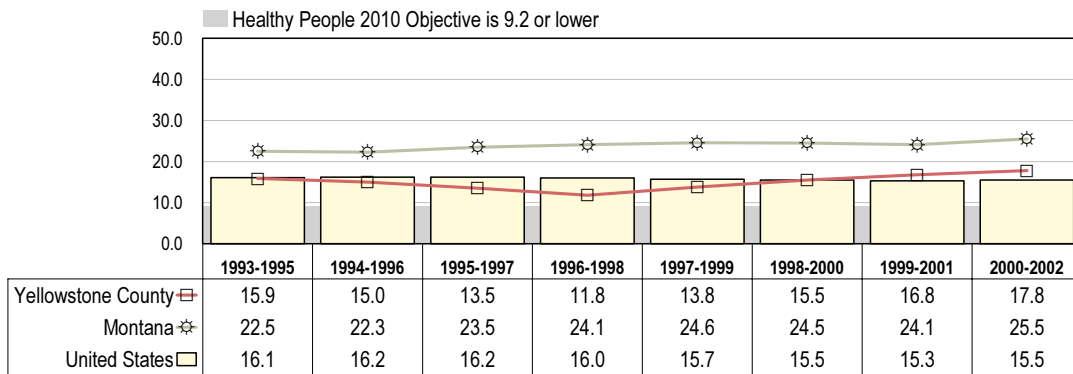
Age-Adjusted Motor-Vehicle Related Deaths

Between 2000 and 2002, the annual average age-adjusted motor vehicle accident death rate in Yellowstone County was 17.8 per 100,000 population.

- Lower than the Montana rate for the same period (25.5).
- Higher than the U.S. rate (15.5).
- Fails to satisfy the Healthy People 2010 objective (9.2 or lower).
- In recent years, the Yellowstone County age-adjusted motor vehicle accident death rate has trended upwards.

Age-Adjusted Mortality: Motor Vehicle Accidents

(By Region; 1993-2002 Deaths per 100,000 Population)



Sources: • Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2004.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 15-15a]

Notes: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • Data for 1999 and subsequent years are not fully comparable to data from 1998 and prior years, due to changes in coding of causes of deaths resulting from the switch from the ninth revision of the International Classification of Diseases (ICD9) to the tenth revision (ICD10).

Age-Adjusted Intentional Injury Deaths

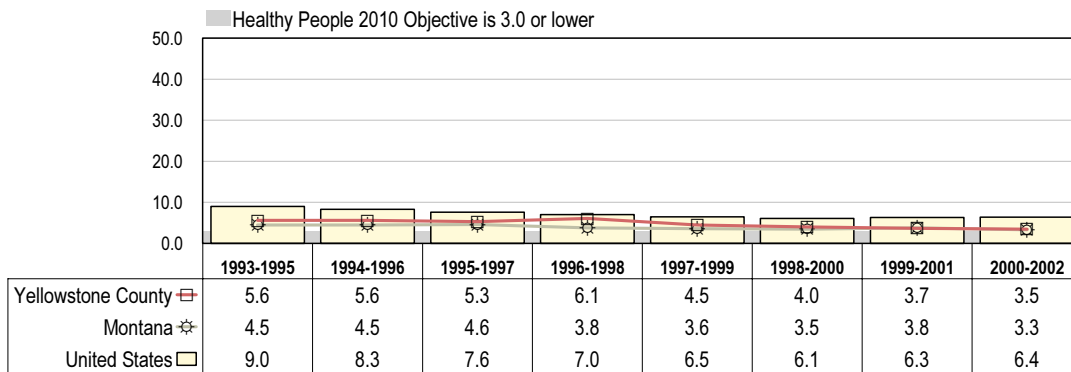
Homicide

Between 2000 and 2002, the annual average age-adjusted homicide rate in Yellowstone County was 3.5 per 100,000 population.

- Similar to the Montana rate for the same period (3.3).
- Lower than the U.S. rate (6.4).
- Fails to satisfy the Healthy People 2010 objective (3.0 or lower).
- Over the past several years, the Yellowstone County age-adjusted homicide rate has declined slightly.

Age-Adjusted Mortality: Homicide

(By Region; 1993-2002 Deaths per 100,000 Population)



Sources: • Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2004.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 15-32]

Notes: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • Data for 1999 and subsequent years are not fully comparable to data from 1998 and prior years, due to changes in coding of causes of deaths resulting from the switch from the ninth revision of the International Classification of Diseases (ICD9) to the tenth revision (ICD10).

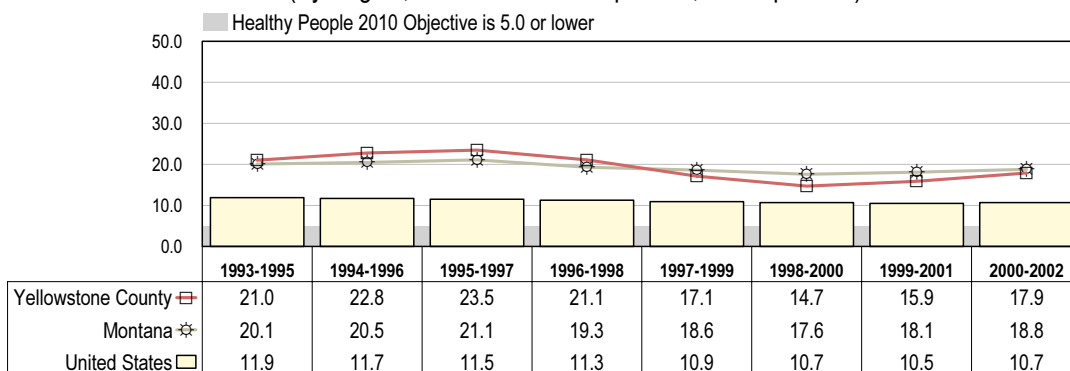
Suicide

Between 2000 and 2002, the annual average age-adjusted suicide rate in Yellowstone County was 17.9 per 100,000 population.

- Similar to the Montana rate for the same period (18.8).
- Much higher than the U.S. rate (10.7).
- Fails to satisfy the Healthy People 2010 objective (5.0 or lower).
- Although it has increased in the past few years, the suicide rate is overall lower than a decade earlier.

Age-Adjusted Mortality: Suicide

(By Region; 1993-2002 Deaths per 100,000 Population)



Source: • Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2004.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 18-1]

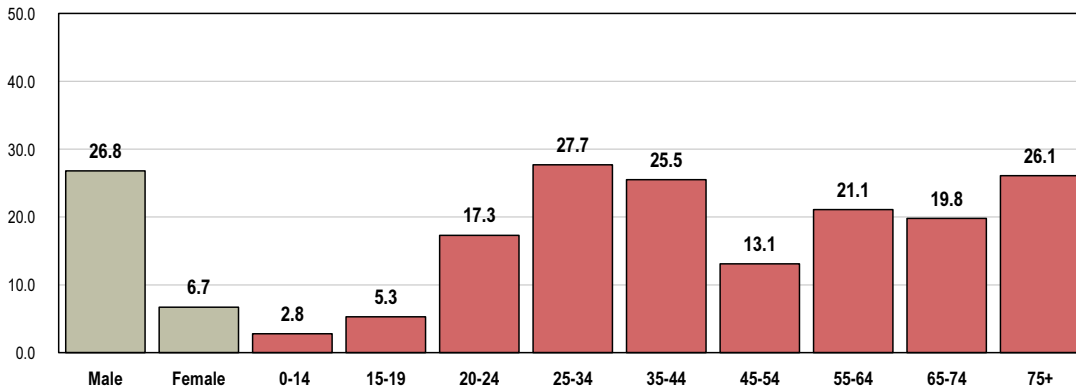
Note: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • Data for 1999 and subsequent years are not fully comparable to data from 1998 and prior years, due to changes in coding of causes of deaths resulting from the switch from the ninth revision of the International Classification of Diseases (ICD9) to the tenth revision (ICD10).

By gender, Yellowstone County males are four times as likely to commit suicide.

- Suicide rates in Yellowstone County are highest in the 25 to 34 age group, followed by those 75 and older.

Suicide

(Yellowstone County; By Age and Gender; 1999-2002 Crude Death Rate)



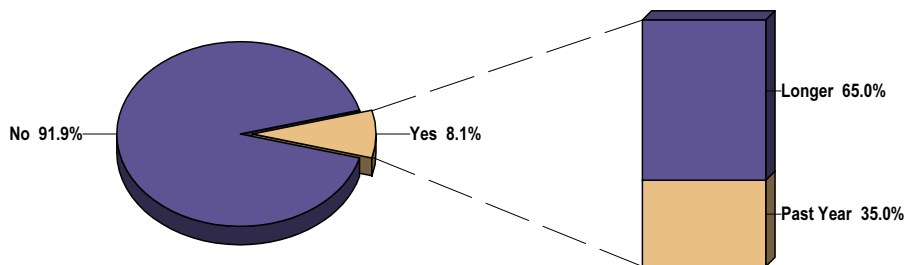
Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2006.
 Note: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems.
 • Rates are per 100,000 population within each age group and gender.

Nearly one in ten Yellowstone County adults have contemplated suicide in the past.

- Of these adults, 35.0% have contemplated suicide in the past year, representing nearly 2,840 adults in Yellowstone County.

Contemplated Suicide in the Past

(Yellowstone County, 2005)



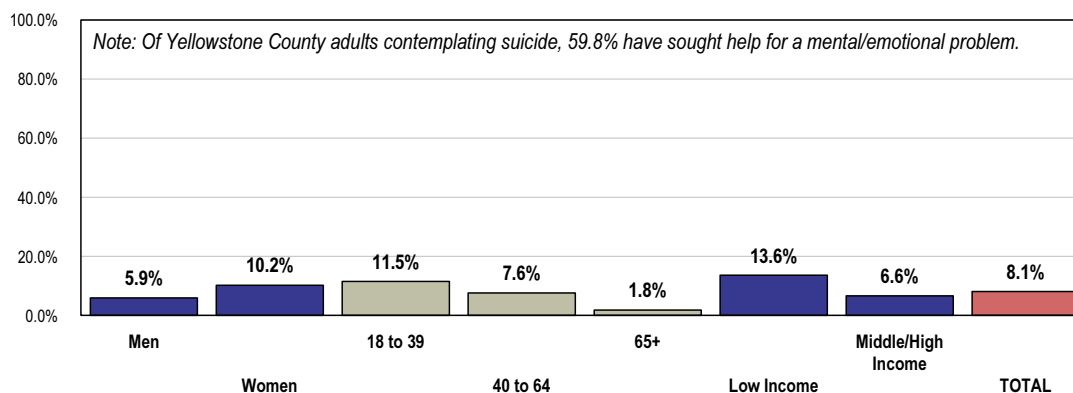
Sources: • 2005 PRC Community Health Survey, Professional Research Consultants. [Items 129-130]
 Notes: • Asked of all respondents.

Area adults under the age of 65 are more likely to have contemplated suicide in the past.

- Note that 59.8% of area adults contemplating suicide in the past have sought professional help for an emotional or mental problem.

Contemplated Suicide in the Past

(Yellowstone County, 2005)



Sources: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 129]

Note: • Asked of all respondents.

Related Focus Group Findings

Community health panelists discussed the high rate of suicide in the area, especially among teens and Native Americans.

“Montana is rated second or third in the nation for suicide. In Montana, adolescent suicides are pretty high; but the highest suicide population per capita is 75 years old and older white males.”—Physicians and Other Health Professionals Representative

“The suicide rate is very high among Native Americans, particularly on the reservations.”—Educators and Public Services Representative

“Montana is ranked number two in the nation for suicide, not only with teenagers, but the entire population.”—Community Leaders Representative

Panelists discussed possible causes of suicide in the area, including rural isolation, availability of firearms, and the lack of socialization and exercise due to the cold weather.

“Northern states tend to have higher rates of suicide. There’s the rural isolation. Most suicides in Montana are completed with firearms, which are very available.”—Community Leaders Representative

“I think the high rate of suicide has a lot to do with the short days and the cold winters. It’s hard to go outside and play.”—Community Leaders Representative

(Related Issue: see also “Mental Health”)

Injury Control

Seat Belt Use

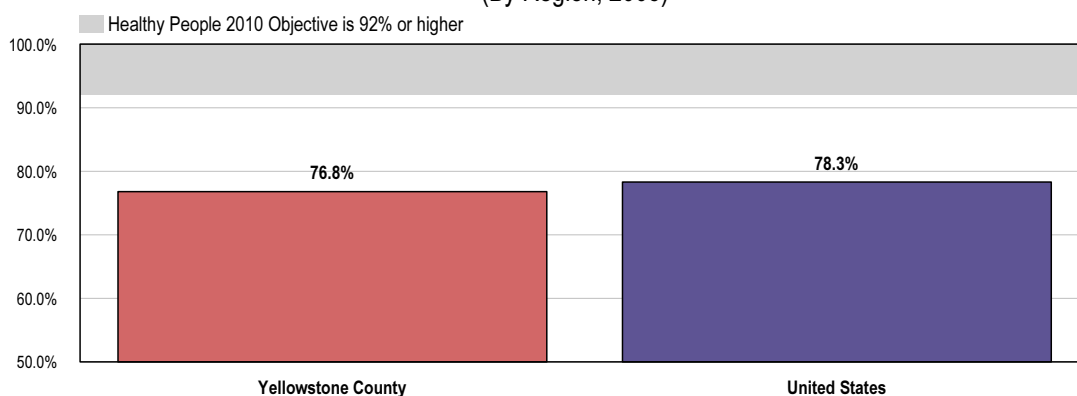
Adults

76.8% of Yellowstone County adults report "always" wearing a seat belt when driving or riding in an automobile.

- Statistically similar to national findings (78.3%).
- Fails to satisfy the Healthy People 2010 target (92% or higher).

Always Wear a Seat Belt When Driving or Riding in an Automobile

(By Region, 2005)



Sources: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 62]
• 2005 PRC National Health Survey, Professional Research Consultants.
• Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 15-19]

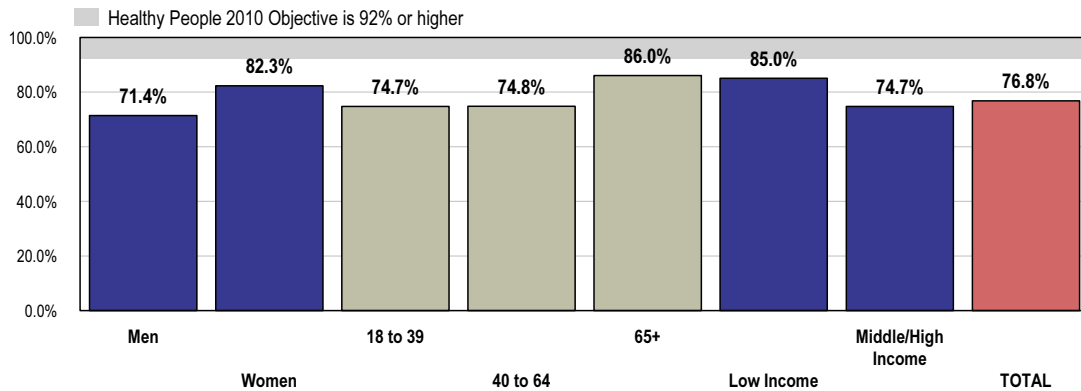
Note: • Asked of all respondents.

The following chart illustrates differences among key demographic groups. Note:

- Men are much less likely to report "always" wearing a seat belt than are women.
- There is a strong positive correlation of seat belt use with age. Only three-fourths of adults under 65 "always" wear a seatbelt, compared to 86.0% of those aged 65 and older.
- Lower-income respondents are much more likely to report consistent seat belt use middle- to high-income respondents.

Always Wear a Seat Belt When Driving or Riding in an Automobile

(Yellowstone County, 2005)



Sources: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 62]
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 15-19]
 Note: • Asked of all respondents.

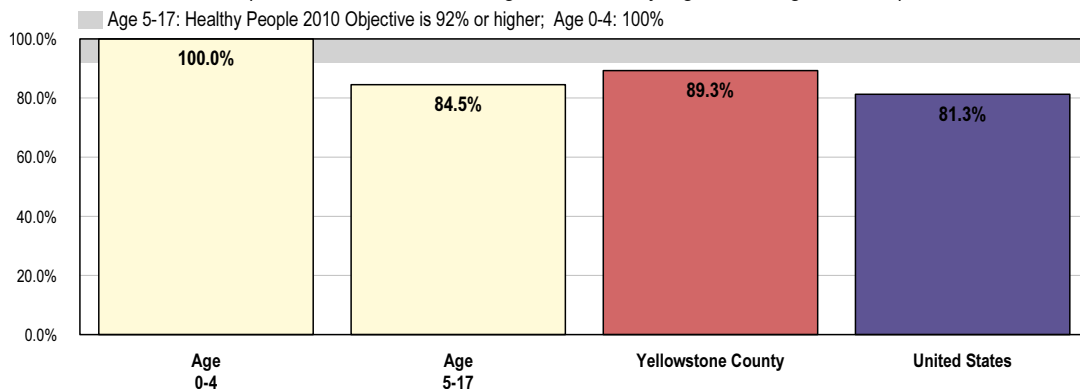
Children

89.3% Yellowstone County parents of young children report that their child "always" wears an appropriate child restraint (e.g., safety seat or seat belt) when riding in an automobile.

- More favorable than national findings (81.3%).
- Note that 100% of represented children aged 0 to 4 are properly secured in a safety seat (satisfies the Healthy People 2010 objective of 100%).

Child "Always" Wears a Seat Belt or Appropriate Restraint When Riding in an Automobile

(Reflects U.S. Children Aged 0 to 17; By Age and Region, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Items 148, 178, 179]
 • 2005 PRC National Health Survey, Professional Research Consultants.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 15-19 and 15-20]
 Note: • Reflects respondents with children aged 0 to 17.

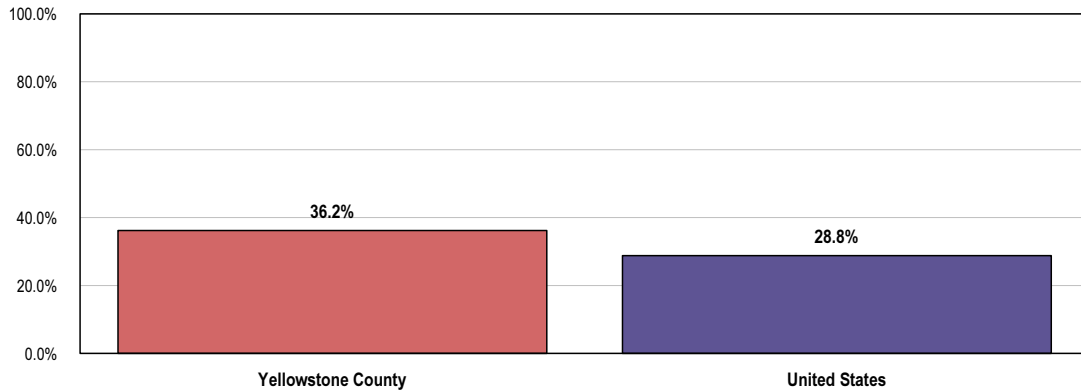
Bicycle Helmet Usage

36.2% of Yellowstone County parents of children aged 5 to 17 report that their child "always" wears a helmet when riding a bicycle.

- Statistically similar to national findings (28.8%).

Child "Always" Wears a Helmet When Riding a Bicycle

(Among U.S. Children Aged 5 to 16; By Region, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 151]
• 2005 PRC National Health Survey, Professional Research Consultants.
Note: • Reflects respondents with children aged 5 to 16.

Firearms

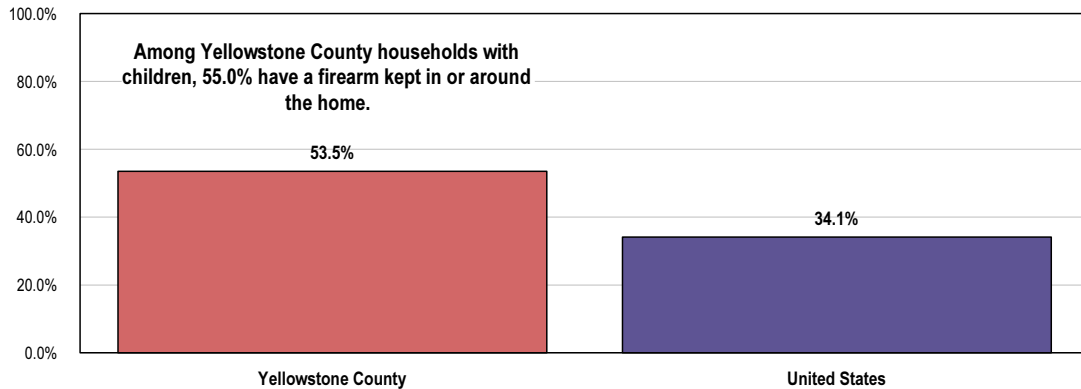
Survey respondents were further asked about the presence of weapons in the home: “*Are there any firearms now kept in or around your home, including those kept in a garage, outdoor storage area, truck, or car?*” For the purposes of this inquiry, “firearms” include pistols, shotguns, rifles, and other types of guns, but do NOT include starter pistols, BB guns, or guns that cannot fire.

53.5% of Yellowstone County adults have a firearm kept in or around their home.

- Much higher than national findings (34.1%).
- Note that 55.0% of Yellowstone County households with children have a firearm in or around the home.

Have a Firearm Kept in or Around the Home

(By Region, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Items 65, 176]
 • 2005 PRC National Health Survey, Professional Research Consultants.

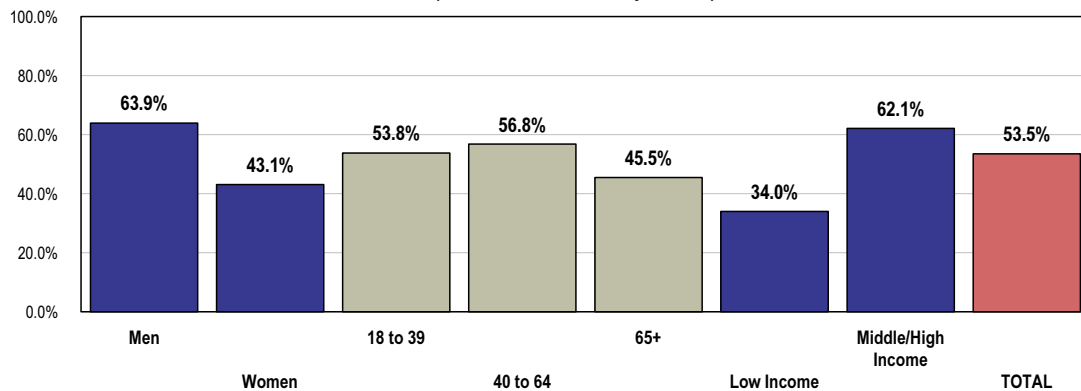
Notes: • Asked of all respondents.
 • In this case, the term "firarm" includes pistols, shotguns, rifles, and other types of guns. This does NOT include starter pistols, BB guns, or guns that cannot fire. Guns can be in or around the home, including those kept in a garage, outdoor storage area, truck, or car.

Reports of firearms in or around the home are more prevalent among the following respondent groups:

- Men.
- Middle- to high-income households.

Have a Firearm Kept in or Around the Home

(Yellowstone County, 2005)



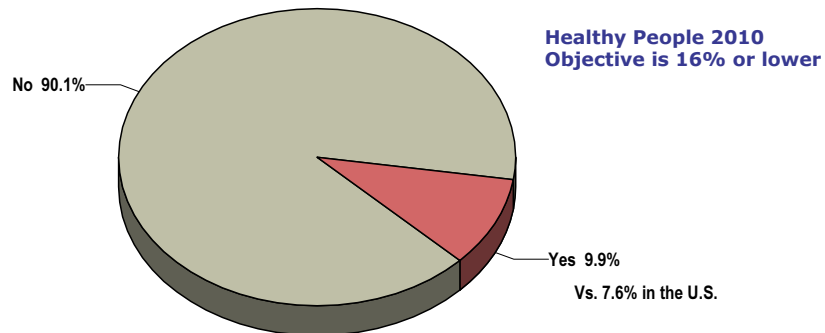
Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 65]

Notes: • Asked of all respondents.
 • In this case, the term "firarm" includes pistols, shotguns, rifles, and other types of guns. This does NOT include starter pistols, BB guns, or guns that cannot fire. Guns can be in or around the home, including those kept in a garage, outdoor storage area, truck, or car.

Among Yellowstone County households with firearms, 9.9% report that there is at least one weapon that is kept unlocked and loaded.

- Statistically similar to national findings (7.6%).
- Satisfies the Healthy People 2010 target (16% or lower).

Household Has An Unlocked, Loaded Firearm
(Among Respondents Reporting a Firearm in or Around the Home; Yellowstone County, 2005)



Sources: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 177]
• 2005 PRC National Health Survey, Professional Research Consultants.
• Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 15-4]

Note: • Among respondents reporting a firearm in or around the home.

Violence

Violence claims the lives of many of the Nation's young persons and threatens the health and well-being of many persons of all ages in the United States. On an average day in America, 53 persons die from homicide, and a minimum of 18,000 persons survive interpersonal assaults, 84 persons complete suicide, and as many as 3,000 persons attempt suicide.

Youth continue to be involved as both perpetrators and victims of violence. Elderly persons, females, and children continue to be targets of both physical and sexual assaults, which are frequently perpetrated by individuals they know.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Violent Crime

Violent Crime Rate Trends

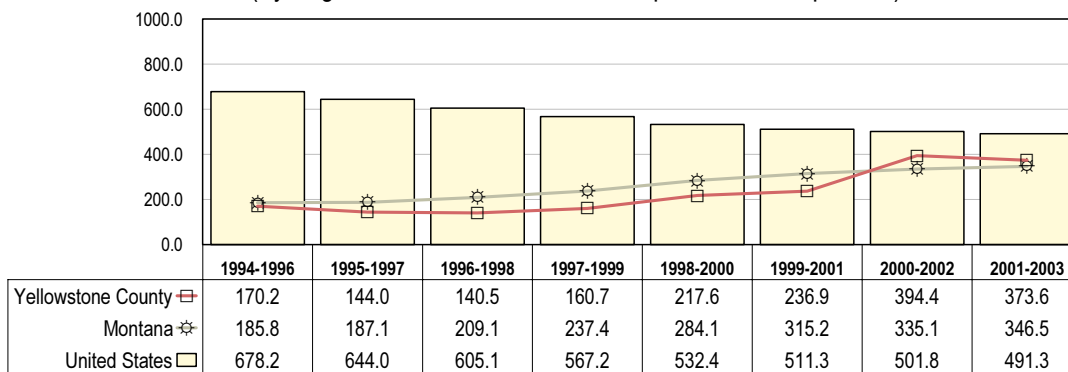
The following chart illustrates the violent crime rates experienced between 1994 and 2003.

Violent crime rates in Yellowstone County appear to be increasing during this period.

- Yellowstone County violent crime rates have been consistently lower than national rates.

Violent Crime Rates

(By Region; 1993-2002 Violent Crimes per 100,000 Population)



Sources: • FBI, Crime in the United States.

• Montana Board of Crime Control.

Notes: • Rates are per 100,000 population. Includes all agencies reporting.

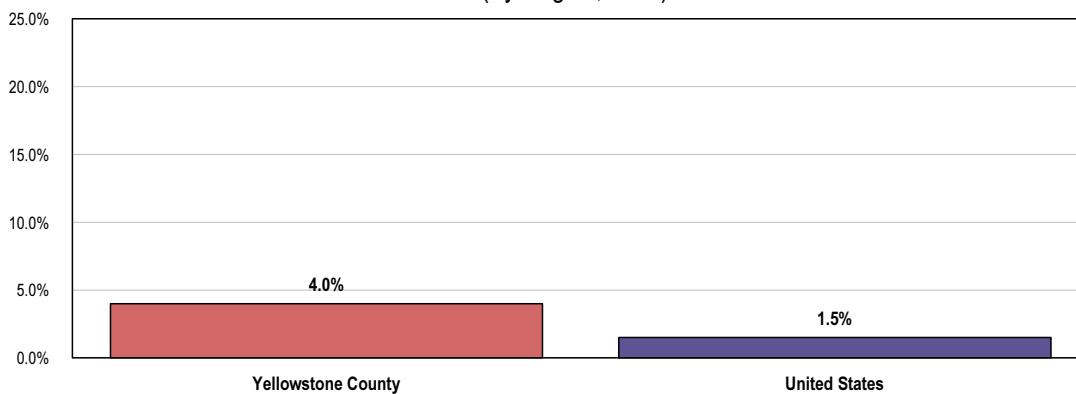
Violent Crime Victimization

4.0% of Yellowstone County adults report that they have been the victim of a violent crime in the area in the past five years.

- Less favorable than national findings (1.5%).

Victim of a Violent Crime in the Past 5 Years

(By Region, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 63]

• 2005 PRC National Health Survey, Professional Research Consultants.

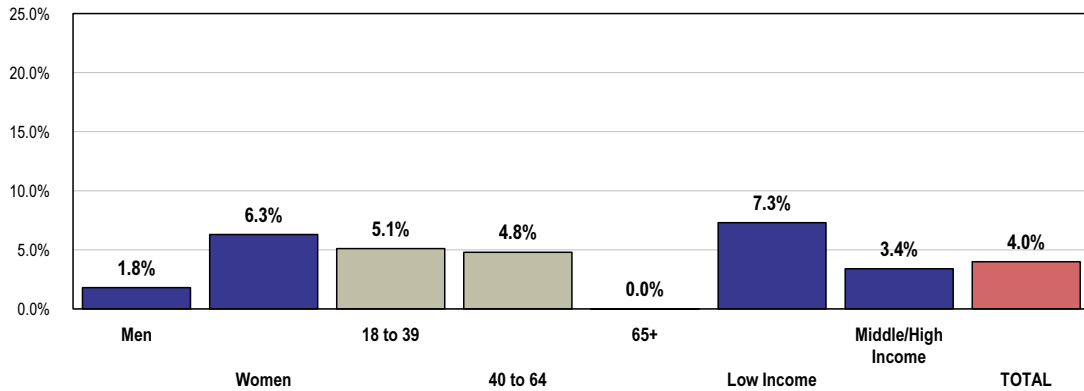
Note: • Asked of all respondents.

Note the following demographic findings in the chart below:

- Women much more often report experiencing violent crime than do men.
- Adults under 65 much more often report experiencing violent crime than older adults.

Victim of a Violent Crime in the Past 5 Years

(Yellowstone County, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 63]

Notes: • Asked of all respondents.

Family Violence

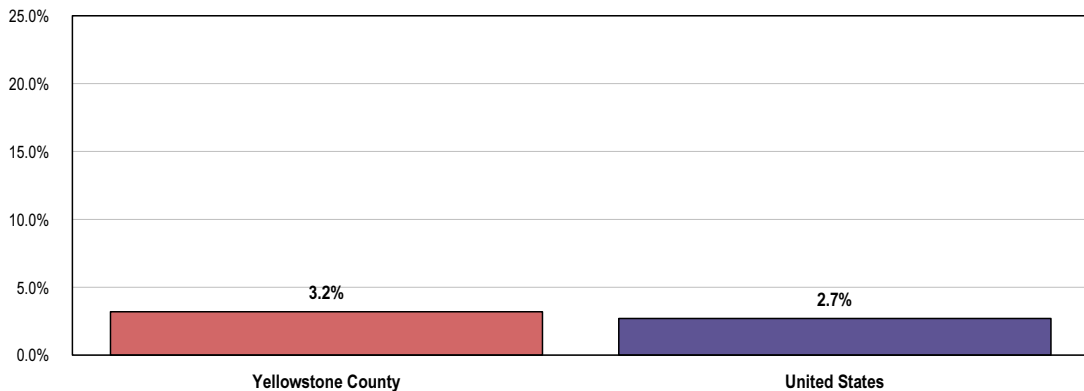
Domestic Violence

3.2% of Yellowstone County adults acknowledge being the victim of domestic violence in the past five years.

- Statistically similar to national findings (2.7%).

Victim of Domestic Violence in the Past 5 Years

(By Region, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 64]

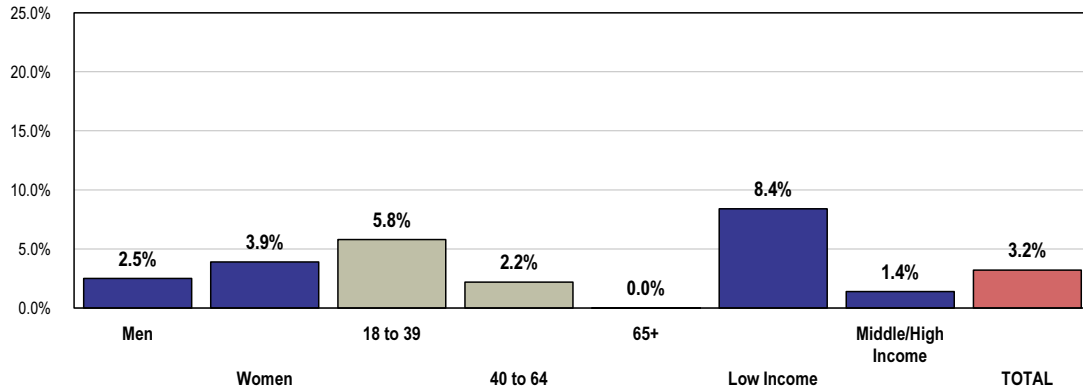
• 2005 PRC National Health Survey, Professional Research Consultants.

Note: • Asked of all respondents.

Reports of domestic violence are higher among:

- Adults under the age of 65 years.
- Persons in the low-income category.

Victim of Domestic Violence in the Past 5 Years (Yellowstone County, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 64]
Notes: • Asked of all respondents.

DIABETES

Diabetes affects nearly 16 million Americans and contributes to about 200,000 deaths a year. Diabetes can cause heart disease, stroke, blindness, kidney failure, leg and foot amputations, pregnancy complications, and deaths related to influenza and pneumonia. About 5.4 million Americans are unaware they have the disease.

- Among U.S. adults, diagnosed diabetes (including gestational diabetes) increased 49% from 1990 to 2000. The largest increase was among people aged 30–39. Type 2 affects 90%–95% of people with diabetes and is linked to obesity and physical inactivity.
- More than 18% of U.S. adults older than age 65 have diabetes.
- Diabetes affects more women than men.

The direct and indirect costs of diabetes in America are nearly \$100 billion a year.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

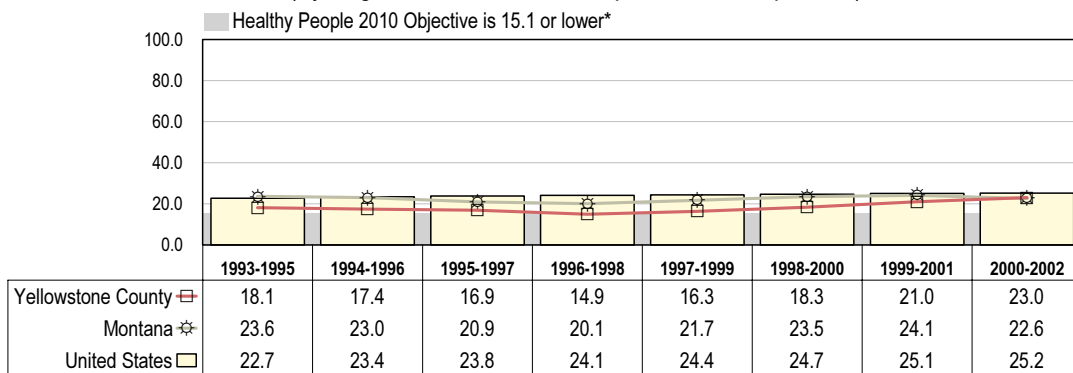
Age-Adjusted Diabetes Deaths

Between 2000 and 2002, there was an annual average of 23.0 age-adjusted diabetes deaths per 100,000 population in Yellowstone County.

- This is lower than the U.S. rate of 25.2 per 100,000 population.
- Fails to satisfy the adjusted Healthy People 2010 objective (15.1 or lower).
- Over the past several years, the age-adjusted diabetes death rate appears to have increased in Yellowstone County.

Age-Adjusted Mortality: Diabetes

(By Region; 1993-2002 Deaths per 100,000 Population)



Sources: • Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2004.

Notes: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

- Data for 1999 and subsequent years are not fully comparable to data from 1998 and prior years, due to changes in coding of causes of deaths resulting from the switch from the ninth revision of the International Classification of Diseases (ICD9) to the tenth revision (ICD10).
- *The Healthy People 2010 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths [Objective 5-5].

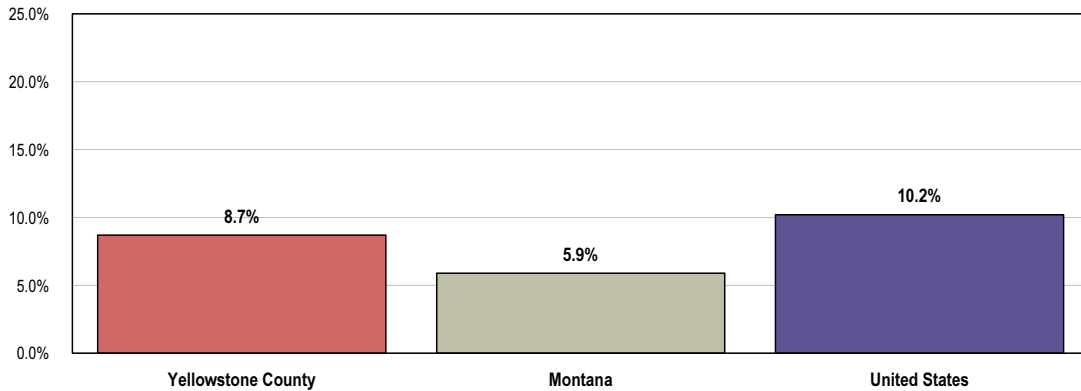
Self-Reported Diabetes

8.7% of adults in Yellowstone County report having been diagnosed with diabetes.

- Less favorable than Montana findings (5.9%).
- Statistically similar to national findings (10.2%).

Self-Reported Prevalence of Diabetes

(By Region, 2005)



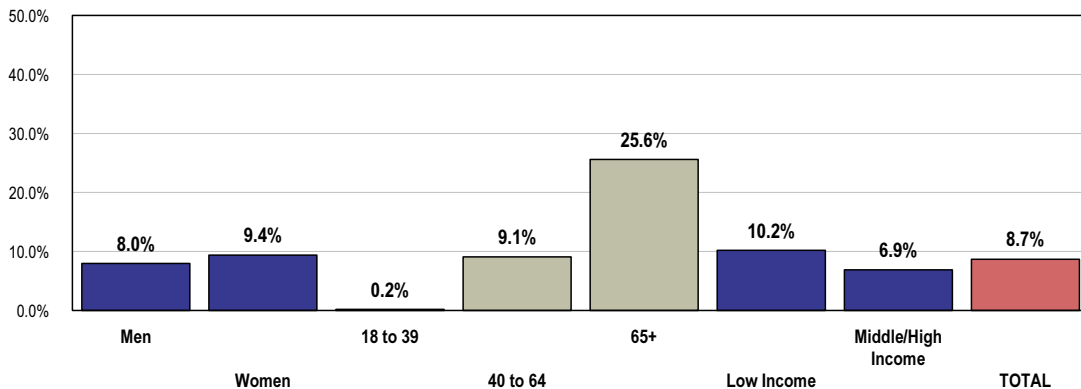
Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 46]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2004 Montana data.
 • 2005 PRC National Health Survey, Professional Research Consultants.

Note: • Asked of all respondents. Excludes gestational diabetes.

A higher prevalence of diabetes is self-reported among adults aged 40 and older (especially adults 65 and older).

Self-Reported Prevalence of Diabetes

(Yellowstone County, 2005)

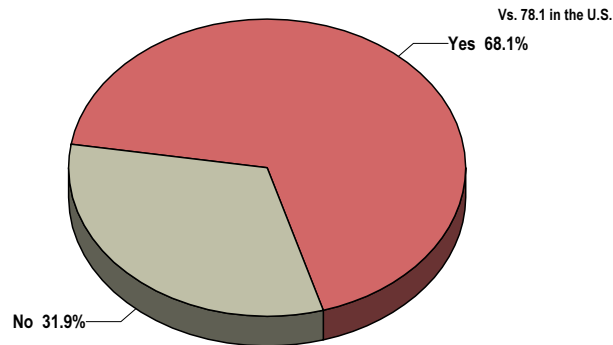


Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 46]
 Note: • Asked of all respondents.

68.1% of diabetics in Yellowstone county are currently taking insulin or other medicine to manage their diabetes.

Currently Taking Insulin or Other Medicine for Diabetes

(Yellowstone County, 2005; Among Reported Diabetics)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 47]
• 2005 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of those respondents who have been diagnosed with diabetes.

Related Focus Group Findings

One community panelist mentioned the high prevalence of diabetes among Native Americans and the special concerns within this population for treatment.

“Diabetes is definitely a problem with the Native Americans that live on the perimeter of this community. There are two dialysis centers in Billings and then one at the Crow Agency. This would indicate to me that a lot of people with diabetes in this area aren’t properly taking care of themselves, and they are deteriorating to the point where they do need dialysis and they’re having renal failure.”—Community Leaders Representative

ARTHRITIS, OSTEOPOROSIS & CHRONIC PAIN

The current and projected growth in the number of people aged 65 years and older in the United States has focused attention on preserving quality of life as well as length of life. Chief among the factors involving preserving quality of life are the prevention and treatment of musculoskeletal conditions—the major causes of disability in the United States. Among musculoskeletal conditions, arthritis and other rheumatic conditions, osteoporosis, and chronic back conditions have the greatest impact on public health and quality of life.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Self-Reported Arthritis & Osteoporosis

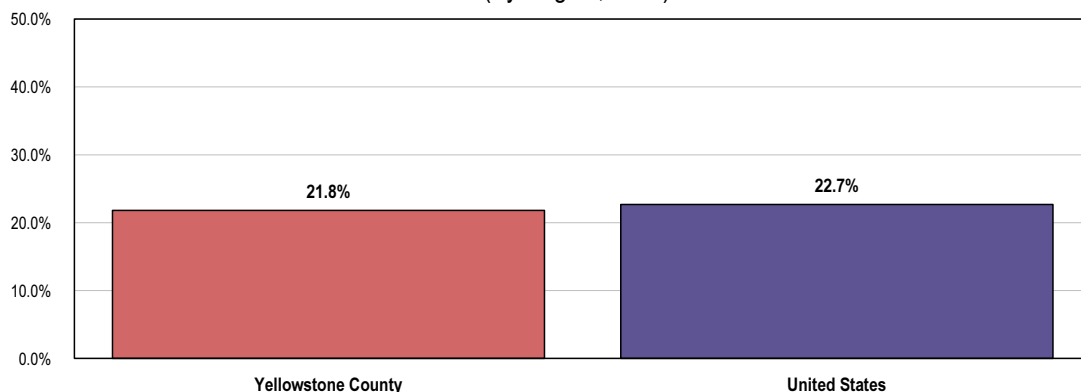
Arthritis & Rheumatism

21.8% of Yellowstone County adults (all ages) report suffering from arthritis or rheumatism.

- This is similar to that found nationwide (22.7%).
- 47.0% of local adults aged 65 and older have arthritis or rheumatism.

Self-Reported Prevalence of Arthritis/Rheumatism

(By Region, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 32]
• 2005 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all respondents.

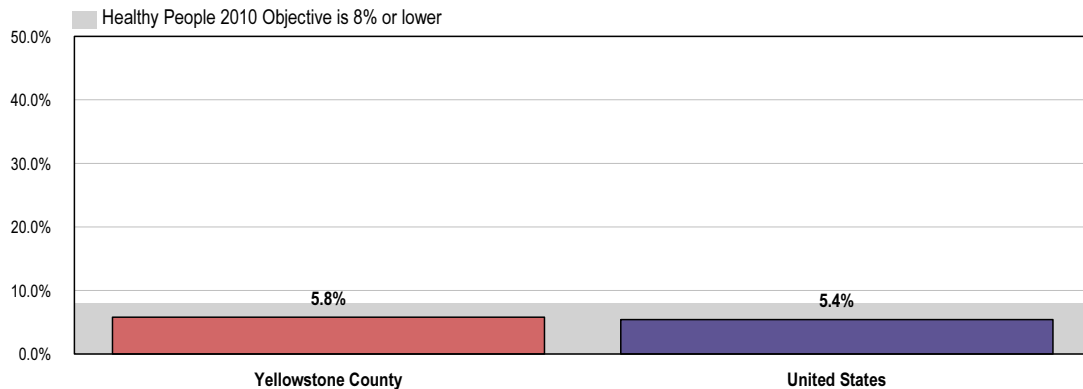
Osteoporosis

5.8% of Yellowstone County adults (all ages) report suffering from osteoporosis.

- This is similar to that found nationwide (5.4%).
- Satisfies the Healthy People 2010 objective (8% or lower).
- 16.8% of local adults aged 65 and older and 9.0% of all women experience osteoporosis.

Self-Reported Prevalence of Osteoporosis

(By Region, 2005)



- Source:
- 2005 PRC Community Health Survey, Professional Research Consultants. [Item 38]
 - 2005 PRC National Health Survey, Professional Research Consultants.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 2-9]
- Note:
- Asked of all respondents.

Self-Reported Chronic Pain

Back Pain

22.3% of Yellowstone County adults report suffering from sciatica or chronic back pain.

- This is similar to that found nationwide (21.0%).

Headaches

15.7% of Yellowstone County adults report suffering from migraines or severe headaches.

- This is lower than that found nationwide (20.5%).

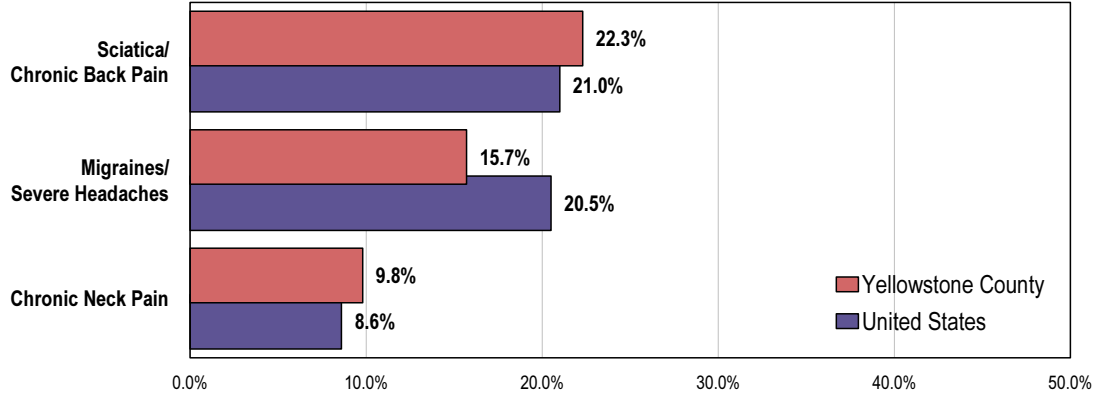
Neck Pain

9.8% of Yellowstone County adults report suffering from chronic neck pain.

- This is similar to that found nationwide (8.6%).

Self-Reported Prevalence of Chronic Pain

(By Region, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Items 33, 42, 43]

• 2005 PRC National Health Survey, Professional Research Consultants.

Note: • Asked of all respondents.

DISABILITY & SECONDARY CONDITIONS

An estimated 54 million persons in the United States, or nearly 20 percent of the population, currently live with disabilities. The increase in disability among all age groups indicates a growing need for public health programs serving people with disabilities.

The direct medical and indirect annual costs associated with disability [in the U.S.] are more than \$300 billion, or 4 percent of the gross domestic product. This total cost includes \$160 billion in medical care expenditures (1994 dollars) and lost productivity costs approaching \$155 billion.

The health promotion and disease prevention needs of people with disabilities are not nullified because they are born with an impairing condition or have experienced a disease or injury that has long-term consequences. People with disabilities have increased health concerns and susceptibility to secondary conditions. Having a long-term condition increases the need for health promotion that can be medical, physical, social, emotional, or societal.

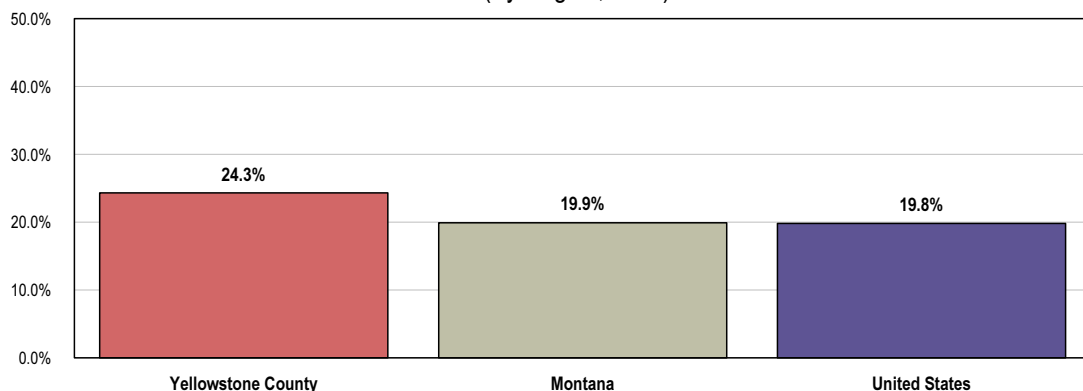
– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Activity Limitations

24.3% of Yellowstone County adults report that they are limited in some way in some activities due to a physical, mental or emotional problem.

- Less favorable than statewide findings (19.9%).
- Statistically similar to national findings (19.8%).

**Limited in Activities in Some Way
Due to a Physical, Mental or Emotional Problem**
(By Region, 2005)



Source:

- 2005 PRC Community Health Survey, Professional Research Consultants. [Item 131]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2003 Montana data.
- 2005 PRC National Health Survey, Professional Research Consultants.

Note:

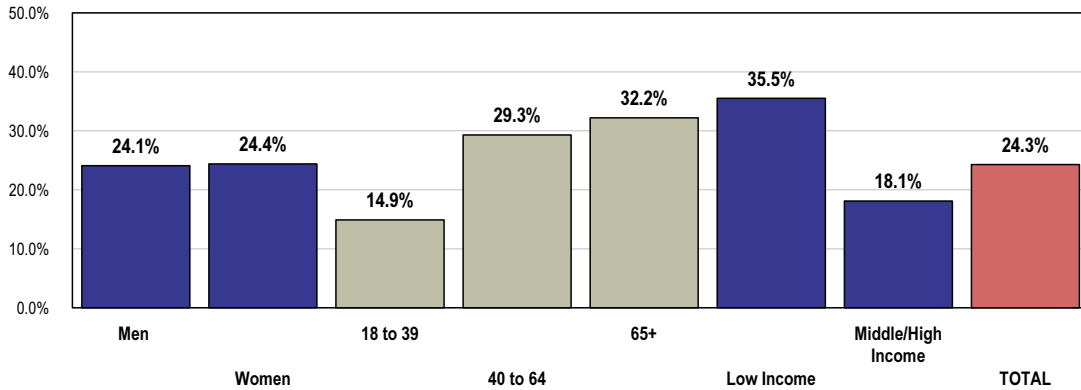
- Asked of all respondents.

In looking at responses by key demographic characteristics, note the following:

- There is a strong correlation with age, with 29.3% of middle-aged adults and 32.2% of older adults (65+) limited in activities.
- There is a very strong negative correlation with income, with 35.5% of low-income respondents reporting activity limitations.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem

(Yellowstone County, 2005)

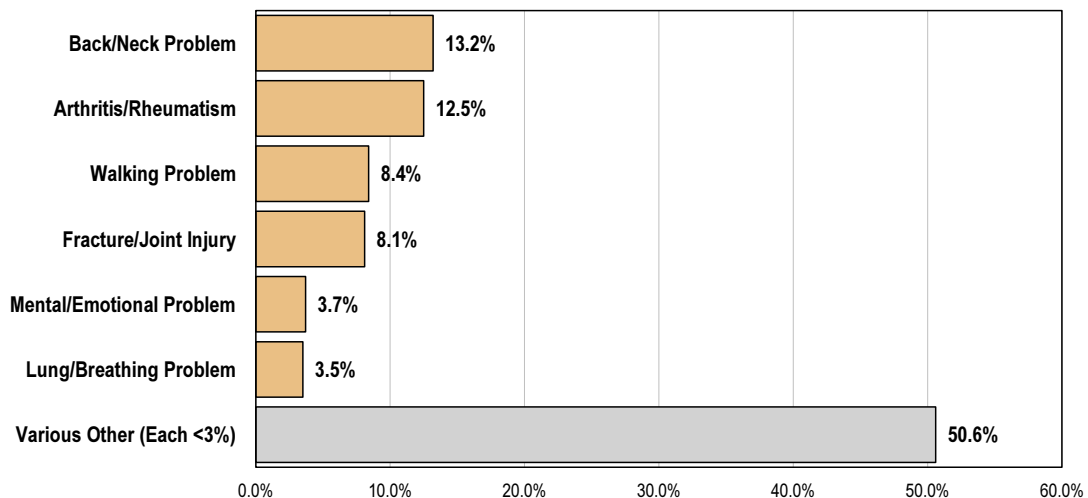


Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 131]
 Note: • Asked of all respondents.

Among persons reporting activity limitations, these are most often attributed to back/neck problems or arthritis/rheumatism.

Type of Problem That Limits Activities

(Among Those Reporting Activity Limitations; Yellowstone County, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 132]
 Note: • Reflects those respondents who experience activity limitations.

VISION & HEARING

Among the five senses, people depend on vision and hearing to provide the primary cues for conducting the basic activities of daily life. At the most basic level, vision and hearing permit people to navigate and to stay oriented within their environment. These senses provide the portals for language, whether spoken, signed, or read. They are critical to most work and recreation and allow people to interact more fully. For these reasons, vision and hearing are defining elements of the quality of life. Either, or both, of these senses may be diminished or lost because of heredity, aging, injury, or disease. Such loss may occur gradually, over the course of a lifetime, or traumatically in an instant.

Conditions of vision or hearing loss that are linked with chronic and disabling diseases pose additional challenges for patients and their families. From the public health perspective, the prevention of either the initial impairment or additional impairment from these environmentally orienting and socially connecting senses requires significant resources. Prevention of vision or hearing loss or their resulting disabling conditions through the development of improved disease prevention, detection, or treatment methods or more effective rehabilitative strategies must remain a priority.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Self-Reported Difficulties

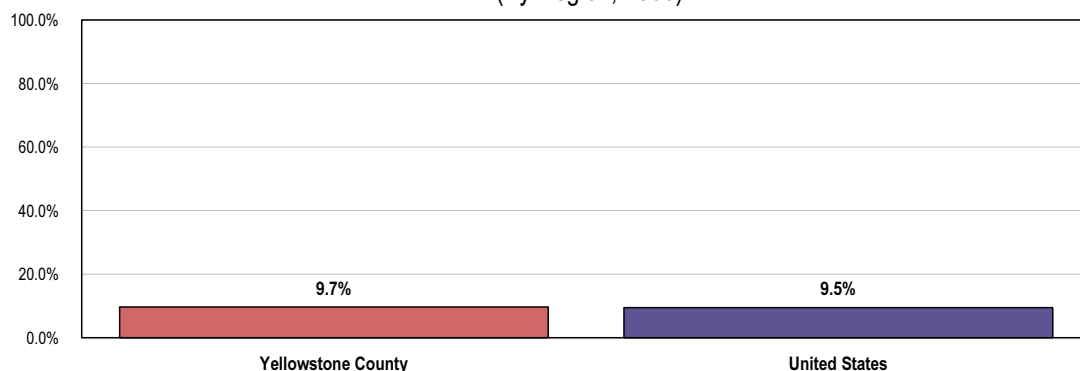
Hearing Trouble

9.7% of Yellowstone County adults report being deaf or having difficulty hearing.

- This is similar to that found nationwide (9.5%).
- Among Yellowstone County adults aged 65 and older, 21.3% have partial or complete hearing loss.

Self-Reported Prevalence of Hearing Problems

(By Region, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 31]
• 2005 PRC National Health Survey, Professional Research Consultants.

Note: • Asked of all respondents.

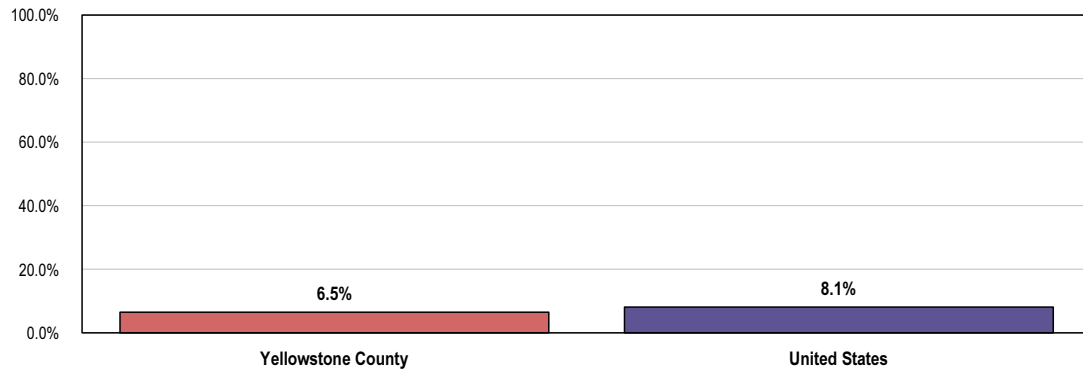
Vision Trouble

6.5% of Yellowstone County adults are blind, or have trouble seeing even when wearing corrective lenses.

- This is similar to that found nationwide (8.1%).
- Among Yellowstone County adults aged 65 and older, 10.3% have vision trouble.

Self-Reported Prevalence of Vision Problems

(By Region, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 30]
• 2005 PRC National Health Survey, Professional Research Consultants.

Note: • Asked of all respondents.

ENVIRONMENTAL HEALTH

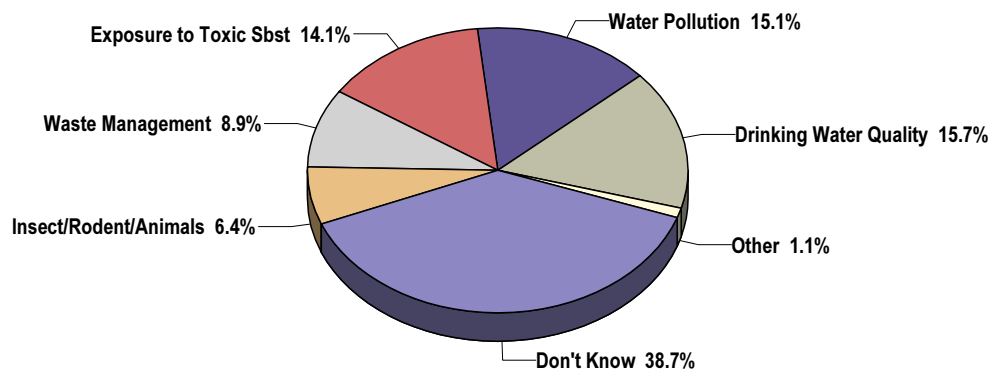
Number-One Environmental Issue

Respondents most often feel that the number-one environmental issue in Yellowstone County is either the drinking water quality (15.7%) or the pollution of local streams and rivers (15.1%).

- Other issues of importance are exposure to toxic substances; garbage, trash and waste management; and insect, rodents, or animal infestations.
- Note that nearly 40% of respondents were uncertain.

Number-One Environmental Issue in the Yellowstone County

(Yellowstone County, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 59]
Note: • Asked of all respondents.

Air Quality

Areas of the country where air pollution levels persistently exceed the national ambient air quality standards may be designated “nonattainment.”

As of December 2005, Yellowstone County (namely the Laurel area) was designated as a nonattainment area by the Environmental Protection Agency for the following pollutant:

- Sulfur Dioxide = Nonattainment

Related Focus Group Findings

Health panelists discussed their concern about the air pollution in the area.

“We live across the river from these refineries that are always spilling out chemical fumes into the environment.”—Physicians and Other Health Professionals Representative

“It’s really one company that puts out the chemical fumes way above what they should be but economically no one wants to do anything about it. It’s a political and economic issue.”—Physicians and Other Health Professionals Representative

Air Contaminants

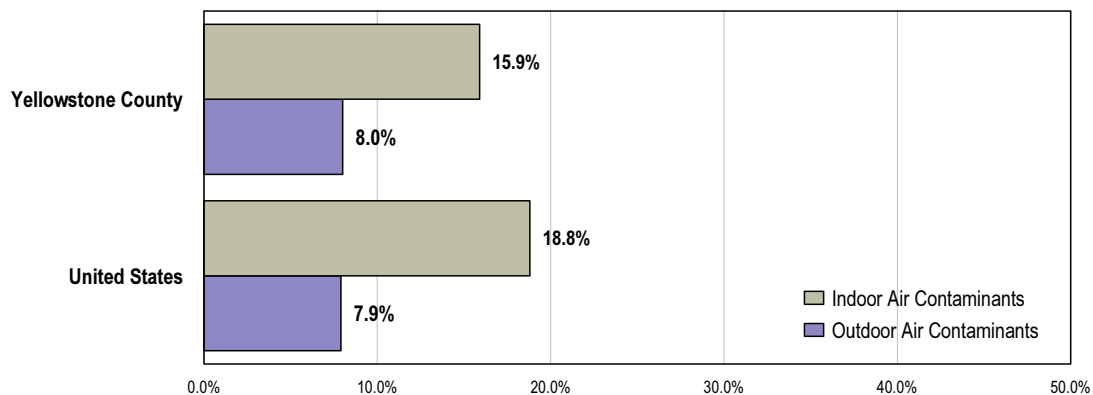
15.9% of Yellowstone County adults had an illness or symptom in the past year that they believed to be caused by indoor air contaminants (such as dust, mold, smoke or chemicals inside the home or office).

- Statistically similar to the nationwide prevalence (18.8%).

Fewer respondents (8.0%) reported an illness or symptom in the past year that they believed to be caused by outdoor air contaminants (such as smog, automobile exhaust or chemicals).

- Statistically similar to the nationwide prevalence (7.9%).

Had an Illness or Symptoms in the Past Year Believed to be Caused by Air Contaminants
(By Region, 2005)

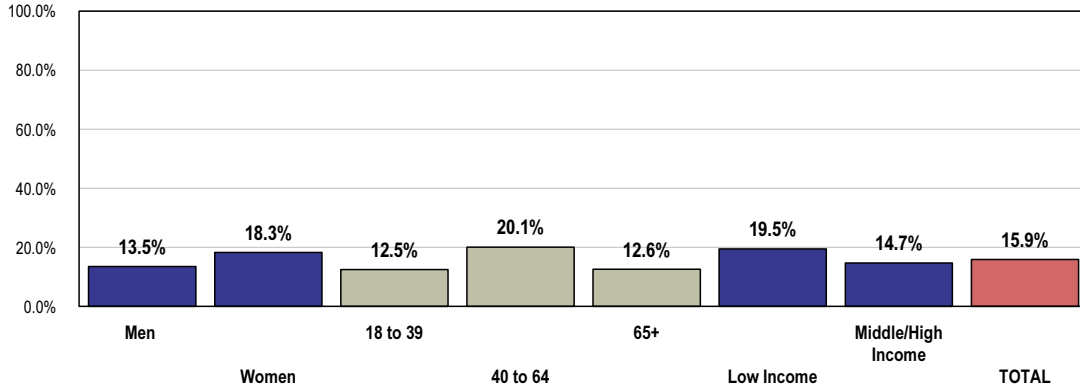


- Source:
- 2005 PRC Community Health Survey, Professional Research Consultants. [Items 56, 57]
 - 2005 PRC National Health Survey, Professional Research Consultants.
- Note:
- Asked of all respondents.
 - Examples of indoor air contaminants include dust, mold, smoke and chemicals.
 - Examples of outdoor air contaminants include smog, automobile exhaust and chemicals.

Middle-aged adults (aged 40 to 64) more often report symptoms from **indoor contaminants** in the past year.

Had an Illness or Symptoms in the Past Year Believed to be Caused by Indoor Air Contaminants

(Yellowstone County, 2005)

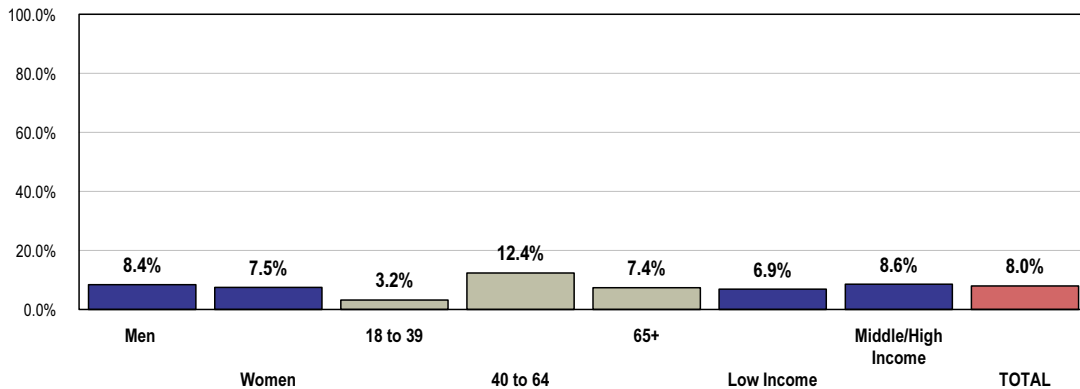


Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 56]
 Note: • Reflects the total sample of respondents.
 • Examples of indoor air contaminants include dust, mold, smoke and chemicals.

Middle-aged adults (aged 40 to 64) more often report symptoms from **outdoor contaminants** in the past year.

Had an Illness or Symptoms in the Past Year Believed to be Caused by Outdoor Air Contaminants

(Yellowstone County, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 57]
 Note: • Reflects the total sample of respondents.
 • Examples of outdoor air contaminants include smog, automobile exhaust and chemicals.

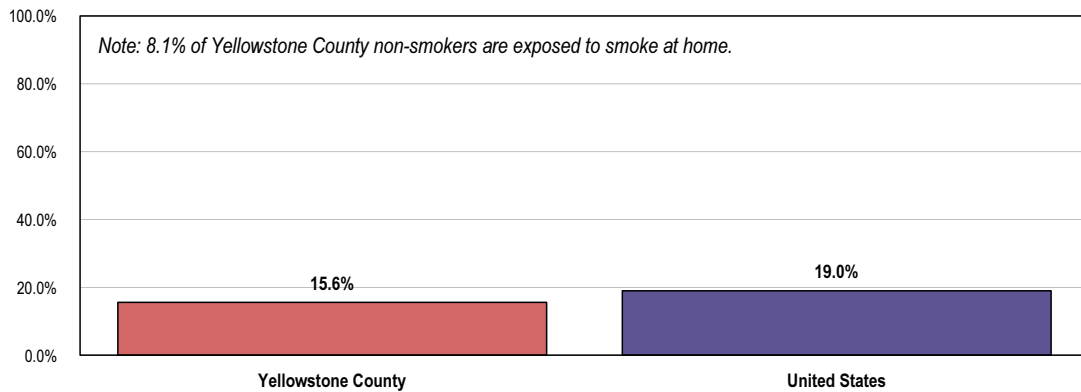
Environmental Tobacco Smoke

15.6% of Yellowstone County adults report that a member of their household has smoked cigarettes in the home in the past month on an average of four or more times per week.

- Statistically similar to national findings (19.0%).
- Note that 8.1% of Yellowstone County non-smokers are exposed to cigarette smoke at home.

Member of Household Smokes at Home

(By Region, 2005)



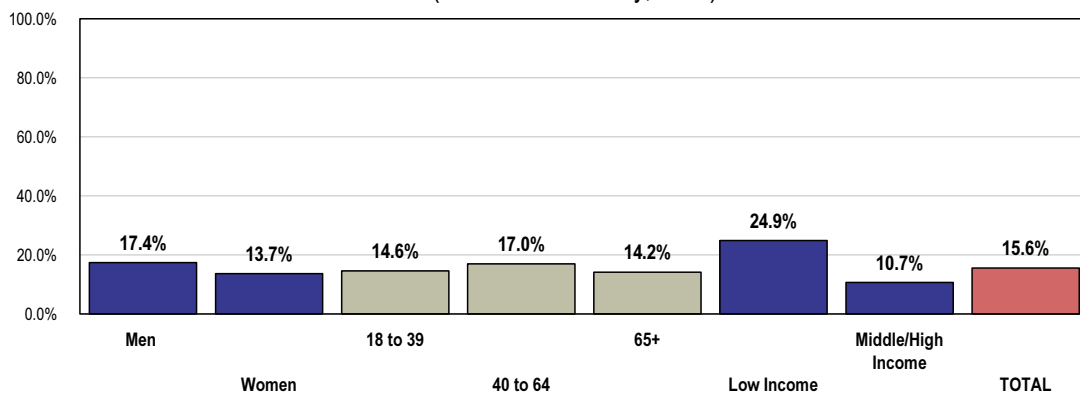
Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 72]
 • 2005 PRC National Health Survey, Professional Research Consultants.

Notes: • Asked of all respondents.
 • "Smokes at home" refers to someone smoking cigarettes, cigars or a pipe in the home an average of four or more times per week in the past month.

Respondents more often reporting living with a smoker in the home include lower income respondents.

Member of Household Smokes at Home

(Yellowstone County, 2005)



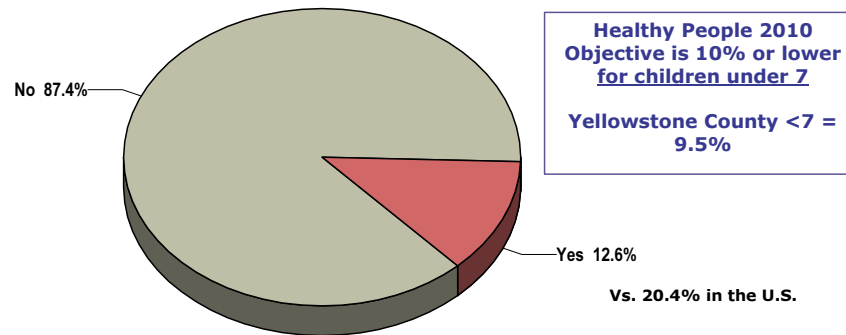
Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 72]

Note: • Reflects the total sample of respondents.
 • "Smokes at home" refers to someone smoking cigarettes, cigars or a pipe in the home an average of four or more times per week in the past month.

12.6% of Yellowstone County households with children have someone who smokes cigarettes in the home.

- More favorable than national findings (20.4%).
- Close to the Healthy People 2010 Objective (10% or lower for children under 7).

Percentage of Households With Children In Which Someone Smokes in the Home
(Among Households With Children Under 18; Yellowstone County, 2005)



Sources: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 170]
 • 2005 PRC National Health Survey, Professional Research Consultants.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 27-9]

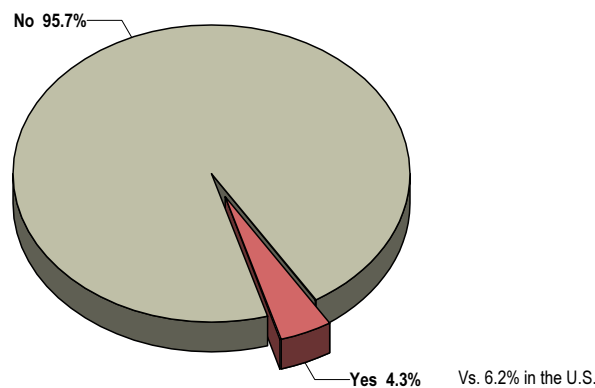
Note: • Reflects respondents with children aged 0 to 17 years old.
 • "Smokes at home" refers to someone smoking cigarettes, cigars or a pipe in the home an average of four or more times per week in the past month.

Mold

A total of 4.3% of respondents reported having an area of mold in the home greater than the size of a dollar bill.

- Statistically similar to the nationwide prevalence (6.2%).

Have an Area of Mold in the Home Greater Than the Size of a Dollar Bill
(Yellowstone County, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 58]
 • 2005 PRC National Health Survey, Professional Research Consultants.

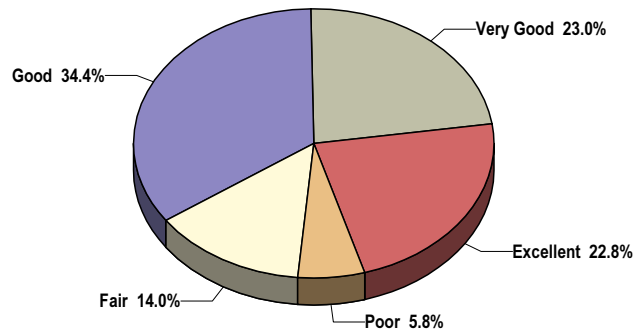
Note: • Reflects the total sample of respondents.

Drinking Water

A majority of Yellowstone County adults (45.8%) rate the quality and safety of the drinking water as "excellent" or "very good."

- However, 19.8% of adults believe that the quality and safety of their drinking water is "fair" or "poor."

Quality and Safety of Drinking Water (Yellowstone County, 2005)

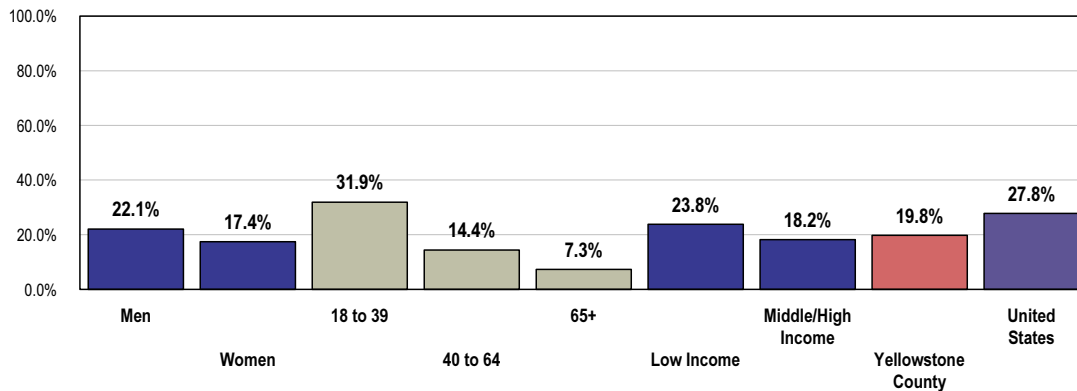


Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 60]
 Note: • Asked of all respondents.

Younger adults (aged 18 to 39) are more likely to rate the quality and safety of the drinking water as "fair" or "poor."

- Note that local "fair/poor" ratings are significantly lower than national ratings.

Quality/Safety of Drinking Water is "Fair" or "Poor" (Yellowstone County, 2005)



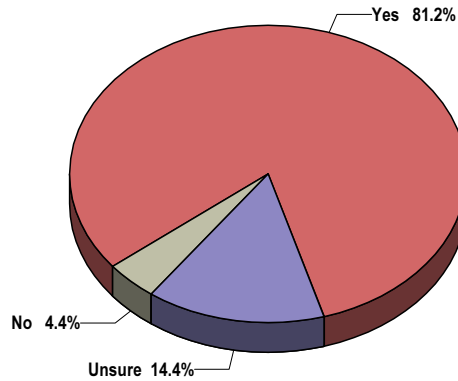
Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 60]
 Note: • Asked of all respondents.

Toxic Waste Disposal

Over eight in ten respondents are aware of a location in Yellowstone County for the disposal of household hazardous or toxic waste, such as paint, pesticides, or used engine oil.

Aware of Location for Disposal of Household Hazardous or Toxic Waste

(Yellowstone County, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 61]
Note: • Asked of all respondents.

INFECTIOUS DISEASE

IMMUNIZATION & INFECTIOUS DISEASE

Infectious diseases remain major causes of illness, disability, and death. Moreover, new infectious agents and diseases are being detected, and some diseases considered under control have reemerged in recent years. In addition, antimicrobial resistance is evolving rapidly in a variety of hospital- and community-acquired infections. These trends suggest that many challenges still exist in the prevention and control of infectious diseases.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Vaccine-Preventable Disease Incidence

Measles, Mumps, Rubella, Pertussis

In 2002, there were no reported cases of measles, mumps, rubella or pertussis in Yellowstone County.

Reported Cases of Vaccine-Preventable Diseases

(By Region, 2002)

	Yellowstone County	Montana	United States	HP2010 Objective
Measles	0	0	26	0
Mumps	0	0	270	0
Rubella	0	0	18	0
Pertussis	0	10	9,771	

Sources:

- Montana Department of Public Health and Human Services.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

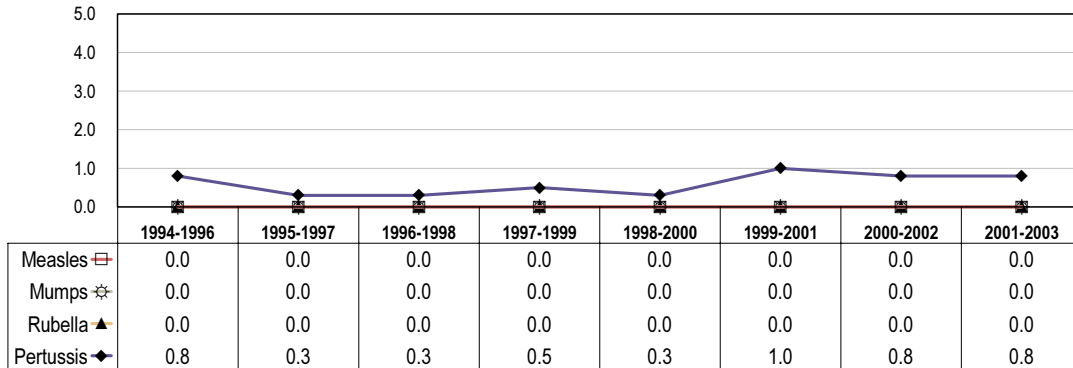
Notes:

- U.S. Measles cases only include those infected while in the United States.

Pertussis incidence rates have shown no clear trend in recent years.

Vaccine-Preventable Incidence Rates

(Yellowstone County; 1994-2003 Cases per 100,000 Population;)



Sources: • Montana Department of Public Health and Human Services.
Notes: • Rates are per 100,000 population.

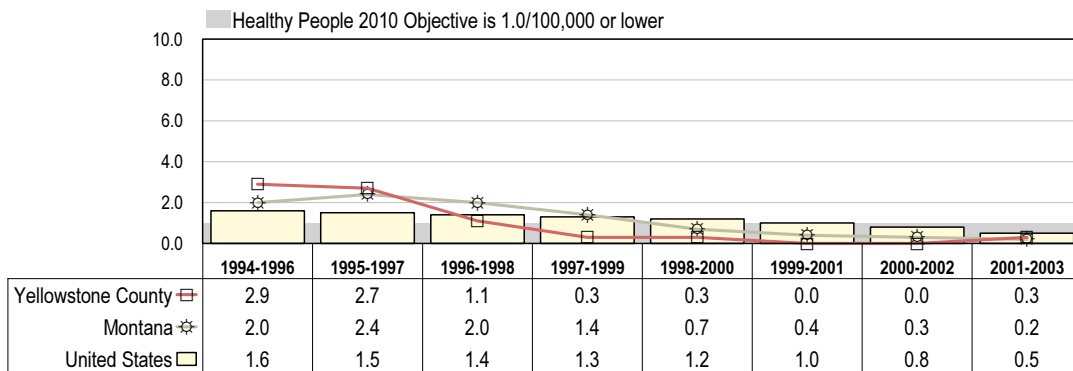
Hepatitis C

Between 2000 and 2002, there were 0.3 cases of hepatitis C per 100,000 population reported in Yellowstone County.

- The Hepatitis C incidence rate in the county has decreased over the past several years.

Hepatitis C Incidence

(By Region; 1993-2002 Cases per 100,000 Population)



Sources: • Montana Department of Public Health and Human Services.
• National Notifiable Diseases Surveillance System.
• Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 14-9]
Notes: • Rates are per 100,000 population.

Influenza/Pneumonia Vaccination

NOTE: The 2004-2005 flu season (reflected in the 2005 national survey data) experienced severe shortages of flu vaccine, impacting the availability of flu shots for some individuals wishing to receive them.

Influenza Vaccination

73.7% of Yellowstone County adults aged 65 and older have received a flu shot within the past year.

- Similar to Montana findings (72.1%).
- Statistically similar to national findings (71.5%).
- Fails to satisfy the Healthy People 2010 target (90% or higher).
- Includes 74.5% of Yellowstone County men 65 and older and 72.9% of Yellowstone County women 65 and older.

46.9% of Yellowstone County high-risk adults aged 18 to 64 have received a flu shot within the past year.

- More favorable than national findings (22.4%).
- Fails to satisfy the Healthy People 2010 target (60% or higher).
- Includes 41.6% of Yellowstone County men (18 to 64) at high risk and 50.8% of Yellowstone County women (18 to 64) at high risk — "high-risk" includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

Pneumonia Vaccination

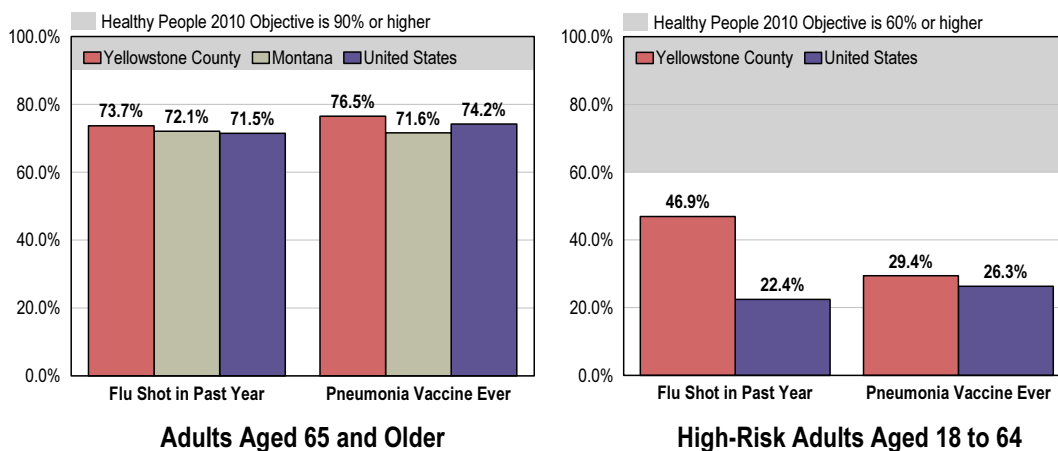
76.5% of Yellowstone County adults aged 65 and older have received a pneumonia vaccination at some point in their lives.

- Similar to Montana findings (71.6%).
- Statistically similar to national findings (74.2%).
- Fails to satisfy the Healthy People 2010 target (90% or higher).

29.4% of Yellowstone County high-risk adults aged 18 to 64 have received a pneumonia vaccination at some point in their lives.

- Statistically similar to national findings (26.3%).
- Fails to satisfy the Healthy People 2010 target (60% or higher).
- Includes 43.2% of Yellowstone County men 65 and older and 20.0% of Yellowstone County women 65 and older.

Influenza/Pneumonia Vaccination

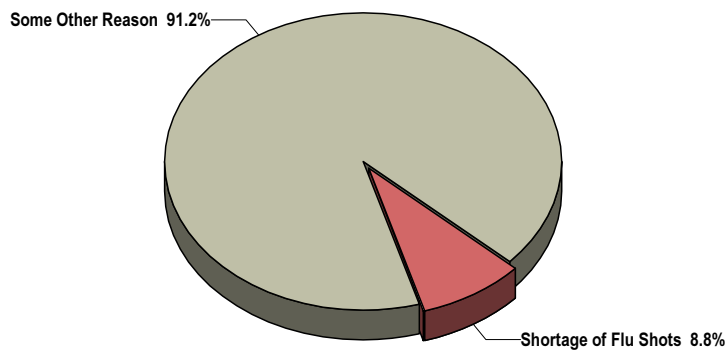


- Sources:
- 2005 PRC Community Health Survey, Professional Research Consultants. [Items 185-188]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2004 Montana data.
 - 2005 PRC National Health Survey, Professional Research Consultants.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objectives 14-29a through 14-29d]
- Note:
- "High-Risk" includes adults aged 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.

A total of 8.8% of respondents not receiving a flu shot say this was due to a shortage of vaccine.

Reason for Lack of Flu Shot in Past Year

(Yellowstone County, 2005; Among Respondents Without a Flu Shot in the Past Year)



- Source:
- 2005 PRC Community Health Survey, Professional Research Consultants. [Item 83]
 - 2005 PRC National Health Survey, Professional Research Consultants.
- Note:
- Asked of those respondents who did not receive a flu shot in the past year.

Enteric Disease Incidence

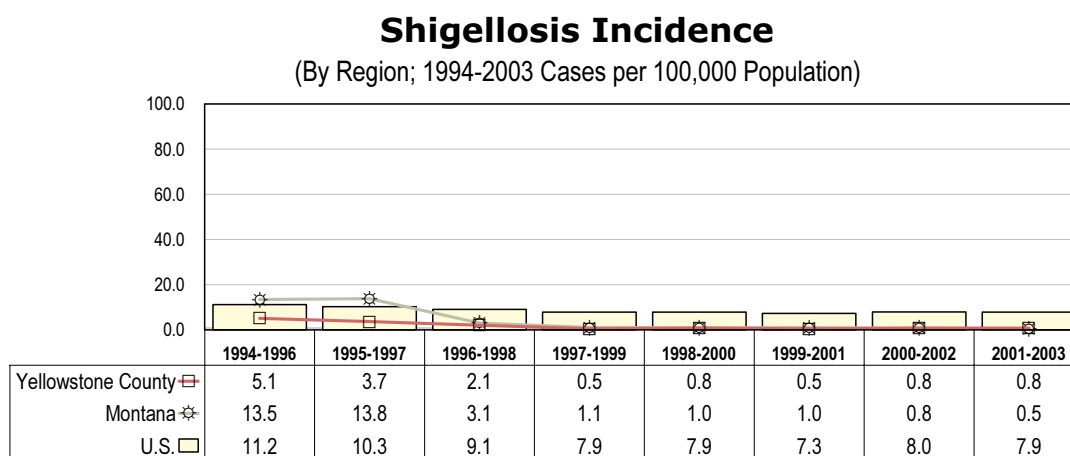
Enteric diseases are gastrointestinal illnesses caused by bacteria, parasites or viruses. Transmission from person to person is via hand-to-mouth. They include such known and lesser-known diseases as salmonella, campylobacteriosis, shigellosis and hepatitis A.

Enteric Disease

Shigellosis

Between 2000 and 2002, there was an annual average of 0.8 reported cases of shigellosis per 100,000 population in Yellowstone County.

- Much lower than the national rate for the same time period (7.9).
- Shigellosis incidence rates have decreased in recent years.



Sources: • Montana Department of Public Health and Human Services.
 • National Center for Health Statistics. Health, United States, 2004.
 Notes: • Rates are per 100,000 population.

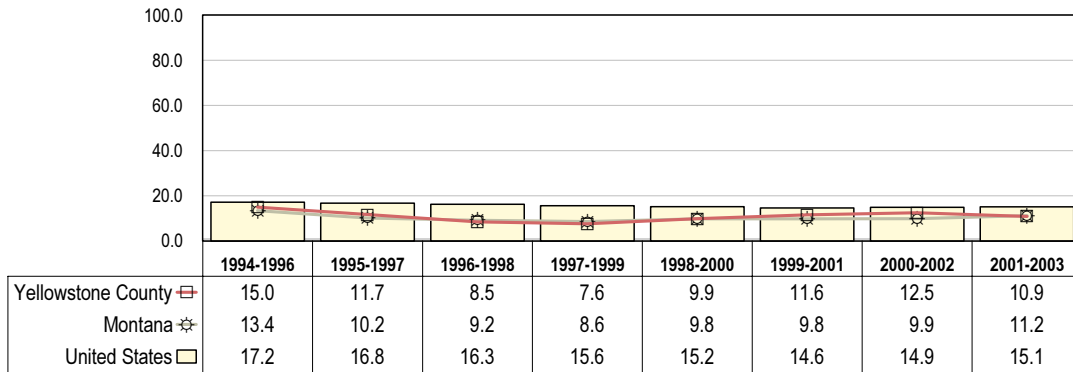
Salmonellosis

From 2000-2002, there was an annual average of 10.9 reported cases of salmonellosis per 100,000 population in Yellowstone County.

- Lower than the national rate for the same time period (11.2).
- Salmonellosis incidence rates have decreased in recent years.

Salmonellosis Incidence

(By Region; 1994-2003 Cases per 100,000 Population)



Sources: • Montana Department of Public Health and Human Services.
• National Center for Health Statistics. Health, United States, 2004.

Notes: • Rates are per 100,000 population.
• Excludes typhoid fever.

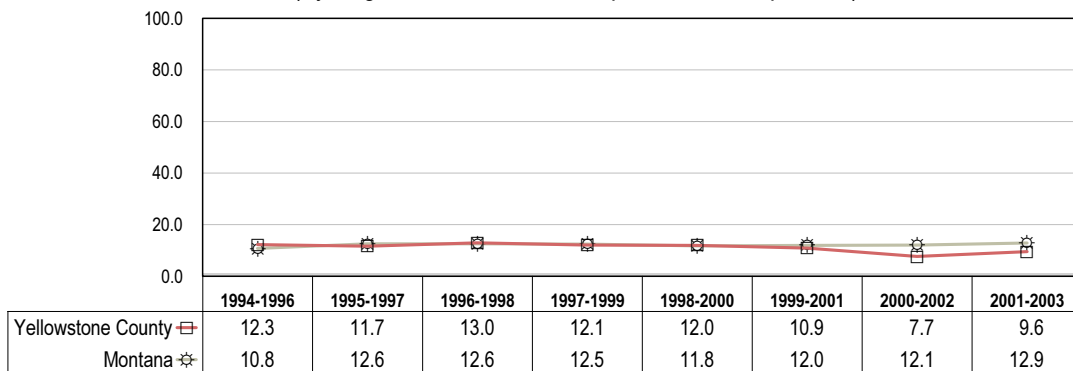
Campylobacteriosis

Between 2000 and 2002, there was an annual average of 9.6 reported cases of campylobacteriosis per 100,000 population in Yellowstone County.

- Lower than the statewide rate for the same time period (12.9).
- Campylobacteriosis incidence rates have decreased slightly in recent years.

Campylobacteriosis Incidence

(By Region; 1994-2003 Cases per 100,000 Population)



Sources: • Montana Department of Public Health and Human Services.
• National Center for Health Statistics. Health, United States, 2004.

Notes: • Rates are per 100,000 population.

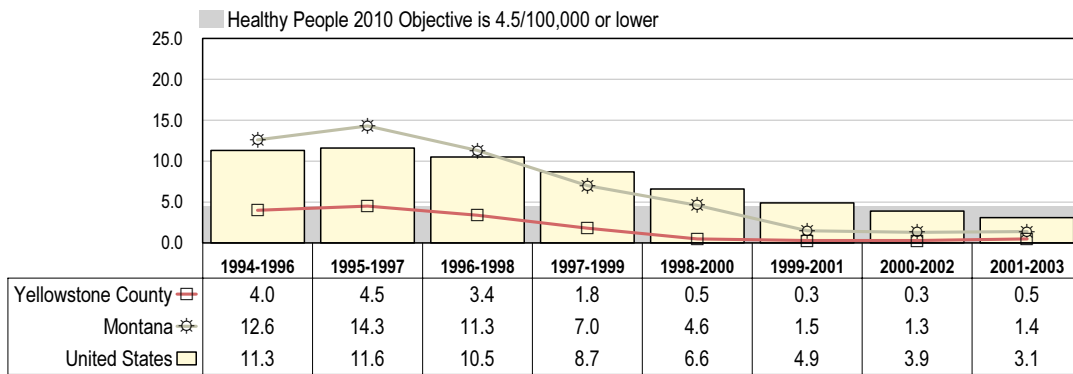
Hepatitis A

Between 2000 and 2002, there was an annual average of 0.5 reported cases of hepatitis A per 100,000 population in Yellowstone County.

- Lower than that reported statewide (1.4 per 100,000).
- Below that reported nationwide (3.1 per 100,000).
- Satisfies the Healthy People 2010 Objective (4.5 per 100,000 or lower).
- The hepatitis A incidence rate has increased in recent years, mirroring state and national trends.

Hepatitis A Incidence

(By Region; 1994-2003 Cases per 100,000 Population)



Sources: • Montana Department of Public Health and Human Services.
 • Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2004.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 14-6]

Notes: • Rates are per 100,000 population.

Tuberculosis

Tuberculosis (TB) is an infectious disease caused by a type of bacteria called *Mycobacterium tuberculosis*. TB is spread from person to person through the air, as someone with active tuberculosis of the respiratory tract coughs, sneezes, yells, or otherwise expels bacteria-laden droplets.

The Institute of Medicine (IOM), an arm of the National Academy of Sciences, released a report in May 2000 that lays out an action plan for eliminating tuberculosis in the United States ... As a key part of the plan, new TB treatment and prevention strategies must be developed that are tailored to the current environment. Among today's hallmarks:

- Tuberculosis now occurs in ever-smaller numbers in most regions of the country.
- Foreign-born people (both legal and undocumented immigrants) coming to the United States from countries with high rates of TB now account for nearly half of all TB cases.
- Higher numbers of cases are concentrated in pockets located in major metropolitan areas, and this increased prevalence is due, in large part, to the increased number of people with or at risk for HIV/AIDS infection.
- Other groups, such as HIV-infected people and the growing population of prison inmates, the homeless, and intravenous drug abusers, are emerging as being at high risk.

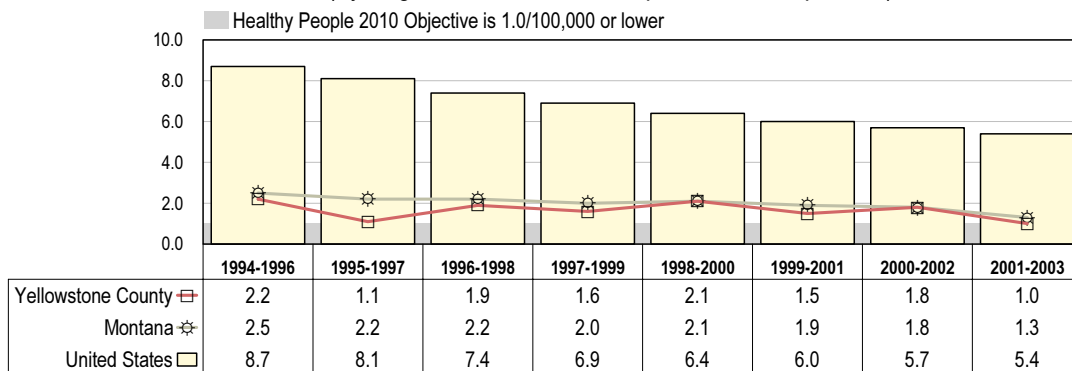
— Ending Neglect: The Elimination Of Tuberculosis In The United States. National Academy of Sciences, Institute of Medicine. Funded by the Centers for Disease Control and Prevention. 2000.

Between 2000 and 2002, there was an annual average of 1.0 reported cases of tuberculosis per 100,000 population in Yellowstone County.

- Similar to that reported statewide (1.3 per 100,000).
- Below that reported nationwide (5.4 per 100,000).
- Identical to the Healthy People 2010 target (no more than 1 case per 100,000).

Tuberculosis Incidence

(By Region; 1993-2002 Cases per 100,000 Population)



Sources: • Montana Department of Public Health and Human Services.
 • National Center for Health Statistics. Health, United States, 2004.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 14-11]

Notes: • Rates are per 100,000 population.

HIV

In the United States, HIV/AIDS remains a significant cause of illness, disability, and death, despite declines in 1996 and 1997.

Principal health determinants. Behaviors (sexual practices, substance abuse, and accessing prenatal care) and biomedical status (having other STDs) are major determinants of HIV transmission. Unprotected sexual contact, whether homosexual or heterosexual, with a person infected with HIV and sharing drug-injection equipment with an HIV-infected individual account for most HIV transmission in the United States. Increasing the number of people who know their HIV serostatus is an important component of a national program to slow or halt the transmission of HIV in the United States.

For persons infected with HIV, behavioral determinants also play an important role in health maintenance. Although drugs are available specifically to prevent and treat a number of opportunistic infections, HIV-infected individuals also need to make lifestyle-related behavioral changes to avoid many of these infections. The new HIV antiretroviral drug therapies for HIV infection bring with them difficulties in adhering to complex, expensive, and demanding medication schedules, posing a significant challenge for many persons infected with HIV.

Because HIV infection weakens the immune system, people with tuberculosis (TB) infection and HIV infection are at very high risk of developing active TB disease.

Comparing the 1980s to the 1990s, the proportion of AIDS cases in white men who have sex with men *declined*, whereas the proportion in females and males in other racial and ethnic populations *increased*, particularly among African Americans and Hispanics. AIDS cases also appeared to be *increasing* among injection drug users and their sexual partners. The true extent of the epidemic remains difficult to assess for several reasons, including the following:

- Because of the long period of time from initial HIV infection to AIDS and because highly active antiretroviral therapy (HAART) has slowed the progression to AIDS, new cases of AIDS no longer provide accurate information about the current HIV epidemic in the United States.
- Because of a lack of awareness of HIV serostatus as well as delays in accessing counseling, testing, and care services by individuals who may be infected or are at risk of infection, some populations do not perceive themselves to be at risk. As a result, some HIV-infected persons are not identified and provided care until late in the course of their infection.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

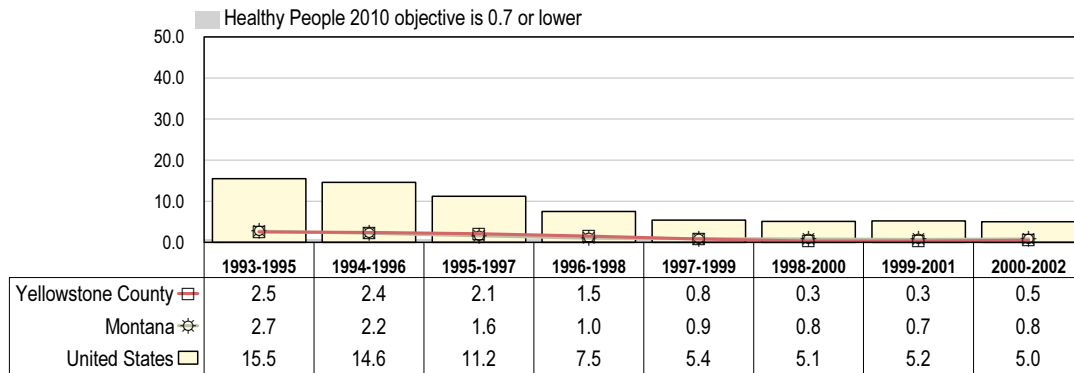
Age-Adjusted HIV/AIDS Deaths

Between 2000 and 2002, there was an annual average of 0.5 HIV/AIDS deaths per 100,000 population in Yellowstone County.

- Much lower than the age-adjusted mortality rate nationwide (5.0 per 100,000).
- Close to the Healthy People 2010 objective (0.7 or lower).
- The death rate in Yellowstone County due to HIV/AIDS has decreased in recent years, mirroring state and national trends.

Age-Adjusted Mortality: HIV

(By Region; 1993-2002 Deaths per 100,000 Population)



Sources: • National Center for Health Statistics. Health, United States, 2004.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 13-14]

Notes: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • Data for 1999 and subsequent years are not fully comparable to data from 1998 and prior years, due to changes in coding of causes of deaths resulting from the switch from the ninth revision of the International Classification of Diseases (ICD9) to the tenth revision (ICD10).

HIV/AIDS Incidence

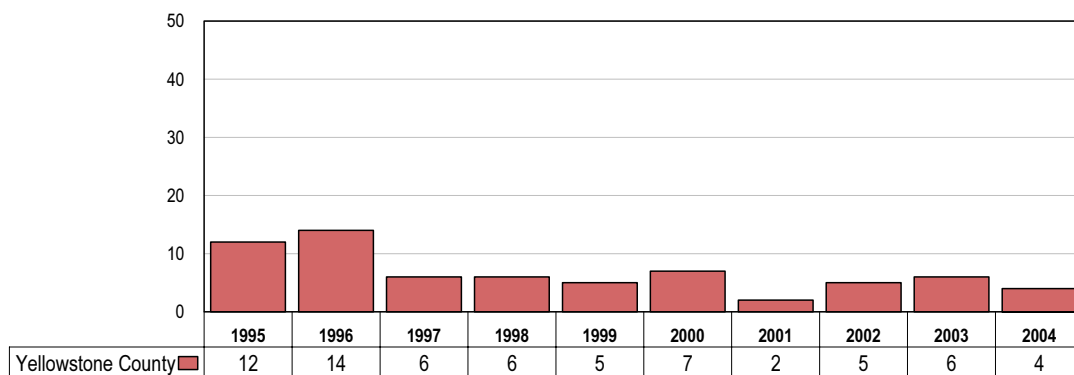
HIV/AIDS Cases

Between 1995 and 2004, there were 67 new HIV/AIDS cases diagnosed in Yellowstone County.

- Over the past several years, the number of HIV/AIDS cases appears to be decreasing in Yellowstone County.

HIV/AIDS Cases

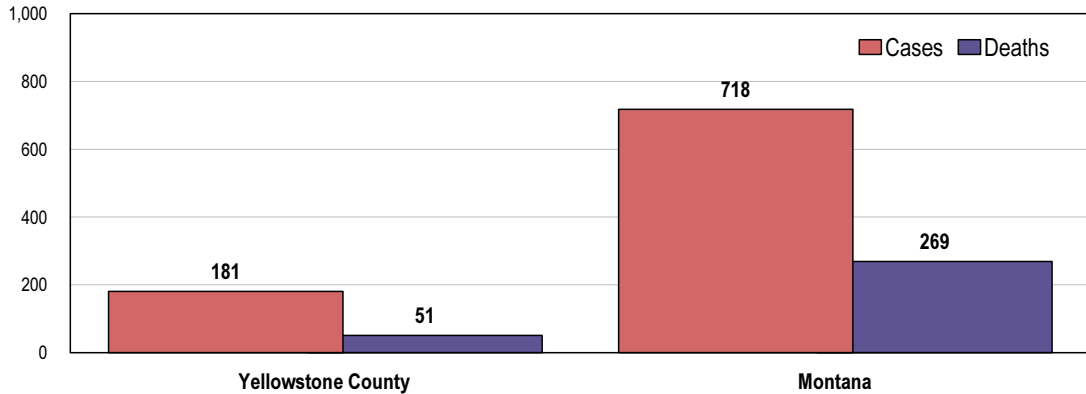
(Yellowstone County; 1995-2004 Cases)



Source: • Montana Department of Public Health and Human Services.
 Note: • Includes all cases of adolescents and adults reported since 1985.

Cumulative HIV/AIDS Cases and Deaths

(As of November 21, 2005)



Source: • Montana Department of Public Health and Human Services.
 Note: • Includes cases and deaths of adolescents and adults reported since 1985.

To date, there have been 181 diagnosed cases in Yellowstone County and 51 deaths in Yellowstone County due to HIV/AIDS.

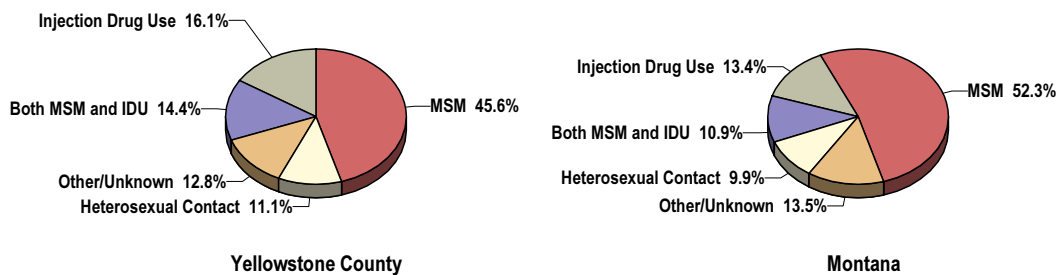
Exposure Mode

Nearly half of HIV/AIDS cases diagnosed in Yellowstone County were contracted through male homosexual contact.

- Other major exposure modes include injection drug use (16.1%), both male homosexual contact and injection drug use (14.4%), and heterosexual contact (11.1%).

Exposure Mode of HIV/AIDS Cases

(By Region; As of November 21, 2005)



Source: • Montana Department of Public Health and Human Services.
 Note: • Includes all cases of adolescents and adults reported since 1985.
 • MSM denotes cases contracted through men having sex with men.
 • IDU denotes cases contracted through injecting drug use.

(See also "Family Planning" for information about condom use among unmarried adults.)

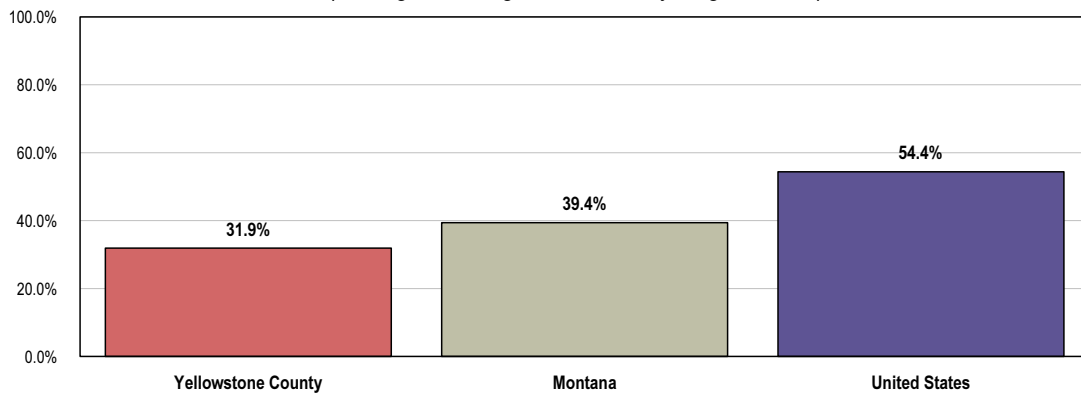
HIV Testing

Among Yellowstone County adults aged 18 to 64 years, 31.9% report that they have ever been tested for human immunodeficiency virus (HIV).

- Lower than the proportion found statewide (39.4%).
- Much lower than the proportion found nationwide (54.4%).
- *Only 7.9% of adults aged 18 to 64 report that they have had an HIV test in the past year.*

Have Ever Been Tested for Human Immunodeficiency Virus (HIV)

(Among Adults Aged 18 to 64; By Region, 2005)



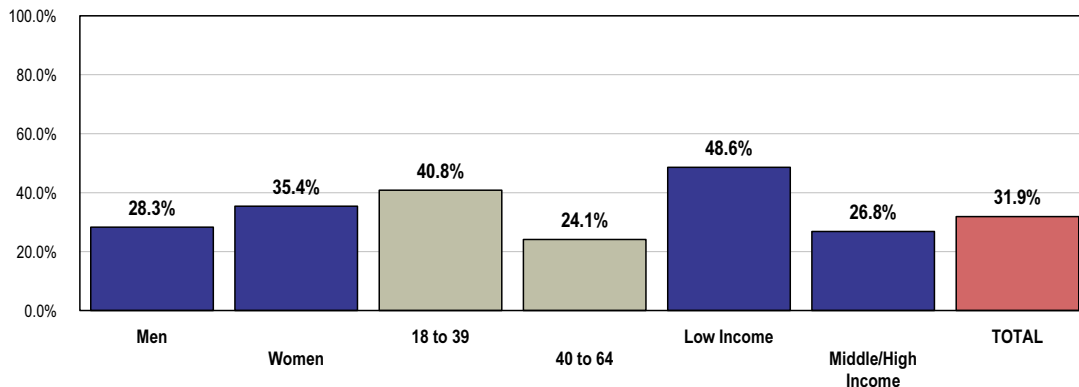
Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 108]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2003 Montana data.
 • 2005 PRC National Health Survey, Professional Research Consultants.
 Note: • Reflects respondents aged 18 through 64.

By demographic characteristics:

- A greater proportion of young adults (aged 18 to 39) report that they have been tested for HIV, compared with middle-aged adults (aged 40 to 64).
- Persons at lower income levels more often report having been tested for HIV.

Have Ever Been Tested for Human Immunodeficiency Virus (HIV)

(Among Adults Age 18 to 64; Yellowstone County, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 108]
 Note: • Reflects respondents age 18 through 64.

SEXUALLY TRANSMITTED DISEASES

Sexually transmitted diseases (STDs) refer to the more than 25 infectious organisms transmitted primarily through sexual activity. STDs are among many related factors that affect the broad continuum of reproductive health agreed on in 1994 by 180 governments at the International Conference on Population and Development (ICPD). At ICPD, all governments were challenged to strengthen their STD programs. STD prevention as an essential primary care strategy is integral to improving reproductive health.

Despite the burdens, costs, complications, and preventable nature of STDs, they remain a significant public health problem, largely unrecognized by the public, policymakers, and public health and healthcare professionals in the United States. STDs cause many harmful, often irreversible, and costly clinical complications, such as reproductive health problems, fetal and perinatal health problems, and cancer. In addition, studies of the worldwide human immunodeficiency virus (HIV) pandemic link other STDs to a causal chain of events in the sexual transmission of HIV infection.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

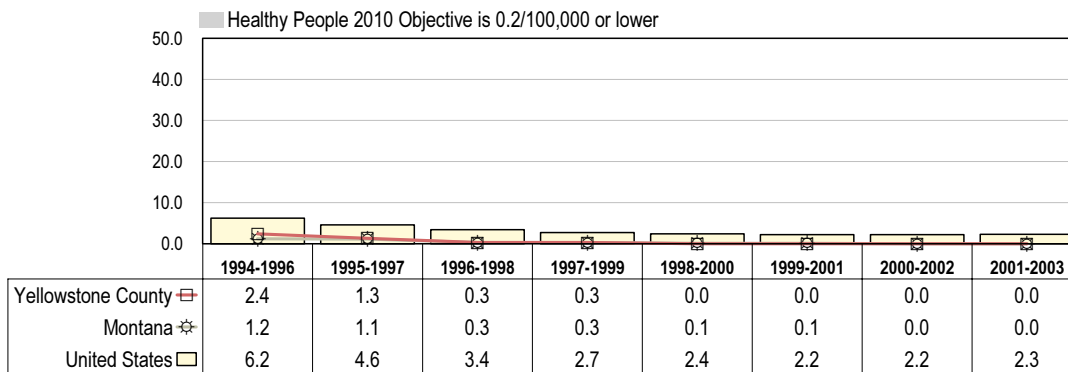
Syphilis

The Yellowstone County primary/secondary syphilis incidence rate has decreased in recent years, mirroring state and national trends.

- Note that there have been no reported cases since 1997.

Primary/Secondary Syphilis Incidence

(By Region; 1994-2003 Cases per 100,000 Population)



Sources: • Montana Department of Public Health and Human Services.
 • Centers for Disease Control and Prevention, Division of STD Prevention. Sexually Transmitted Disease Surveillance, 2003.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 25-3].

Notes: • Rates are per 100,000 population.

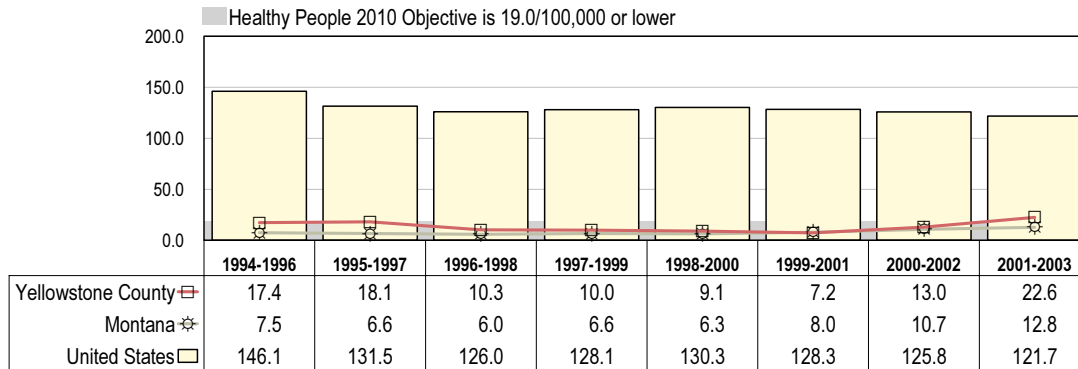
Gonorrhea

The Yellowstone County gonorrhea incidence rate has increased in recent years from a low of 9.1 between 1998-2000.

- 2000-2002 local incidence rates are higher than statewide rates, yet much lower than national rates.

Gonorrhea Incidence

(By Region; 1994-2003 Cases per 100,000 Population)



Sources: • Montana Department of Public Health and Human Services.
 • Centers for Disease Control and Prevention, Division of STD Prevention. Sexually Transmitted Disease Surveillance, 2003.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 25-2]

Notes: • Rates are per 100,000 population.

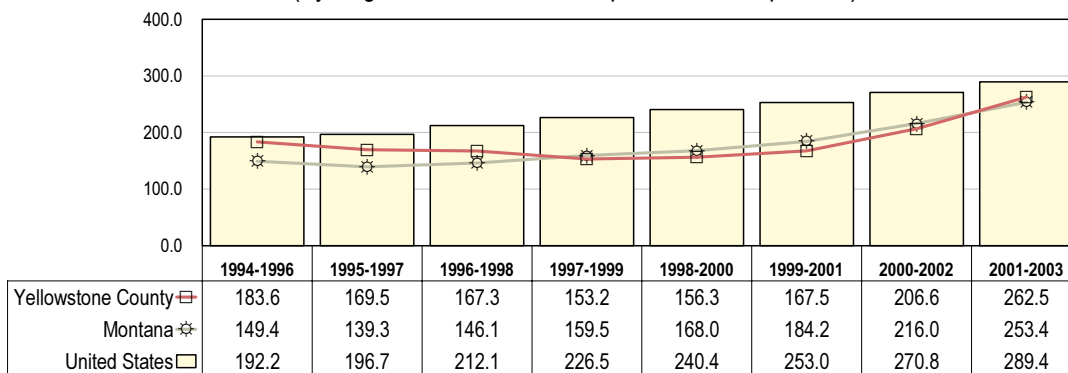
Chlamydia

The Yellowstone County chlamydia incidence rate has increased in recent years, mirroring state and national trends.

- 2000-2002 local incidence rates are similar to statewide rates, yet lower than national rates.

Chlamydia Incidence

(By Region; 1994-2003 Cases per 100,000 Population)



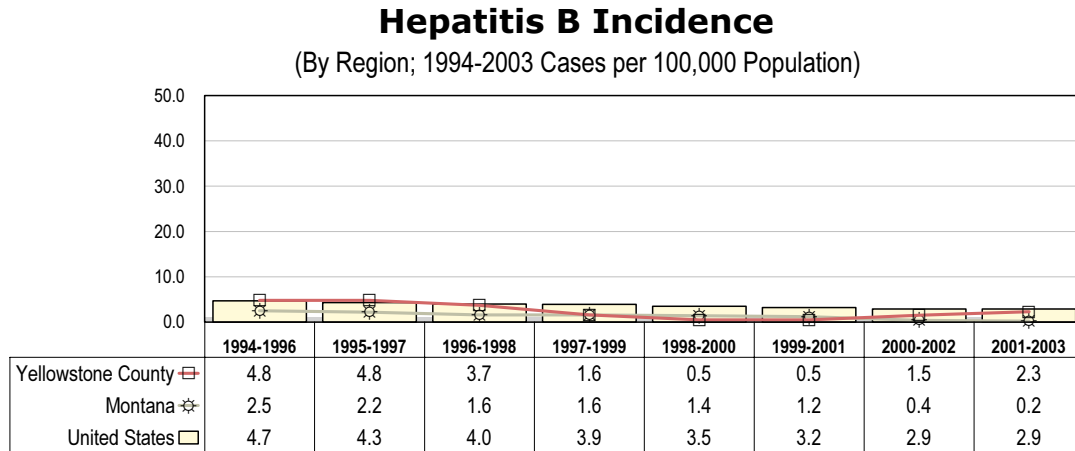
Sources: • Montana Department of Public Health and Human Services.
 • Centers for Disease Control and Prevention, Division of STD Prevention. Sexually Transmitted Disease Surveillance, 2003.

Notes: • Rates are per 100,000 population.

Hepatitis B

The Yellowstone County hepatitis B incidence rate has decreased over the past decade, mirroring state and national trends.

- 2000-2002 local incidence rates are higher than statewide rates.



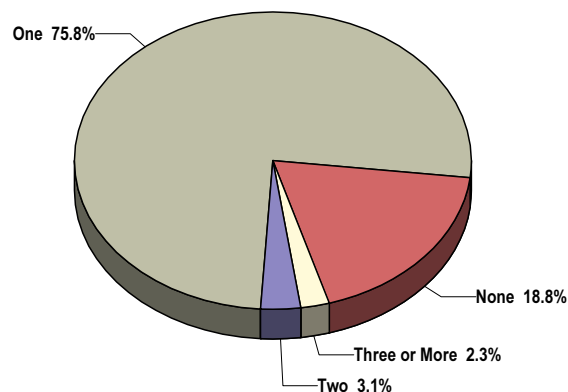
Sources: • Montana Department of Public Health and Human Services.
• Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2004.
Notes: • Rates are per 100,000 population.

Sexuality

Three of four area respondents between 18 and 64 have had one sexual partner in the past year.

- 5.4% of respondents state they have had two or more sexual partners, while 18.8% have had none.

**Number of Sexual Partners
in the Past 12 Months**
(Yellowstone County, 2005; Among Respondents Age 18 to 64)

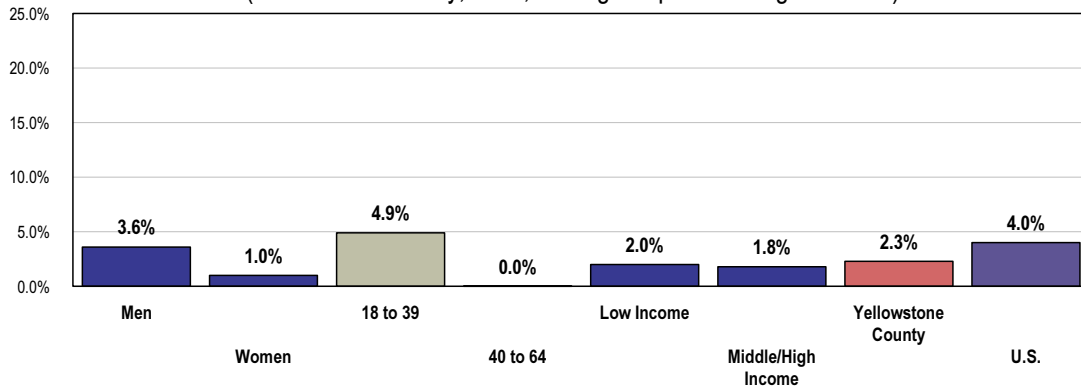


Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 106]
Note: • Reflects respondents age 18 through 64.

Area men and young adults (aged 18 to 39) are more likely to have had three or more sexual partners in the past year.

Had Three or More Sexual Partners in the Past Year

(Yellowstone County, 2005; Among Respondents Age 18 to 64)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 122]
 • 2005 PRC National Health Survey, Professional Research Consultants.
 Note: • Reflects respondents age 18 through 64.

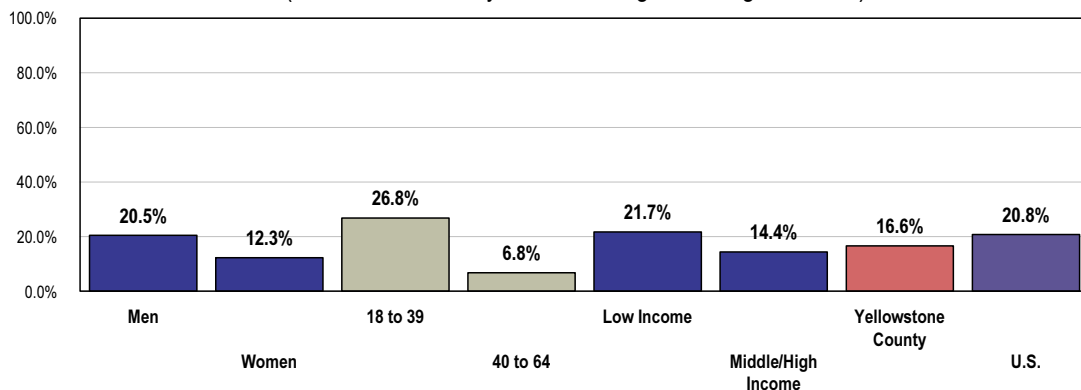
Condom Use

Adults more likely to have used a condom during the last sexual intercourse include:

- Men.
- Young adults (aged 18 to 39).

Used a Condom During Last Sexual Intercourse

(Yellowstone County, 2005; Among Adults Age 18 to 64)

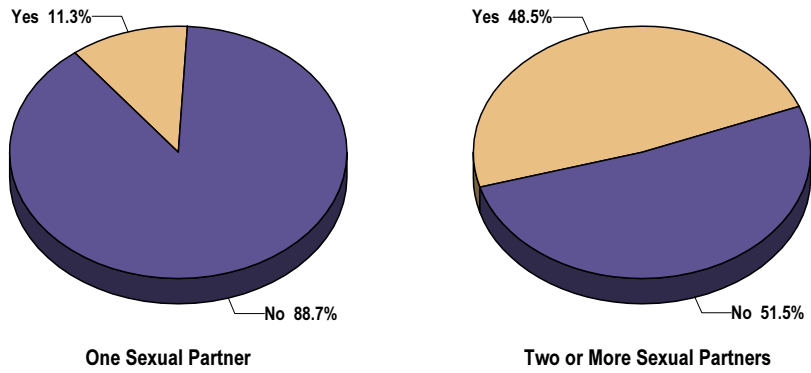


Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 107]
 • 2005 PRC National Health Survey, Professional Research Consultants.
 Note: • Reflects respondents age 18 through 64.

Adults with multiple sexual partners are four times as likely to use a condom during their last sexual intercourse than those with only one partner.

Use of Condoms During Last Sexual Intercourse

(By the Number of Sexual Partners in the Past Year; Yellowstone County, 2005)



Sources: • 2005 PRC Community Health Survey, Professional Research Consultants. [Items 106-107]
Notes: • Asked of all respondents age 18 to 64.

BIRTHS

MATERNAL, INFANT & CHILD HEALTH

The health of mothers, infants, and children is of critical importance, both as a reflection of the current health status of a large segment of the U.S. population and as a predictor of the health of the next generation... Infant mortality is an important measure of a nation's health and a worldwide indicator of health status and social well-being. As of 1995, the U.S. infant mortality rates ranked 25th among industrialized nations. In the past decade, critical measures of increased risk of infant death, such as new cases of low birth weight (LBW) and very low birth weight (VLBW), actually have increased in the United States. In addition, the disparity in infant mortality rates between whites and specific racial and ethnic groups (especially African Americans, American Indians or Alaska Natives, Native Hawaiians, and Puerto Ricans) persists. Although the overall infant mortality rate has reached record low levels, the rate for African Americans remains twice that of whites.

LBW is associated with long-term disabilities, such as cerebral palsy, autism, mental retardation, vision and hearing impairments, and other developmental disabilities... The general category of LBW infants includes both those born too early (preterm infants) and those who are born at full term but who are too small, a condition known as intrauterine growth retardation (IUGR). Maternal characteristics that are risk factors associated with IUGR include maternal LBW, prior LBW birth history, low prepregnancy weight, cigarette smoking, multiple births, and low pregnancy weight gain. Cigarette smoking is the greatest known risk factor.

African American and Hispanic women also are less likely than whites to enter prenatal care early. For both African American and white women, the proportion entering prenatal care in the first trimester rises with maternal age until the late thirties, then begins to decline... Women in certain racial and ethnic groups also are less likely than white women to breastfeed their infants.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Birth Rate

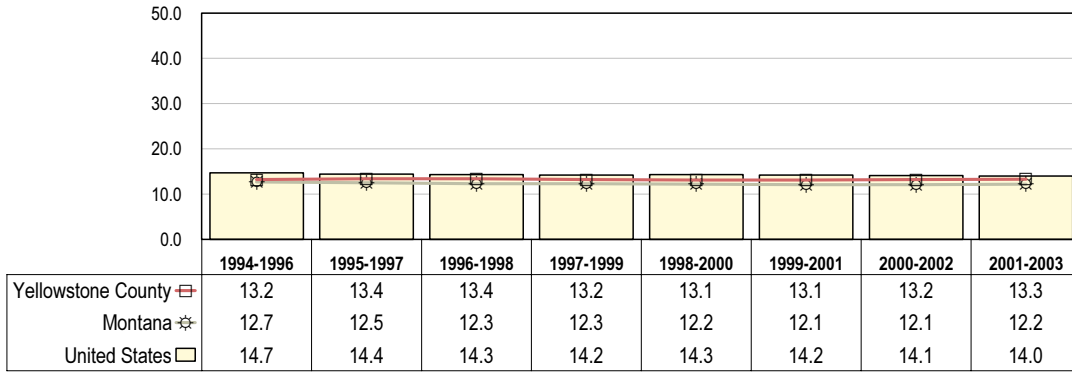
Between 2001 and 2003, there was an annual average of 13.3 births in Yellowstone County per 1,000 population.

- This crude birth rate is lower than the national average (14.0 births per 1,000).
- The Yellowstone County birth rate has remained stable over the past decade.



Birth Rate

(1994-2003 Births per 1,000 Population)



Sources: • Montana Department of Public Health and Human Services.
 • Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2004.

Notes: • Numbers are rates of births per 1,000 population.

Prenatal Care

Timely Prenatal Care

Early and continuous prenatal care is the best assurance of infant health.

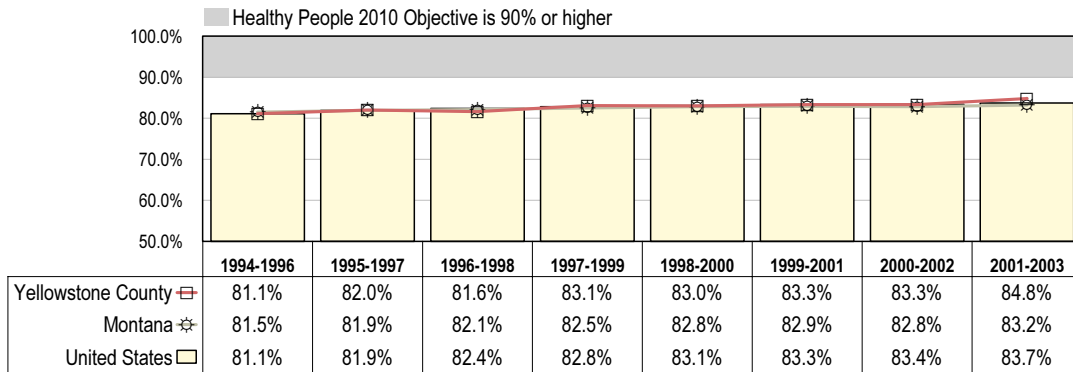
In Yellowstone County between 2001 and 2003, 84.8% of women giving birth received prenatal care during the first trimester of pregnancy.

- The percentage of births with first-trimester prenatal care is close to the proportion nationwide (83.7%).
- Fails to satisfy the Healthy People 2010 target (90% or higher).
- The Yellowstone County proportion has increased since 1994.



Mothers Receiving Prenatal Care in the First Trimester

(By Region; 1994-2003 Percentage of Live Births)



Sources: • Montana Department of Public Health and Human Services.
 • Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2004.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 [Objective 16-6a].

Notes: • Numbers are a percentage of all live births within each population.

Birth Outcomes

Low-Weight Births

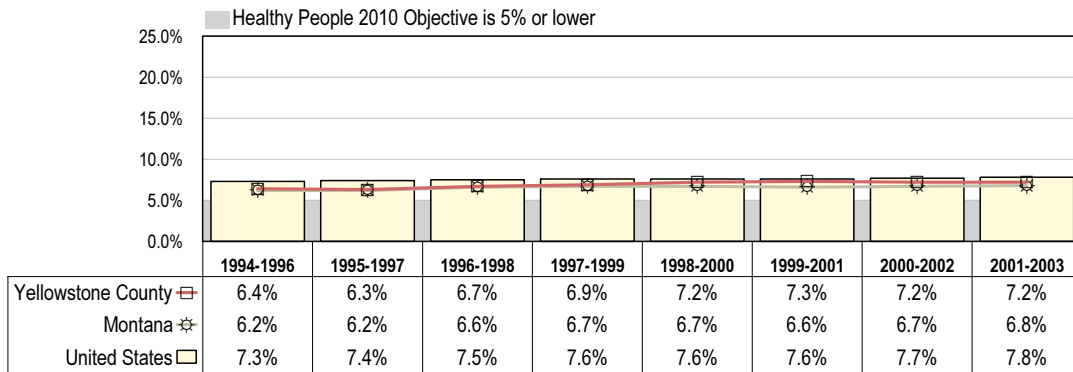
Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight. Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

An annual average of 7.2% of Yellowstone County births between 2001 and 2003 were of low birthweight.

- Higher than the proportion statewide (6.8%).
- Lower than the proportion nationwide (7.8%).
- Fails to satisfy the Healthy People 2010 target (5% or lower).
- Over the past several years, the proportion of Yellowstone County low-weight births has increased.

Low-Weight Birth Trends

(By Region; 1994-2003 Low-Weight Births as a Percentage of Live Births)



Sources: • Montana Department of Public Health and Human Services.
 • Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2004.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 [Objective 16-10a].

Notes: • Numbers are a percentage of all live births within each population.

Infant Mortality

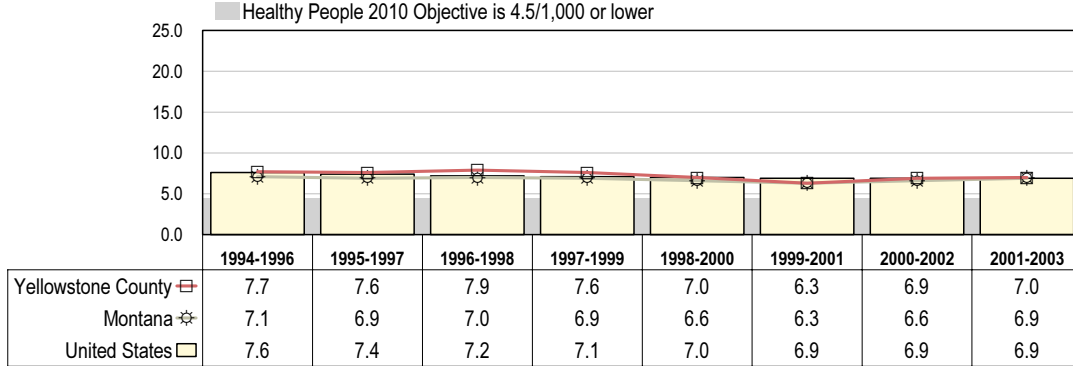
Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

Between 2001 and 2003, there was an annual average of 7.0 infant deaths per 1,000 live births in Yellowstone County.

- Similar to the Montana infant mortality rate (6.9 per 1,000 live births).
- Similar the infant mortality rate nationwide (6.9 per 1,000 live births).
- Fails to satisfy the Healthy People 2010 target (4.5 or fewer per 1,000 live births).
- Over the past several years, the Yellowstone County infant mortality rate has declined slightly.

Infant Mortality Rates

(By Region; 1994-2003 Infant Deaths per 1,000 Live Births)



Sources: • Montana Department of Public Health and Human Services.
 • Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2004.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 [Objective 16-1c].

Notes: • Rates are deaths of children under 1 year old per 1,000 live births.

Neonatal Mortality

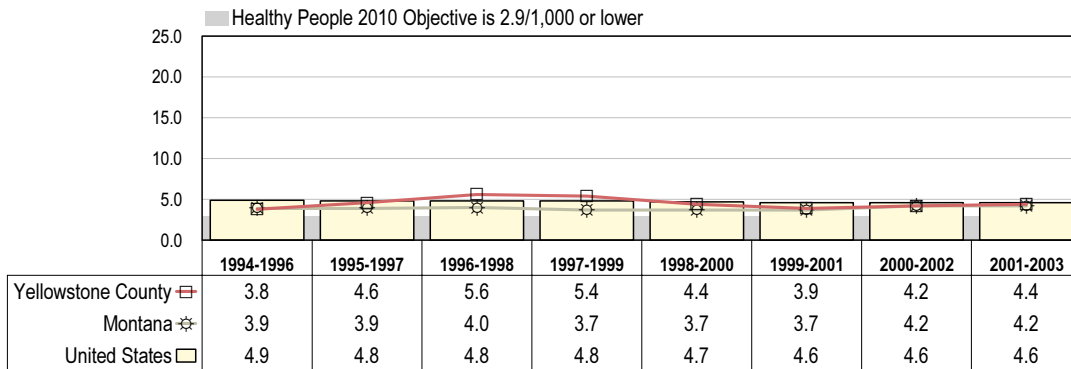
Neonatal mortality rates reflect deaths of children less than 28 days old per 1,000 live births.

Between 2001 and 2003, there was an annual average of 4.4 neonatal deaths per 1,000 live births in Yellowstone County.

- Similar to the Montana neonatal mortality rate (4.2 per 1,000 live births).
- Similar to the neonatal mortality rate nationwide (4.6 per 1,000 live births).
- Fails to satisfy the Healthy People 2010 target (2.9 or fewer per 1,000 live births).
- Over the past several years, the Yellowstone County neonatal mortality rate has increased slightly.

Neonatal Mortality Rates

(By Region; 1994-2003 Neonatal Deaths per 1,000 Live Births)



Sources: • Montana Department of Public Health and Human Services.
 • Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2004.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 [Objective 16-1d].

Notes: • Rates are deaths of children within the first 28 days of life per 1,000 live births.



FAMILY PLANNING

In an era when technology should enable couples to have considerable control over their fertility, half of all pregnancies in the United States are unintended. Although between 1987 and 1994 the proportion of pregnancies that were unintended declined in the United States from 57 to 49 percent, other industrialized nations report fewer unintended pregnancies, suggesting that the number of unintended pregnancies can be reduced further. Family planning remains a keystone in attaining a national goal aimed at achieving planned, wanted pregnancies and preventing unintended pregnancies.

Socially, the costs can be measured in unintended births, reduced educational attainment and employment opportunity, greater welfare dependency, and increased potential for child abuse and neglect. Economically, healthcare costs are increased... The consequences of unintended pregnancy are not confined to those occurring in teenagers or unmarried couples. In fact, unintended pregnancy can carry serious consequences at all ages and life stages.

With an unintended pregnancy, the mother is less likely to seek prenatal care in the first trimester and more likely not to obtain prenatal care at all. She is less likely to breastfeed and more likely to expose the fetus to harmful substances, such as tobacco or alcohol. The child of such a pregnancy is at greater risk of low birth weight, dying in its first year, being abused, and not receiving sufficient resources for healthy development. A disproportionate share of the women bearing children whose conception was unintended are unmarried or at either end of the reproductive age span—factors that, in themselves, carry increased medical and social burdens for children and their parents. Pregnancy begun without some degree of planning often prevents individual women and men from participating in preconception risk identification and management.

Unintended pregnancies occur among females of all socioeconomic levels and all marital status and age groups, but females under age 20 years and poor and African American women are especially likely to become pregnant unintentionally. More than 4 in 10 pregnancies to white and Hispanic females [nationwide] are unintended; 7 in 10 pregnancies to African American females [nationwide] are unintended. Poverty is strongly related to greater difficulty in using reversible contraceptive methods successfully, with these females also the least likely to have the resources necessary to access family planning services and the most likely to be affected negatively by an unintended pregnancy.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

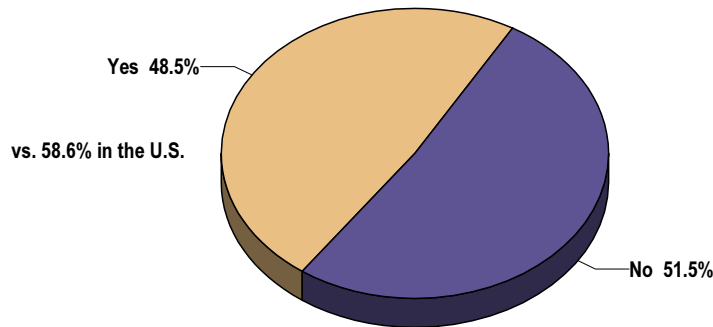
Condom Use

Among Yellowstone County adults aged 18 to 44 who have never been married, 48.5% report condom use during their last sexual intercourse.

- Similar to that found nationwide (58.6%).
- Close to the Healthy People 2010 target (50% or higher — established for sexually active women 18 to 44 only).

Used a Condom During Last Sexual Intercourse

(Among Women and Men Aged 18 to 44
Who Have Never Been Married; Yellowstone County, 2005)



- Sources:
- 2005 PRC Community Health Survey, Professional Research Consultants. [Item 175]
 - 2005 PRC National Health Survey, Professional Research Consultants.
- Notes:
- Reflects never-married adults aged 18 through 44.
 - *A Healthy People 2010 objective for men has not yet been developed.

Related Focus Group Findings

One community panelist discussed the increase of unprotected sex in the community, resulting in pregnancy or sexually-transmitted diseases.

“Unprotected sex is on the increase. This type of behavior is either resulting in pregnancy or STDs.” — Social Services Representative

Births to Unwed Mothers

According to the CDC, an unintended pregnancy is a pregnancy that is either mistimed or unwanted at the time of conception. It is a core concept in understanding the fertility of populations and the unmet need for contraception. Unintended pregnancy is associated with an increased risk of morbidity for women, and with health behaviors during pregnancy that are associated with adverse effects. For example, women with an unintended pregnancy may delay prenatal care, which may affect the health of the infant. Women of all ages may have unintended pregnancies, but some groups, such as teens, are at a higher risk.

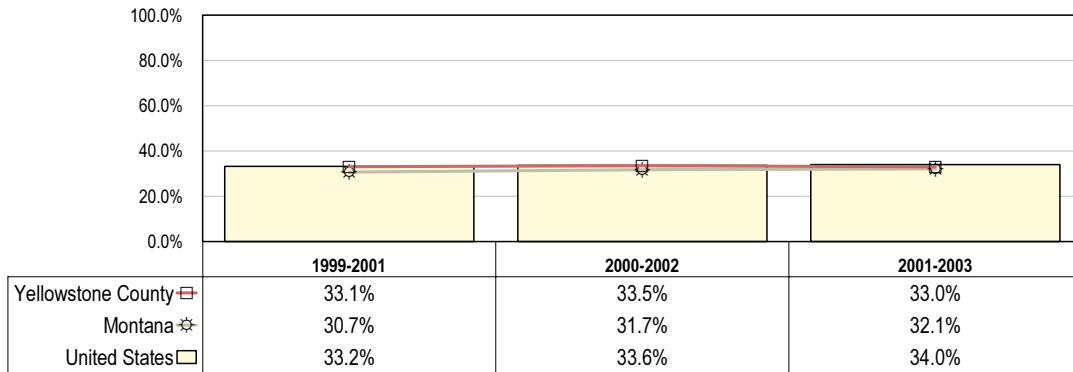
Because it is impossible to measure the true incidence of unintended pregnancy in the U.S., the following indicator looks at births occurring among unmarried mothers as a proxy measure for pregnancies that are not intended (knowing that this is not always the case).

Nearly one-half (33.0%) of women giving birth in Yellowstone County between 2001 and 2003 were unmarried.

- Similar to the proportion statewide (32.1%).
- Similar to the proportion nationwide (34.0%).
- Over the past several years, the proportion of births to unwed mothers in Yellowstone County has remained stable.

Percentage of Births to Unwed Mothers

(By Region; 1999-2003 Percentage of Live Births)



Sources: • Montana Department of Public Health and Human Services.

• Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2004.

Notes: • Numbers are a percentage of all live births within each population.

Births to Teenage Mothers

For teenagers, the problems associated with unintended pregnancy are compounded, and the consequences are well documented. Teenaged mothers are less likely to get or stay married, less likely to complete high school or college, and more likely to require public assistance and to live in poverty than their peers who are not mothers. Infants born to teenaged mothers, especially mothers under age 15 years, are more likely to suffer from low birth weight, neonatal death, and sudden infant death syndrome. The infants may be at greater risk of child abuse, neglect, and behavioral and educational problems at later stages. Nearly 1 million teenage pregnancies occur each year in the United States.

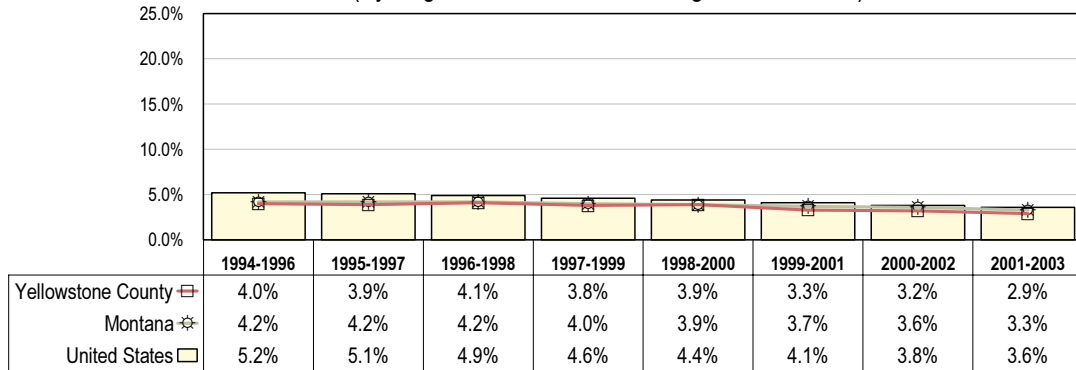
– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Between 2001 and 2003, an annual average of 2.9% of Yellowstone County births were to mothers between the ages of 10 and 17 years old.

- Lower than the proportion statewide (3.3%).
- Lower than the proportion nationwide (3.6%).
- Over the past several years, the proportion of teen births in Yellowstone County has decreased.

Teen Births (10-17)

(By Region; 1994-2003 Percentage of Live Births)



Sources: • Montana Department of Public Health and Human Services.
 • Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2004.

Notes: • Numbers are a percentage of all live births to teenage mothers aged 10 to 17 within each population.

Related Focus Group Findings

Community panelists discussed the higher prevalence of teenagers having sex, including oral sex.

“Kids are becoming sexually active in middle school, they are not waiting until high school.” — Social Services Representative

“The problem in middle school is that oral sex is not being perceived as sex.” — Social Services Representative

“I’d say teens are getting involved in sexual activities younger and younger.”—Educators and Public Services Representative

One community panelist praised an area program educating young girls about their bodies and sexuality.

“The Women’s Center at St. Vincent has an excellent program for mothers and daughters. It teaches the young girls what is going to happen to their bodies as they go through adolescence and what will be the consequences if they start being sexually active. Even though the girls are in fourth grade they need to understand what can happen. We need more of these type of classes.”—Employers Representative

MODIFIABLE HEALTH RISKS

ACTUAL CAUSES OF DEATH

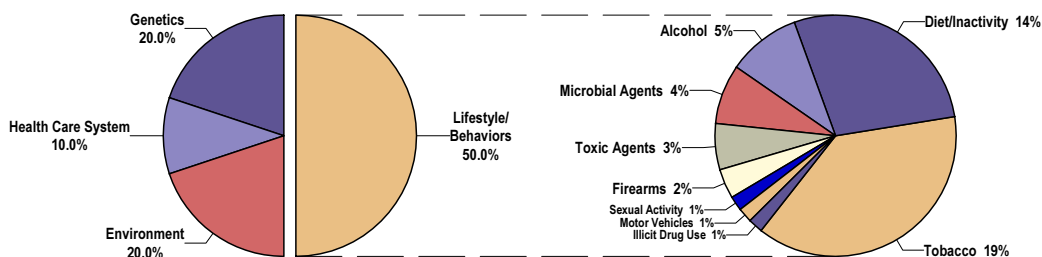
A landmark 1993 study estimated that as many as one-half of all premature deaths in the United States were attributed to social and behavioral factors, and in theory, were preventable.

The most prominent contributors to mortality in the United States in 1990 were **tobacco** (an estimated 400,000 deaths), **diet and activity patterns** (300,000), **alcohol** (100,000), **microbial agents** (90,000), **toxic agents** (60,000), **firearms** (35,000), **sexual behavior** (30,000), **motor vehicles** (25,000), and **illicit use of drugs** (20,000). Socioeconomic status and access to medical care are also important contributors, but difficult to quantify independent of the other factors cited. Because the studies reviewed used different approaches to derive estimates, the stated numbers should be viewed as first approximations... **Approximately half of all deaths that occurred among U.S. residents in 1990 could be attributed to the [social and behavioral risk] factors identified...**

There can be no illusions about the difficulty of the challenges in changing the impact these factors have on health status. Of those identified here, the three leading causes of death — tobacco, diet and activity patterns, and alcohol— are rooted in behavioral choices. Behavioral change is motivated not by knowledge alone, but also by a supportive social environment and the availability of facilitative services... The central public health focus for each of these factors must be the possibility for improvement. Change can occur... If the nation is to achieve its full potential for better health, public policy must focus directly and actively on those factors that represent the root determinants of death and disability.

– McGinnis, J. Michael, and William H. Foegen. "Actual Causes of Death in the United States." *JAMA*, 270(1993):2207-12.

Factors Contributing to Premature Deaths in the United States



Source: McGinnis, J. Michael, and William H. Foegen. "Actual Causes of Death in the United States." *JAMA*, 270(1993):2207-12.

The following chart further outlines the relationship that exists among these behavioral risk factors and the leading causes of death, such as heart disease and cancer.

Actual Causes of Death								
Leading Causes of Death ³	Tobacco use	Poor diet ⁴	Lack of physical activity ⁴	Alcohol abuse	Firearms	Unsafe sexual behavior	Motor vehicles	Lack of preventive medical care
Heart disease	Prevention	Prevention	Prevention, Control	Use can be beneficial at low doses				Screening for risk factors such as blood pressure ⁴ and cholesterol
Cancer	Prevention of various cancers	Prevention of various cancers	Prevention of colon cancer	Prevention of various cancers				Screening: early detection
Unintentional injuries				Prevention	Prevention		Prevention	Anticipatory guidance
Suicide			Control of depression	Prevention	Prevention			Control of mental disorders
Liver disease				Prevention				Screening for alcohol abuse
Stroke	Prevention	Prevention	Prevention					Screening for blood pressure; Control
Diabetes	Control	Control, Prevention	Control, Prevention					Control
COPD	Prevention							
Homicide					Prevention			
HIV						Prevention		Screening for STDs; Control

Notes:

1. Premature deaths are defined as those occurring before age 65. These deaths accounted for 25% of all deaths to Washington residents in this time period. This is a conservative estimate of "premature death;" some deaths after age 65 are also premature.
2. The listed actual causes of death do not account for all deaths in those aged under 65. There are additional determinants not listed here, such as poverty, genetics, and toxic and microbial agents.
3. Leading causes of death are those which are listed on the death certificate.
4. High blood pressure and obesity can be thought of as "intermediary" causes. Both are determined in part by genetics and in part by behavior. Diet and physical activity are important determinants of obesity.

Sources: Amler RW, Dull HB [eds]. Closing the gap: The burden of unnecessary illness. New York: Oxford, 1987; Am J Prev Med 1987;3(5 suppl), Washington State Department of Health, Office of Epidemiology

NUTRITION & OVERWEIGHT

Nutrition

Consumption of Fruits & Vegetables

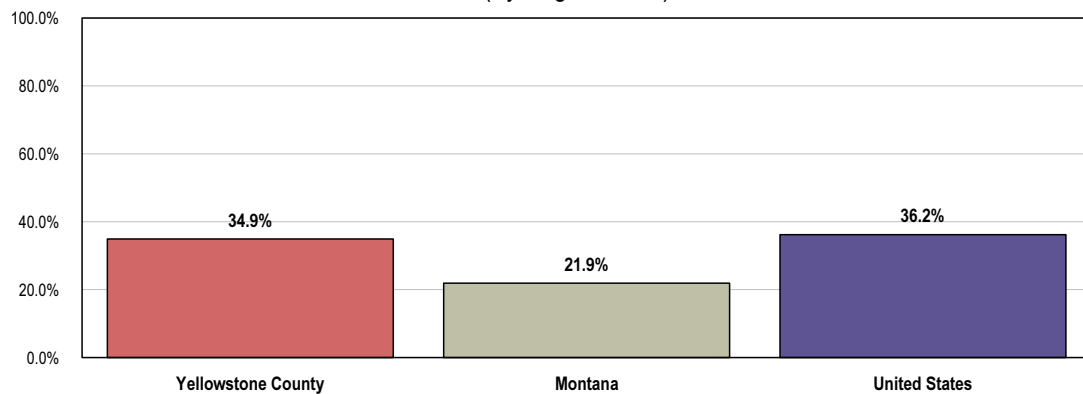
Daily Recommendation

Only 34.9% of Yellowstone County adults report eating five or more servings of fruits and/or vegetables per day.

- Better than Montana findings (21.9%).
- Similar to national findings (36.2%).

Consume Five or More Servings of Fruits/Vegetables per Day

(By Region, 2005)



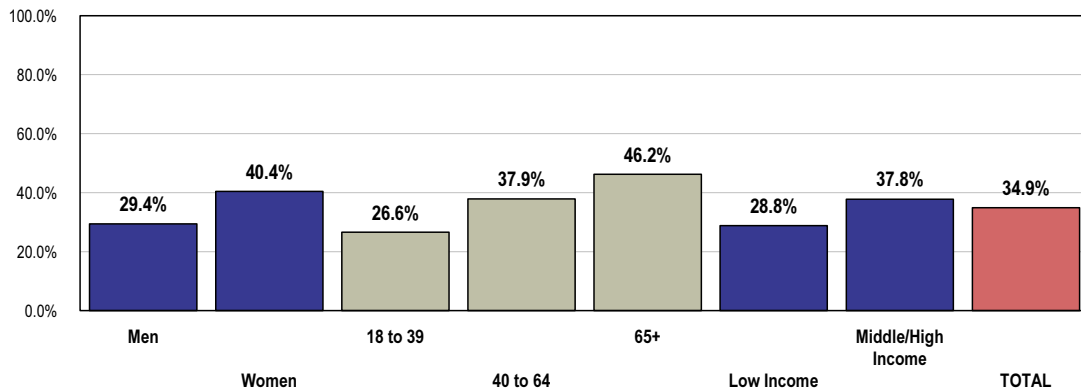
- Source:
- 2005 PRC Community Health Survey, Professional Research Consultants. [Item 167]
 - 2005 PRC National Health Survey, Professional Research Consultants.
- Notes:
- Asked of all respondents.
 - For this issue, respondents were asked to recall the foods they had eaten on the day prior to the interview.

The following chart further examines fruit/vegetable consumption by various demographic characteristics. As shown, respondents less likely to eat five or more fruits/vegetables per day include:

- Men.
- Adults aged 18-39.

Consume Five or More Servings of Fruits/Vegetables per Day

(Yellowstone County, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 167]
 Note: • Asked of all respondents.

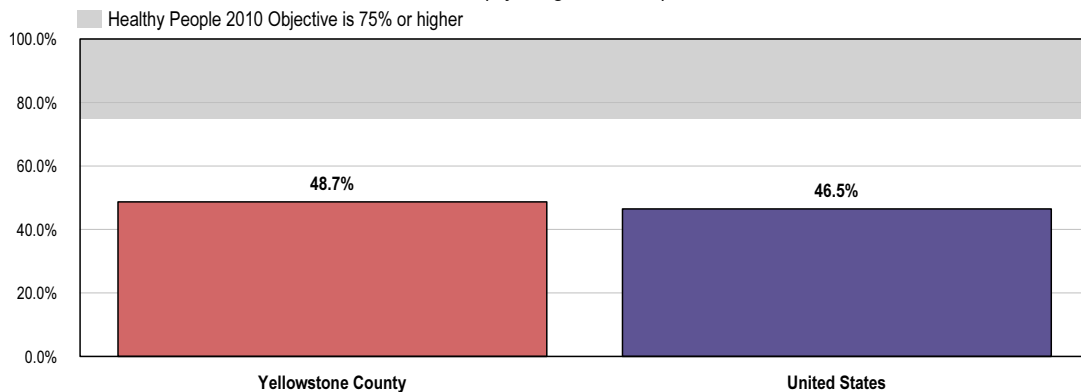
Fruits

48.7% of Yellowstone County adults report eating at least two servings of fruit per day.

- Similar to national findings (46.5%).
- Fails to satisfy the Healthy People 2010 target (75% or higher).

Consume Two or More Servings of Fruits per Day

(By Region, 2005)



Sources: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 165]
 • 2005 PRC National Health Survey, Professional Research Consultants.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 19-5]

Notes: • Asked of all respondents.
 • For this issue, respondents were asked to recall the foods they had eaten on the day prior to the interview.

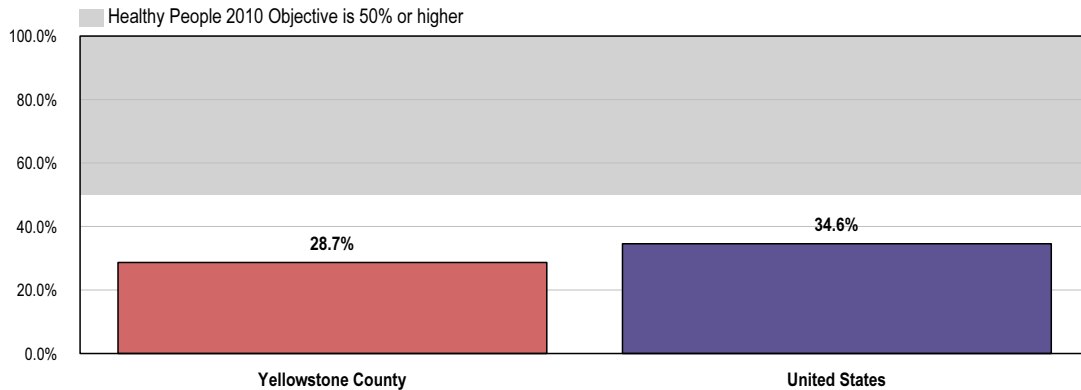
Vegetables

28.7% of Yellowstone County adults report eating three or more servings of vegetables per day, at least one-third of which are dark green or orange vegetables.

- Less favorable than national findings (34.6%).
- Fails to satisfy the Healthy People 2010 target (50% or higher).

Consume Three or More Servings of Vegetables per Day, One-Third of Which Are Dark Green or Orange

(By Region, 2005)



- Sources:
- 2005 PRC Community Health Survey, Professional Research Consultants. [Item 166]
 - 2005 PRC National Health Survey, Professional Research Consultants.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 19-6]
- Notes:
- Asked of all respondents.
 - For this issue, respondents were asked to recall the foods they had eaten on the day prior to the interview.

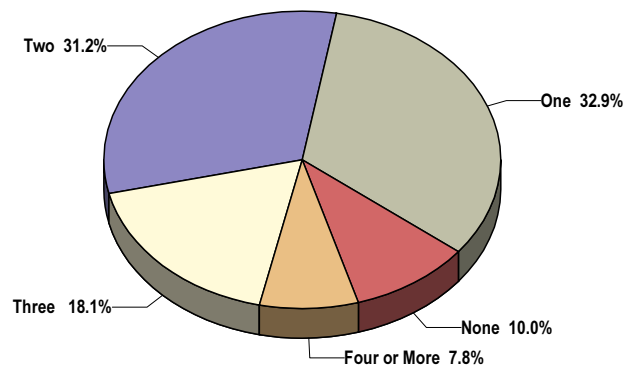
Dairy

One-fourth of Yellowstone County adults report eating three or more servings of dairy per day.

- A total of 10.0% report eating zero servings of dairy per day.

Daily Servings of Dairy Products

(Yellowstone County, 2005)



- Source:
- 2005 PRC Community Health Survey, Professional Research Consultants. [Item 112]
- Note:
- Asked of all respondents.

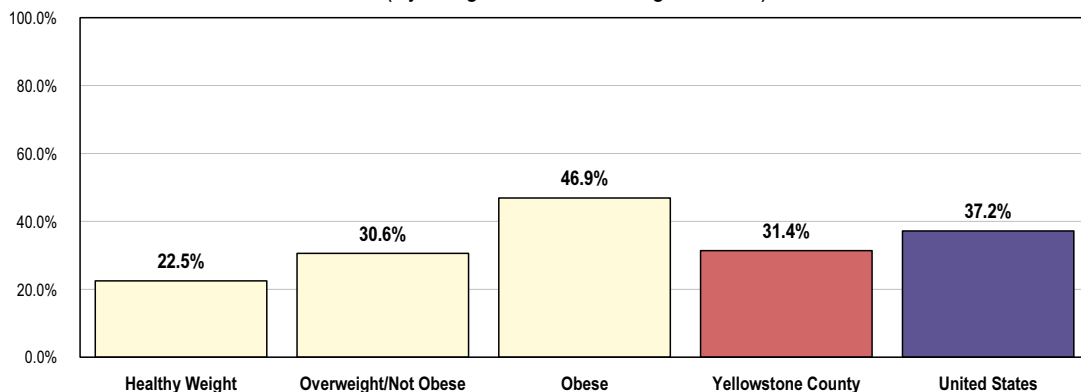
Health Advice About Diet & Nutrition

31.4% of Yellowstone County respondents acknowledge that a physician has counseled them about diet and nutrition in the past year.

- Less favorable than national findings (37.2%).
- Among Yellowstone County overweight respondents, 30.6% report receiving diet/nutrition advice. Among obese respondents, this proportion is 46.9%.

Physician Has Asked About or Given Advice Regarding Diet and Nutrition in the Past Year

(By Weight Status and Region, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 21]
• 2005 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all respondents.

Related Focus Group Findings

Panelists discussed the need for more classes on nutrition. One panelist mentioned the link between poverty and poor nutrition.

“We need a basic class on nutrition and healthy eating. We need to provide healthy options in school instead of fast foods.”—Educators and Public Services Representative

“People in our area who work service jobs sometimes don’t have any free time to do a lot of exercising. They can’t afford the nourishing foods and so many of the foods they purchase are filling, but not necessarily nutritional.”— Social Services Representative

Body Weight

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: $[\text{weight (pounds)}/\text{height squared (inches}^2)] \times 703$.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI of $\geq 30 kg/m^2$. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2 . The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI of $\geq 30 kg/m^2$, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2 .

Overweight and obesity result from a complex interaction between genes and the environment characterized by long-term energy imbalance due to a sedentary lifestyle, excessive caloric consumption, or both. They develop in a socio-cultural environment characterized by mechanization, sedentary lifestyle, and ready access to abundant food. Attempts to prevent overweight and obesity are difficult to both study and achieve.

– Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI		
		BMI (kg/m^2)
Underweight		<18.5
Normal		18.5 – 24.9
Overweight		25.0 – 29.9
Obesity	Obesity Class	
	I	30.0 – 34.9
	II	35.0 – 39.9
Extreme Obesity	III	≥ 40

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

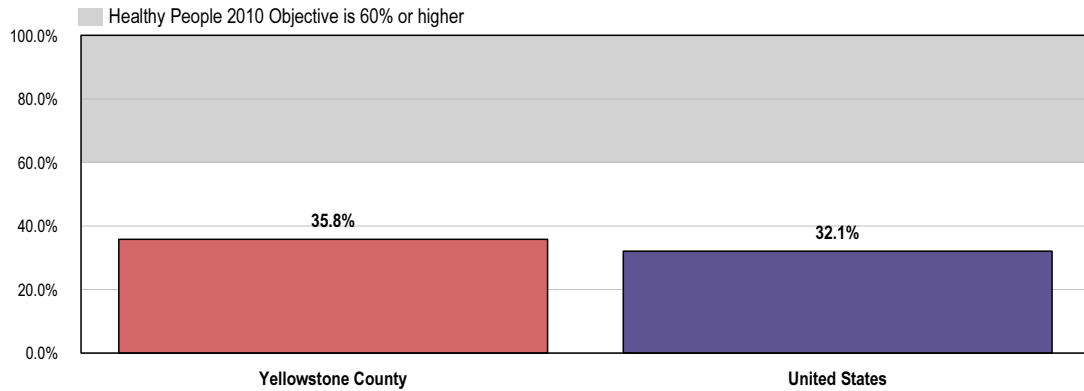
Healthy Weight

Based on self-reported heights and weights, 35.8% of Yellowstone County adults are at a healthy weight (neither underweight nor overweight, BMI = 18.5-24.9).

- Statistically similar to national findings (32.1%).
- Far from reaching the Healthy People 2010 target (60% or higher).

Healthy Weight

(Body Mass Index Between 18.5 and 24.9; By Region, 2005)



- Sources:
- 2005 PRC Community Health Survey, Professional Research Consultants. [Item 157]
 - 2005 PRC National Health Survey, Professional Research Consultants.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.
- Notes:
- Based on self-reported height and weight, asked of all respondents.
 - The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

Overweight Status

Adults

62.7% of Yellowstone County adults are overweight (BMI \geq 25).

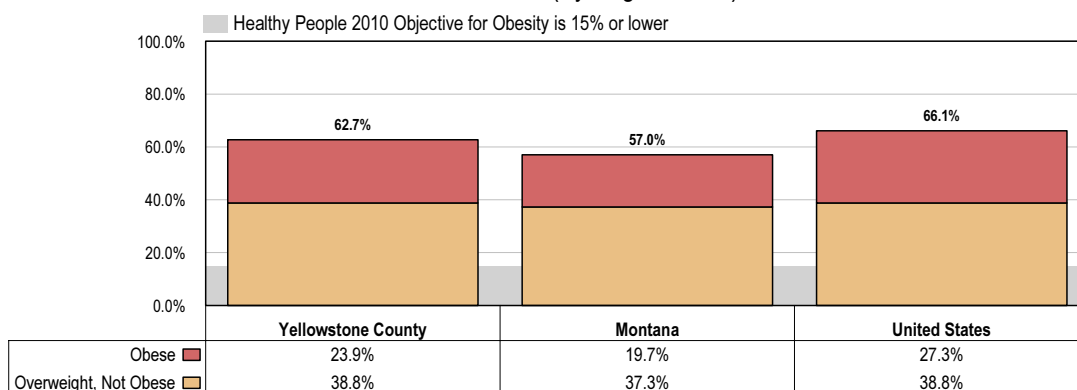
- Less favorable than Montana findings (57.0%).
- Similar to the U.S. overweight proportion (66.1%).

23.9% of Yellowstone County adults are obese (BMI \geq 30).

- Worse than Montana findings (19.7%).
- Statistically similar to U.S. findings (27.3%).
- Fails to satisfy the Healthy People 2010 target (15% or lower).

Prevalence of Overweight

(By Region, 2005)



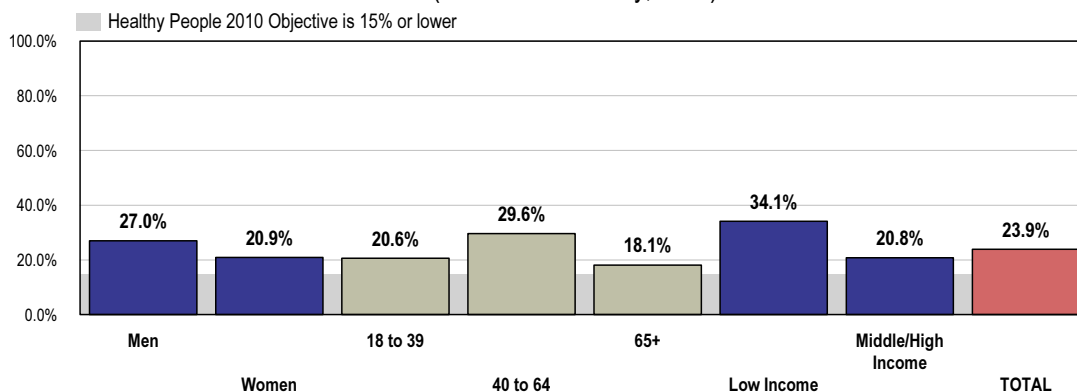
- Sources:
- 2005 PRC Community Health Survey, Professional Research Consultants. [Item 157]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2004 Montana data.
 - 2005 PRC National Health Survey, Professional Research Consultants.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 19-2]
- Notes:
- Based on self-reported height and weight, asked of all respondents.
 - The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

The following chart further examines Yellowstone County obesity by various demographic characteristics.

- Obesity is most prevalent among persons living at lower income levels.
- Obesity is higher among adults aged 40 to 64 than among younger or older adults.

Prevalence of Obesity

(Yellowstone County, 2005)



- Sources:
- 2005 PRC Community Health Survey, Professional Research Consultants. [Item 157]
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 19-2]
- Notes:
- Based on self-reported height and weight, asked of all respondents.
 - The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0.

Related Focus Group Findings

One community panelist was concerned about the prevalence of obesity, especially in younger adults who are less active.

“There is a lot of obesity in this community, especially with the young people. The population around here is getting older, but I see the older folks being more active than the younger ones.”—Community Leaders Representative

Relationship of Overweight With Other Health Issues

The correlation between overweight and various health issues cannot be disputed.

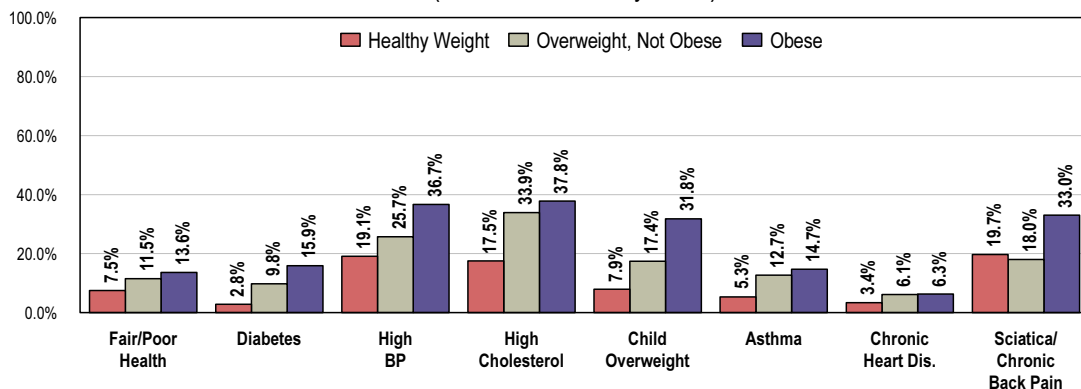
Among Yellowstone County community members, overweight and obese adults are more likely to report a number of adverse health conditions.

These include:

- “Fair” or “poor” physical health.
- Diabetes.
- Hypertension (high blood pressure).
- High cholesterol.
- Asthma.
- Chronic heart disease.
- Sciatica/back pain.

Overweight/obese parents also appear to be more likely to have children who are overweight or at-risk for overweight.

Relationship of Overweight With Other Health Issues
(Yellowstone County, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Items 5, 33, 34, 46, 153, 154, 160]

Note: • Reflects responses among the total sample of respondents, segmented by their bodyweight category (categories are mutually exclusive).

Children

In children and teens, body mass index is used to assess underweight, overweight, and risk for overweight. Children's body fatness changes over the years as they grow. Also, girls and boys differ in their body fatness as they mature. This is why BMI for children (also referred to as BMI-for-age) is gender and age specific. BMI-for-age is plotted on gender specific growth charts. These charts are used for children and teens 2 – 20 years of age. Healthcare professionals use the following established percentile cutoff points to identify underweight and overweight in children.

Underweight..... <5th percentile
 At Risk of Overweight..... 85th to 95th percentile
 Overweight..... ≥ 95th percentile

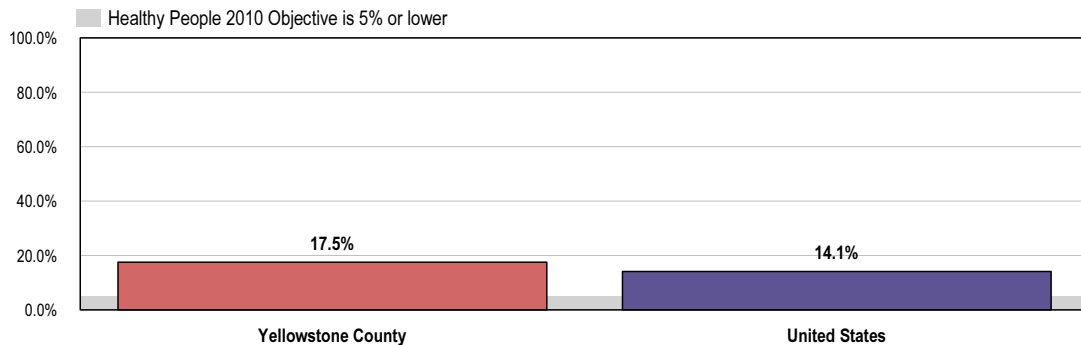
– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention.

17.5% of Yellowstone County children aged 6 to 17 are overweight, based on heights/weights reported by surveyed parents.

- Statistically similar to national findings (14.1%).

Child Overweight

(Among Children Ages 6 to 17; By Region, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 160]
 • 2005 PRC National Health Survey, Professional Research Consultants.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 19-3a-b]

Notes: • Asked of all respondents with children aged 6 to 17 at home.
 • Overweight among children is estimated based on children's' Body Mass Index status above the 95th percentile of U.S. growth charts by gender and age.

Related Focus Group Findings

Community panelists were concerned about the level of childhood obesity in the area. They discussed ways to increase the health of children in the community, including better nutrition, more activities that are physically-minded, and less access to poor nutrition and junk food.

“There are some concerns about obesity in children. There is task force in Billings trying just to increase the activity levels of children and provide better nutrition in the schools. Part of that is a concern about safe routes for children to take to school. There are a lot of walking paths and biking trails but they are not near the schools so children cannot use them.”—Physicians and Other Health Professionals Representative

“We are concerned that our kids are having trouble with obesity. We have taken the pop machines and candy machines out of the schools.”—Educators and Public Services Representative

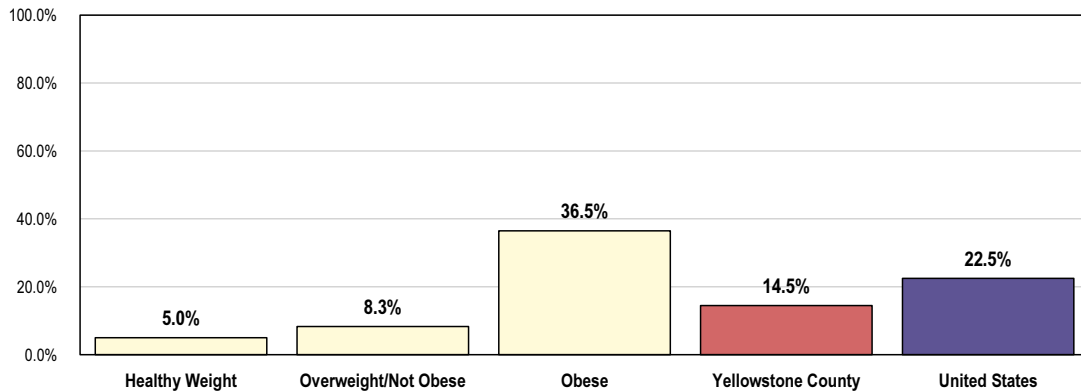
Health Advice About Weight Management

14.5% of Yellowstone County adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

- Less favorable than national findings (22.5%).
- 8.3% of overweight Yellowstone County adults and 36.5% of obese Yellowstone County adults have been given advice about their weight by a health professional in the past year.

Physician, Nurse or Other Health Professional Has Given Advice About Weight in the Past Year

(By Weight Status and Region, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Items 120, 159]
• 2005 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all respondents.

Weight Control

Many diseases are associated with overweight and obesity. Persons who are overweight or obese are at increased risk for high blood pressure, type 2 diabetes, coronary heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea, respiratory problems, and some types of cancer. The health outcomes related to these diseases, however, often can be improved through weight loss or, at a minimum, no further weight gain. Total costs (medical costs and lost productivity) attributable to obesity alone amounted to an estimated \$99 billion in 1995.

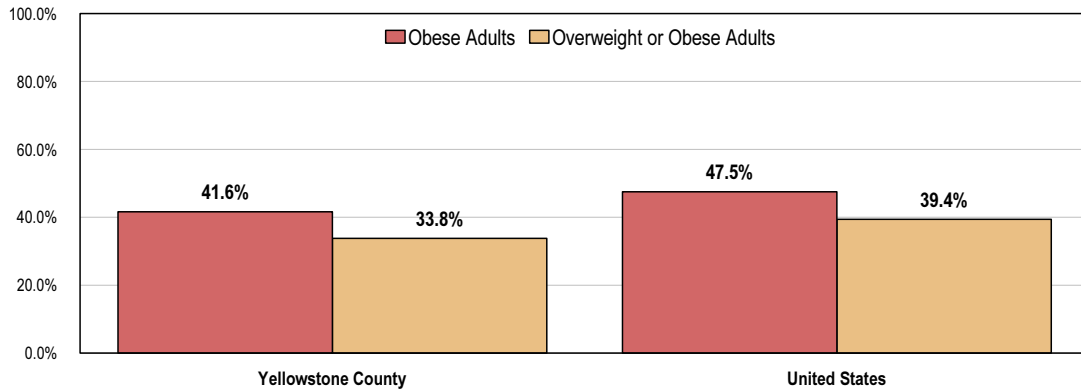
– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

33.8% of Yellowstone County adults who are overweight say that they are both modifying their diet and increasing their physical activity to try to lose weight.

- Similar to national findings (39.4%).
- 41.6% of obese Yellowstone County adults report that they are trying to lose weight through a combination of diet and exercise.

Trying to Lose Weight by Both Modifying Diet and Increasing Physical Activity

(Among Respondents Who Are Overweight; By Weight Status And Region, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 158]
• 2005 PRC National Health Survey, Professional Research Consultants.

Note: • Reflects responses among overweight respondents (categories are not mutually exclusive).

PHYSICAL ACTIVITY & FITNESS

The 1990s brought a historic new perspective to exercise, fitness, and physical activity by shifting the focus from intensive vigorous exercise to a broader range of health-enhancing physical activities. Research has demonstrated that virtually all individuals will benefit from regular physical activity. A Surgeon General's report on physical activity and health concluded that moderate physical activity can reduce substantially the risk of developing or dying from heart disease, diabetes, colon cancer, and high blood pressure. Physical activity also may protect against lower back pain and some forms of cancer (for example, breast cancer), but the evidence is not yet conclusive.

On average, physically active people outlive those who are inactive. Regular physical activity also helps to maintain the functional independence of older adults and enhances the quality of life for people of all ages.

The role of physical activity in preventing coronary heart disease (CHD) is of particular importance, given that CHD is the leading cause of death and disability in the United States. Physically inactive people are almost twice as likely to develop CHD as persons who engage in regular physical activity. The risk posed by physical inactivity is almost as high as several well-known CHD risk factors, such as cigarette smoking, high blood pressure, and high blood cholesterol. Physical inactivity, though, is more prevalent than any one of these other risk factors. People with other risk factors for CHD, such as obesity and high blood pressure, may particularly benefit from physical activity.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Work-Related & Leisure-Time Physical Activity

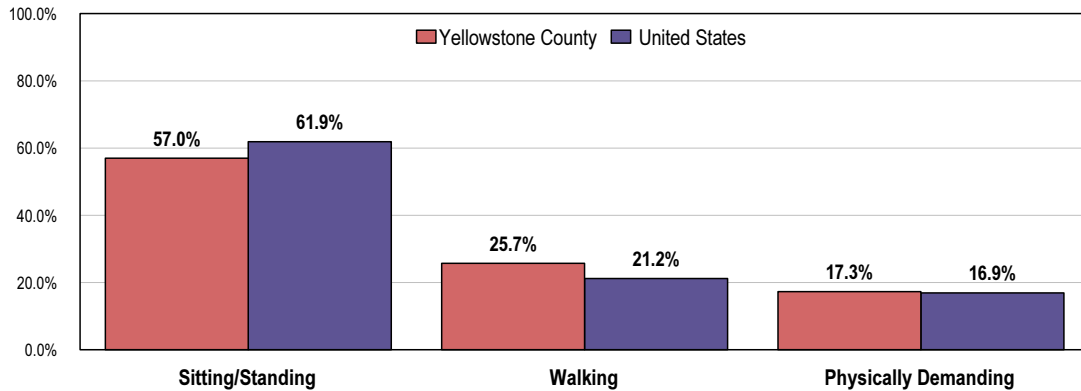
Level of Activity at Work

A majority of employed Yellowstone County respondents report low levels of physical activity at work.

- 57.0% of employed Yellowstone County respondents report that their job entails mostly sitting or standing.
- 25.7% of employed Yellowstone County respondents report that their job entails mostly walking.
- 17.3% report that their work is physically demanding.

Primary Level of Physical Activity at Work

(Among Employed Respondents; By Region, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 113]
 • 2005 PRC National Health Survey, Professional Research Consultants.
 Note: • Asked of all employed respondents.

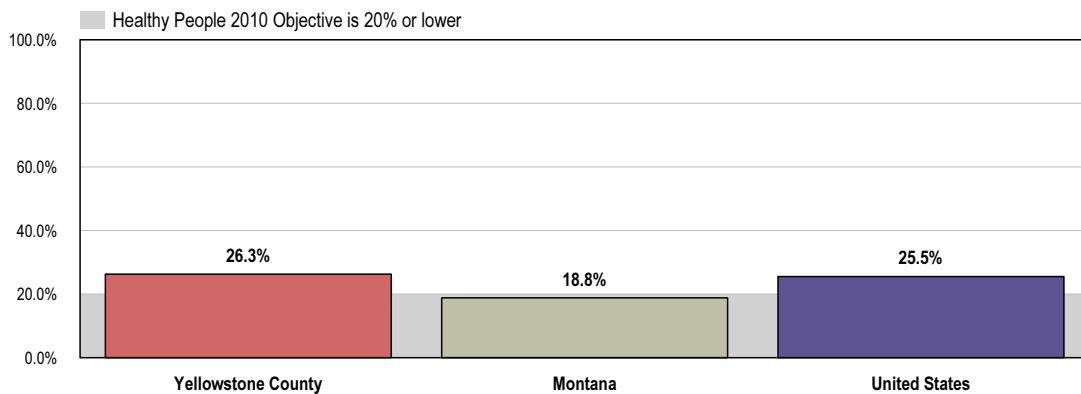
Leisure-Time Physical Activity

26.3% of Yellowstone County adults report no leisure-time physical activity in the past month.

- Less favorable than Montana findings (18.8%).
- Statistically similar to national findings (25.5%).
- Fails to satisfy the Healthy People 2010 objective (20% or lower).

No Leisure-Time Physical Activity in the Past Month

(By Region, 2005)



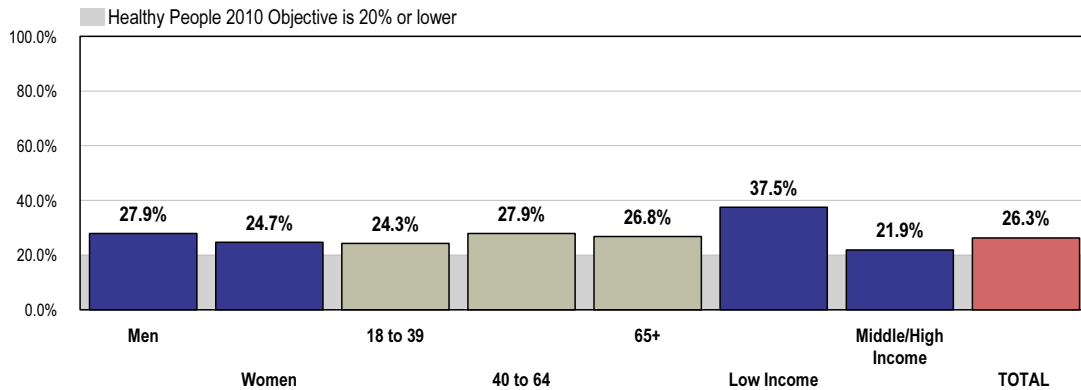
Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 114]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2004 Montana data.
 • 2005 PRC National Health Survey, Professional Research Consultants.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 22-1]
 Note: • Asked of all respondents.

The following chart further examines physical inactivity by various demographic characteristics. Note the following relationship:

- There is a strong negative correlation with income — persons living at low income levels more often report not getting any physical activity in their leisure time in the past month.

No Leisure-Time Physical Activity in Past Month

(Yellowstone County, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 133]
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 22-1]

Note: • Asked of all respondents.

Activity Levels

Effects of Physical Inactivity and Unhealthy Diets

- Poor diet and physical inactivity lead to 300,000 deaths each year—second only to tobacco use.
- People who are overweight or obese increase their risk for heart disease, diabetes, high blood pressure, arthritis-related disabilities, and some cancers.
- Not getting an adequate amount of exercise is associated with needing more medication, visiting a physician more often, and being hospitalized more often.

Costs

- The direct medical cost associated with physical inactivity was \$29 billion in 1987 and nearly \$76.6 billion in 2000.
 - The annual cost of obesity in the United States is about \$100 billion.
 - After controlling for physical limitations and socioeconomic status, researchers found that more than 12% of the annual medical costs of inactive people with arthritis is associated with their inactivity.
- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Recommended Levels of Physical Activity

Adults should strive to meet either of the following physical activity recommendations:

1. Moderate-intensity physical activities (inducing only light sweating or a slight to moderate increase in breathing or heart rate) for at least 30 minutes on 5 or more days of the week.

- *Centers for Disease Control and Prevention / American College of Sports Medicine*

OR

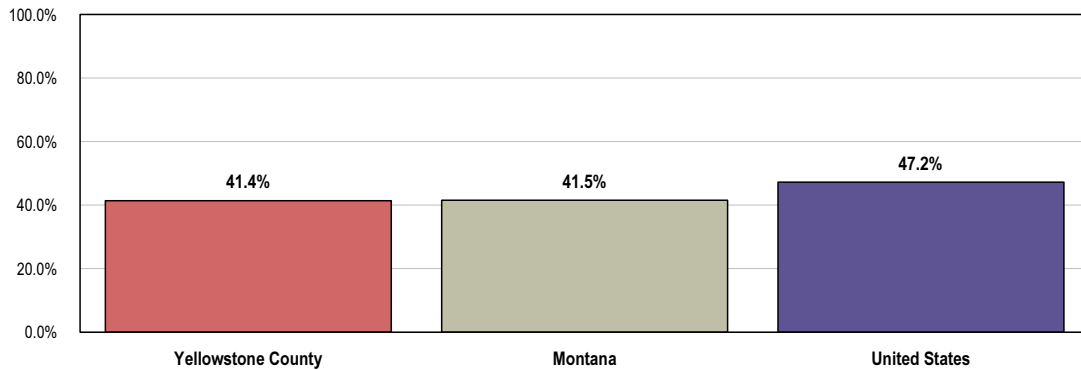
2. Vigorous-intensity physical activity (inducing heavy sweating or a large increase in breathing or heart rate) 3 or more days per week for 20 or more minutes per occasion.

- *Healthy People 2010*

Less than one-half of adults (41.4%) participate in regular, sustained moderate or vigorous physical activity.

- Similar to findings in Montana (41.5%).
- Less favorable than national findings (47.2%).

Meets Physical Activity Recommendations (By Region, 2005)



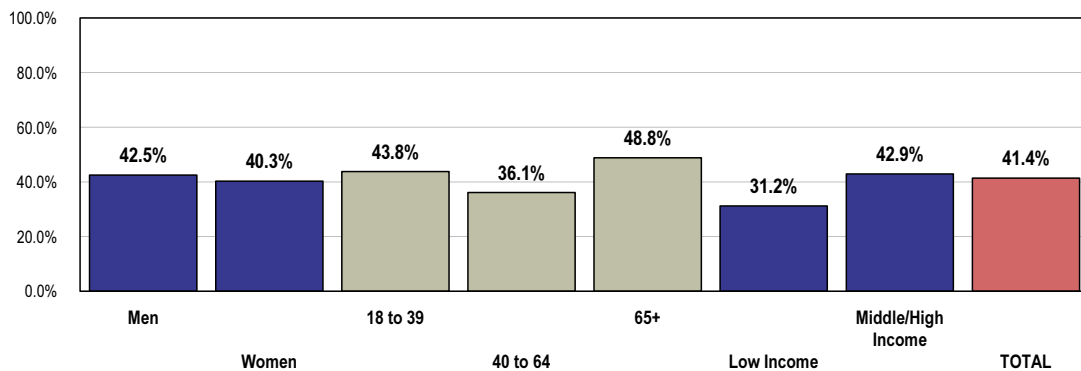
Sources: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 164]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2004 Montana data.
 • 2005 PRC National Health Survey, Professional Research Consultants.

Notes: • Asked of all respondents.
 • In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

Those demographic groups less likely to meet the physical activity recommendations include:

- Adults aged 40 to 64.
- Adults living at lower income levels.

Meets Physical Activity Recommendations (Yellowstone County, 2005)



Sources: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 164]

Notes: • Asked of all respondents.
 • In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

Light/Moderate & Vigorous Physical Activity

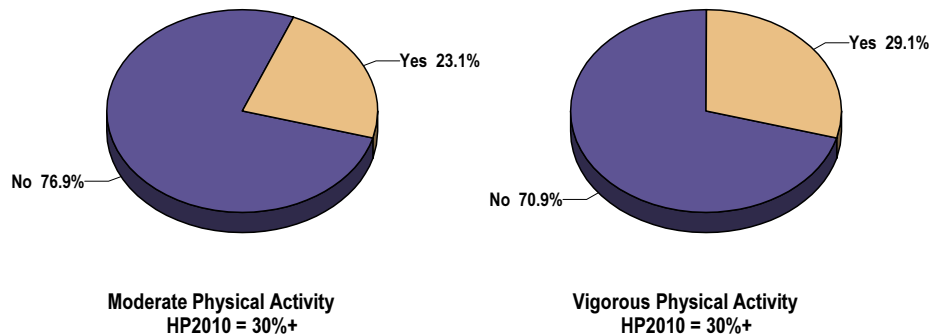
The individual indicators of light/moderate and vigorous physical activity are shown in the following chart.

In the past month, 23.1% of Yellowstone County adults participated in light-to-moderate physical activity, while 29.1% participated in vigorous physical activity (percentages are not mutually exclusive).

- Fails to satisfy the Healthy People 2010 objective for moderate activity, but is close to satisfying the Healthy People 2010 objective for vigorous activity (both 30% or higher).

Light/Moderate and Vigorous Physical Activity

(Yellowstone County, 2005)



- Sources:
- 2005 PRC Community Health Survey, Professional Research Consultants. [Items 162-163]
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 22-2]
- Notes:
- Asked of all respondents.
 - In this case the term "moderate physical activity" refers to exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate at least 5 times a week for 30 minutes at a time, while "vigorous physical activity" includes activities that cause heavy sweating or large increases in breathing or heart rate at least 3 times a week for 20 minutes at a time.

Related Focus Group Findings

Community health panelists discussed various aspects of physical exercise, including:

...Its increased availability:

"I think opportunities are here for exercise and they're improving with the addition of trails and exercise facilities. The outdoor environment is good for people to get exercise. Whether people take advantage of that or not is a personal choice, but the opportunities are available." — Social Services Representative

...Its prevalence among older adults:

"Our population's getting older. Most of eastern Montana is emptying into Billings because we have two hospitals here and they can't get access to healthcare in the rural areas. We have a lot of middle-age people leaving Billings because it is very easy to go to other places and get a better job. I do think that the people that do stay here probably fall into one of two categories. They stay here and they want to stay here because they like the outdoors. And those people are very active and they're outdoors people. The other type of people you're going to find is people that aren't very active and they stay here just because it was the easy thing to do, not necessarily because there was a lot of opportunities to stay here. And that's probably the population that

is in the low socio-economic level who are probably overweight and tend to stress the system. I think our poverty rates are similar to Mississippi, Alabama, places in the deep south where, as we saw after the hurricane, poverty is very ingrained into the culture down there.”—Community Leaders Representative

“Older persons in our community are quite active and I think they do pretty well although there is an obesity problem with some of them.”—Community Leaders Representative

...Its benefits:

“It’s interesting to me when I teach a personal health section in my nursing curriculum and I ask them what they do for personal health on a daily basis or a weekly basis. Probably two out of twenty have a normal exercise as a daily routine. Whereas, the majority of the others choose varieties of coping mechanisms, high-stress-level thinking and a lot of negative self-talk is involved and alcohol does come into play as part of their coping with the stress. I can certainly tell the difference in the two out of the twenty that are much more even keel emotionally, according to their stress levels in their classroom work. The value of physical exercise and daily exercise is not important to many people.”—Educators and Public Services Representative

...And its availability for low-income adults.

“You have to spend so much time here just making a living makes it that much more difficult to find time to be active and enjoy the outdoors.”—Community Leaders Representative

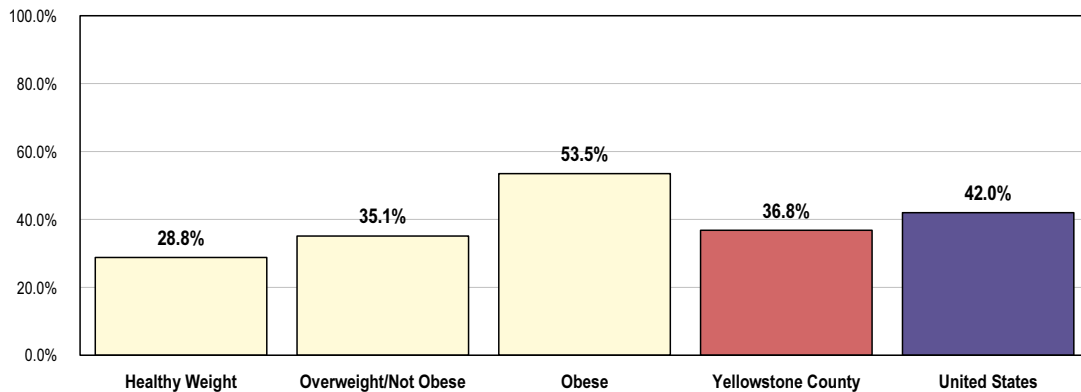
Health Advice About Physical Activity & Exercise

36.8% of Yellowstone County adults report that their physician has asked about or given advice to them about physical activity in the past year.

- Similar to national findings (42.0%).
- 35.1% of overweight Yellowstone County respondents and 53.5% of obese Yellowstone County respondents say that they have talked with their doctor about physical activity/exercise in the past year.

Physician Has Asked About or Given Advice Regarding Physical Activity/Exercise in Past Year

(By Weight Status And Region, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 22]
• 2005 PRC National Health Survey, Professional Research Consultants.

Note: • Asked of all respondents.

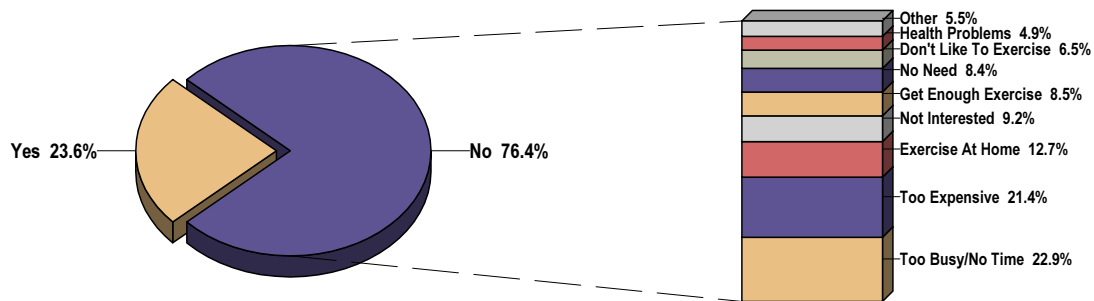
Fitness Opportunities

Nearly one-fourth of Yellowstone County community members participate in a regular fitness program or center. Most, however, do not.

- Of those not participating, 22.9% cite not having enough time to exercise and 21.4% cite the expense of the programs/centers as reasons why they don't regular participate in a fitness program or center.

Participation in Regular Fitness Program or Center

(Yellowstone County, 2005)



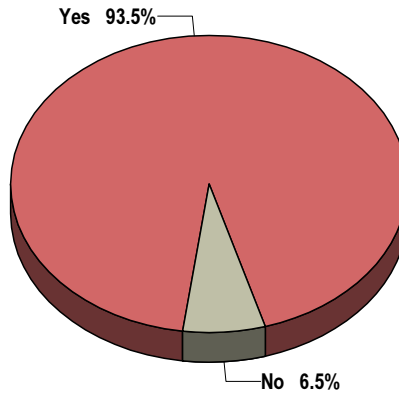
- Sources:
- 2005 PRC Community Health Survey, Professional Research Consultants. [Items 121-122]
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 22-2]

- Notes:
- Asked of all respondents.
 - In this case the term "moderate physical activity" refers to exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate at least 5 times a week for 30 minutes at a time, while "vigorous physical activity" includes activities that cause heavy sweating or large increases in breathing or heart rate at least 3 times a week for 20 minutes at a time.

Nearly all of Yellowstone County area residents are aware of exercise and fitness opportunities available in their area.

Aware of Exercise and Fitness Opportunities in Yellowstone County

(Yellowstone County, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 123]
Note: • Asked of all respondents.

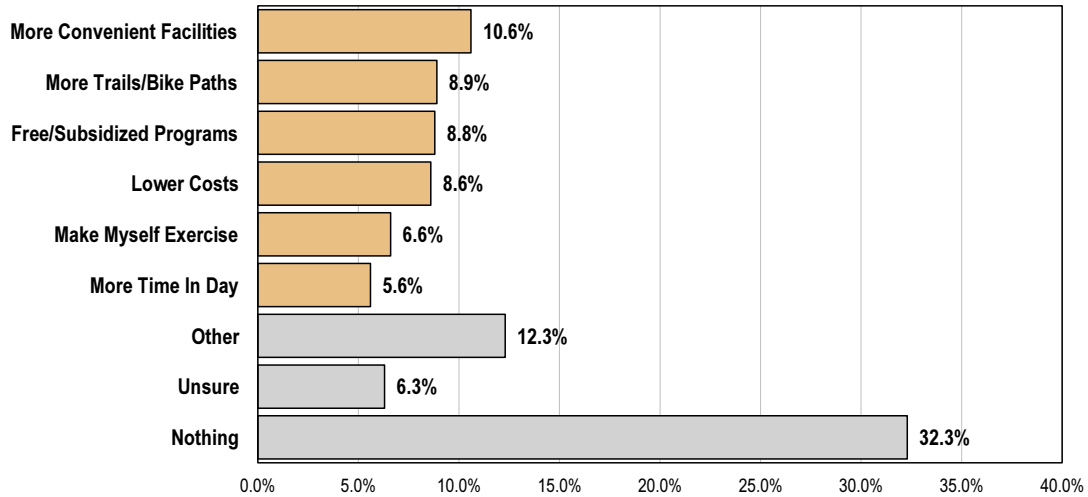
When asked what could be done in the community to help them exercise more frequently one in ten respondents mentioned that more convenient exercise facilities would help them to exercise more frequently.

Other less mentioned attributes include:

- More walking trails and more convenient biking trails.
- Free or subsidized exercise programs.
- Lower costs.

Community Attributes That Would Promote More Frequent Exercise

(Yellowstone County, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 124]

Note: • Asked of all respondents.

Sedentary Activities for Children

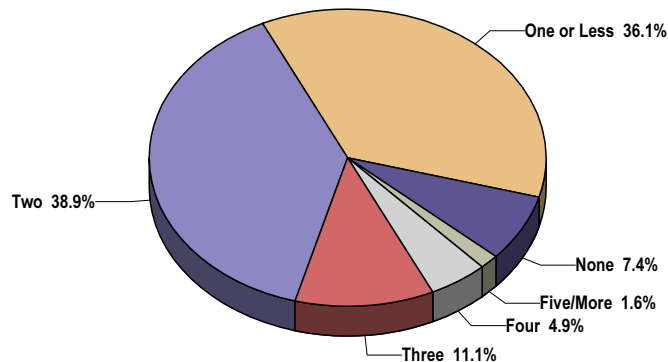
Television

A total of 17.6% Yellowstone County parents indicate that their child watches three or more hours of television on a typical school day.

- Only 7.4% report that their child does not watch any television on a typical school day.

Hours Child Watches Television On A Typical School Day

(Yellowstone County, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 146]

Note: • Asked of all respondents with children aged 5 to 17 at home.

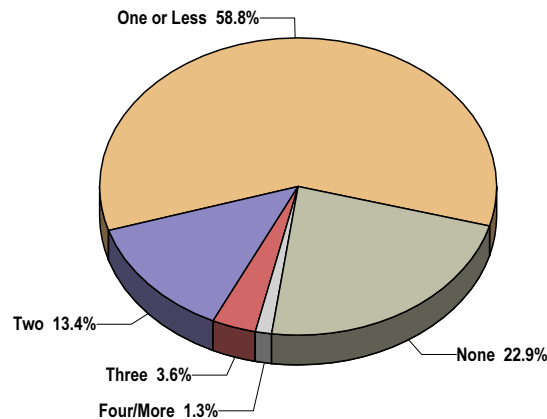
Other Sedentary Activities

A total of 18.3% of Yellowstone County parents indicate that their child plays video games, uses the computer or uses the Internet for two or more hours on a typical school day.

- Only 22.9% report that their child does not participate in these activities on a typical school day.

Hours Child Plays Video Games, Uses the Computer Or The Internet On A Typical School Day

(Yellowstone County, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 147]
Note: • Asked of all respondents with children aged 5 to 17 at home.

Related Focus Group Findings

Community panelists discussed the decrease of physical education in the schools and the lack of available opportunities for children in the area to be active.

“We really don’t have sidewalks in the residential areas in town. People walk on the street and kids would have to walk or ride their bikes out on the streets to go to school.”—Physicians and Other Health Professionals Representative

“PE is still part of the curriculum but only about one day a week. It is very limited.”—Physicians and Other Health Professionals Representative

“Physical activity is not given a lot of importance in the schools.”— Social Services Representative

“We are so high in the number of people who do need to work multiple jobs to make ends met that the children are left to their own devices, watching television, playing on the Internet or video games— kids are sedentary. They don’t have the same desires or motivation to entertain themselves in a physical way.”—Community Leaders Representative

“Younger persons in our community are growing up sitting in front of the TV and eating snacks. They need to be out doing something and we need more recreational facilities for them to get them motivated to get off the couch.”—Community Leaders Representative

“Our school had to drop their primary physical education as well as football program because of funding.”—Educators and Public Services Representative

“I think the lack of interest in exercise hinges a lot on socio-economic status. Poor kids can’t afford the gym. They can’t afford that daily routine. They could run, but a lot of the rich kids go in and work out in a gym or in an activities area and the poorer kids never get that opportunity so they never think about how important it is.”—Educators and Public Services Representative

“We started an after-school program at our school that for ten dollars a year a child can be there till five or six o’clock at night. And we also have a breakfast program so they can be virtually dropped off at seven thirty, have breakfast, lunch, and a snack after school and be picked up at five thirty for just ten dollars. And that, with our transient population, really works well but they don’t always have the gym time either so that I don’t now if they’re getting enough exercise.”—Educators and Public Services Representative

“We’re pushing the kids so hard. Kids are come home with hours of homework. Where is the playtime?”—Employers Representative

“It seems that exercise is becoming something for those who have money and available resources. If you can afford the equipment and your school can afford the program, then your kid is physically fit.”—Educators and Public Services Representative

“I remembered coming home from school and playing outside and running around all over the neighborhood until dinner time. Our kids don’t have time to do any physical activity after school because they are tied up with homework.”—Employers Representative

SUBSTANCE ABUSE

Substance abuse and its related problems are among society's most pervasive health and social concerns. Each year, about 100,000 deaths in the United States are related to alcohol consumption. Illicit drug abuse and related acquired immunodeficiency syndrome (AIDS) deaths account for at least another 12,000 deaths. In 1995, the economic cost of alcohol and drug abuse was \$276 billion. This represents more than \$1,000 for every man, woman, and child in the United States to cover the costs of healthcare, motor vehicle crashes, crime, lost productivity, and other adverse outcomes of alcohol and drug abuse.

A substantial proportion of the population drinks alcohol... Alcohol use and alcohol-related problems also are common among adolescents. Excessive drinking has consequences for virtually every part of the body. The wide range of alcohol-induced disorders is due (among other factors) to differences in the amount, duration, and patterns of alcohol consumption, as well as differences in genetic vulnerability to particular alcohol-related consequences... Alcohol use has been linked with a substantial proportion of injuries and deaths from motor vehicle crashes, falls, fires, and drownings. It also is a factor in homicide, suicide, marital violence, and child abuse and has been associated with high-risk sexual behavior...

Illegal use of drugs, such as heroin, marijuana, cocaine, and methamphetamine, is associated with other serious consequences, including injury, illness, disability, and death, as well as crime, domestic violence, and lost workplace productivity. Drug users and persons with whom they have sexual contact run high risks of contracting gonorrhea, syphilis, hepatitis, tuberculosis, and human immunodeficiency virus (HIV). The relationship between injection drug use and HIV/AIDS transmission is well known. Injection drug use also is associated with hepatitis B and C infections... Long-term consequences, such as chronic depression, sexual dysfunction, and psychosis, may result from drug use.

Although there has been a long-term drop in overall use, many people in the United States still use illicit drugs... Drug use among adolescents aged 12 to 17 years doubled between 1992 and 1997... Drug and alcohol use by youth also is associated with other forms of unhealthy and unproductive behavior, including delinquency and high-risk sexual activity.

The stigma attached to substance abuse increases the severity of the problem. The hiding of substance abuse, for example, can prevent persons from seeking and continuing treatment and from having a productive attitude toward treatment. Compounding the problem is the gap between the number of available treatment slots and the number of persons seeking treatment for illicit drug use or problem alcohol use.

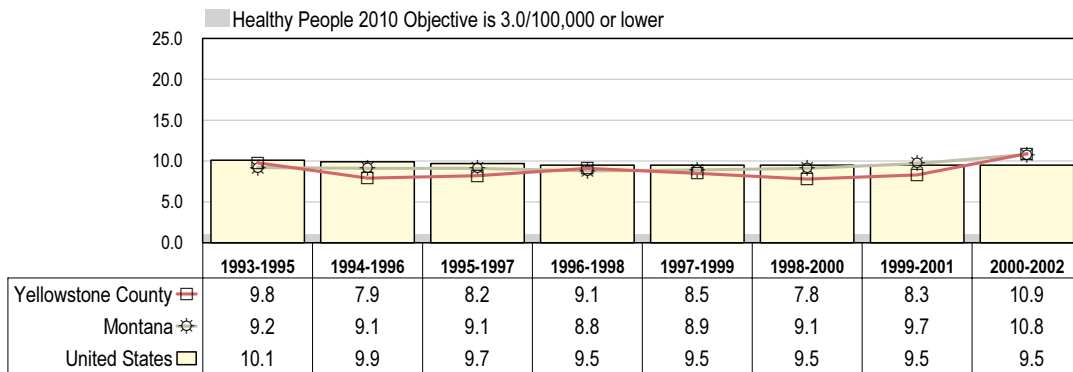
– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

The age-adjusted death rate for cirrhosis/liver disease in Yellowstone County has increased slightly in recent years.

- The 2000-2002 Yellowstone County death rate is higher than the national rate for the same time period.

Age-Adjusted Mortality: Cirrhosis/Liver Disease

(By Region; 1993-2002 Deaths per 100,000 Population)



Sources: • Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2004.

Notes: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

• Data for 1999 and subsequent years are not fully comparable to data from 1998 and prior years, due to changes in coding of causes of deaths resulting from the switch from the ninth revision of the International Classification of Diseases (ICD9) to the tenth revision (ICD10).

Self-Reported Alcohol Use

High-Risk Alcohol Use

Chronic Drinking

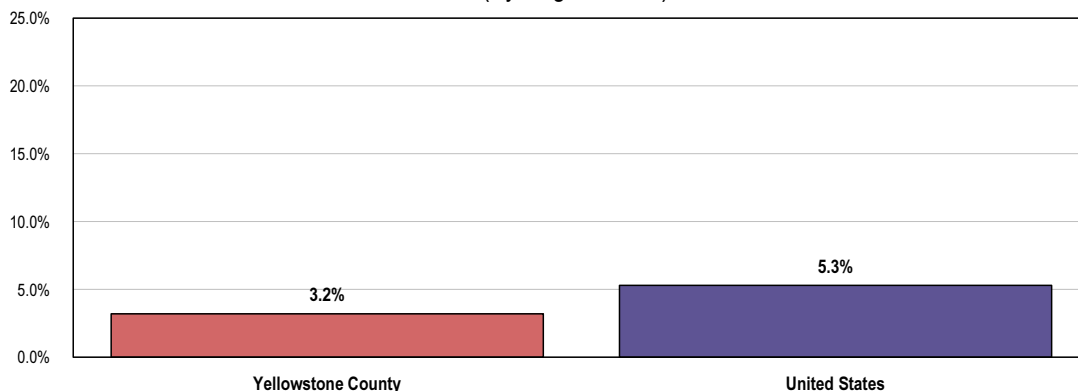
Chronic drinkers include survey respondents reporting 60 or more drinks of alcohol in the month preceding the interview. For the purposes of this study, a “drink” is considered one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail or one shot of liquor.

3.2% of Yellowstone County adults report an average of two or more drinks of alcohol per day in the past month.

- Similar to national findings (5.3%).

Chronic Drinkers

(By Region, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 172]

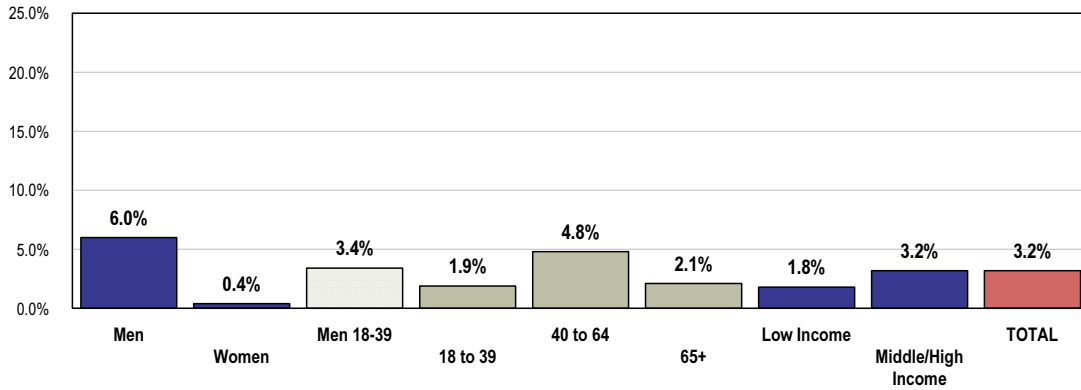
• 2005 PRC National Health Survey, Professional Research Consultants.

Notes: • Reflects the total sample of respondents.

• Chronic drinkers are defined as those who have had at least 60 drinks of alcoholic beverages during the past month.

Chronic drinking is much more prevalent in Yellowstone County among men.

Chronic Drinkers (Yellowstone County, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 172]
Notes: • Reflects the total sample of respondents.
• Chronic drinkers are defined as those who have had at least 60 drinks of alcoholic beverages during the past month.

Binge Drinking

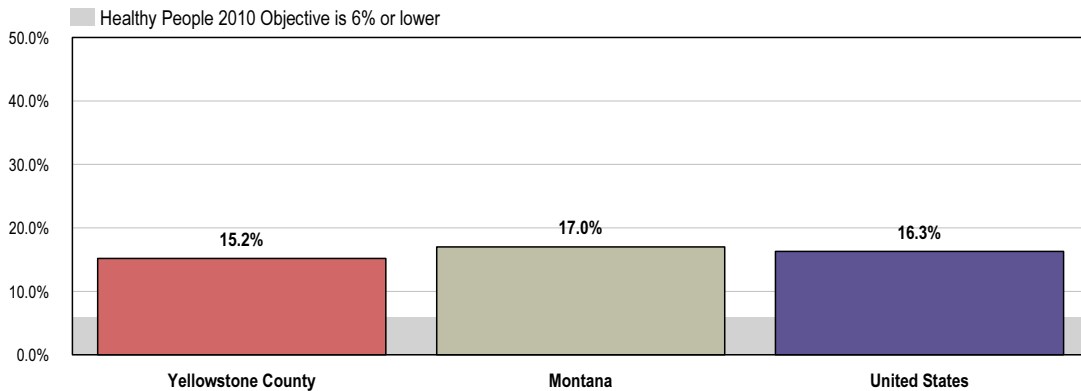
Binge drinkers include survey respondents who report that there was one or more times in the past month when they drank five or more drinks on a single occasion.

15.2% of Yellowstone County adults are binge drinkers.

- Similar to Montana findings (17.0%).
- Statistically similar to national findings (16.3%).
- Fails to satisfy the Healthy People 2010 target (6% or lower).

Binge Drinkers

(By Region, 2005)



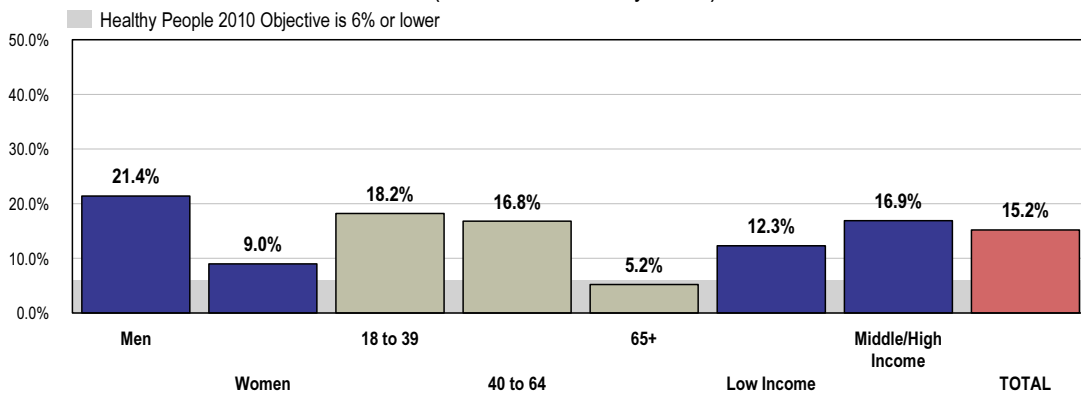
- Sources:
- 2005 PRC Community Health Survey, Professional Research Consultants. [Item 173]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2004 Montana data.
 - 2005 PRC National Health Survey, Professional Research Consultants.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 26-11c]
- Notes:
- Reflects the total sample of respondents.
 - Binge drinkers are those who have had 5 or more alcoholic drinks on any one occasion at least once in the past month.

Most demographic groups fall outside the targeted Healthy People 2010 range. Binge drinking in Yellowstone County is more prevalent among:

- Men.
- Adults under 65.

Binge Drinkers

(Yellowstone County, 2005)



- Sources:
- 2005 PRC Community Health Survey, Professional Research Consultants. [Item 173]
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 26-11c]
- Notes:
- Reflects the total sample of respondents.
 - Binge drinkers are those who have had 5 or more alcoholic drinks on any one occasion at least once during the past month.

Related Focus Group Findings

Community health panelists voiced their concerns about underage drinking and area parents, as well as drunk driving.

“You have parents that buy alcohol for their children. Everybody gets to have a senior kegger and it’s okay. And that’s just the kind of a parental attitude that fuels the fire. Don’t tell those parents their kids have a problem because they know their job as parents.” — Social Services Representative

“We do have a problem with alcohol use. We have a problem with smoking. We have a problem with marijuana. And that’s not going away. The kids are able to get alcohol and tobacco quite easily most of the time. They are able to purchase it themselves. The law here is 21 but younger kids can purchase alcohol very easily.” — Social Services Representative

“Alcohol abuse is also a problem. It’s maybe not as dramatic sometimes as methamphetamine but it’s a major problem. It needs to be seen as a drug. In surveys of high school students, the drug that they most often use would be alcohol, way above tobacco or marijuana or methamphetamine.”—Community Leaders Representative

“Underage drinking is tolerated here by parents, bars and law enforcement. As long as you are just drinking, law enforcement will leave you alone.”—Community Leaders Representative

“We are one of the highest states in the nation for alcohol-related traffic accidents and so, many of them end up in the emergency room here.”—Community Leaders Representative

“On Friday and Saturday night, if you’re teenager in Montana, you go drinking.”—Community Leaders Representative

“I think our young people use alcohol and marijuana too. Alcohol is readily available and the parents condone it.”—Physicians and Other Health Professionals Representative

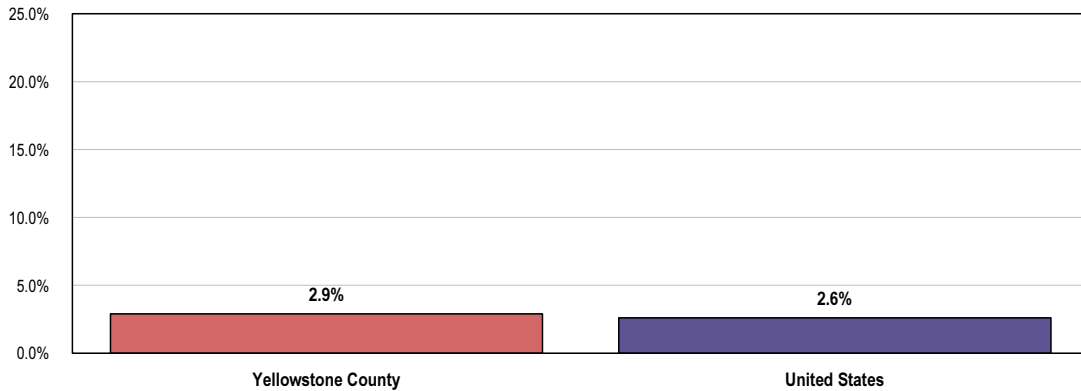
“Alcohol and drugs are a problem, especially with kids.”—Physicians and Other Health Professionals Representative

Drinking & Driving

2.9% of Yellowstone County adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

- Statistically similar to national findings (2.6%).
- Based on current population estimates, this figure represents approximately 290 drunk drivers on the streets and highways of Yellowstone County in the past month.

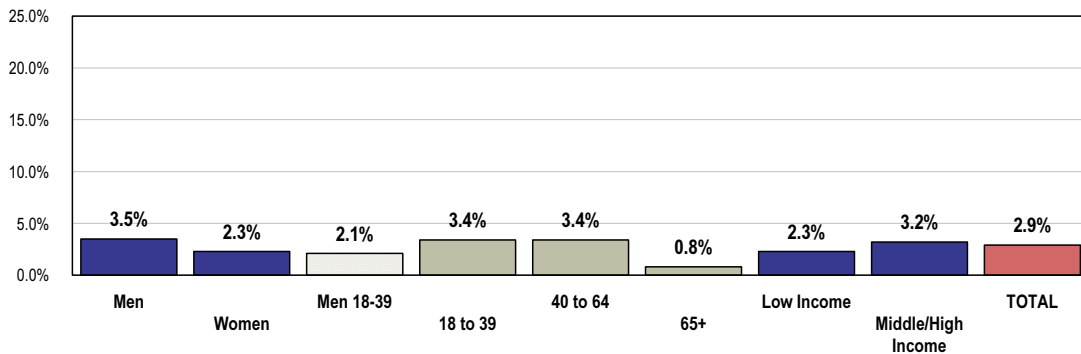
Have Driven in the Past Month After Perhaps Having Too Much to Drink (By Region, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 78]
 • 2005 PRC National Health Survey, Professional Research Consultants.
 Note: • Asked of all respondents.

Drinking and driving is more often reported among adults aged 18 to 64.

Have Driven During the Past Month After Having Had Too Much to Drink (Yellowstone County, 2005)



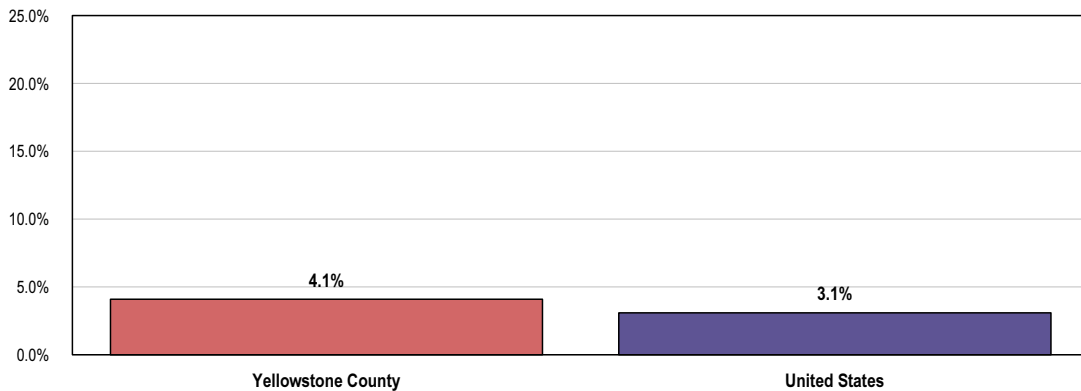
Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 78]
 Note: • Asked of all respondents.

4.1% of Yellowstone County adults acknowledge having ridden with someone in the past month after the driver had perhaps too much to drink.

- Statistically similar to national findings (3.1%).

Have Ridden in the Past Month With a Driver Who Had Too Much to Drink

(By Region, 2005)



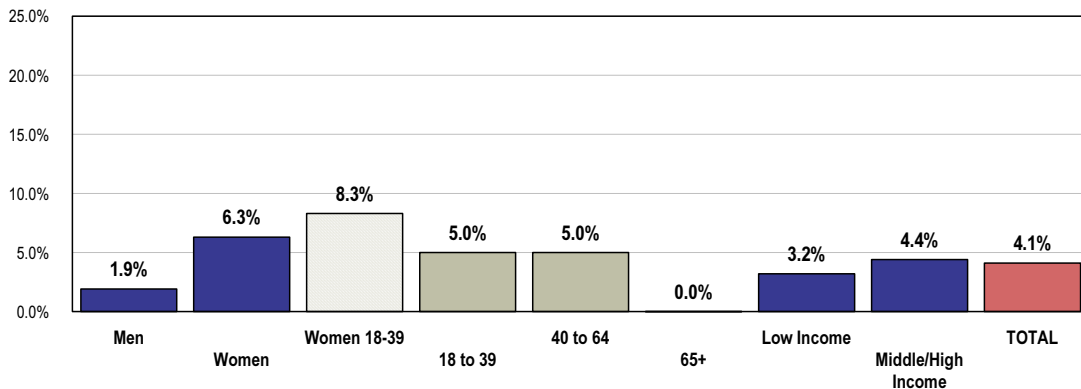
Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 79]
 • 2005 PRC National Health Survey, Professional Research Consultants.
 Note: • Asked of all respondents.

Riding with a drinking driver is more often reported among:

- Women (especially women aged 18 to 39).
- Adults under 65.

Have Ridden in the Past Month With a Driver Who Had Too Much to Drink

(Yellowstone County, 2005)



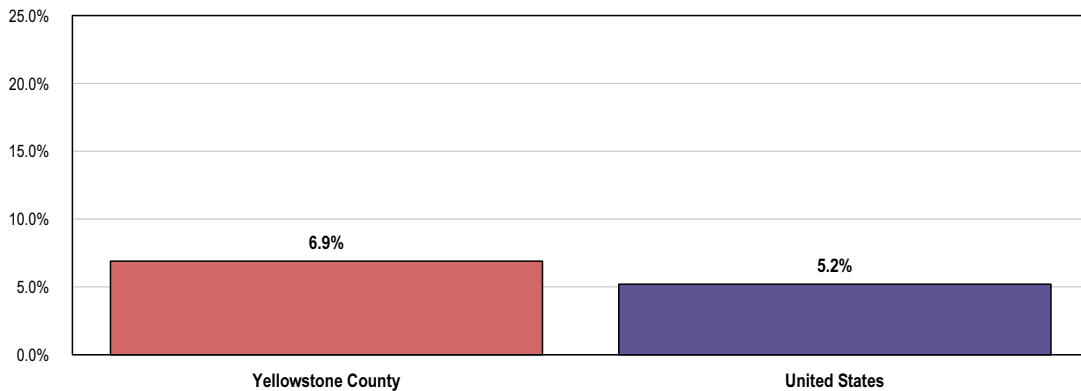
Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 79]
 Note: • Asked of all respondents.

In all, 6.9% of Yellowstone County adults acknowledge either drinking and driving or riding with a drunk driver in the past month.

- Statistically similar to national findings (5.2%).

Have Driven Drunk in the Past Month OR Ridden With a Driver Who Had Too Much to Drink

(By Region, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 174]
 • 2005 PRC National Health Survey, Professional Research Consultants.
 Note: • Asked of all respondents.

Self-Reported Illicit Drug Use

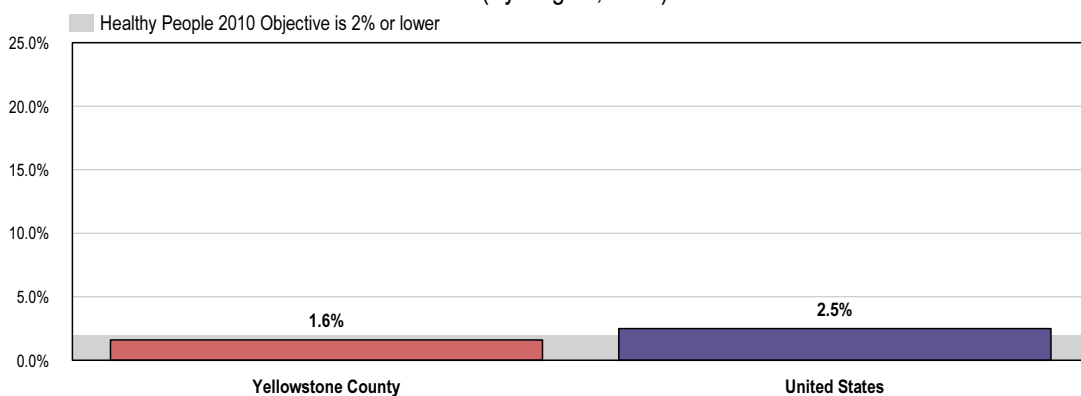
For the purposes of this survey, “illicit drug use” includes use of illegal substances or of prescription drugs taken without a physician’s order.

1.6% of Yellowstone County adults acknowledge using an illicit drug in the past month.

- Statistically similar to national findings (2.5%).
- Close to the Healthy People 2010 target (2% or lower).

Self-Reported Illicit Drug Use in the Past Month

(By Region, 2005)



Sources: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 80]
 • 2005 PRC National Health Survey, Professional Research Consultants.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 26-10c]
 Notes: • Asked of all respondents.
 • In this case, the term “illicit drug use” includes use of an illegal drug and/or use of a prescription drug without a physician’s orders.

Related Focus Group Findings

Community health panel participants discussed the affect of poverty on drug use and its prevalence in all areas of society.

“The increase in recreational drug use has to do with the fact that people are holding down two, three jobs and they see drug use as a way to relax.”—Community Leaders Representative

“From my perspective in law enforcement, the drug problem is in all ages, from the very young to senior citizens, career criminals and new criminals and at all levels, all socioeconomic levels for that matter too. It’s not a particular ethnicity: it’s not Hispanic or Native American or black, it’s in all levels within the community.”—Educators and Public Services Representative

“How do you get basic financial planning for people so they can keep track of their finances? Financial problems will lead to stress which leads to alcohol or drug abuse.”—Employers Representative

Community members discussed the use and abuse of **prescription drugs** by children.

“There is a trend where the elderly’s pain medications are being taken by children in their homes and sold on the street.”—Educators and Public Services Representative

“We’re starting to see our youth abusing their ADHD medications as well as Oxycontin.” — Social Services Representative

“I think we are also contributing to the drug abuse problem because we are telling our kids that it is okay to take drugs. I mean these are anti-depressants. Ritalin is almost like a speed type of a drug so now are we training that next generation it’s okay to be medicated and not just have to focus and deal with your emotions and your energy in a positive manner.”—Employers Representative

Community health panelists discussed the area **methamphetamine** problem as well as the problems its use creates—prostitution, poor physical and mental health, sexually transmitted diseases, criminal activity, and broken families.

“I think there is a connection with the methamphetamine expense and the sexual activity to pay for the habit. There’s a vicious circle going on there.”—Educators and Public Services Representative

“Methamphetamine use is very high here in Billings so I think in general we do promote a pretty healthy lifestyle but there are some underlying social health issues there that aren’t maybe as well recognized.”—Physicians and Other Health Professionals Representative

“We are the methamphetamine capital of Montana. Our methamphetamine problem brings on mental health issues, STDs, HIV and every other health issue you can think of.”—Physicians and Other Health Professionals Representative

“Our sheriff has made the comment that if not for the presence of alcohol and methamphetamine, the population in his jail could be reduced by 75%.”—Community Leaders Representative

“The number-one drug problem here is methamphetamine abuse and methamphetamine labs.”—Community Leaders Representative

“We have a high level of methamphetamine use and we are really trying to handle this substance abuse problem. I don’t know if we are fully equipped to do that.”—Employers Representative

“In our construction business the drug of choice used to be marijuana and now methamphetamine has surpassed that. We still have problems with alcohol but that’s easier to detect. With methamphetamine, you can’t necessarily detect it. It doesn’t stay in the system long enough.”—Employers Representative

“We have a huge population of children that have incarcerated parents. A lot of the parents are incarcerated because of methamphetamine-related crimes. Many of these children, various ages, are falling through the cracks because they don’t have any kind of program that will identify and help them.”—Physicians and Other Health Professionals Representative

“The methamphetamine problem has gotten the general public’s attention because of the press and the media. We’ve had a series of TV ads in the last few weeks that some good soul has paid for out of his pocket. I know they are running here and probably around the rest of the state about the consequences of methamphetamine abuse.”—Employers Representative

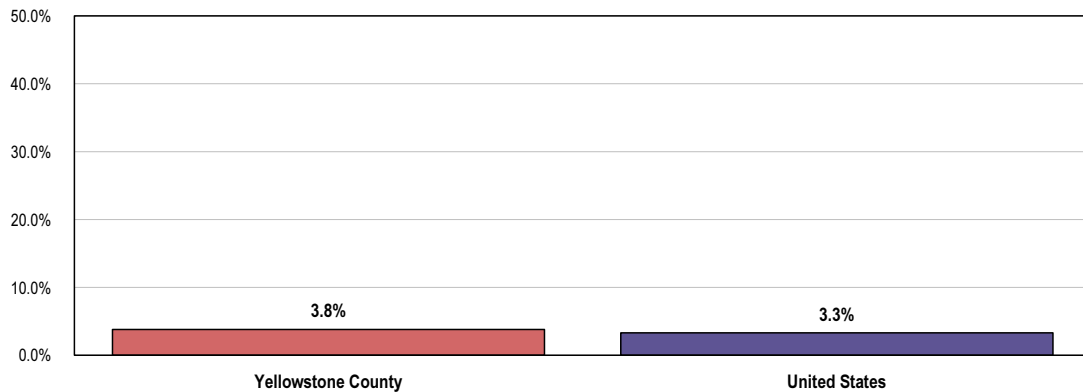
Substance Abuse Treatment

3.8% of Yellowstone County adults say that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Similar to national findings (3.3%).

Have Ever Sought Professional Help for an Alcohol- or Drug-Related Problem

(By Region, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 81]
 • 2005 PRC National Health Survey, Professional Research Consultants.
 Note: • Asked of all respondents.

American Indian Population*

When asked “*What can be done to address drug and alcohol problems in the local AI/AN (American Indian/Alaska Native) community?*”, top-mentioned responses included the following (multiple mentions allowed):

- Prevention programs (52.8%)
- Native support (49.1%)
- Treatment (48.3%)
- Education (43.7%)
- Counseling (34.9%)
- Relapse prevention (31.4%)
- Spirituality [Ceremony] (25.7%)
- Other (5.1%)

* Community Based Research Survey 2005. Northwest Area Foundation Urban Indian Community Ventures. Submitted by Julie Nielsen. July 15, 2005.

When asked “*What healthcare services are needed in your community?*”, 59.5% of American Indian respondents mentioned **drug/alcohol prevention** (the highest-mentioned response), and 45.9% mentioned **drug/alcohol treatment**.

Related Focus Group Findings

Community panelists discussed the lack of available affordable substance abuse treatment centers and the absence of consistent ways to drug test children.

“There aren’t not enough beds for substance abuse patients, not enough places to take them other than to jail.”—Educators and Public Services Representative

“I think we need to randomly drug test the students.”—Educators and Public Services Representative

“I can tell you that after eight or nine years with the drug testing, we had no impact on cutting back our drug problem. We tested all students in extracurricular activities once a year and then randomly. If they tested positive once, they were tested every time we had everybody tested. And parents could volunteer to have their student tested. We had one father who had his son tested every Monday morning. The kids is still in prison for selling methamphetamine. It didn’t make a difference.”—Educators and Public Services Representative

“The Yellowstone County Drug Court/Family Drug Court, is a drug court for families whose children have been removed through the Department of DPHSS, where they do get after-care support. They are given tremendous support from the moment they sign up for drug court to long after they have graduated and it has proven very effective relative to being sent away for treatment and being brought back and being told to go to aftercare. So it’s been a very good program; but it is for a very limited population, women and children and very few men.” — Social Services Representative

“The Rimrock Foundation is a drug and alcohol treatment center that is private and very expensive. I think they are only providing a very limited number of beds, two or three on state contract.”—Community Leaders Representative

“The primary problems aside from alcohol are methamphetamine and marijuana. And again, the mental health issue related to that substance abuse, the people who have the financial ability to deal with that, go to the Rimrock Foundation or like facilities elsewhere, even out of state for treatment. If you can’t afford treatment there isn’t a place for you to be treated.”—Educators and Public Services Representative

“I think problems with addictions most of time happens in the lower-class families who probably don’t have the health insurance to get help.”—Employers Representative

TOBACCO USE

Cigarette smoking causes heart disease, several kinds of cancer (lung, larynx, esophagus, pharynx, mouth, and bladder), and chronic lung disease. Cigarette smoking also contributes to cancer of the pancreas, kidney, and cervix. Smoking during pregnancy causes spontaneous abortions, low birth weight, and sudden infant death syndrome. Other forms of tobacco are not safe alternatives to smoking cigarettes.

Tobacco use is responsible for more than 430,000 deaths per year among adults in the United States [about 20% of all deaths]... If current tobacco use patterns persist in the United States, an estimated 5 million persons under age 18 years will die prematurely from a smoking-related disease. Direct medical costs related to smoking total at least \$50 billion per year [other sources estimate more than \$75 billion in 1998 (about 8% of the personal healthcare expenditures in the U.S.)]; direct medical costs related to smoking during pregnancy are approximately \$1.4 billion per year.

Evidence is accumulating that shows maternal tobacco use is associated with mental retardation and birth defects such as oral clefts. Exposure to secondhand smoke also has serious health effects. Researchers have identified more than 4,000 chemicals in tobacco smoke; of these, at least 43 cause cancer in humans and animals. Each year, because of exposure to secondhand smoke, an estimated 3,000 nonsmokers die of lung cancer, and 150,000 to 300,000 infants and children under age 18 months experience lower respiratory tract infections.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Cigarette Smoking

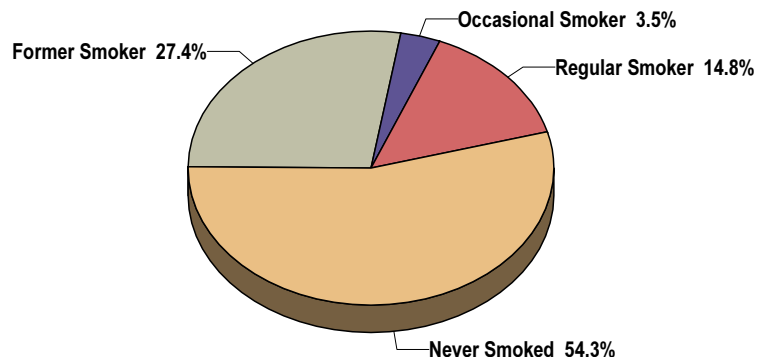
Cigarette Smoking Prevalence

18.3% of Yellowstone County adults currently smoke cigarettes, either regularly (14.8% every day) or occasionally (3.5% on some days).

- Similar to Montana findings (20.3%).
- Statistically similar to national findings (22.3%).
- Fails to satisfy the Healthy People 2010 target (12% or lower).

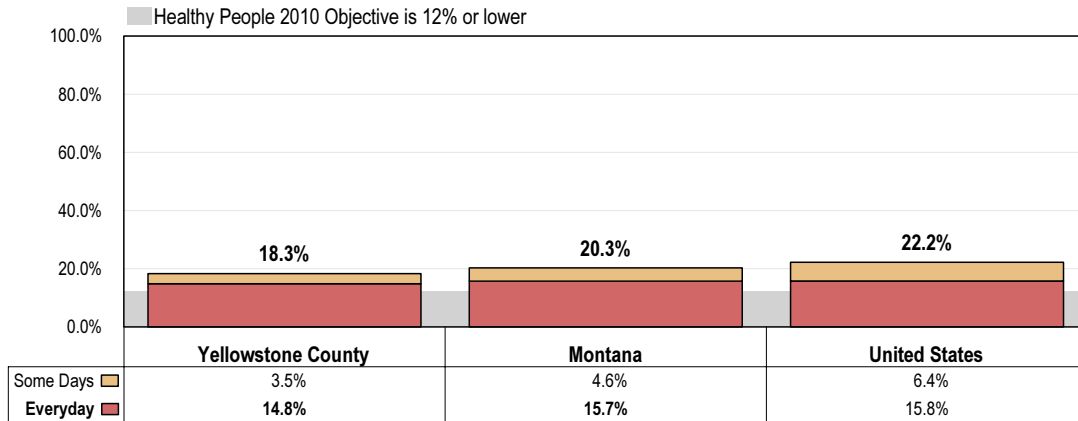
Cigarette Smoking Prevalence

(Yellowstone County, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 168]
Note: • Asked of all respondents.

Current Smokers



Sources:

- 2005 PRC Community Health Survey, Professional Research Consultants. [Item 168]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2004 Montana data.
- 2005 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 27-1a]

Notes:

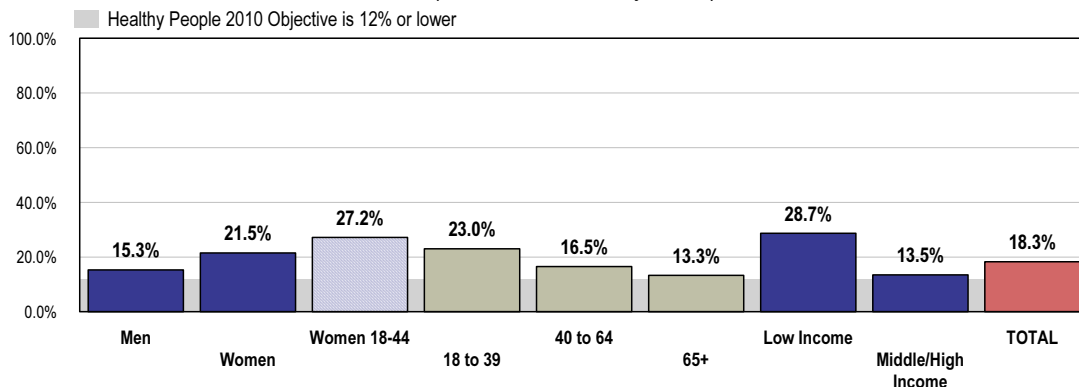
- Asked of all respondents.
- Includes regular and occasional smokers (everyday and some days).

The following chart looks at current smoking prevalence by various demographic characteristics. As shown, cigarette smoking is more prevalent among:

- Women.
- Persons living in the lower income category.
- Note also that 27.2% of women of child-bearing age (ages 18 to 44) currently smoke. This is notable given that tobacco use increases the risk of infertility, as well as the risks for miscarriage, stillbirth and low birthweight for women who smoke during pregnancy.

Current Smokers

(Yellowstone County, 2005)



Sources:

- 2005 PRC Community Health Survey, Professional Research Consultants. [Items 168-169]
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 27-1a]

Notes:

- Asked of all respondents.
- Includes those who smoke everyday or on some days.

Related Focus Group Findings

Community members discussed their concerns with tobacco use in the community and discussed the smoking ban in Montana.

“In certain populations, smoking and tobacco use is relatively high compared to the rest of the country.”—Physicians and Other Health Professionals Representative

“I am just still appalled at just how many young people smoke; even now that cigarettes costs have gone up and it is against the law to sell cigarettes to those under 18. You see these kids in the high school smoking in the smoking yard. It is so blatant and tolerated.”—Community Leaders Representative

“Over fifty percent of my students in one of my college classes smoke.”—Community Leaders Representative

“We have a smoking ban in Montana which is very positive.” — Social Services Representative

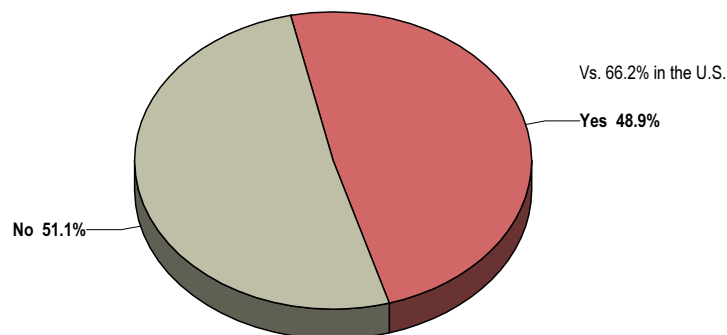
Health Advice About Smoking Cessation

48.9% of Yellowstone County smokers say that a doctor, nurse or other health professional has recommended in the past year that they quit smoking.

- Less favorable than national findings (66.2%).

Health Professional Has Recommended Quitting Smoking in the Past 12 Months

(Among Current Smokers; Yellowstone County, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 71]
• 2005 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of current smokers.

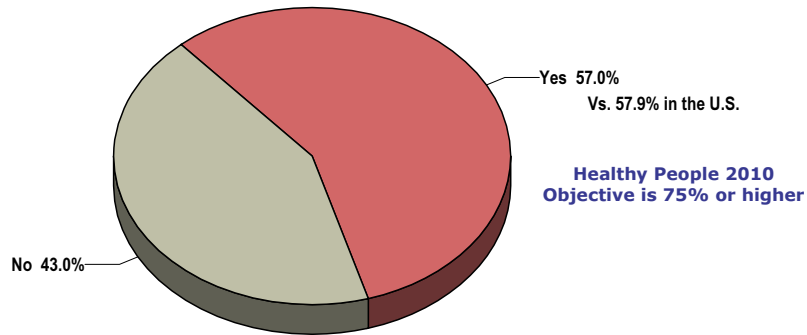
Smoking Cessation Attempts

57% of Yellowstone County regular smokers went without smoking for one day or longer in the past year because they were trying to quit smoking.

- Statistically similar to national findings (57.9%).
- Fails to satisfy the Healthy People 2010 target (75% or higher).

Have Stopped Smoking for One Day or Longer in the Past Year in an Attempt to Quit Smoking

(Among Adults Who Smoke Cigarettes Every Day; Yellowstone County, 2005)



- Sources:
- 2005 PRC Community Health Survey, Professional Research Consultants. [Item 70]
 - 2005 PRC National Health Survey, Professional Research Consultants.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 27-5]
- Note:
- Asked of regular (everyday) smokers.

Related Focus Group Findings

Panelists discussed the need for smoking cessation programs in the area.

“We have a lung cancer problem that goes along with smoking, but we don’t have any cessation programs for either kids or adults that could help with this tobacco abuse problem. We have a smoking ban, but there’s not a lot of places that you can get help to quit.” — Social Services Representative

“If you take a look at any of the funding that we have for kids and tobacco, it’s all preventive and they don’t put any money into cessation programs. A lot of times the parents are buying the alcohol and cigarettes for their kids.” — Social Services Representative

(For information about exposure to environmental tobacco smoke, see also “Environmental Health.”)

Other Tobacco Use

3.2% of Yellowstone County adults smoke cigars every day or on some days.

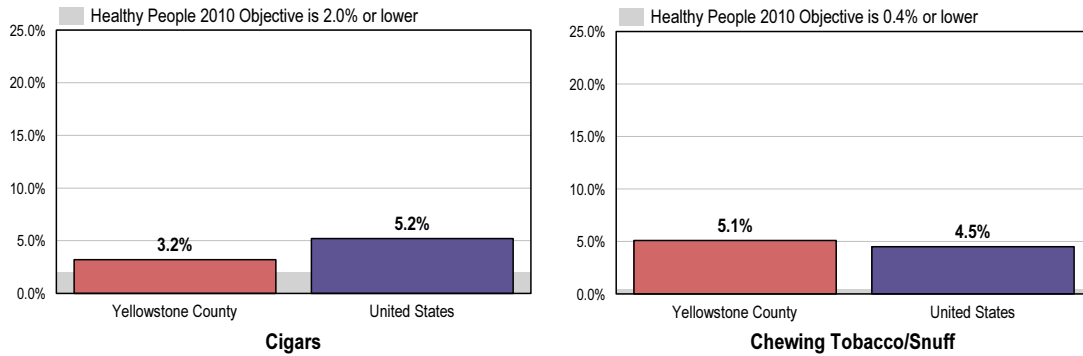
- Statistically similar to national findings (5.2%).
- Close to the Healthy People 2010 target (2% or lower).

5.1% of Yellowstone County adults use chewing tobacco or snuff every day or on some days.

- Statistically similar to national findings (4.5%).
- Fails to satisfy the Healthy People 2010 target (0.4% or lower).

Use of Cigars or Smokeless Tobacco

(By Region, 2005)



- Sources:
- 2005 PRC Community Health Survey, Professional Research Consultants. [Items 73-74]
 - 2005 PRC National Health Survey, Professional Research Consultants.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 27-1b and 27-1c]
- Notes:
- Asked of all respondents.
 - Includes respondents who smoke cigars or use chewing tobacco/snuff every day or on some days.

Related Focus Group Findings

Community health panelists voiced their concern about the smokeless tobacco use in the area.

“I think over the years we’ve seen smokeless tobacco increase and now it is a big problem,.”—Educators and Public Services Representative

“Most of my experience has been in the middle school with seventh and eight grade students, but I noticed at a point there was an increase in the smokeless tobacco.”—Educators and Public Services Representative

ACCESS TO HEALTHCARE SERVICES

Access to quality care is important to eliminate health disparities and increase the quality and years of healthy life for all persons in the United States... Limitations in access to care extend beyond basic causes, such as a shortage of healthcare providers or a lack of facilities. Individuals also may lack a usual source of care or may face other barriers to receiving services, such as financial barriers (having no health insurance or being underinsured), structural barriers (no facilities or healthcare professionals nearby), and personal barriers (sexual orientation, cultural differences, language differences, not knowing what to do, or environmental challenges for people with disabilities).

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

HEALTH INSURANCE COVERAGE

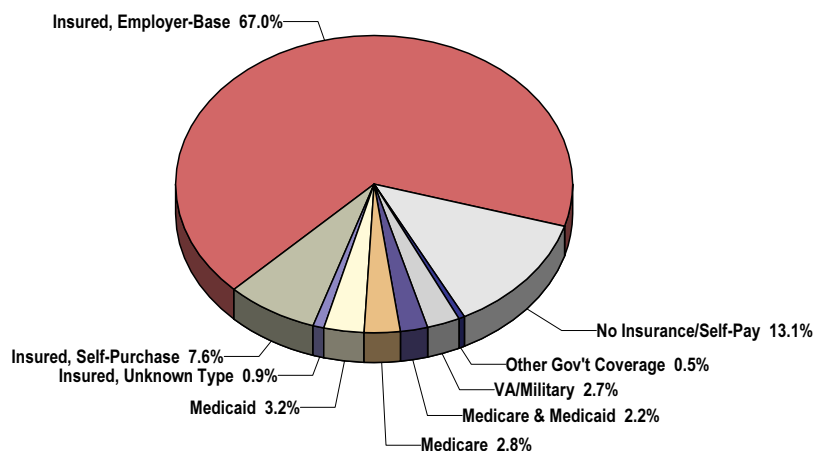
Healthcare Coverage

74.6% of Yellowstone County adults aged 18 to 64 report having healthcare coverage through private insurance.

11.4% of Yellowstone County adults aged 18 to 64 report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Health Care Insurance Coverage

(Among Adults Age 18 to 64; Yellowstone County, 2005)

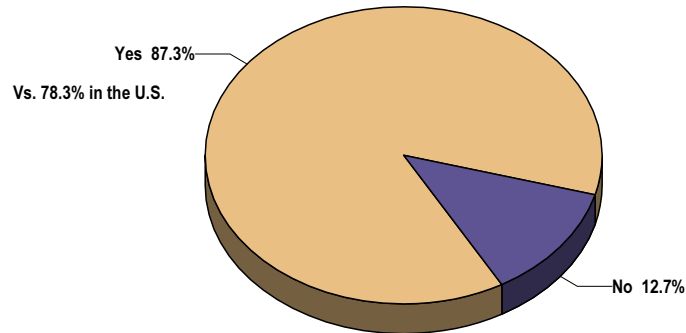


Medicare Supplements

A total of 87.3% of Medicare recipients in Yellowstone County have additional supplemental insurance.

Have Additional Supplemental Coverage

(Among Recipients of Medicare; Yellowstone County, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 95]
• 2005 PRC National Health Survey, Professional Research Consultants.
Note: • Reflects those respondents who currently receive Medicare.

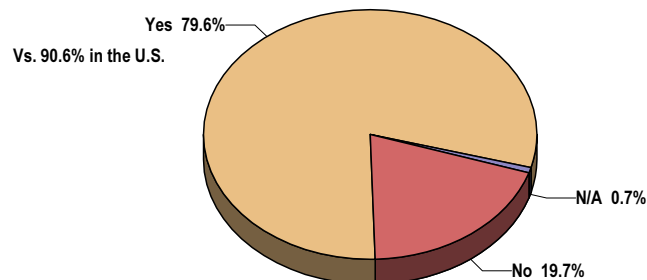
Prescription Drug Coverage

Eight in ten Yellowstone County respondents with healthcare coverage report having prescription coverage as part of their insurance coverage.

- Lower than the national prevalence (90.6%).

Prescription Coverage

(Among Those With Health Insurance Coverage; Yellowstone County, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Items 96]
• 2005 PRC National Health Survey, Professional Research Consultants.
Note: • Reflects those respondents who have health insurance coverage.

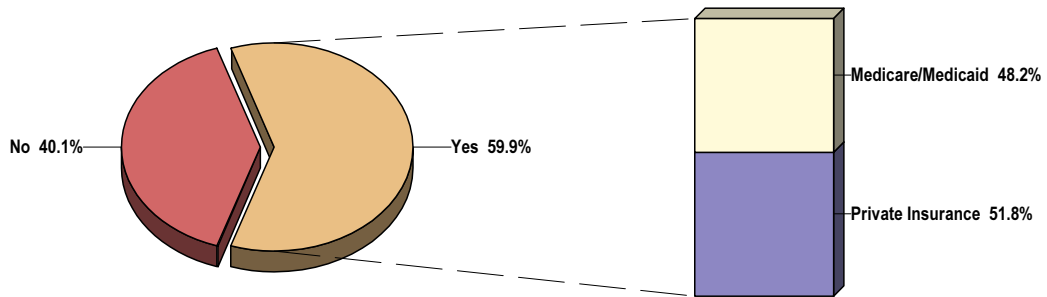
American Indian Population

A recent survey of American Indians in the Billings area found that only 59.9% of respondents had healthcare coverage, 48.2% of whom say they rely on Medicaid or Medicare.*

* Community Based Research Survey 2005. Northwest Area Foundation Urban Indian Community Ventures. Submitted by Julie Nielsen. July 15, 2005.

Have Health Insurance

(Among Surveyed American Indians; Billings MSA, 2005)



Source: • Community Based Research Survey. Northwest Area Foundation Urban Indian Community Ventures.
 Note: • Among those responding.

Lack of Health Insurance Coverage

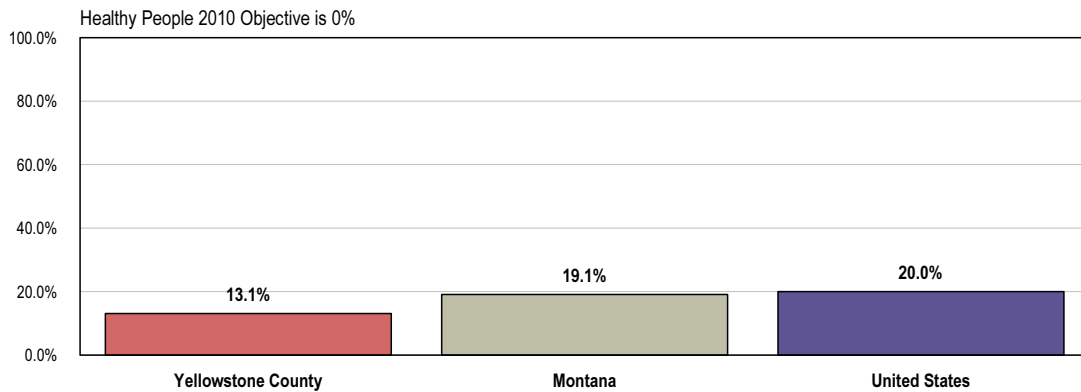
Uninsured Population

13.1% of Yellowstone County adults aged 18 to 64 report having no insurance coverage for healthcare expenses.

- Better than Montana findings (19.1%).
- More favorable than national findings (20.0%).
- The Healthy People 2010 target is universal coverage (0% uninsured).

Lack Health Care Insurance Coverage

(Among Adults Aged 18 to 64; By Region, 2005)



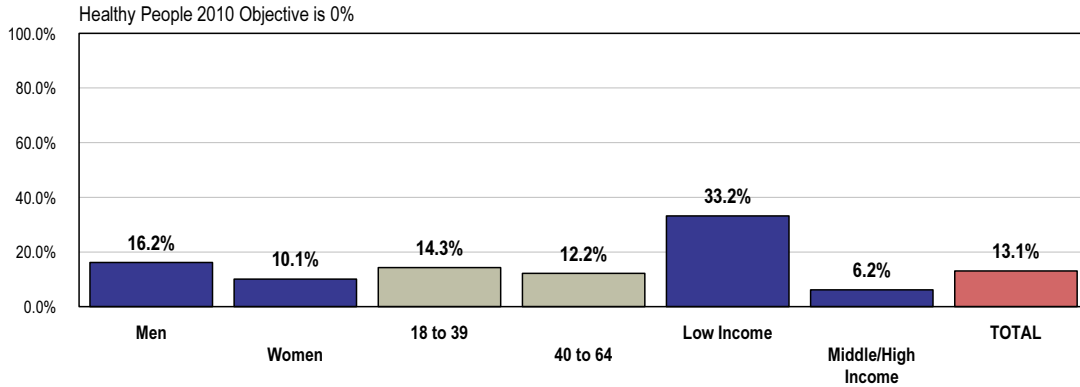
Sources: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 189]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2004 Montana data.
 • 2005 PRC National Health Survey, Professional Research Consultants.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 1-1]
 Note: • Reflects respondents aged 18 through 64.

Further, note the following:

- Persons at lower income levels report much higher levels of uninsured status.

Lack Health Care Insurance Coverage

(Among Adults Age 18 to 64; Yellowstone County, 2005)

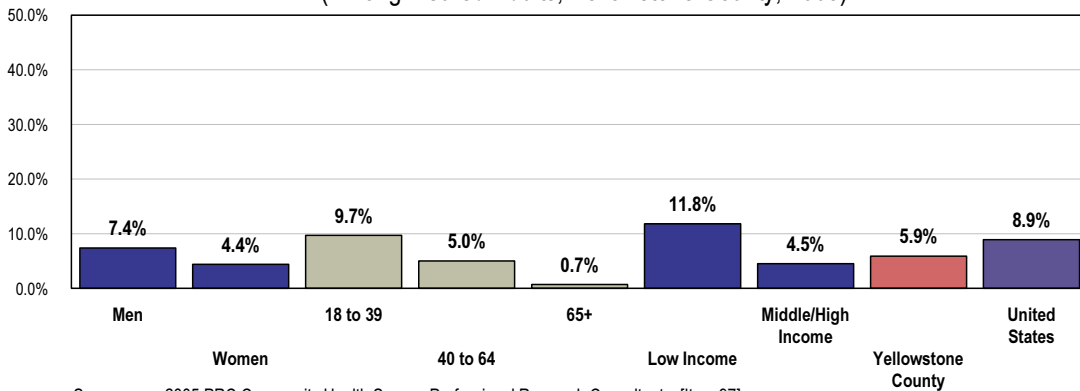


Sources: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 189]
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 1-1]
 Note: • Reflects respondents age 18 through 64.

Of those currently without insurance, adults under 65 (especially young adults aged 18 to 39) are more likely to have gone without insurance coverage at some point in the past year.

Went Without Health Care Insurance Coverage at Some Point in the Past Year

(Among Insured Adults; Yellowstone County, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 97]
 • 2005 PRC National Health Survey, Professional Research Consultants.
 Note: • Reflects adults with health care insurance coverage.

American Indian Population

A recent survey of American Indians in the Billings area found that 40.1% are without any type of health insurance coverage.*

* Community Based Research Survey 2005. Northwest Area Foundation Urban Indian Community Ventures. Submitted by Julie Nielsen. July 15, 2005.

Related Focus Group Findings

Community health panel participants discussed issues relating to lack of healthcare coverage, including poorer health, more costly medical bills, limited access to healthcare, and the weight this places on the rest of the community to absorb healthcare costs for the uninsured.

“I think we need to talk about the middle-age people with chronic illnesses. Those are people that are sort of forgotten, because they may not be working and don’t have health insurance. They do not qualify for any services and so they just really fall through the cracks and that population is growing.”—Physicians and Other Health Professionals Representative

“We have some programs at the Community Health Center to get medications through the drug companies, medication assistance program, and that helps some. The Billings Clinic also has medications assistance programs. They spend a couple of millions dollars per year and it stills doesn’t reach everyone who needs the assistance.”—Physicians and Other Health Professionals Representative

“We have people in serious need of healthcare coverage. There’s the problem of access as well as cost. We have people who can’t afford to receive care and then those people who have insurance and have to pay more to pay for that other group. This city seems to have a very wide range of need.”—Community Leaders Representative

“The lack of health insurance is the biggest barrier to accessing healthcare. A lot of people in Montana won’t ask for charity care; even though they can get care. It is partly a cultural thing. This is an issue because people won’t say that they need the charity care, and so they wind up in bad debt and a lot of financial problems because they won’t admit they can’t pay for the services.”—Community Leaders Representative

“If you come to the hospitals here and you need something, you will not be turned away if they can treat you. But, you will get a bill and that’s a huge issue for a lot of people. So cost and pride are both barriers. If you really tried and you were willing to take charity care, in most instances you could get the care you need.”—Community Leaders Representative

“In Montana there are large number of children in families who have no health insurance. And consequently, they have very limited access until they are in crisis.”—Educators and Public Services Representative

“The costs of healthcare insurance has gone up, up and up and we have fewer and fewer people in the insured pool.”—Educators and Public Services Representative

“Most uninsured people don’t seek medical care or help until its an emergency. This just adds to the cost problem because it is more expensive to get treatment through the ER.”—Employers Representative

“Many small employers do not offer insurance to their employees. It’s also the reason why more and more small employers are requiring higher co-payments for their employees or offer cafeteria plans so the employees will have to make a choice on whether they want health insurance. The younger people, age twenty to forty, a generally healthy population, they can take that risk but then they are not in the insurance pool to be able to benefit the large group.”—Employers Representative

“I think small business owners would like to be able to offer insurance plans but the affordability is just getting to be very troublesome.”—Employers Representative

“Most companies like ours that do provide insurance to the employees, every year we are looking at insurance companies and usually the employees get less coverage because we still have a budget to keep.”—Employers Representative

“Health insurance is such a big issue that we had a teacher strike two years ago and the major issue in that strike was how to cover the teacher’s healthcare insurance costs.”—Employers Representative

“Neither hospital turns away the poor, they have to treat them and those expenses are just written off at the end of the year.”—Employers Representative

“We have about 300 employees and we tried to keep them informed about insurance issues. Our policy is everybody has to share so when there is an increase in rates, we try to accommodate most of the total

premium, the rest we pass on to our people so that they are aware of what's kind of going on with insurance premiums.”—Employers Representative

“We’ve had common-law couples in our workforce where they’ve been living with this person for twenty years and we do not cover them with our health insurance.”—Employers Representative

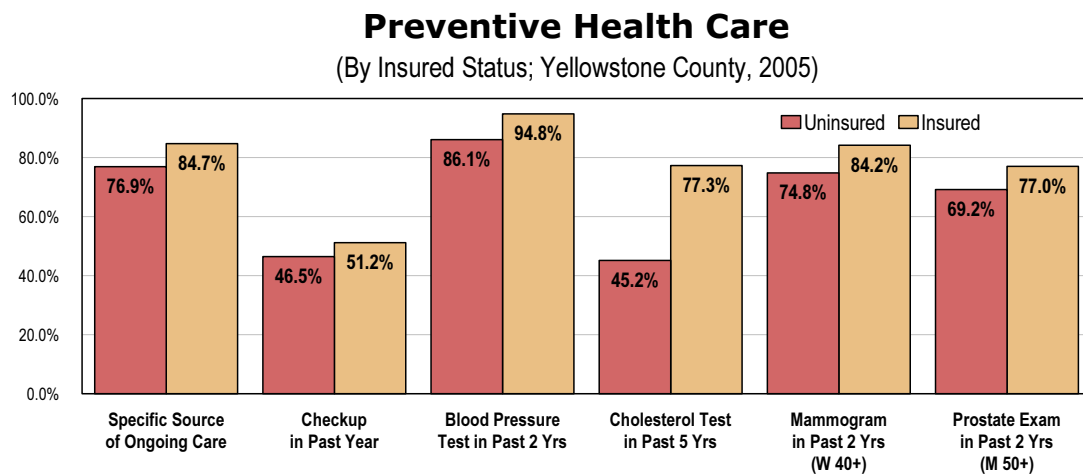
“The cost of medical insurance keeps people from getting insurance.” — Social Services Representative

“If you earn minimum wage you have to choose between paying for medical insurance or paying the rent and buying food.” — Social Services Representative

“We have a very high percentage of uninsured adults and children in this state. This would be people that don’t qualify for Medicaid because they have jobs.” — Social Services Representative

Impact of Poor Access

Persons without health insurance coverage are much less likely to have a regular medical care provider, receive routine care, or receive preventive healthcare screenings.



- Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Items 20, 52, 55, 181, 182, 190]
 Notes: • Reflects all respondents.
 • Insured respondents include those with either private or government-sponsored insurance plans.

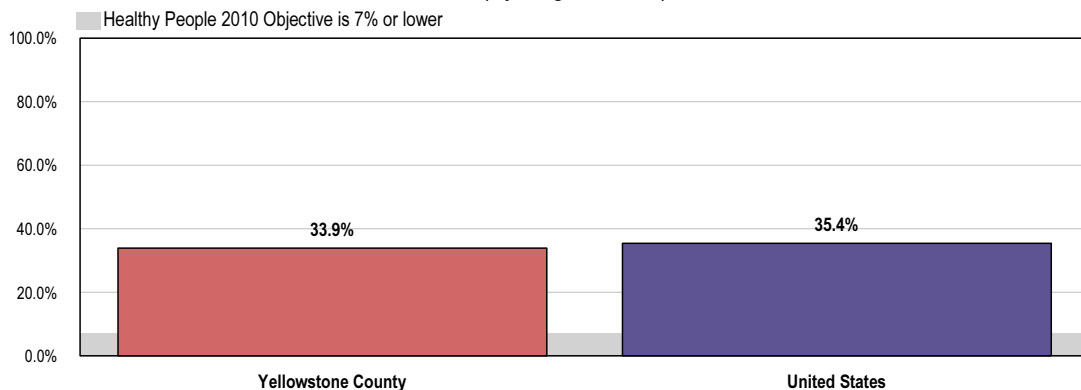
DIFFICULTIES ACCESSING HEALTHCARE

Difficulties Accessing Services

In all, 33.9% of Yellowstone County adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- Statistically similar to national findings (35.4%).
- Fails to satisfy the Healthy People 2010 target (7% or lower).

Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year (By Region, 2005)



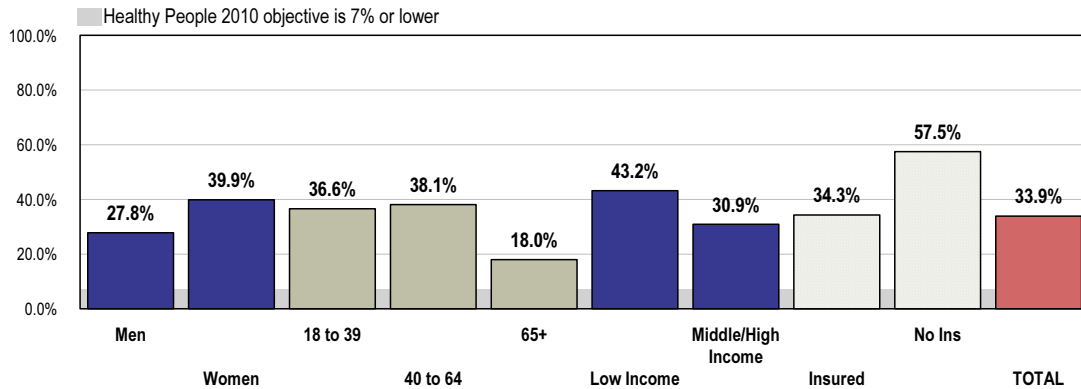
- Sources:
- 2005 PRC Community Health Survey, Professional Research Consultants. [Item 191]
 - 2005 PRC National Health Survey, Professional Research Consultants.
- Notes:
- Asked of all respondents.
 - Includes difficulties related to availability, cost, office hours, transportation or other unspecified troubles/delays.

The following chart further examines access difficulties by respondent demographics. Note:

- Women more often report access difficulties than do men.
- Adults under 65 report difficulties accessing healthcare more often than older adults (aged 65 or older).
- Persons living at lower incomes report a much greater amount of difficulty accessing healthcare.
- Persons without health insurance coverage much more often report difficulties or delays in accessing care than do insured respondents.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year

(Yellowstone County, 2005)



Sources: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 191]

Note: • Asked of all respondents.

• Includes difficulties related to availability, cost, office hours, transportation or other unspecified troubles/delays.

Related Focus Group Findings

One panelist discussed the lack of on-site school nurses.

“The role of the school nurse has degraded itself to the point now you are a person dispensing medicines to Special Ed children. Nurses aren’t built that way, they need to know the history of the patient, how they react to that medication. They’re not supposed to be a nurse in a car traveling to a bunch of different schools. And they’re standing in line to leave those public schools. Every school has a counselor, a librarian, a music teacher, a PE teacher, the list goes on and on, but no medical help. And most parents don’t know it. They still tell their kids that if you’re sick the nurse will call and I will come by and pick you up. Parents don’t understand that the nurse is not around. We’re not being up front with our parents, saying, you can send them there but please understand there aren’t any nursing services.”—Community Leaders Representative

Barriers to Healthcare Access

Adults

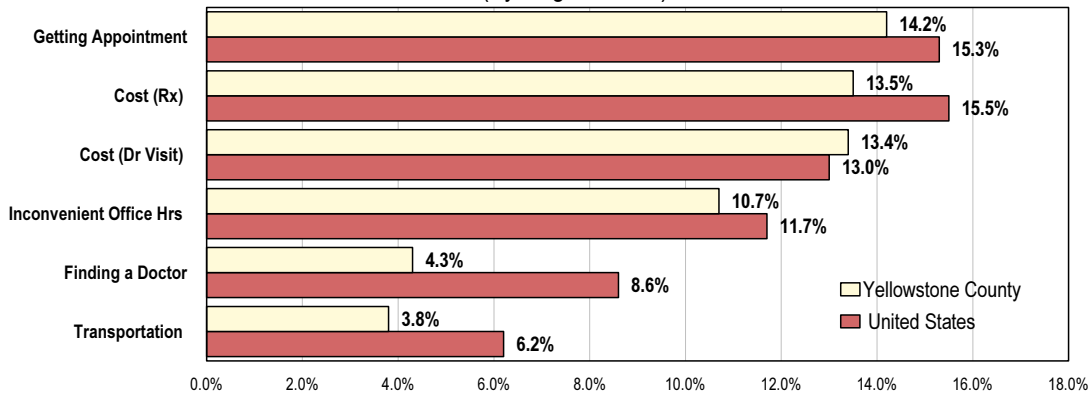
To better understand healthcare access barriers, survey participants were asked whether any of six types of barriers to access prevented them from seeing a physician or obtaining a prescription in the past year.

Of the tested barriers, appointment availability impacted the greatest share of adults in Yellowstone County (14.2% say they were unable to get an appointment in the past year).

- The proportion of Yellowstone County adults impacted was significantly more favorable than found nationwide for the following:
 - Trouble Finding a Physician
 - Lack of Transportation

Barriers to Access Have Prevented Medical Care in the Past Year

(By Region, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Items 7-12]
 • 2005 PRC National Health Survey, Professional Research Consultants.
 Note: • Asked of all respondents.

Transportation

Related Focus Group Findings

Despite survey findings, community health panelists feel that transportation is a big problem in the area as it relates to accessing healthcare.

“Transportation’s a big problem in this state.”—Community Leaders Representative

“Transportation is an issue; there aren’t any buses where I live.”—Educators and Public Services Representative

“Transportation to and from medical or mental health appointments is a huge issue. Our public transportation is limited in the areas where many of the low socio-economic people live. So it’s very difficult for them to access services.” — Social Services Representative

“The hospitals have walk-in clinics which are open until 11:00 pm and the other walk-in clinics are open until 9:00 pm; but the buses only run until 6:00 pm.” — Social Services Representative

“A number of rural seniors are unable to make their appointments just because the bus doesn’t have a route near their house. We do have vans for the seniors but they are usually booked up.” — Social Services Representative

“If a senior gets sick during the night it would be pretty hard for them to get medical care unless they call the ambulance.” — Social Services Representative

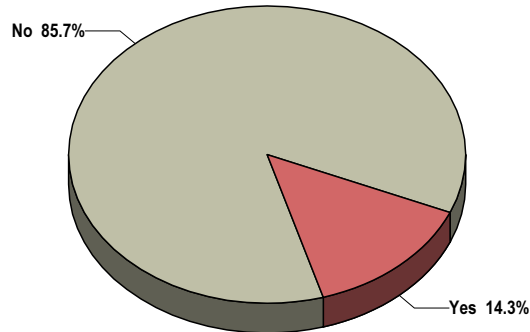
Prescriptions

Actions Taken to Stretch Prescriptions & Save Money

Among Yellowstone County adults, 14.3% have skipped or reduced their doses in the past year in order to stretch the prescription and save money.

Skipped or Reduced Doses in the Past Year in Order to Stretch Prescriptions and Save Money

(Yellowstone County, 2005)

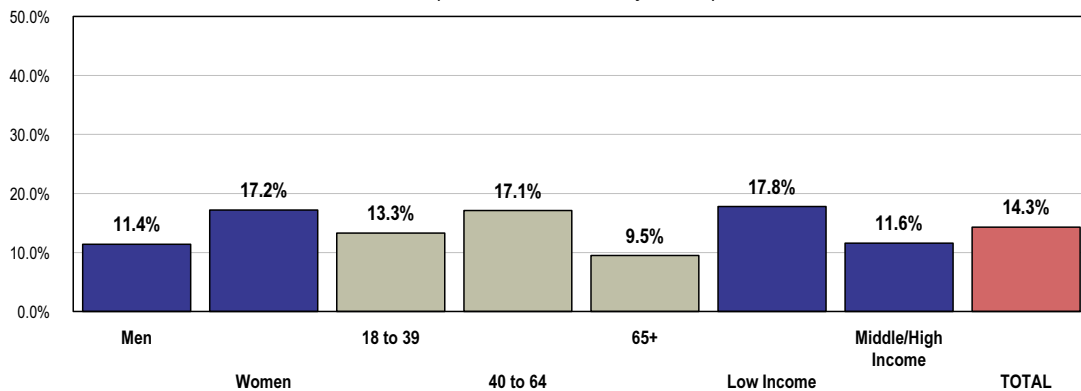


Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 14]
 • 2005 PRC National Health Survey, Professional Research Consultants.
 Note: • Asked of all respondents.

- The following chart outlines, by demographic characteristics, adults improperly using prescription medicine to save money.

Skipped or Reduced Doses in the Past Year in Order to Stretch Prescriptions and Save Money

(Yellowstone County, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 14]
 Note: • Asked of all respondents.

Related Focus Group Findings

Community panelists voiced their concern about the cost and availability of prescriptions for the elderly and low-income families.

“A doctor may write a prescription for a medication, but they are often more than the families can afford and so they end up in the emergency room.” — Social Services Representative

“I think with the Medicare/Medicaid changes in prescription medication, a lot of the elderly are very confused at what to do with the changes in the regulations regarding how much money they can pay for their prescription meds.”—Educators and Public Services Representative

“I know a lot of people that are gainfully employed in pretty good jobs and they are still making the choice of what medications they can take from one month to the next versus food.” — Social Services Representative

Finding a Doctor

Related Focus Group Findings

Community health panelists discussed how hard it is for some community members to find a physician in the area.

“I just recently lost my doctor and wanted to find another doctor and it’s a long and complicated process. It took me several months of searching and my husband works at St. Vincent’s Hospital. I feel like I am pretty well tied in with the medical community.”—Employers Representative

“We happen to have a lot of friends who are doctors, in fact we are pretty well tied into the system and still we have difficulty finding a specialty doctor. I can’t imagine what it would be like for someone new to the community.”—Employers Representative

“I hear a lot of people complain how they have a hard time finding a doctor. Also how difficult it is to access the healthcare system.”—Employers Representative

Community members also discussed the lack of available specialty services, including physicians with pediatric specialties, primary care physicians, internists, and physicians specializing in geriatrics to name a few.

“We lack sub-specialties in pediatrics. We don’t have very extensive pediatric surgeons.”—Physicians and Other Health Professionals Representative

“The lack of primary care physicians in this area is an issue. It seems that now we have specialists – even internal medicine doctors who are not available to the patients. These specialists have a waiting list .”—Physicians and Other Health Professionals Representative

“It is very difficult to see a specialist around here. They just seem to be very busy and if you don’t know somebody or if you don’t have a primary care provider that will refer you to a specialist you will probably have a month to 3 month wait.”—Employers Representative

“We’ve had people at work who have been really sick and they can’t get in to even see an internist. The wait is about a month.”—Employers Representative

“We don’t have enough doctors who specialize in geriatrics.” — Social Services Representative

Children

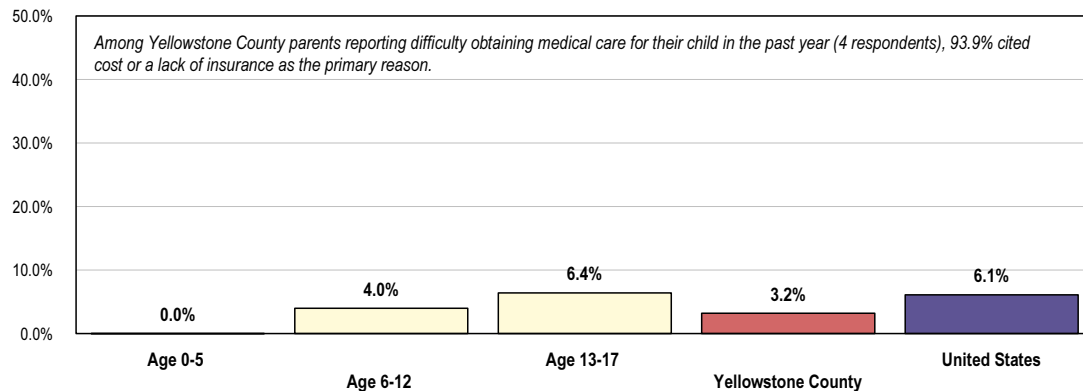
Surveyed parents were also asked if, within the past year, they experienced any trouble in receiving medical care for a randomly selected child in their household.

3.2% of parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.

- Statistically similar to national findings (6.1%).
- Among those experiencing difficulties, 93.9% cited cost or a lack of insurance as the primary reason.

Have Had Trouble Obtaining Medical Care for Child in the Past Year

(By Age and Region, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Items 140-141]
• 2005 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of respondents with children under the age of 18.

American Indian Population*

While most American Indian residents in the Billings area believe their healthcare needs are being met, 32.5% cited shortcomings.

Regarding their own healthcare needs:

- 25.8% of respondents say their healthcare needs are “completely” met.
- 41.8% say their healthcare needs are “mostly” met.

On the other hand:

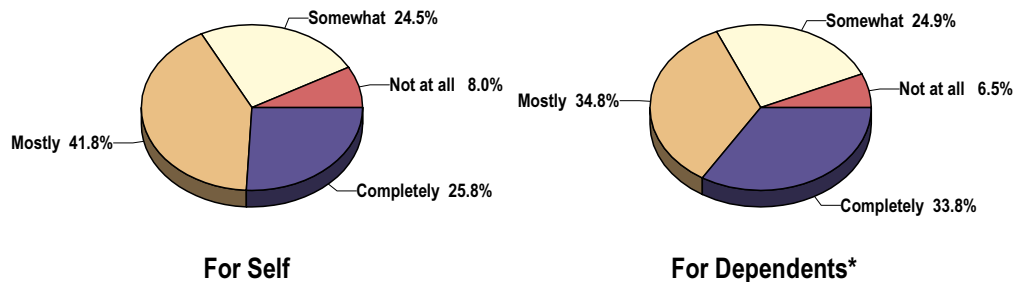
- 24.5% say their healthcare needs are only “somewhat” met.
- 8.0% say their healthcare needs are “not at all” met.

Note that perceptions are slightly better regarding the extent to which their dependents’ healthcare needs are being met.

* Community Based Research Survey 2005. Northwest Area Foundation Urban Indian Community Ventures. Submitted by Julie Nielsen. July 15, 2005.

Extent to Which Healthcare Needs Are Being Met

(Among Surveyed American Indians; Billings MSA, 2005)



Source: • Northwest Area Foundation Urban Indian Community Ventures; Community Based Research Survey
 Note: • Those responding.
 • * Excludes 23.3% of respondents who do not have dependents.

Cost and lack of insurance are leading barriers for American Indians in the Billings area.

When asked “*What are some of the barriers to meeting you family’s healthcare needs?*”, top-mentioned responses included (multiple mentions allowed):

- Cost (48.7%)
- Lack of insurance (28.9%)
- Lack of transportation (23.4%)
- Lack of American Indian healthcare providers (20.8%)
- Access (17.6%)
- Medicaid [limited funds] (16.8%)
- Lack of cultural respect and understanding (15.0%)
- Limited options for traditional healing methods (10.0%)
- Other (3.9%)
- None of the above (18.4%)

One out of four of those surveyed (24.2%) reported that they have experienced racism in healthcare.

A total of 31.7% said they would like to see more American Indian/Alaska Native professionals in healthcare in the future.

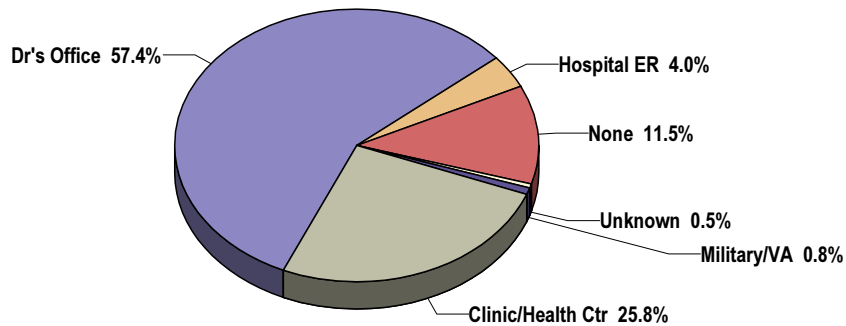
PRIMARY CARE SERVICES

Specific Source of Ongoing Care

A majority of Yellowstone County adults say they have a particular place where they usually go for healthcare; this was predominantly a doctor's office.

Source of Medical Care

(Yellowstone County, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Items 15-16]
Note: • Asked of all respondents.

Specific Source of Ongoing Care

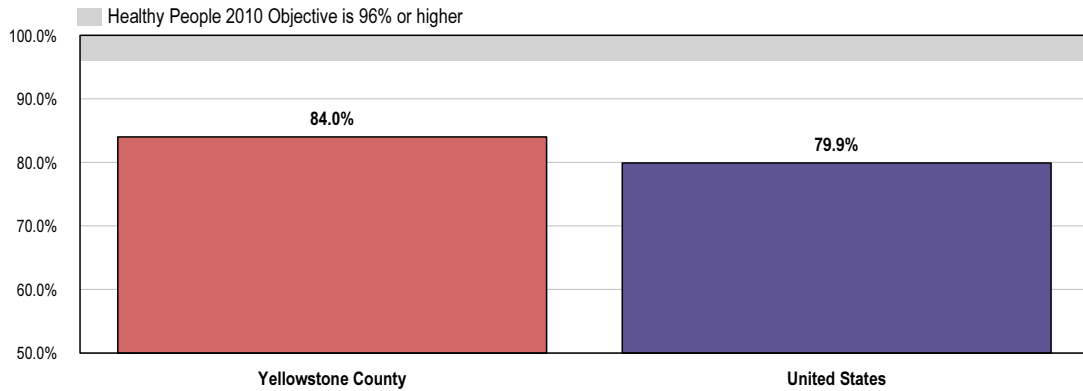
Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. A hospital emergency room is not considered a source of ongoing care in this instance.

84.0% of Yellowstone County adults were determined to have a specific source of ongoing medical care.

- Statistically similar to national findings (79.9%).
- Fails to satisfy the Healthy People 2010 target (96% or higher).

Have a Specific Source of Ongoing Medical Care

(By Region, 2005)



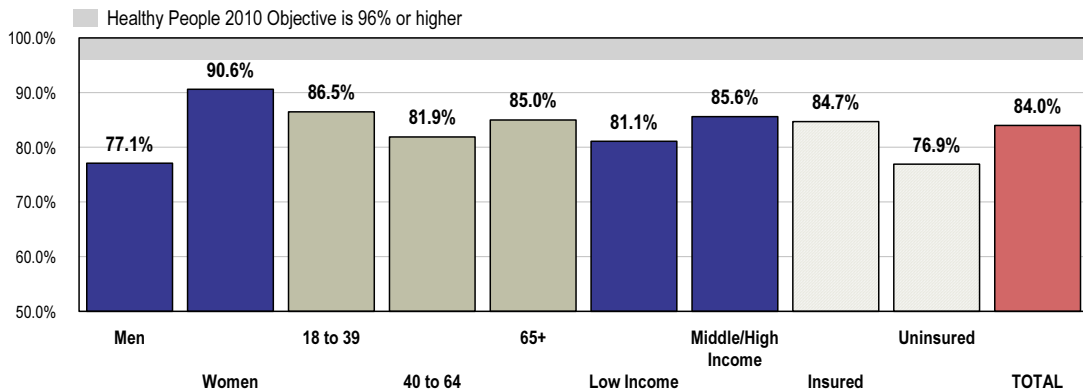
- Sources:
- 2005 PRC Community Health Survey, Professional Research Consultants. [Item 190]
 - 2005 PRC National Health Survey, Professional Research Consultants.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 1-4]

- Notes:
- Asked of all respondents.
 - A specific source of ongoing care includes having a doctor's office, clinic, urgent care/walk-in clinic, health center facility, hospital outpatient clinic, HMO (health maintenance organization)/pre-paid group, military/VA healthcare, or some other kind of place to go if one is sick or needs advice about his/her health. A hospital emergency room is NOT considered a source of ongoing care in this instance.

When viewed by demographic characteristics, men are less likely to have a specific source of care

Have a Specific Source of Ongoing Medical Care

(Yellowstone County, 2005)



- Sources:
- 2005 PRC Community Health Survey, Professional Research Consultants. [Item 190]
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 1-4]

- Notes:
- Asked of all respondents.
 - A specific source of ongoing care includes having a doctor's office, clinic, urgent care/walk-in clinic, health center facility, hospital outpatient clinic, HMO (health maintenance organization)/pre-paid group, military or other VA healthcare, or some other kind of place to go if one is sick or needs advice about his/her health. A hospital emergency room is NOT considered a source of ongoing care in this instance.

Usual Primary Care Provider

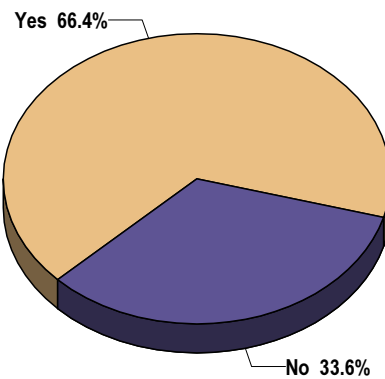
Having a usual primary care provider means that one would usually go to the same health professional for all of the following situations: if they were sick or needed advice about their health; if they had new health problems; if they needed preventive care such as general checkups, examinations or immunizations; and if they needed referrals to other health professionals. Persons who reported an emergency room as their usual source of care were classified as not having a usual primary care provider.

66.4% of Yellowstone County adults were determined to have a usual primary care provider.

- Fails to satisfy the Healthy People 2010 objective (85% or higher).

Have a Usual Primary Care Provider

(Yellowstone County, 2005)



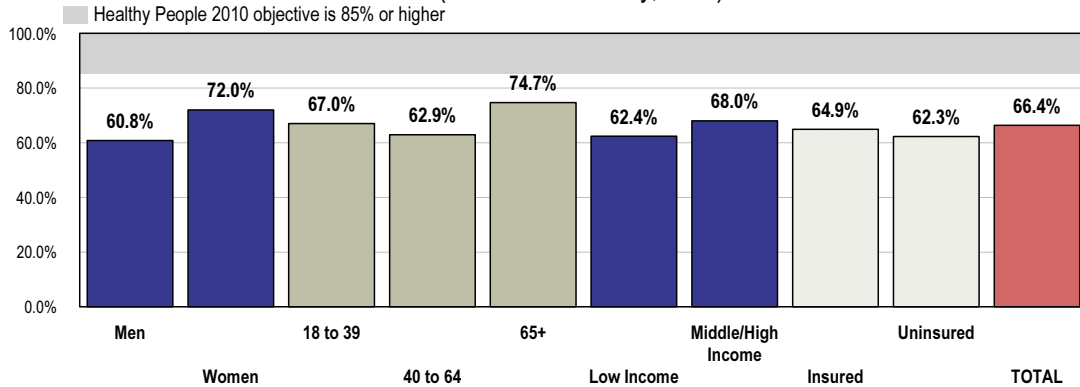
Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 198]
• 2005 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all respondents.

Currently, none of the key demographic segments outlined in the following chart satisfies the Healthy People 2010 objective. Those respondents less likely to have a usual primary care provider include:

- Men.
- Younger (18 to 39) adults.

Have a Usual Primary Care Provider

(Yellowstone County, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 200]

Note: • Asked of all respondents.

Utilization of Primary Care Services

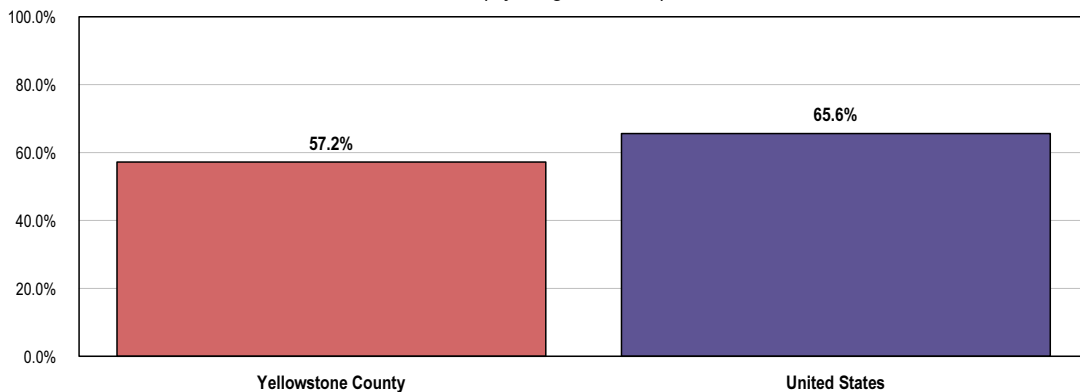
Adults

57.2% of Yellowstone County adults have visited a physician for a routine checkup in the past year.

- Less favorable than national findings (65.6%).

Have Visited a Physician for a Routine Checkup Within the Past Year

(By Region, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 20]

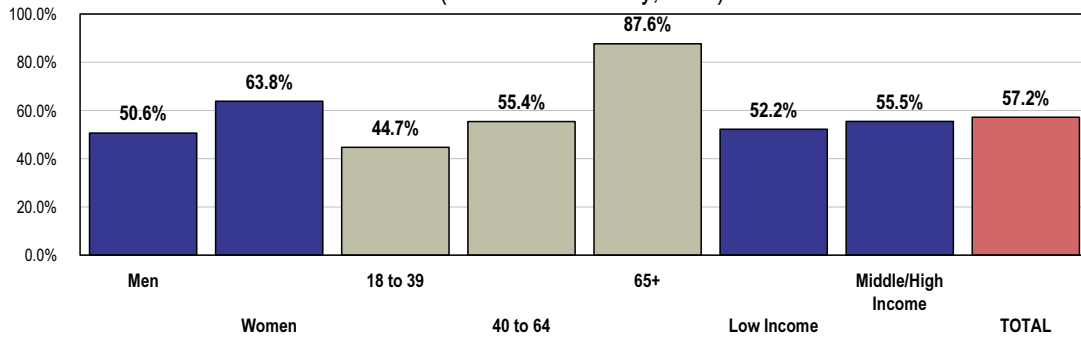
• 2005 PRC National Health Survey, Professional Research Consultants.

Note: • Asked of all respondents.

Note the following demographic findings:

- Women report more frequent routine physician visits than do men.
- As might be expected, there is a strong correlation with age: 87.6% of older adults in the area have had a checkup in the past year, compared to only 44.7% of adults aged 18 to 39.

Have Visited a Physician for a Routine Checkup Within the Past Year (Yellowstone County, 2005)



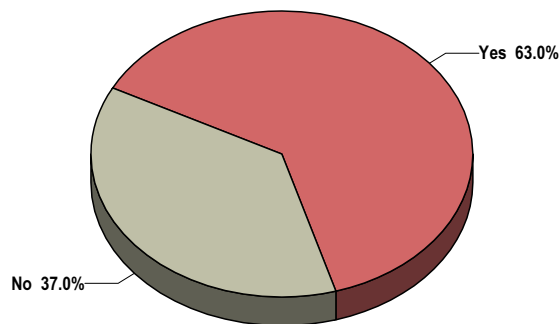
Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 20]
 Note: • Asked of all respondents.

Physician Care for Chronic Health Conditions

- Two in three area residents with a chronic health condition have seen a health professional in the past year for that health condition.

Have Seen a Health Professional in the Past Year for a Mentioned Chronic Health Condition

(Among Respondents With a Self-Reported Chronic Condition; Yellowstone County, 2005)



Sources: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 48]
 Note: • Asked of respondents who mention they suffer from or have been diagnosed with any of the following conditions: chronic lung disease, vision or hearing problems, asthma, arthritis/rheumatism, sciatica/back pain, chronic heart disease, stroke, cancer (including skin cancer), osteoporosis, major depression diagnosed by a doctor, sinusitis, nasal/hay fever allergies, migraines, chronic neck pain, or diabetes (excluding gestational diabetes).

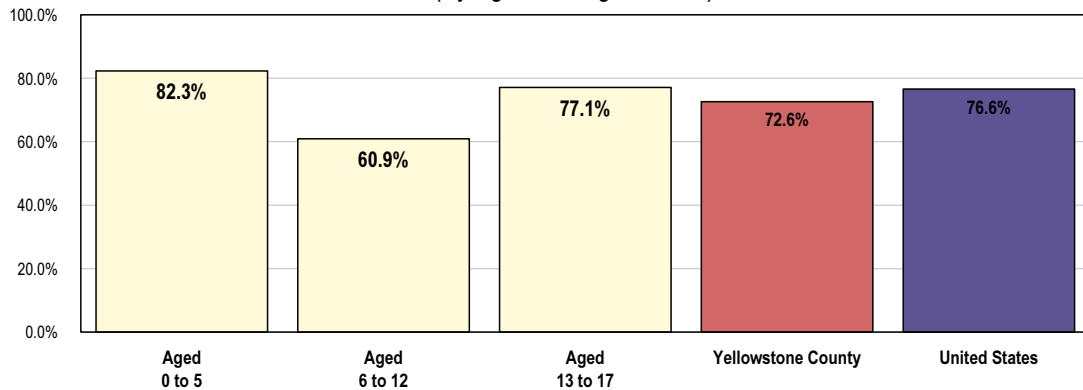
Children

72.6% of surveyed parents report that their child has had a routine checkup in the past year.

- Statistically similar to national findings (76.6%).
- Note that children aged 6 to 12 are less likely to have had a routine checkup in the past year..

Child Has Visited a Physician for a Routine Checkup Within the Past Year

(By Age and Region, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 142]
• 2005 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of respondents with children under the age of 18.

Related Focus Group Findings

Community health panelists also voiced concern about the lack of primary care doctors having an ideal relationship with their patients due to irregular routine checkups, poor communication, poor availability, and high costs to patients.

“I will have a patient who needs immediate communication with their doctor and I’ll call the office and can’t get it. There isn’t a good relationship anymore between the physician and the patient.”—Physicians and Other Health Professionals Representative

“I think the relationship between patient and primary care physician is very important. If the doctor knows the patient then they can tell them when to stop taking medications and also keep track of how many medications they are taking. I think people stay on medicine way longer than they need to because the doctor is not monitoring them.”—Physicians and Other Health Professionals Representative

“It’s a mindset. It’s a Montana mindset. People here think they can just take care of it themselves, they don’t need any help. They don’t even go to the doctor when they are ill. When the problem becomes an emergency then they go to the ER which costs a whole lot more.”—Community Leaders Representative

“People can’t practice early prevention techniques if they can’t afford to have regular doctor visits.”—Educators and Public Services Representative

“Immunizations are a requirement of the state; the kids have those but the families are not taking their kids for any other type of healthcare. We’ve had some that are so sick that it actually affects their education. Sometimes it’s a simple thing to clear it up but they never get the care.”—Educators and Public Services Representative

“A lot of people are reluctant to seek medical health early on because of lack of insurance or they are worried about the cost of a doctor’s visit or hospitalization, and as a result things get very serious before they seek the help. There is a lack of the preventive care or early medical intervention.” — Social Services Representative

“The poor have a very difficult time accessing and understanding the importance of preventive health.” — Social Services Representative

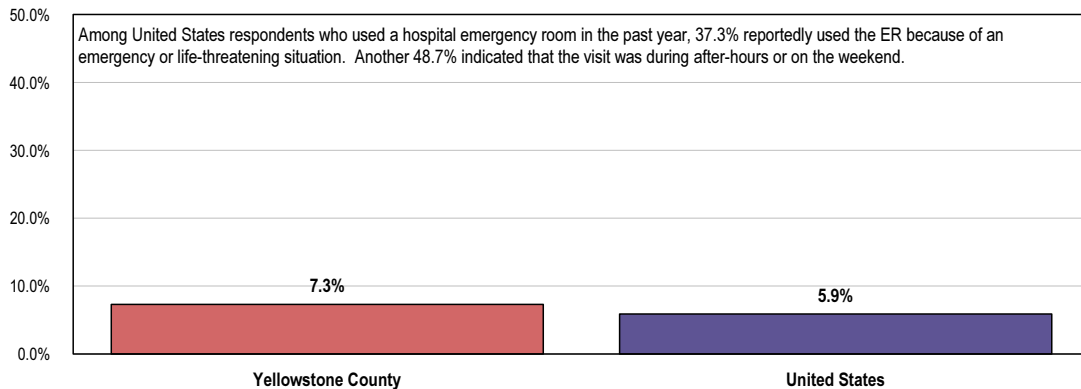
EMERGENCY ROOM SERVICES

7.3% of Yellowstone County adults have gone to a hospital emergency room more than once in the past year about their own health.

- Similar to national findings (5.9%).
- Of those using a hospital ER, 37.3% say this was due to an emergency or life-threatening situation. Another 48.7% indicated that the visit was during after-hours or on the weekend.

Have Used a Hospital Emergency Room More Than Once in the Past Year

(By Region, 2005)

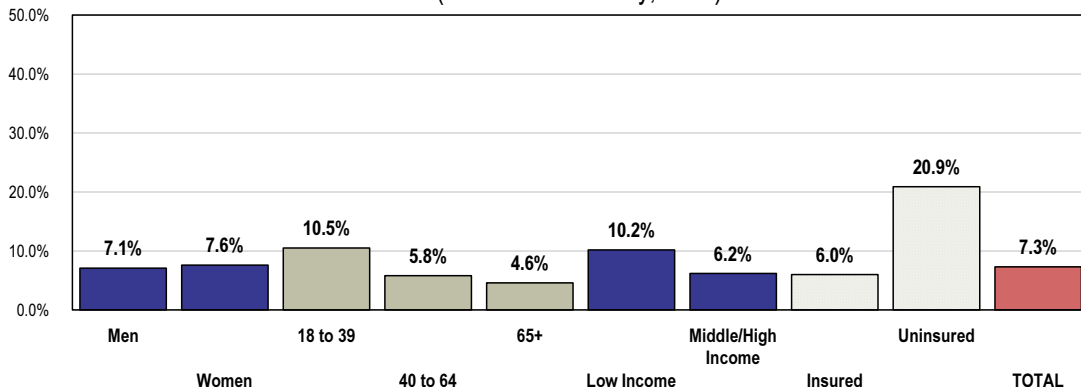


Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Items 27-28]
 • 2005 PRC National Health Survey, Professional Research Consultants.
 Note: • Asked of all respondents.

- Multiple ER visits were much more often noted among the uninsured.

Have Used a Hospital Emergency Room More Than Once in the Past Year

(Yellowstone County, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 27]
 Note: • Asked of all respondents.

Related Focus Group Findings

Community health panelists voiced concerns about the use of the area emergency rooms for care that is not considered an emergency due to cost or appointment availability, as well as the propensity for some to wait until an illness becomes an emergency to seek care.

“There are a lot of ER visits. If people can’t get in to see their primary care physician they are going to the ER even if it is not an emergency.”—Physicians and Other Health Professionals Representative

“The consequence of waiting till you’re so severely sick puts a big strain on the ER because they go directly to the emergency room for medical treatment without it being an emergency.”—Educators and Public Services Representative

“People who don’t have insurance just go to the ER and they get care. The people who actually seek care at the ER will get treated regardless of how they are going to pay for the services.”—Employers Representative

ORAL HEALTH

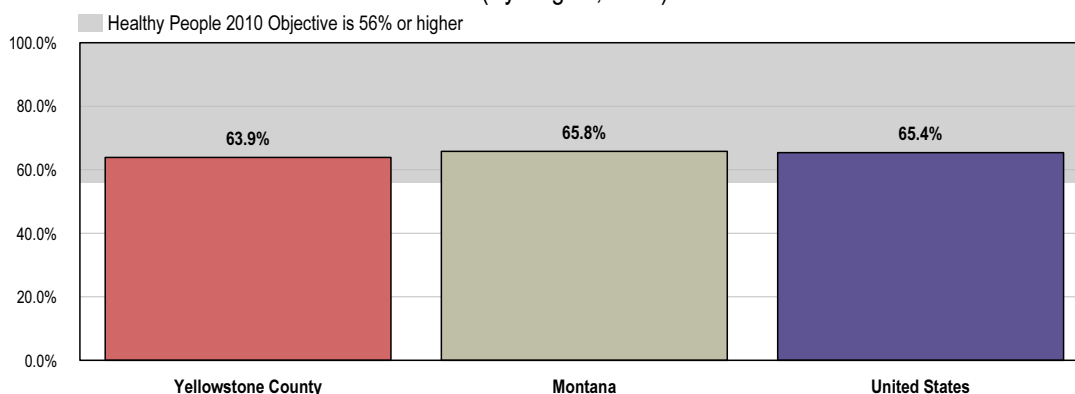
Adults

63.9% of Yellowstone County adults have visited a dentist or dental clinic (for any reason) in the past year.

- Statistically similar to statewide findings (65.8).
- Statistically similar to national findings (64.3%).
- Satisfies the Healthy People 2010 target (56% or higher).

Have Visited a Dentist or Dental Clinic Within the Past Year

(By Region, 2005)



Sources: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 24]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2004 Montana data.
• 2005 PRC National Health Survey, Professional Research Consultants.
• Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 21-10]

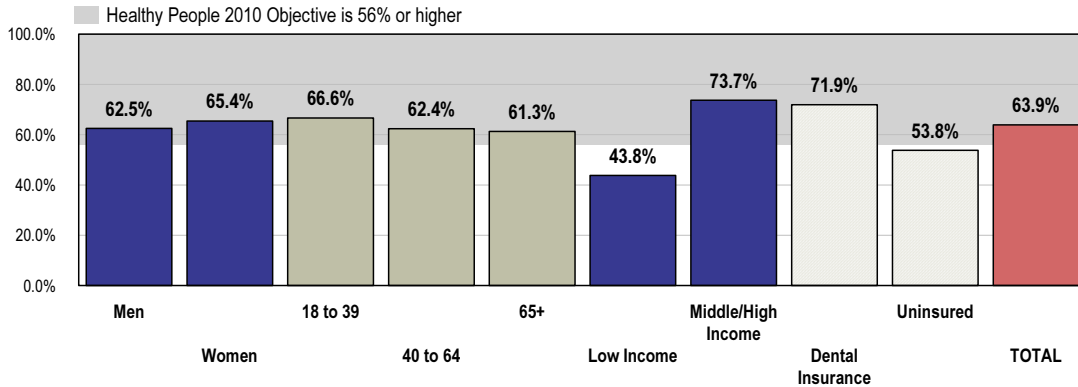
Note: • Asked of all respondents.

Note the following:

- There is a strong correlation with income — persons living at lower incomes report much lower utilization of oral health services (persons below poverty fail to satisfy the Healthy People 2010 objective).
- Persons without dental insurance report particularly low utilization of oral health services and fail to satisfy the Healthy People 2010 objective.

Have Visited a Dentist or Dental Clinic Within the Past Year

(Yellowstone County, 2005)



Sources: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 24]
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 21-10]
 Note: • Asked of all respondents.

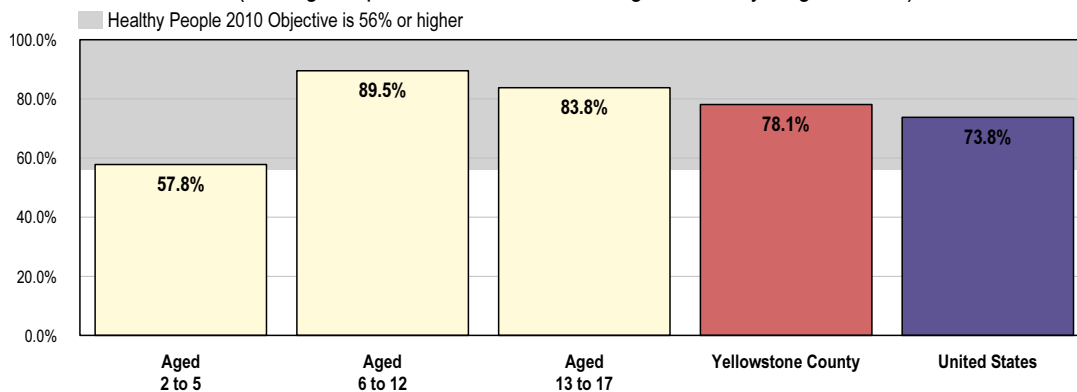
Children

78.1% of parents report that their child (aged 2 to 17) has been to a dentist or dental clinic within the past year.

- Statistically similar to national findings (73.8%).
- Satisfies the Healthy People 2010 target (56% or higher).
- Note that regular dental care is lowest among children aged 2 to 5.

Child Has Visited a Dentist or Dental Clinic Within the Past Year

(Among Respondents With Children Aged 2-17; By Region, 2005)



Sources: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 143]
 • 2005 PRC National Health Survey, Professional Research Consultants.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 21-10]
 Note: • Asked of respondents with children aged 2 to 17.

Dental Insurance

A total of 56.2% of adults have dental insurance that covers all or part of their dental care costs.

- Similar to national findings (60.0%).

Have Insurance Coverage That Pays All or Part of Dental Care Costs

(By Region, 2005)



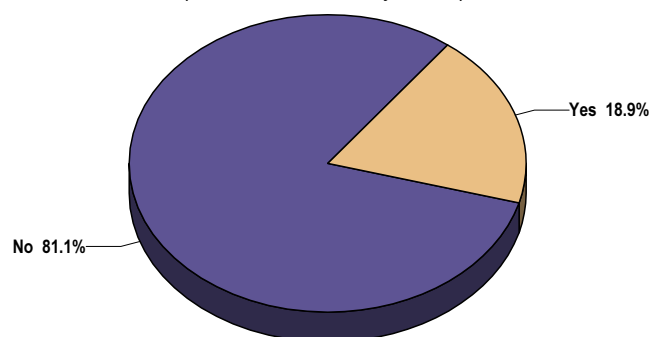
Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 25]
• 2005 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all respondents.

Access to Dental Care

Nearly one-fifth of residents have needed dental care in the past year but were unable to receive it due to cost.

Needed Dental Care But Did Not Receive It Due To Cost

(Yellowstone County, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 26]
Note: • Asked of all respondents.

Related Focus Group Findings

Overall, community health panelists spoke at great length about the lack of available and affordable dental services in the area, especially for persons living at low incomes and those without dental insurance. Community panelists also discussed the rise in dental costs and deductibles.

“I’ve had patients that have had rotting teeth and I’ve called five dentists in town and they won’t take them without insurance or payment.”—Physicians and Other Health Professionals Representative

“It’s hard to get in with my dentist and I have money and insurance. It is a lot worse for those folks who can’t afford to pay for the dental visit.”—Physicians and Other Health Professionals Representative

“We have plenty of dentists, and the care is excellent. The biggest problem though is with Medicaid people. It’s really difficult for a person on Medicaid to get dental services. Dentists are hesitant to take care of them because the fees that they get are not very high and they have high liabilities.”—Community Leaders Representative

“We can’t get any dentist to go down to the jail to treat some of those people who have terrible dental problems because of methamphetamine. We can’t get dentists to go to the youth services center because again the Medicaid reimbursement is so low.”—Community Leaders Representative

“We have a difficult time finding a dentist that will treat our customers, as we call them, simply because they either have to come to the jail and leave their practice, or we have to take them to their practice and then a family comes in there with two little kids and you got a guy in shackles, it’s not real good for business. It’s very difficult for the dentist. And I sympathize with him but we need some form of dental care for our people because we have maybe twenty, thirty, forty people always on the waiting list to get in to see a dentist. And if you’ve ever had trouble with your teeth, that can be pretty terrible.”—Educators and Public Services Representative

“I feel that dental insurance, even for people that can afford it, is not worthwhile because the deductibles are so high and because it’s so expensive.”—Educators and Public Services Representative

“I think even among those who do have health insurance that the majority do not have dental insurance.”—Educators and Public Services Representative

“Companies are cutting back things like dental and vision insurance and raising co-pays and deductibles. The co-pays are getting so high that most people can’t afford to pay it so they avoid care unless there is an emergency.”—Educators and Public Services Representative

“I found it a lot more difficult to access dental care this year.”—Employers Representative

“The costs of dental care have skyrocketed. They are not being regulated like medical costs.”—Employers Representative

“There are not enough dentists. Dental care is a nightmare if you are on Medicaid or have no insurance.”—Social Services Representative

“I think the real gap in the dental care is for emergency care, for those without money or insurance. For those who do not have insurance they need \$3000 paid up front to have the dental work done immediately.”—Employers Representative

“We are thinking about changing how we subsidize the coverage for dependents and maybe just offer the insurance to the employee. This high cost is starting to affect the bottom line.”—Employers Representative

“Dental and vision for the adult is the bigger problem than for the children in this community.”—Social Services Representative

“Most of the dentists, have a gentleman’s agreement that they will not see or treat people without money or insurance.”—Social Services Representative

“A lot of area companies are dropping dental insurance for the employees.”—Community Leaders Representative

“A lot of our dentists are getting to retirement age. I don’t know if there is a shortage of dentists nationwide; but we are going to have a problem in the very near future.”—Employers Representative

Some panelists spoke about dental services available for the poor, voicing the need for more services than those already available.

“The Ronald McDonald Mobile Unit does come to the schools and provide dental care to the children. We need more programs like this one in our schools.”—Physicians and Other Health Professionals Representative

“There are some dentists in town who do some pro-bono work for the uninsured and for those who can’t afford dental care.”—Physicians and Other Health Professionals Representative

“We did have a dentist down at the Community Health Center under the umbrella of the County Health Department and they are doing everything they can to offer free dental care.”—Physicians and Other Health Professionals Representative

“I think there is dental care available through city/county health. And those programs are for people who do not have dental insurance.”—Educators and Public Services Representative

“St Vincent and Ronald McDonald have a Dental and Medical Care Mobile Unit that go to different sites in the community to provide care. A child can’t try to learn in school with an abscessed tooth. We are very grateful for the Ronald McDonald Care Mobile.”—Social Services Representative

Community health panelists voiced concerns about poor health, drug use, and improper care of teeth and how it can lead to dental problems.

“You just wouldn’t believe how fast your teeth can just disintegrate when you use methamphetamines. We can pick out methamphetamine addicts by looking at their teeth.”—Physicians and Other Health Professionals Representative

“There is a real correlation between methamphetamine use and poor teeth. Methamphetamine use will deteriorate teeth and gums and these folks that don’t have dental insurance.”—Community Leaders Representative

“We have lot of emergency room visits for inflamed teeth. Kids need to be taught to brush their teeth.”—Community Leaders Representative

“Dental care is definitely related to environmental problems. We don’t have fluoride in the water. We discussed multiple times adding fluoridation to the water but I don’t think we’ve addressed that on a community health basis.”—Physicians and Other Health Professionals Representative

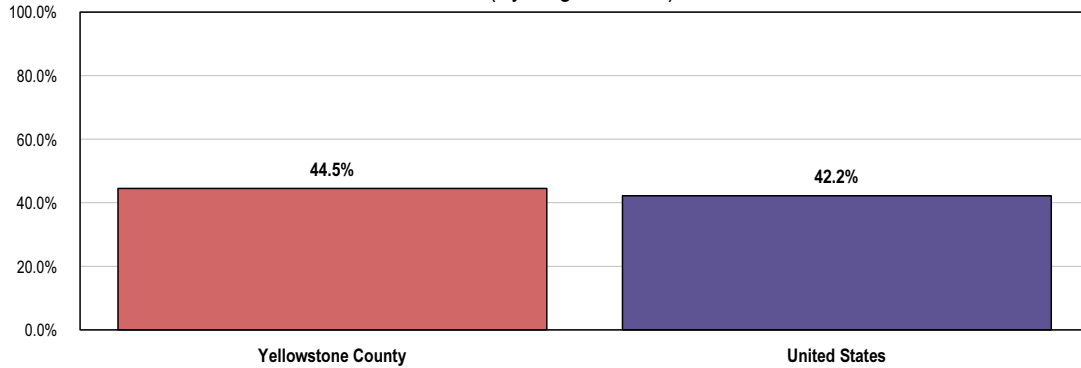
“One thing we have to remember that poor dental care can lead to all kinds of health issues including heart disease. And I think the sad part about that is, that there are a lot of people in this community who are not getting dental care because they can’t afford it.”—Educators and Public Services Representative

VISION CARE

A total of 44.5% of Yellowstone County residents had an eye exam in the past year during which their pupils were dilated.

- Similar to national findings (42.2%).

Had an Eye Exam in the Past Year During Which the Pupils Were Dilated
(By Region, 2005)

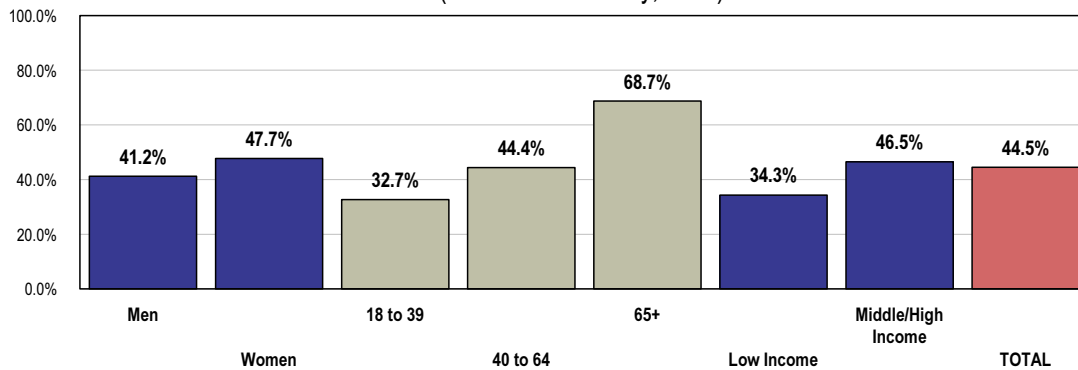


Sources: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 23]
 • 2005 PRC National Health Survey, Professional Research Consultants.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 21-10]
 Note: • Asked of all respondents.

Recent vision care is more often reported among the following:

- Women.
- Adults aged 65 and older.
- Middle/high income level respondents.

Had an Eye Exam in the Past Year During Which the Pupils Were Dilated
(Yellowstone County, 2005)

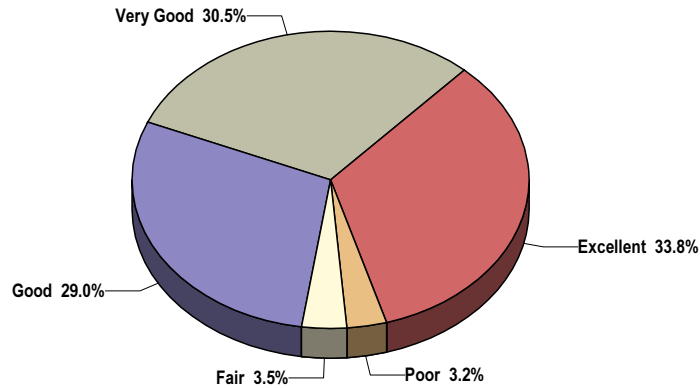


Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 23]
 Note: • Asked of all respondents.

RATING OF LOCAL HEALTHCARE SERVICES

Roughly two-thirds of Yellowstone County adults rate the overall healthcare services available in their community as "excellent" or "very good."

Rating of Overall Health Care Services Available in the Community
(Yellowstone County, 2005)

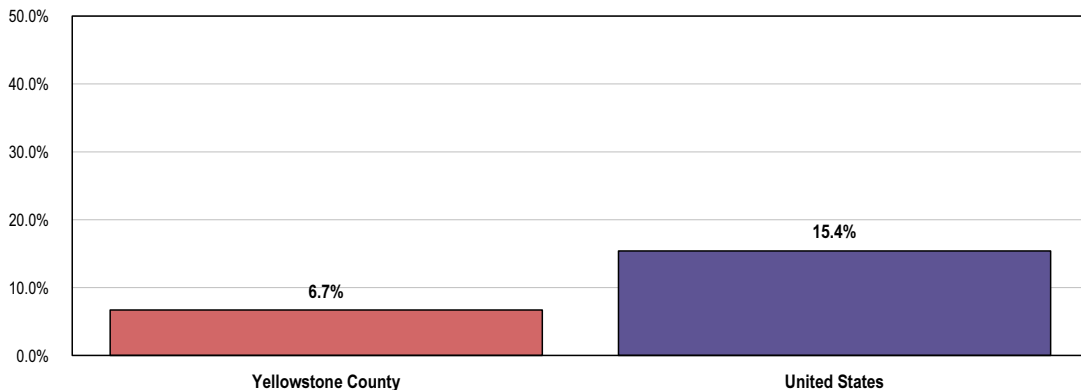


Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 6]
Note: • Asked of all respondents.

However, 6.7% of Yellowstone County residents characterize the healthcare services available in their community as "fair" or "poor."

- More favorable than national findings (15.4%).

Perceive Local Health Care Services as "Fair/Poor"
(By Region, 2005)

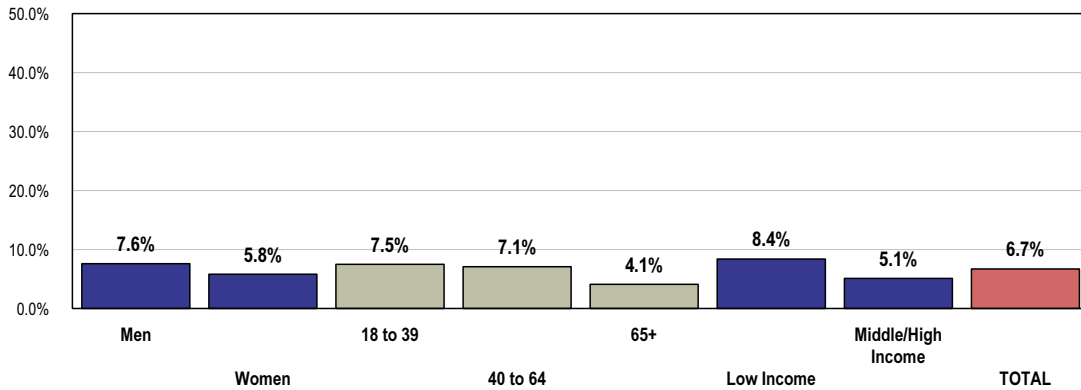


Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 6]
• 2005 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all respondents.

- Note that perceptions of healthcare services do not appear to vary significantly based on demographic characteristics.

Perceive Local Health Care Services as "Fair/Poor"

(Yellowstone County, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 6]

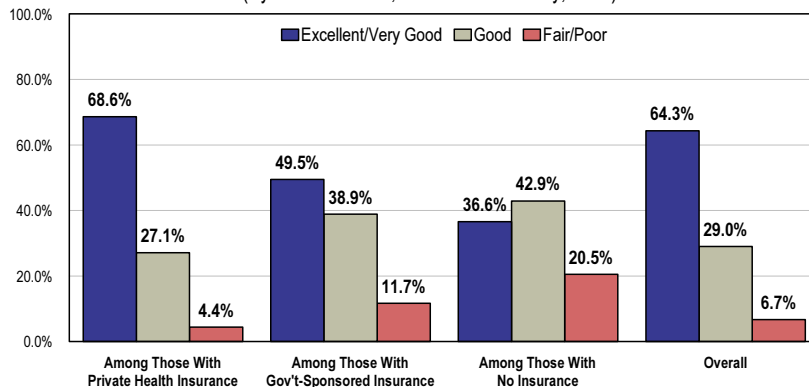
Notes: • Asked of all respondents.

• Percentages represent combined "fair" and "poor" responses.

By insurance type, the most favorable ratings are reported among those with private health insurance (68.6% “excellent/very good”; 4.4% “fair/poor”), with a notable drop among persons with coverage through a government-sponsored plan (49.5% “excellent/very good”; 11.7% “fair/poor”). Among respondents with no health insurance, perceptions drop off even more sharply (36.6% “excellent/very good”; 20.5% “fair/poor”).

Ratings of Local Healthcare Services

(By Insured Status; Yellowstone County, 2005)



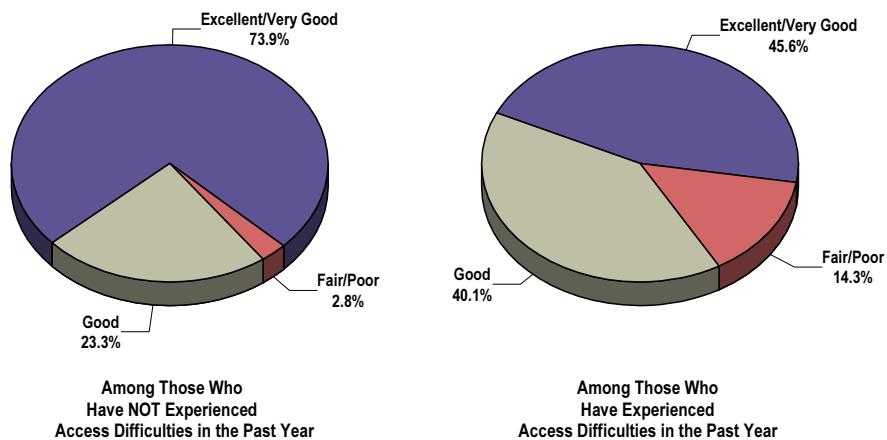
Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Items 6, 189]

Notes: • Asked of all respondents.

Among respondents who report some type of access problem in the past year (e.g., cost of physician visit or prescriptions, inconvenient hours, lack of transportation, etc.), “excellent/very good” ratings drop to 45.6%, and “fair/poor” ratings increase to 14.3%. These compare to 73.9% and 2.8%, respectively, among those not experiencing such difficulties.

Ratings of Local Healthcare Services

(By Access Difficulties; Yellowstone County, 2005)

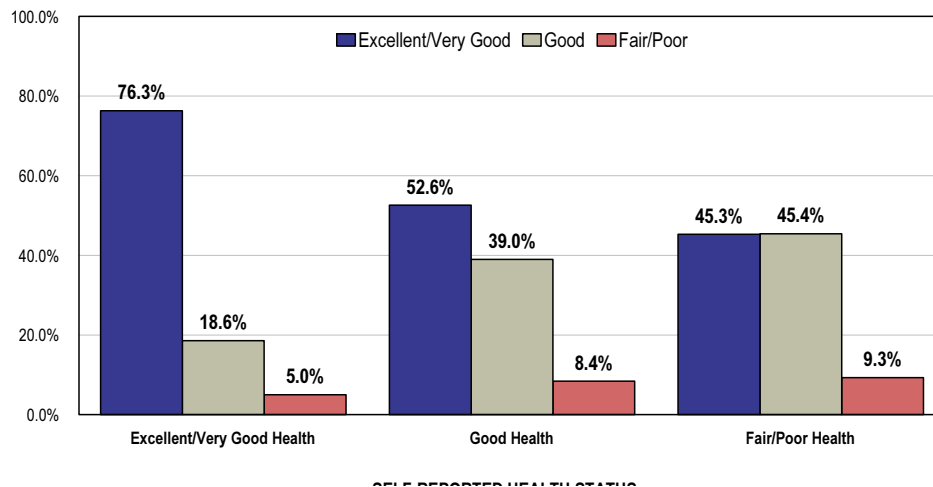


Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Items 6, 191]
 Notes: • Asked of all respondents.

Perceptions are also linked with the health status of respondents — among persons reporting “fair” or “poor” overall health (who likely also encounter access issues), far fewer report favorable evaluations, and a greater share rate healthcare services as “fair” or “poor” as well (9.3%).

Ratings of Local Healthcare Services

(By Self-Reported Health Status; Yellowstone County, 2005)



Related Focus Group Findings

Community health panelists praised the local healthcare services, including the presence of two outstanding hospitals and the availability of specialty services.

“I think both hospitals over the last five to ten years have really come a long way in becoming excellent providers in all specialties. We have new neo-natal units and more psychiatrists, and the surgical programs are the best in the country.”—Employers Representative

“We have a very robust medical community here. We have two huge hospitals. Pretty much all the specialties are covered. I think about the only thing that is sent out is all of our heart transplants, other organ transplants and burn victims.”—Physicians and Other Health Professionals Representative

“We have one of the most comprehensive healthcare delivery systems in Montana including many specialties. The biggest deficit in the whole process is mental health services for children and youth. We don’t have any ongoing intervention programs, there are no treatment programs, there are no facilities that are really working with the young people. It is really disturbing to think about the numbers of young people who in crisis and there isn’t a place for them to get care.”—Educators and Public Services Representative

“We have two hospitals which are excellent providers here in Billings. The medical community in general is very strong and very much larger than you would expect to see for a city of this size.”—Employers Representative

“We have two of the finest healthcare centers in the region. We have a largely homogenous population, with the exception of the Native Americans in the reservations, and I think to some extent it is easier to provide healthcare here than with a very diverse population.”—Employers Representative

A few community health panelists had criticisms of the local healthcare services, including the availability of school nurses, the ability to find a doctor and make an appointment.

“The public schools here have absolutely minimal nursing staffing – virtually none in most of the schools. Here again is a place where a lot of the health problems with children would be picked up by the school nurse.”—Community Leaders Representative

“In the Billings Clinic, all of the doctors are in the same building. It would be very nice to have someone in the front where people can just stop in make the appointment with the right doctor. Right now you are sent all over the place for that one appointment.”—Employers Representative

“I know a fellow who was diagnosed with cancer here he was told to go and see this doctor and that doctor. Well he went to Rochester to the Mayo Clinic and in three days he was diagnosed and treated successfully. Here for somebody with the same diagnosis it would take weeks to get through the process.”—Employers Representative

Community panelists praised their community as a whole, mentioning that it is a safe community, has a great school system, is a great place to raise a family, and is a community with overall good healthcare services.

“We have a very safe community. It’s very well represented as far as the medical corridor that we have here, it’s just outstanding. And we have excellent education facilities, not only our public schools, but we have two universities represented in Billings. Billings is just a fine place to raise a family if you’re looking for a safe environment.”—Educators and Public Services Representative

“We have very timely emergency response and good cooperation between the fire department and the ER ambulance service. And although our response time isn’t where we’d like it to be, it’s probably better than in other cities.”—Educators and Public Services Representative

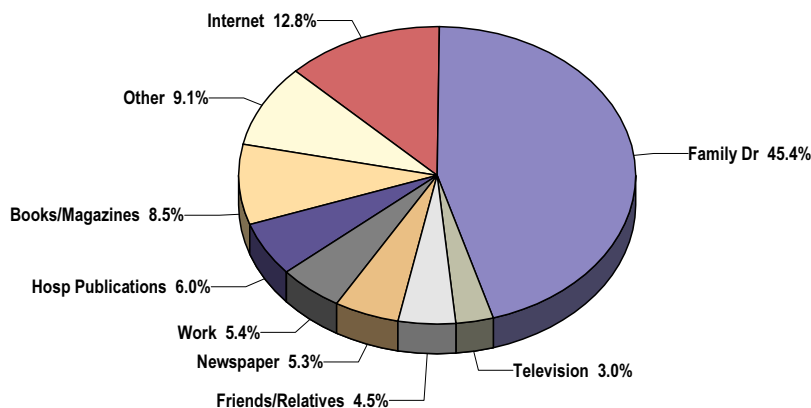
“Billings is an outstanding place to raise a family. Educationally, it’s among the finest that I’ve ever lived.”—Educators and Public Services Representative

HEALTHCARE INFORMATION SOURCES

Family physicians remain residents' primary source of healthcare information.

- 45.4% of Yellowstone County adults cited their family physician as their primary source of healthcare information.
- The Internet received the second-highest response (12.8%).

Primary Source of Health Care Information
(Yellowstone County, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 133]
Note: • Asked of all respondents.

Related Focus Group Findings

Community members stressed the availability of current resources in the area, including the phone book and agency directories.

“The Community Service pages section in the phone book is relatively good.” — Social Services Representative

“We have a directory in the phone book. There is one page listing all the services. I think it’s pretty accessible.”—Physicians and Other Health Professionals Representative

“It is easy to find out what is available by looking in the phone book.”—Educators and Public Services

“There are listings in the yellow pages .”—Employers Representative

“Each agency publishes its own directory of services.” — Social Services Representative

“All of us have kind of a master list of what is available in our agency and we share the information with the client.” — Social Services Representative

“There’s a very comprehensive directory of services distributed by The United Way and the Chamber of Commerce.”—Educators and Public Services Representative

“We have a nurse hotline that is open twenty-four hours a day. They can help people during their transition from the hospital or for any other health question.”—Physicians and Other Health Professionals Representative

EDUCATIONAL & COMMUNITY-BASED PROGRAMS

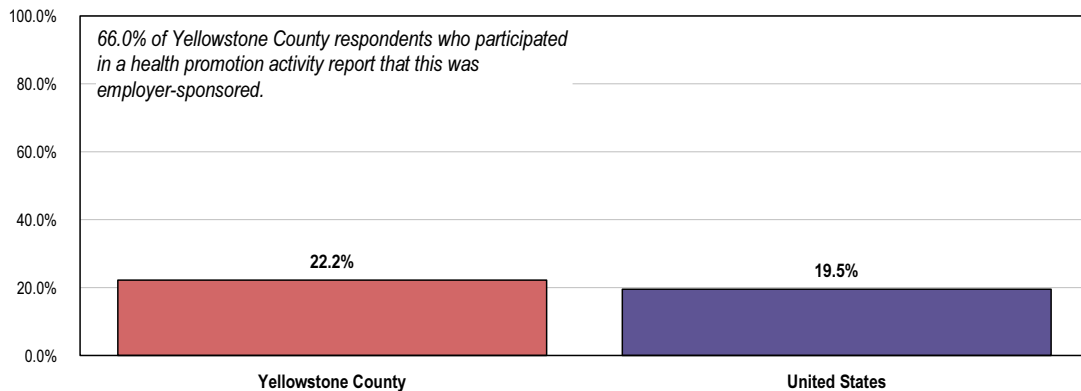
Participation in Health Promotion Activities

22.2% of Yellowstone County adults participated in some type of organized health promotion activity in the past year, such as health fairs, health screenings, or seminars, either through their work or through a community organization.

- Statistically similar to national findings (19.5%).
- 66.0% of those participating in health promotion activities say this was sponsored by their employer.

Participated in a Health Promotion Activity in the Past Year

(By Region, 2005)



Source: • 2005 PRC Community Health Survey, Professional Research Consultants. [Items 134-135]
• 2005 PRC National Health Survey, Professional Research Consultants.

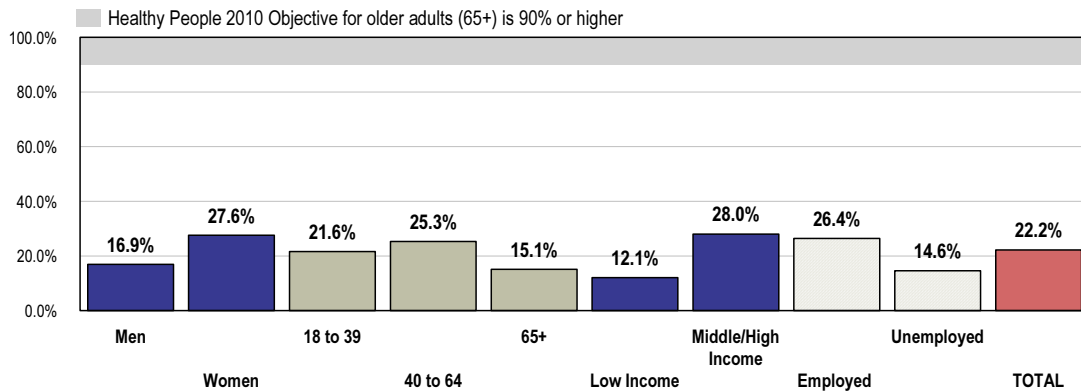
Note: • Asked of all respondents.

The following chart outlines participation by various demographic characteristics.

- Note that women, adults under 65, persons living at higher incomes, and employed respondents more often report participation in health promotion activities.
- Healthy People 2010 has set a target that 90% or more of older adults (65+) participate in health promotion activities — in Yellowstone County, only 15.1% of older adults acknowledged doing so in the past year.

Participated in a Health Promotion Activity in the Past Year

(Yellowstone County, 2005)



Sources: • 2005 PRC Community Health Survey, Professional Research Consultants. [Item 134]
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 7-12]
 Note: • Asked of all respondents.

Related Focus Group Findings

Disseminating information to the public. Community members discussed the need to find a viable way to educate the public on certain issues, such as preventative medicine and parenting skills. One suggestion was that the healthcare or educational information can be placed on DVDs and watched at home.

“You know, it’s so easy to put out information on a DVD. Even low income families have access to a DVD player. I would like to see more access for people to use that information right there in the privacy of their home.” — Social Services Representative

“DVD’s are a great way to educate the public about preventative medicine. We work very hard to try and take parenting into the home and give them access to those types of things, but that would be equally wonderful if we could get a DVD on self care and nutrition.” — Social Services Representative

It was also mentioned that one barrier to continued education is the lack of motivation in the community among lower-income families already too taxed with surviving to find time to attend classes.

“I think the problem of providing education is an engagement issue because it’s real hard to get people motivated to go to classes when they are worried about surviving every single hour of every day.” — Social Services Representative

Increased communication and coordination of services among providers. Overall health panelists praised the collaboration and coordination among agencies and service providers in the area.

“We have a good referral service. I know that we do refer clients to one another. There probably could be a little bit more coordination and sharing of the lists among each one.” — Social Services Representative

“The value of being in a community this size, is we all know each other. And I think that works for us better than it works against us.” — Social Services Representative

“We do a lot of coordination between the agencies. It is a matter of the person who answers the phone, how knowledgeable they are and in most cases they are pretty knowledgeable, have been around here a long time and are familiar with a lot of the services.”—Physicians and Other Health Professionals Representative

“One thing that we really have going for us is that most of the people in Billings, and Montana for the most part, are very, very nice people who want to try and be helpful and cooperate and so if a person does come here and tries to access services, ninety-nine percent of the time they are going to find someone who will try to help them if they are not able to do it themselves.”—Physicians and Other Health Professionals Representative

“We do know a lot of people on a first name basis and often their reputation precedes them. We’re still small enough to have that personal touch. I think that works well. If we get larger, it’s going to be a bigger problem.”—Physicians and Other Health Professionals Representative

“There is good collaboration and cooperation among the agencies but they are competing for the same funds and they are always under a lot of stress financially.”—Educators and Public Services Representative

Community involvement. One health panelist discussed having the entire community, including the hospitals, support grants that would improve health in the community.

“It would be great if the hospitals would join in the community effort and support some of the grants that would improve some of the health concerns in the community. In places where that’s happened it has proven to be very effective in reducing, or improving the quality of life and health in the community.”—Social Services Representative

Education of Community Children. Health panelists praised the public educational system in the area, including the involvement of police officers and convicts to educate children about making good decisions and staying out of trouble.

“We have an outstanding public educational system in the state. Our students ranked very high on standardized tests. The schools here are fantastic in terms of the quality of the teachers and the teacher/student ratios. The kids test very high compared to nationwide scores.”—Community Leaders Representative

“The schools have guys who have been in prison and have been drug abusers come in and talk to them, and say “hey, don’t end up like me, this is what I did”. So I think, I personally think education-wise, that the kids are getting a good education about life.”—Community Leaders Representative

We have our police officers come to our schools and they talk to the young kids about crime and drugs. So I think we’re doing pretty good in getting our kids exposed to different things.”—Community Leaders Representative

However, panelists had a few suggestions on topics or areas of education that needed to be improved on to give area children a better life, such as:

...Physical education and nutrition:

“We’re cutting back on things that I think are extremely important for children. We are talking about physical education and nutrition which isn’t really being taught.”—Physicians and Other Health Professionals Representative

“There are two programs at our school with counselors that specifically address teaching kids appropriateness and teaching them how to talk to people and talk about relationships in the primary grades.”—Educators and Public Services Representative

... Anger management:

“We need to teach children how to resolve anger in a healthy manner.”—Educators and Public Services Representative

... Their sexuality:

“I think our young people and even adults need to know more about their own body and how each part of the body works. I think we need to be more sensible about how we are teaching sexual responsibility, birth

control, and get religion right out of the classroom and teach the science part.”—Physicians and Other Health Professionals Representative

... And good decision-making.

“We need to teach children about decision making, how to make good choices.. I think it is our responsibility as individuals and parents and community members to try to figure out how we can use those assets that we have and get those kids out there to do positive behaviors.”—Physicians and Other Health Professionals Representative

Participation in Community and Educational Programs. Community panelists discussed the available educational programs in the community, such as support groups, and classes on health-related information.

“We have a lot of support classes and groups who meet on a regular basis. They are posted in the newspaper.”—Community Leaders Representative

“The newspaper has stories and articles about different health-related subjects. The classes and programs are there I just don’t know who attends.”—Community Leaders Representative

“There is a community financial fitness six-week class that’s being offered to people to help them learn how to manage their finances and learn how to budget.” — Social Services Representative

One health panelist also discussed the need for more accessible continuing education for adults, including classes on personal finances, as well as the need to better advertise the classes that are currently available.

“I think we need some classes on personal finances. The problem has been that a lot of the classes are available in the evening when people can’t get there for the lack of transportation.” — Social Services Representative

“Most of the classes held at the hospital are listed in the local newspaper and many of the people I work with don’t have access to the paper.” — Social Services Representative

NEEDS OF SPECIAL POPULATIONS

Throughout the course of the discussions, health panel participants were asked to identify any unique problems or service gaps associated with specific populations in the area, such as among older adults, youth, and minority populations.

Native Americans

Community members discussed the diverse health needs of the Native American population in the area including:

...General poor health:

“With our proximity to two Native American reservations, I see them as a category of people who in overall poor health.”—Community Leaders Representative

... Diabetes:

“We see a very high percentage of diabetes among Native Americans.” — Social Services Representative

“Diabetes, as well as drug and alcohol addictions, are a real problem among the Native American population.”—Community Leaders Representative

... Rheumatoid Arthritis:

“Native Americans have a huge problem with Rheumatoid Arthritis. Getting them the help they need and education about the disease is hard because of the isolation, transportation and other things.” — Social Services Representative

... Drug and alcohol abuse:

“There’s a high prevalence of alcohol and drug abuse among our Native American population.” — Social Services Representative

... Cancer:

“Native American men are mostly at risk for cancer.” — Social Services Representative

.... And injury and violence.

“They experience a lot of poverty and domestic violence.” — Social Services Representative

“The Native American suicide rate is three times Montana’s rate.” — Social Services Representative

“Traumatic brain injury is far more common among the Native American population.” — Social Services Representative

Older Adults

Community health panelists spent a good deal of time discussing the health concerns and access concerns involving area seniors. Two major concerns were the lack of insurance coverage for, and the abuse of, prescription medicines:

“One of the main problems with the elderly right now is that they are trying to figure out what to do with the Medicare prescription programs.”—Physicians and Other Health Professionals Representative

“Medicare Part D should help with some of the prescription drugs for seniors.”—Community Leaders Representative

“We’re noticing an increase in giving out scholarships to seniors at the Y for memberships for exercise because their medications are going up and their cost of living going up so high, they just can’t afford to pay for the membership and they want to stay healthy and active.” — Social Services Representative

“The elderly are on fixed incomes and having to pay for their living expenses forces them to cut back on some of their prescriptions, which then creates a medical danger for them.” — Social Services Representative

“I think a lot of the elderly population don’t take their pills as they are prescribed. They try to extend them over a longer period of time because they are so expensive.”—Employers Representative

The number of elderly facilities and lack of affordable living options available in the area:

“I think we have a large elderly population because there are a lot of retirement homes and nursing homes. They say there are over a thousand beds in the nursing homes within fifty miles of Billings.”—Physicians and Other Health Professionals Representative

“I think we are experiencing an increase in older adults moving into the community, partly because of the excellent medical care facilities here.”—Community Leaders Representative

“Billings is fortunate in the number of assisted living facilities they have.”—Educators and Public Services Representative

“As the demand is rising, we’ve seen the development of more assisted living facilities. I think we are pretty fortunate to have these facilities right here in Billings.”—Employers Representative

“I think the senior care in this town is outstanding. It’s just a matter of being able to afford it.”—Community Leaders Representative

“It costs \$4500 a month to go into those assisted living centers and Medicaid and Medicare aren’t going to cover nearly as much there as they will somewhere else. That’s even more difficult for families who are trying to provide the amount of money and care that a family member needs and try to come up with a more affordable assisted-living facility.”—Employers Representative

“There are those people that have the finances to go into the assisted living facilities. There are still issues for those who are not so financially stable or prepared and the family money is wiped out in a matter of months.”—Employers Representative

Geriatrics:

“We need to educate the professional medical staff more on the services available for the elderly.”—Physicians and Other Health Professionals Representative

“Both hospitals really promote their services for older adults and they have some geriatric specialists on staff.”—Community Leaders Representative

“We need services for in between a nursing home and staying home.”—Educators and Public Services Representative

“I have lots of concerns with the elderly. We have a very wonderful network here with the geriatric assessment groups for both hospitals and the teams that are put together here are outstanding. Finding transportation to the hospital for a lot of our seniors is a problem.”—Employers Representative

Living at home:

“We have a lot of elderly in our community who should not be living alone.” — Social Services Representative

“We have a lot of the elderly staying in their home. We have many programs for the elderly like Meals on Wheel that can enable someone to stay in their home but I think there is a large percent of that population living in their home who probably shouldn’t be.”—Physicians and Other Health Professionals Representative

The local Meals On Wheels program:

“We do have Meals On Wheels; but it is also limited.” — Social Services Representative

“The Meals on Wheels program is keeping a lot of folks in their home.”—Community Leaders Representative

“A problem with the Meals on Wheels Program is that now they are charging \$3 a day which is \$15 a week. This is a lot of money for most of those people, they can’t afford it.”—Community Leaders Representative

“We have a very active council on aging programs here, with Meals on Wheels and the visiting nurses from the city/county health.”—Educators and Public Services Representative

And the ability of some of area seniors to ask for needed help.

“One of the issues with the elderly and the disabled is that they are not cooperative in asking and receiving preventive care and unless they are a danger to themselves or to somebody else, you can’t get them help.” — Social Services Representative

“I think as a group, our senior citizens are very proud and so I think many of them are much more hesitant to ask for help than the younger generation.” — Social Services Representative

Youth

One major issue discussed by community health panelists is providing area children the resources and support they need including after school programs and child care:

“The Boys and Girls Clubs have expanded in such a major way, that period of time after school is better handled than has been for quite some time. We have other programs after school through the YMCA.”—Community Leaders Representative

“We don’t have any child care services to accommodate evening hours.” — Social Services Representative

Quality time with parents and family members:

“We’ll have children dropped off at 6:00 or 7:00 in the morning at daycare and then we have to call parents at 7:00 and 8:00 at night to come get their children. The interaction between parents and children is lacking.” — Social Services Representative

“When we talk about mental illness, there is definitely a link to early childhood development. The quality of family time is connected to stability as an adult and there needs to be more opportunities for quality time with family. We need to be able to give our children a richer home environment.”—Employers Representative

And stability in their home life and school.

“We have kids living in cars. They are still in high school and get kicked out of the house so they have no other place to go. They can’t access the shelter services unless they are 18.” — Social Services Representative

“The families are evicted from the house because they can’t pay the rent so then they move and switch schools.” — Social Services Representative

“To me, one of the biggest problems is the instability of home life and the transient life.” — Social Services Representative

“Head lice is a huge problem in this area. Many times the lice is drug resistant and the medication to treat lice is very expensive. Children are asked to leave until the problem is under control. Parents can’t pick their children up from school because of lack of transportation. The parents then won’t send the children back to school.” — Social Services Representative

Homeless

Community members spoke about the special issues with homeless persons, being the largest city in the area, including alcohol and drug problems, and increased crime:

“We have a large transient population too which brings a lot of problems to Billings. Billings provides support to the rescue missions, has good indigent care and VA support so it draws this transient population. With this population comes alcohol and drug problems, and crime to this area.”—Physicians and Other Health Professionals Representative

“One of the issues that’s come to the forefront lately is the indigenous population that there’s some alcoholism with probably some coexisting mental problems.”—Educators and Public Services Representative

Mental illness:

“Billings is the largest city in the area so we tend to have more social services and assistance for needy people. This attracts a lot of homeless people and also people with serious mental illnesses. It’s not that we tend to have more homeless persons in Billings, but if they need something, a lot of times they come here to get it. The next homeless shelter is all the way in Missoula or Sheridan.”—Community Leaders Representative

And providing them the care they need.

“The Community Crisis Center is a joint venture between the hospital, foundations and area clinics to cut down on the number of ER visits among the homeless as well as getting them the right kind of care when they aren’t being helped anywhere else.”—Community Leaders Representative

“We have a rescue mission and Women and Families shelter, but you could probably double those facilities and fill them tomorrow.”— Social Services Representative

“One problem with the shelters is if a person is actively using drugs or alcohol, they are not accepted into the shelter or if they have a job that keeps them out past a certain hour they can’t access the shelter. They lock down at certain hours. They have very strict hours, which is somewhat self-defeating.”— Social Services Representative

“We have a lot of the street people who use the jail system as a residence whenever it gets cold. They’ll purposely shoplift or something like that so they get arrested and have room and board. This puts a real burden on the detention system.”— Social Services Representative

“We have homeless women that will attempt to make up a story involving domestic violence when they are just 100% purely homeless to gain access to our shelter and our services.”— Social Services Representative

“I think many people and families are one paycheck away from being homeless. If something happens and they have to be without a check for two or three months, many, many people wouldn’t be able to pull themselves back up because so many live from check to check.”— Social Services Representative

One community panelist mentioned that there is a lack of affordable housing in the area, namely housing for persons who no longer qualify for Section 8 housing.

“We don’t have a lot of affordable housing. We have a lot of homes which are designated Section 8 housing; but a lot of them are unoccupied because once the tenant gets an increase in pay they don’t qualify for this type of housing. If they go and try to find another house they can’t afford to pay the rent and utilities. We need to raise the Section 8 housing salary cap for these people. This will really help a lot of young couples who are trying to make it.”—Community Leaders Representative

One health panelist discussed the link between gambling and financial stability.

“A lot of the people that we see coming in for financial assistance are unable to account for where their money is going and when you get to the bottom of it, it’s a problem with gambling.”— Social Services Representative