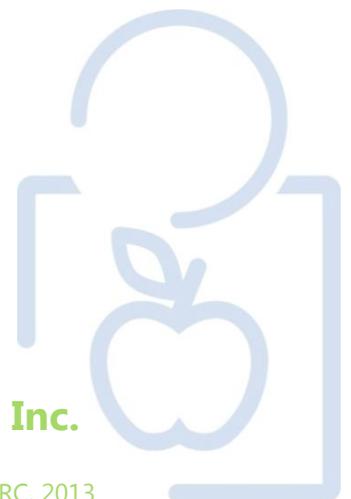


2012 PRC Community Health Needs Assessment Report

St. Peter's Hospital Service Area

Sponsored by
ST. PETER'S HOSPITAL



Professional Research Consultants, Inc.

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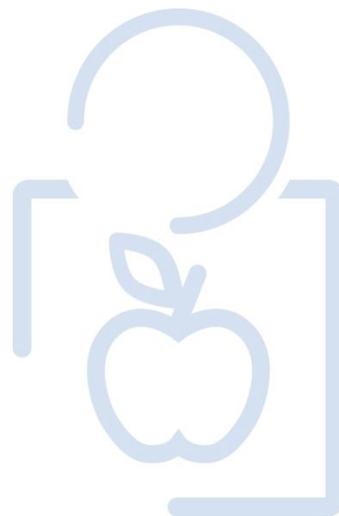
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INTRODUCTION



Project Overview

Project Goals

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in the service area of St. Peter's Hospital. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information 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 Needs 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.

This assessment was conducted on behalf of St. Peter's Hospital by Professional Research Consultants, Inc. (PRC). PRC is a nationally-recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States since 1994.

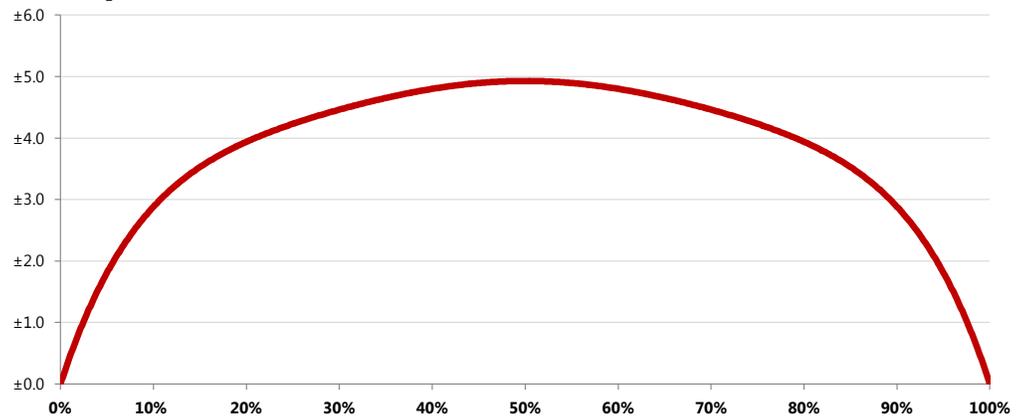
Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the PRC Community Health Survey) and secondary research (other existing health-related data); these quantitative components allow for comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through a Key Informant Focus Group.

Sampling Error

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

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.
- Examples:
- 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% ($10\% \pm 2.9\%$) of the total population would offer this response.
 - If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 45.1% and 54.9% ($50\% \pm 4.9\%$) of the total population would respond "yes" if asked this question.

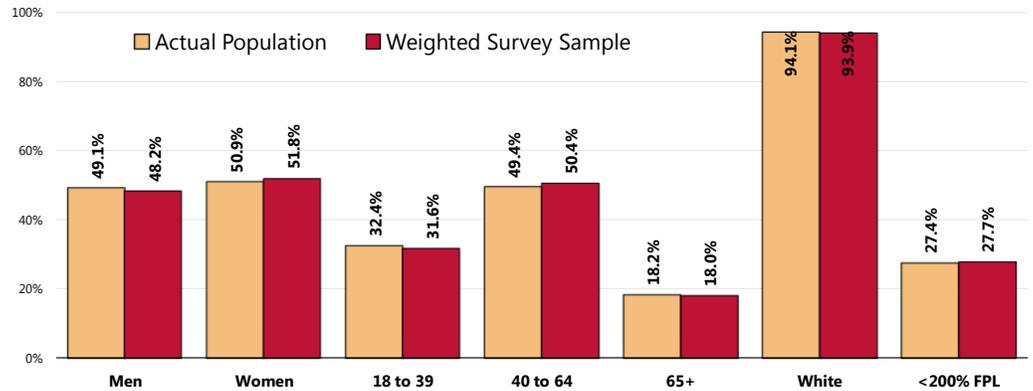
Sample Characteristics

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 geographic distribution and 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 St. Peter's Hospital Service Area sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 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 & Sample Characteristics

(St. Peter's Service Area, 2012)



Sources:

- Census 2010, Summary File 3 (SF 3), U.S. Census Bureau.
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc.

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2012 guidelines place the poverty threshold for a family of four at \$23,050 annual household income or lower). In sample segmentation: "**low income**" refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice the poverty threshold; "**mid/high income**" refers to those households living on incomes which are twice or more the federal poverty level.

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 the defined area with a high degree of confidence.

Key Informant Focus Group

As part of the community health assessment, one focus group was held on December 5, 2012. Participants included 15 key informants, with representatives from public health; physicians; other health professionals; social service providers, and other community leaders.

A list of recommended participants for the focus group was provided by the sponsors. 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. Participants included a representative of public health, as well as several individuals who work with low-income, minority or other medically underserved populations, and those who work with persons with chronic disease conditions.

Focus group 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 a reasonable turnout.

Audio from the focus groups sessions was recorded, from which verbatim comments in this report are taken. 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.

Benchmark Data

Montana Risk Factor Data

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

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2011 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 US population with a high degree of confidence.

Healthy People 2020



Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has

established benchmarks and monitored progress over time in order to:

- Encourage collaborations across sectors.
- Guide individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Healthy People 2020 is the product of an extensive stakeholder feedback process that is unparalleled in government and health. It integrates input from public health and prevention experts, a wide range of federal, state and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public. More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 objectives.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.



For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In addition, this assessment does not include secondary data from existing sources which can provide relevant data collected through death certificates, birth certificates, or notifications of infectious disease cases in the community.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly a great number of medical conditions that are not specifically addressed.

Summary of Findings

Areas of Opportunity for Community Health Improvement

The following “health priorities” represent recommended areas of intervention, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in *Healthy People 2020*. From these data, opportunities for health improvement exist in the region with regard to the following health areas (see also the summary tables presented in the following section). These areas of concern are subject to the discretion of area providers, the steering committee, or other local organizations and community leaders as to actionability and priority.

Areas of Opportunity Identified Through This Assessment	
Access to Health Services	<ul style="list-style-type: none"> • Difficulty Getting a Medical Appointment • Cervical Cancer Screening (Pap Smear Testing) • Routine Checkups (Children) • Top Focus Group Concern <ul style="list-style-type: none"> ○ <i>Distance/Lack of Transportation</i> ○ <i>Insufficient Numbers of Primary Care Providers</i> ○ <i>Cost of Medical Care</i> ○ <i>Need a “Medical Neighborhood” Model</i>
Hearing & Other Sensory or Communication Disorders	<ul style="list-style-type: none"> • Deafness/Trouble Hearing
Injury & Violence Prevention	<ul style="list-style-type: none"> • Seat Belt Usage (Adults) • Firearms in the Home (Including Homes With Children)
Mental Health & Mental Disorders	<ul style="list-style-type: none"> • Top Focus Group Concern <ul style="list-style-type: none"> ○ <i>Inadequate Number of Providers & Services</i> ○ <i>Lack of Child & Adolescent Services</i> ○ <i>Suicides</i>
Substance Abuse	<ul style="list-style-type: none"> • Top Focus Group Concern <ul style="list-style-type: none"> ○ <i>Prevalence of Drug Use</i> ○ <i>Availability of Treatment Options</i> ○ <i>Early Prevention & Education</i>

Top Community Health Concerns Among Community Key Informants

At the conclusion of the key informant focus group, participants were asked to write down what they individually perceive as the top five health priorities for the community, based on the group discussion as well as on their own experiences and perceptions. Their responses were collected, categorized and tallied to produce the top-ranked priorities as identified among key informants. These should be used to complement and corroborate findings that emerge from the quantitative dataset.

1. Access to Healthcare Services

Mentioned resources available to address this issue: St. Peter's Hospital; Helena Dental Association; Local healthcare providers; Center for Mental Health; Lewis & Clark City-County Health Department; Cooperative Health Center; School nurses; Insurance companies.

2. Mental Health

Mentioned resources available to address this issue: Center for Mental Health; St. Peter's Hospital; Shodair Children's Hospital; Intermountain Children's Services; Andrew Boyd Community Services; Community Services; AWARE Inc.; Veteran's Administration.

3. Substance Abuse

Mentioned resources available to address this issue: Local government; School Districts; Faith-based Organizations; Non-profit organizations; St. Peter's Hospital; Andrew Boyd Community Services.

4. Health Education & Prevention

Mentioned resources available to address this issue: Lewis & Clark City-County Health Department; Helena Food Share; Cooperative Health Clinic; School Districts; Blue Cross Blue Shield of Montana.

5. Nutrition

Mentioned resources available to address this issue: School Districts; St. Peter's Hospital; Non-profit agencies; Park Department; Helena Food Share; Lewis & Clark City-County Health Department; Women, Infant and Children (WIC) Program; City Parks; City-County Planning.

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in St. Peter's Hospital Service Area . These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

Reading the Summary Tables

- In the following charts, St. Peter's Hospital Service Area results are shown in the larger, blue column.
- The columns to the right of the St. Peter's Hospital Service Area column provide comparisons between the area and any available state and national findings, and Healthy People 2020 targets. Symbols indicate whether St. Peter's Hospital Service Area compares favorably (☀️), unfavorably (🌧️), or comparably (☁️) to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.

Access to Health Services	St. Peter's Service Area	St. Peter's Service Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
% [Age 18-64] Lack Health Insurance	10.3	 24.1	 14.9	 0.0
% [65+] With Medicare Supplement Insurance	89.2		 75.5	
% [Insured] Insurance Covers Prescriptions	92.1		 93.9	
% [Insured] Went Without Coverage in Past Year	4.5		 4.8	
% Difficulty Accessing Healthcare in Past Year (Composite)	42.1		 37.3	
% Inconvenient Hrs Prevented Dr Visit in Past Year	12.3		 14.3	
% Cost Prevented Getting Prescription in Past Year	10.9		 15.0	
% Cost Prevented Physician Visit in Past Year	13.5		 14.0	
% Difficulty Getting Appointment in Past Year	23.7		 16.5	
% Difficulty Finding Physician in Past Year	12.0		 10.7	
% Transportation Hindered Dr Visit in Past Year	3.2		 7.7	
% Skipped Prescription Doses to Save Costs	11.0		 14.8	
% Difficulty Getting Child's Healthcare in Past Year	4.9		 1.9	
% [Age 18+] Have a Specific Source of Ongoing Care	78.6		 76.3	 95.0
% Have Had Routine Checkup in Past Year	62.6		 67.3	
% Child Has Had Checkup in Past Year	71.6		 87.0	
% Two or More ER Visits in Past Year	6.7		 6.5	

Access to Health Services (continued)	St. Peter's Service Area	St. Peter's Service Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
% Rate Local Healthcare "Fair/Poor"	23.9		 15.3	
		 better	 similar	 worse

Arthritis, Osteoporosis & Chronic Back Conditions	St. Peter's Service Area	St. Peter's Service Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
% [50+] Arthritis/Rheumatism	29.3		 35.4	
% [50+] Osteoporosis	6.6		11.4	 5.3
% Sciatica/Chronic Back Pain	23.3		 21.5	
% Migraine/Severe Headaches	14.2		 16.9	
% Chronic Neck Pain	10.9		 8.3	
		 better	 similar	 worse

Cancer	St. Peter's Service Area	St. Peter's Service Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
% Skin Cancer	10.4	 7.1	 8.1	
% Cancer (Other Than Skin)	4.8	 8.0	 5.5	
% [Men 50+] Prostate Exam in Past 2 Years	74.2		 70.5	
% [Women 50-74] Mammogram in Past 2 Years	78.6	 70.9	 79.9	 81.1
% [Women 21-65] Pap Smear in Past 3 Years	77.0	 78.3	 84.7	 93.0
% [Age 50+] Sigmoid/Colonoscopy Ever	71.9	 61.0	 72.0	

Cancer (continued)	St. Peter's Service Area	St. Peter's Service Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
% [Age 50+] Blood Stool Test in Past 2 Years	28.5	 14.6	 28.3	
% [Age 50-75] Colorectal Cancer Screening	73.2			 70.5
		 better	 similar	 worse

Diabetes	St. Peter's Service Area	St. Peter's Service Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
% Diabetes/High Blood Sugar	9.1	 8.0	 10.1	
% [Non-Diabetics] Diagnosed w/Borderline/Pre-Diabetes	6.5			
		 better	 similar	 worse

Disaster Preparedness	St. Peter's Service Area	St. Peter's Service Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
% Have a Family Preparedness Plan	44.7			
		 better	 similar	 worse

Educational & Community-Based Programs	St. Peter's Service Area	St. Peter's Service Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
% Attended Health Event in Past Year	32.4		 22.2	
		 better	 similar	 worse

General Health Status	St. Peter's Service Area	St. Peter's Service Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
% "Fair/Poor" Physical Health	12.4	 17.3	 16.8	
% Activity Limitations	21.4	 27.3	 17.0	
		 better	 similar	 worse

Hearing & Other Sensory or Communication Disorders	St. Peter's Service Area	St. Peter's Service Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
% Deafness/Trouble Hearing	13.5		 9.6	
		 better	 similar	 worse

Heart Disease & Stroke	St. Peter's Service Area	St. Peter's Service Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
% Heart Disease (Heart Attack, Angina, Coronary Disease)	6.2		 6.1	
% Stroke	1.5	 3.2	 2.7	
% Blood Pressure Checked in Past 2 Years	96.4		 94.7	 94.9
% Told Have High Blood Pressure (Ever)	33.5	 30.2	 34.3	 26.9
% [HBP] Taking Action to Control High Blood Pressure	94.1		 89.1	
% Cholesterol Checked in Past 5 Years	87.9	 69.6	 90.7	 82.1
% Told Have High Cholesterol (Ever)	28.5	 34.6	 31.4	 13.5
% [HBC] Taking Action to Control High Blood Cholesterol	85.9		 89.1	
% 1+ Cardiovascular Risk Factor	78.2		 86.3	
		 better	 similar	 worse

HIV	St. Peter's Service Area	St. Peter's Service Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
% [Age 18-44] HIV Test in the Past Year	7.3		 19.9	 16.9
		 better	 similar	 worse

Immunization & Infectious Diseases	St. Peter's Service Area	St. Peter's Service Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
% [Parents, Children <7] Have Refused Child's Vaccination	16.0			
% [Age 65+] Flu Shot in Past Year	59.8	 55.9	 71.6	 90.0
% [High-Risk 18-64] Flu Shot in Past Year	60.6		 52.5	 90.0
% [Age 65+] Pneumonia Vaccine Ever	67.7	 69.6	 68.1	 90.0
% [High-Risk 18-64] Pneumonia Vaccine Ever	43.1		 32.0	 60.0
% Ever Vaccinated for Hepatitis B	33.1		 38.4	
		 better	 similar	 worse

Injury & Violence Prevention	St. Peter's Service Area	St. Peter's Service Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
% "Always" Wear Seat Belt	75.7	 88.6	 85.3	 92.4
% [Adults] "Always" Wear a Motorcycle/Bike Helmet	45.1			
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat	93.2		 91.6	
% Child [Age 5-17] "Always" Wears Bicycle Helmet	51.0		 35.3	
% Firearm in Home	69.8		 37.9	
% [Homes With Children] Firearm in Home	77.2		 34.4	
% [Homes With Firearms] Weapon(s) Unlocked & Loaded	17.8		 16.9	
% Victim of Violent Crime in Past 5 Years	2.6		 1.6	

Injury & Violence Prevention (continued)	St. Peter's Service Area	St. Peter's Service Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
% Ever Threatened With Violence by Intimate Partner	13.1		 11.7	
% Victim of Domestic Violence (Ever)	14.2		 13.5	
		 better	 similar	 worse

Mental Health & Mental Disorders	St. Peter's Service Area	St. Peter's Service Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
% "Fair/Poor" Mental Health	9.3		 11.7	
% Major Depression	8.7		 11.7	
% Symptoms of Chronic Depression (2+ Years)	23.8		 26.5	
% Typical Day Is "Extremely/Very" Stressful	13.8		 11.5	
		 better	 similar	 worse

Nutrition & Weight Status	St. Peter's Service Area	St. Peter's Service Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
% Eat 5+ Servings of Fruit or Vegetables per Day	47.1		 48.8	
% 3+ Restaurant Meals in the Past Week	31.8			
% Medical Advice on Nutrition in Past Year	33.3		 41.9	
% [Parents] Child was Breastfed as an Infant	81.7			
% Healthy Weight (BMI 18.5-24.9)	41.4		 31.7	 33.9
% Overweight	58.2	 60.2	 66.9	
% Obese	21.3	 24.6	 28.5	 30.6

Nutrition & Weight Status (continued)	St. Peter's Service Area	St. Peter's Service Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
% Medical Advice on Weight in Past Year	19.0		 25.7	
% [Overweights] Counseled About Weight in Past Year	24.6		 30.9	
% [Obese Adults] Counseled About Weight in Past Year	39.7		 47.4	 31.8
% [Overweights] Trying to Lose Weight Both Diet/Exercise	33.3		 38.6	
% Children [Age 5-17] Overweight	29.6		 30.7	
% Children [Age 5-17] Obese	14.9		 18.9	 14.6
		 better	 similar	 worse

Oral Health	St. Peter's Service Area	St. Peter's Service Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
% [Age 18+] Dental Visit in Past Year	71.3	 61.1	 66.9	 49.0
% Child [Age 2-17] Dental Visit in Past Year	88.1		 79.2	 49.0
% Have Dental Insurance	64.2		 60.8	
		 better	 similar	 worse

Physical Activity	St. Peter's Service Area	St. Peter's Service Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
% [Employed] Job Entails Mostly Sitting/Standing	61.0		 63.2	
% No Leisure-Time Physical Activity	17.0	 24.4	 28.7	 32.6
% Meeting Physical Activity Guidelines	52.9		 42.7	
% Moderate Physical Activity	34.5		 23.9	

Physical Activity (continued)	St. Peter's Service Area	St. Peter's Service Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
% Vigorous Physical Activity	42.8		 34.8	
% Medical Advice on Physical Activity in Past Year	40.8		 47.8	
% [Parents] Child Exercised for an Hour Daily Last Week	57.9			
% Child [Age 5-17] Watches TV 3+ Hours per Day	4.0		 19.7	
% Child [Age 5-17] Uses Computer 3+ Hours per Day	9.8		 9.9	
% Child [Age 5-17] 3+ Hours per Day of Total Screen Time	29.4		 43.4	
		 better	 similar	 worse

Respiratory Diseases	St. Peter's Service Area	St. Peter's Service Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
% Nasal/Hay Fever Allergies	25.2		 27.3	
% Sinusitis	16.4		 19.4	
% Chronic Lung Disease	7.8		 8.4	
% [Adult] Currently Has Asthma	8.4	 9.1	 7.5	
% [Child 0-17] Currently Has Asthma	4.2		 6.8	
		 better	 similar	 worse

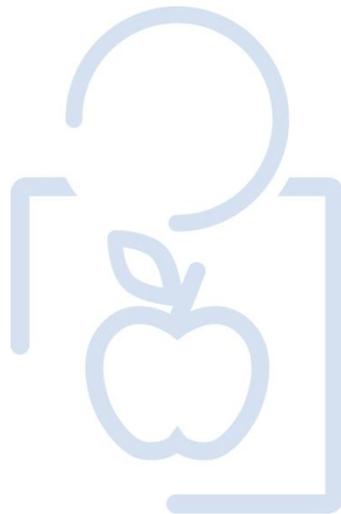
Sexually Transmitted Diseases	St. Peter's Service Area	St. Peter's Service Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
% [Unmarried 18-64] 3+ Sexual Partners in Past Year	10.1		 7.1	
% [Unmarried 18-64] Using Condoms	29.7		 18.9	
		 better	 similar	 worse

Substance Abuse	St. Peter's Service Area	St. Peter's Service Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
% Current Drinker	63.6	 58.7	 58.8	
% Chronic Drinker (Average 2+ Drinks/Day)	4.8	 7.6	 5.6	
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	16.3	 20.8	 16.7	 24.3
% Drinking & Driving in Past Month	3.7		 3.5	
% Driving Drunk or Riding with Drunk Driver	5.7		 5.5	
% Illicit Drug Use in Past Month	1.0		 1.7	 7.1
% Ever Sought Help for Alcohol or Drug Problem	5.0		 3.9	
		 better	 similar	 worse

Tobacco Use	St. Peter's Service Area	St. Peter's Service Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
% Current Smoker	13.8	 22.1	 16.6	 12.0
% Someone Smokes at Home	7.5		 13.6	
% [Non-Smokers] Someone Smokes in the Home	2.4		 5.7	
% [Household With Children] Someone Smokes in the Home	5.2		 12.1	
% [Smokers] Received Advice to Quit Smoking	68.1		 63.7	
% [Smokers] Have Quit Smoking 1+ Days in Past Year	53.9		 56.2	 80.0
% Smoke Cigars	3.2		 4.2	 0.2
% Use Smokeless Tobacco	5.2		 2.8	 0.3
		 better	 similar	 worse

Vision	St. Peter's Service Area	St. Peter's Service Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
% Blindness/Trouble Seeing	5.1		 6.9	
% Eye Exam in Past 2 Years	60.4		 57.5	
		 better	 similar	 worse

GENERAL HEALTH STATUS



Overall Health Status

The initial inquiry of the PRC Community Health Survey asked respondents the following:

"Would you say that in general your health is: excellent, very good, good, fair or poor?"

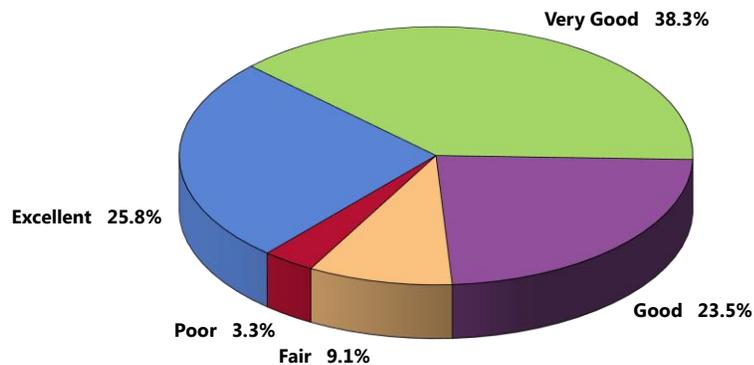
Self-Reported Health Status

Nearly two in three (64.1%) St. Peter's Hospital Service Area adults rate their overall health as "excellent" or "very good."

- Another 23.5% gave "good" ratings of their overall health.

Self-Reported Health Status

(St. Peter's Service Area, 2012)

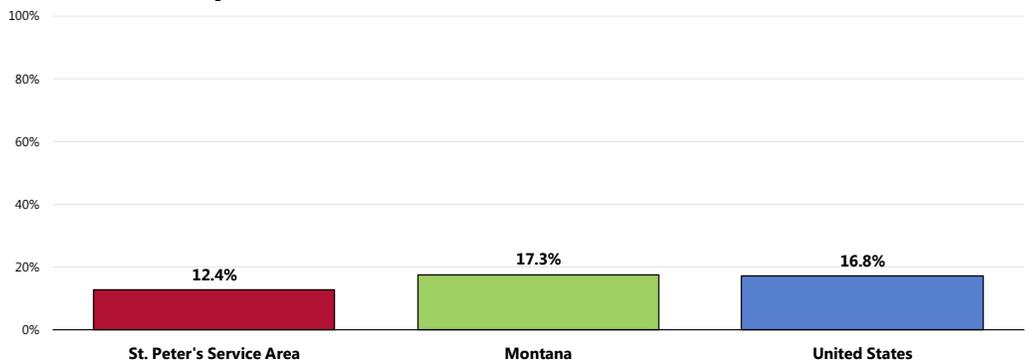


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
 Notes: • Asked of all respondents.

However, 12.4% of St. Peter's Hospital Service Area adults believe that their overall health is "fair" or "poor."

- Better than statewide findings.
- Better than the national percentage.

Experience "Fair" or "Poor" Overall Health



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [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): 2011 Montana data.
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

NOTE:

- Differences noted in the text represent significant differences determined through statistical testing.

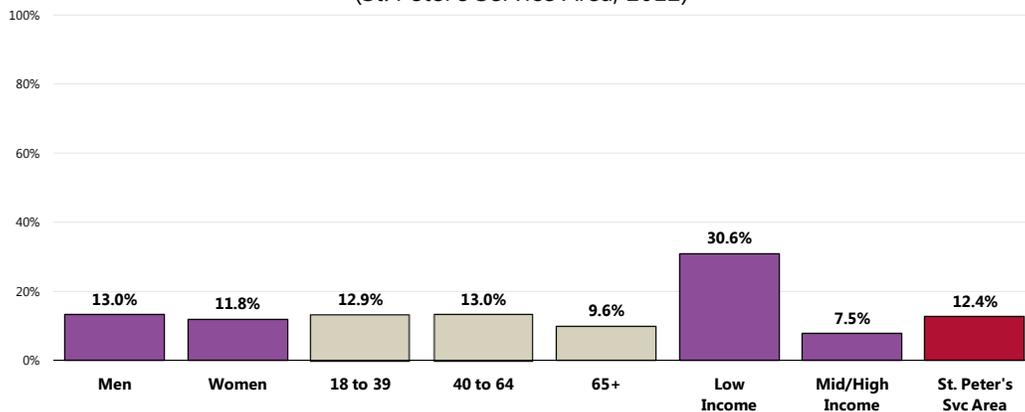
Adults more likely to report experiencing “fair” or “poor” overall health include:

- 👤 Residents living at lower incomes.
- 👤 Other differences within demographic groups, as illustrated in the following chart, are not statistically significant.

Charts throughout this report (such as that here) detail survey findings among key demographic groups – namely by gender, age groupings, income (based on poverty status), and race/ethnicity.

Experience “Fair” or “Poor” Overall Health

(St. Peter's Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]

Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Limitations

An individual can get a disabling impairment or chronic condition at any point in life. Compared with people without disabilities, people with disabilities are more likely to:

- Experience difficulties or delays in getting the health care they need.
- Not have had an annual dental visit.
- Not have had a mammogram in past 2 years.
- Not have had a Pap test within the past 3 years.
- Not engage in fitness activities.
- Use tobacco.
- Be overweight or obese.
- Have high blood pressure.
- Experience symptoms of psychological distress.
- Receive less social-emotional support.
- Have lower employment rates.

There are many social and physical factors that influence the health of people with disabilities. The following three areas for public health action have been identified, using the International Classification of Functioning, Disability, and Health (ICF) and the three World Health Organization (WHO) principles of action for addressing health determinants.

- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.
- **Address the inequitable distribution of resources among people with disabilities and those without disabilities** by increasing: appropriate health care for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.

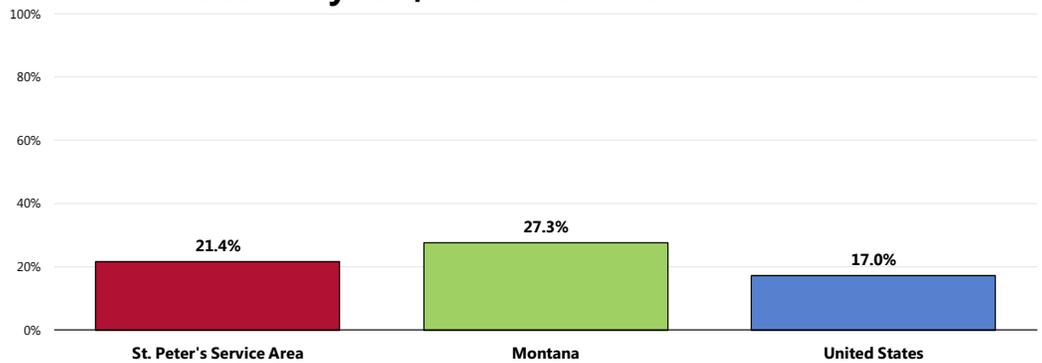
- **Expand the knowledge base and raise awareness about determinants of health for people with disabilities** by increasing: the inclusion of people with disabilities in public health data collection efforts across the lifespan; the inclusion of people with disabilities in health promotion activities; and the expansion of disability and health training opportunities for public health and health care professionals.
- Healthy People 2020 (www.healthypeople.gov)

A total of 21.4% of St. Peter's Hospital Service Area adults are limited in some way in some activities due to a physical, mental or emotional problem.

- More favorable than the prevalence statewide.
- Similar to the national prevalence.

RELATED ISSUE:
See also
Potentially Disabling Conditions in the **Death, Disease & Chronic Conditions** section of this report.

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



Sources:

- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 119]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Montana data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

 Notes:

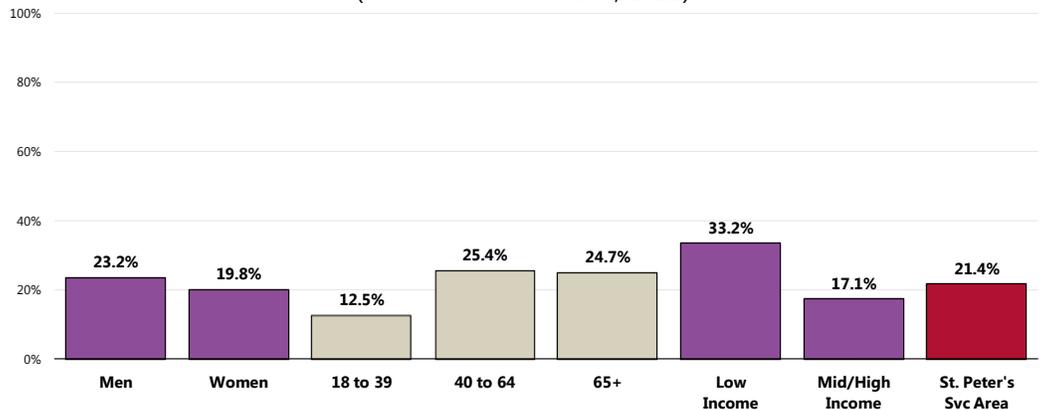
- Asked of all respondents.

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

- 👥 Adults age 40 and older are much more often limited in activities, as are residents living in lower-income households.

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

(St. Peter's Service Area, 2012)



Sources:

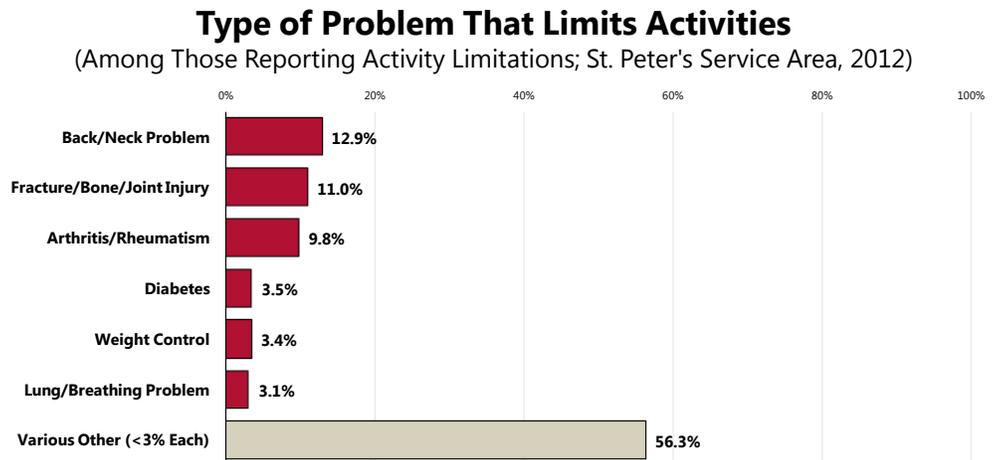
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 119]
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

 Notes:

- Asked of all respondents.

Among persons reporting activity limitations, these are most often attributed to musculoskeletal issues, such as back/neck problems, fractures or bone/joint injuries, or arthritis/rheumatism.

Less often, diabetes and weight control were also mentioned as limiting respondents' activities, as were lung/breathing problems.



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 120]
Notes: • Asked of those respondents reporting activity limitations.

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 challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders.

Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases. According to the national Institute of Mental Health (NIMH), in any given year, an estimated 13 million American adults (approximately 1 in 17) have a seriously debilitating mental illness. Mental health disorders are the leading cause of disability in the United States and Canada, accounting for 25% of all years of life lost to disability and premature mortality. Moreover, suicide is the 11th leading cause of death in the United States, accounting for the deaths of approximately 30,000 Americans each year.

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: **risk factors**, which predispose individuals to mental illness; and **protective factors**, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The understanding of how the brain functions under normal conditions and in response to stressors, combined with knowledge of how the brain develops over time, has been essential to that progress. The major areas of progress include evidence that:

- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
- The incidence of depression among pregnant women and adolescents can be reduced.
- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.
- There are potential indicated preventive interventions for schizophrenia.
- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.
- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression among children and increasing effective parenting.
- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.
- Implementation is complex, and it is important that interventions be relevant to the target audiences.

In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

– Healthy People 2020 (www.healthypeople.gov)

Mental Health Status

Self-Reported Mental Health Status

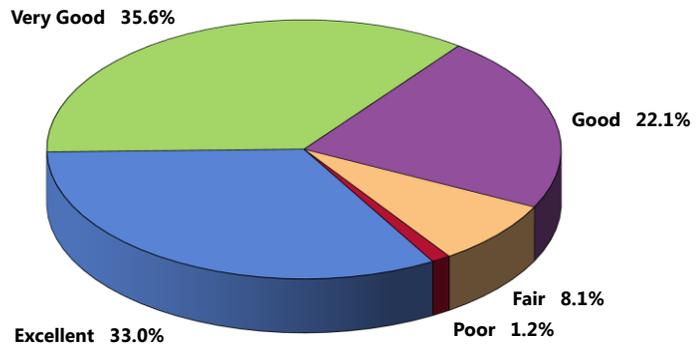
"Now thinking about your mental health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair or poor?"

More than two in three (68.6%) St. Peter's Hospital Service Area adults rate their overall mental health as "excellent" or "very good."

- Another 22.1% gave "good" ratings of their own mental health status.

Self-Reported Mental Health Status

(St. Peter's Service Area, 2012)

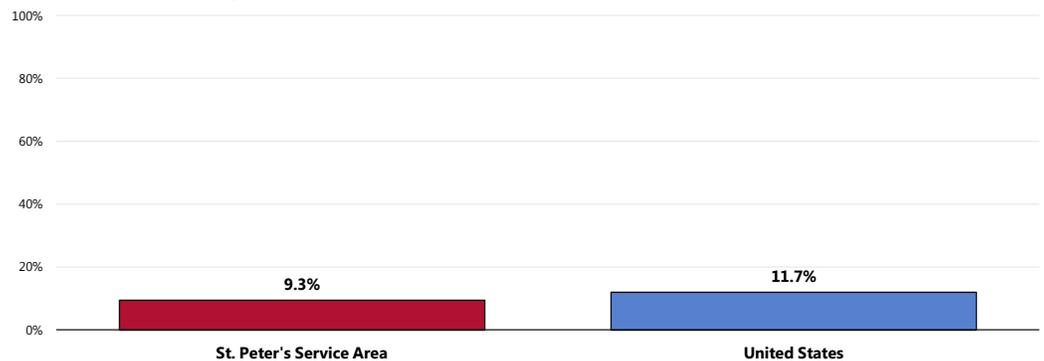


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 115]
Notes: • Asked of all respondents.

A total of 9.3% of St. Peter's Hospital Service Area adults, however, believe that their overall mental health is "fair" or "poor."

- Similar to the "fair/poor" response reported nationally.

Experience "Fair" or "Poor" Mental Health

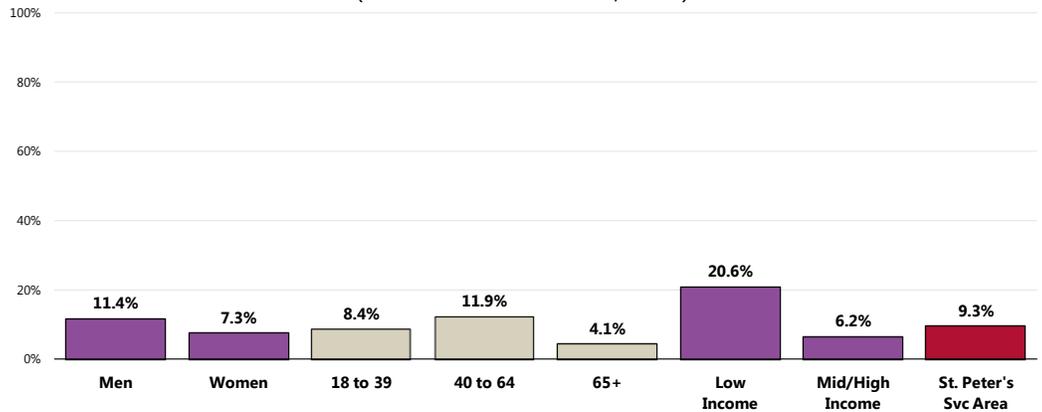


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 115]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

👥 Adults age 40-64 and lower-income residents are statistically more likely to report experiencing “fair/poor” mental health than their demographic counterparts.

Experience “Fair” or “Poor” Mental Health

(St. Peter's Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 115]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

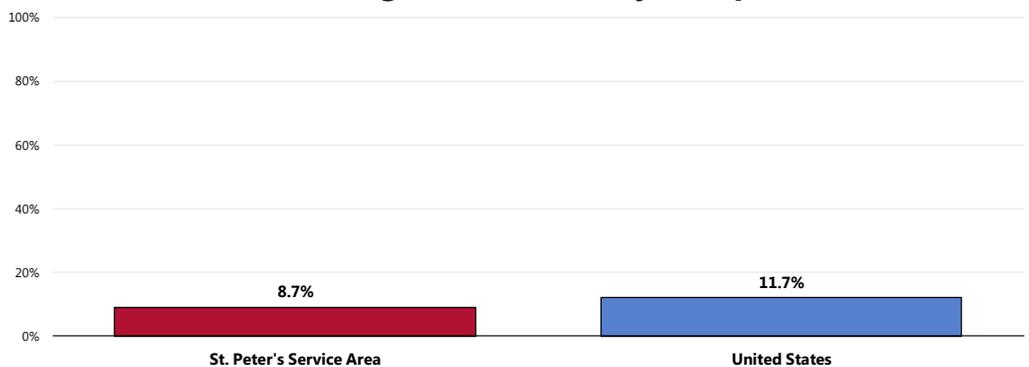
Depression

Major Depression

A total of 8.7% of St. Peter's Hospital Service Area adults have been diagnosed with major depression by a physician.

- Similar to the national finding.

Have Been Diagnosed With Major Depression

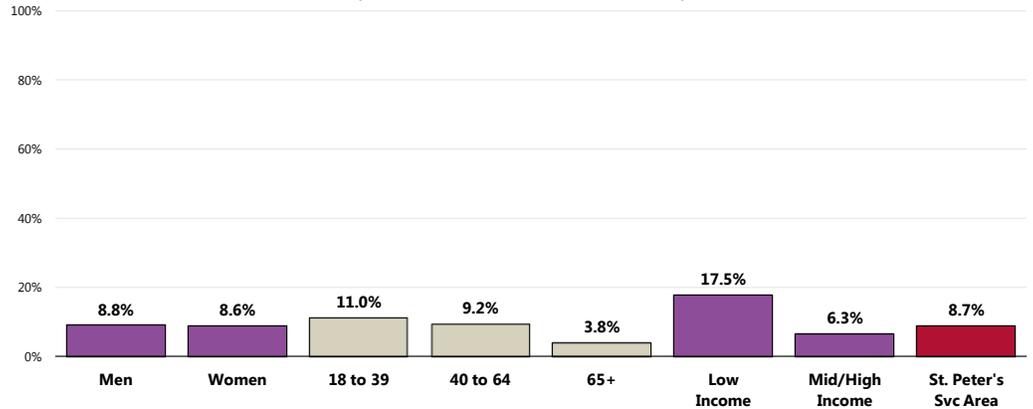


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

The prevalence of major depression is notably higher among:

- Community members living at lower incomes.

Have Been Diagnosed With Major Depression (St. Peter's Service Area, 2012)



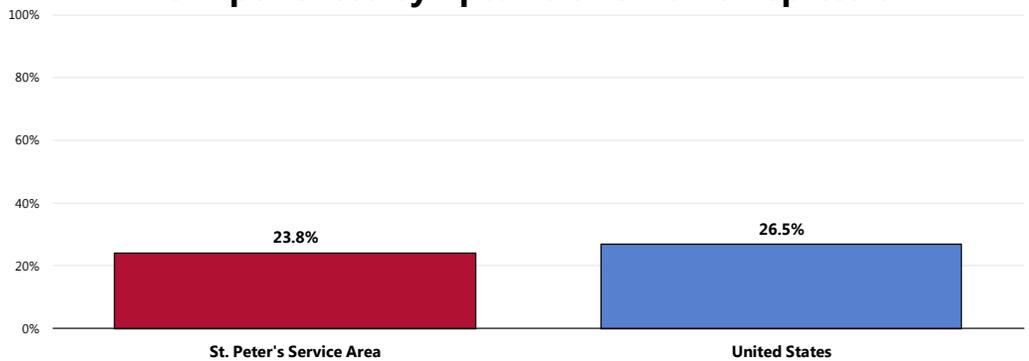
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Symptoms of Chronic Depression

A total of 23.8% of St. Peter's Hospital Service Area adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (chronic depression).

- Statistically comparable to national findings.

Have Experienced Symptoms of Chronic Depression



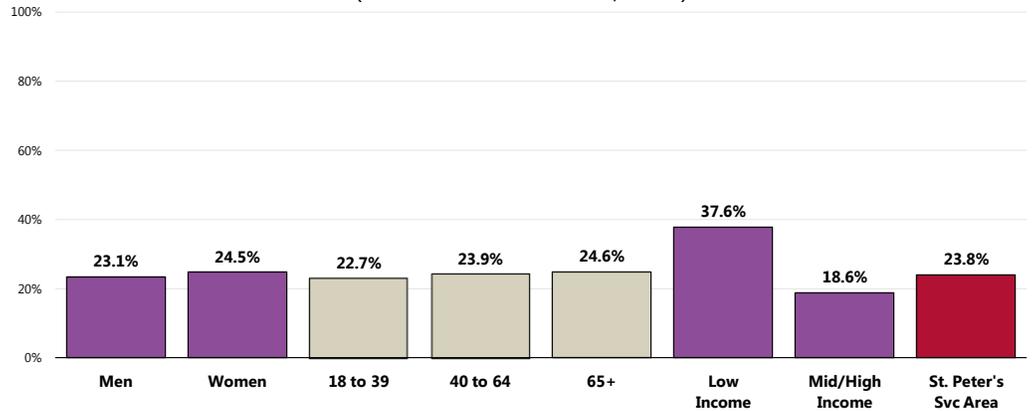
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 116]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

The prevalence of chronic depression is notably higher among:

 Adults with lower incomes.

Have Experienced Symptoms of Chronic Depression

(St. Peter's Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 116]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Stress

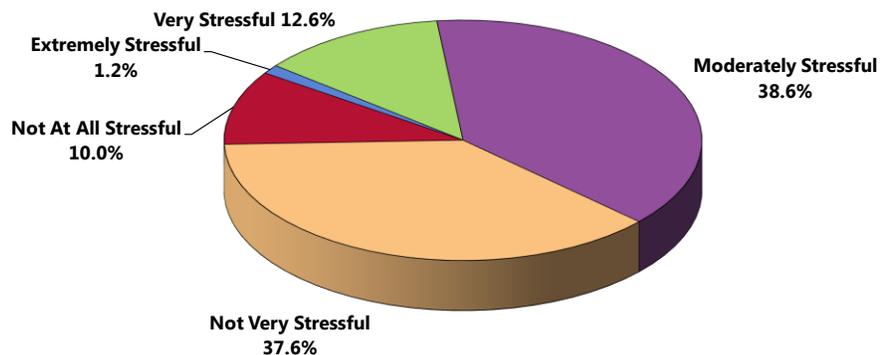
RELATED ISSUE:
 See also *Substance Abuse* in
 the **Modifiable
 Health Risks** section
 of this report.

Nearly one-half of St. Peter's Hospital Service Area adults considers a typical day to be "not very stressful" (37.6%) or "not at all stressful" (10.0%).

- Another 38.6% of survey respondents characterize their typical day as "moderately stressful."

Perceived Level of Stress On a Typical Day

(St. Peter's Service Area, 2012)

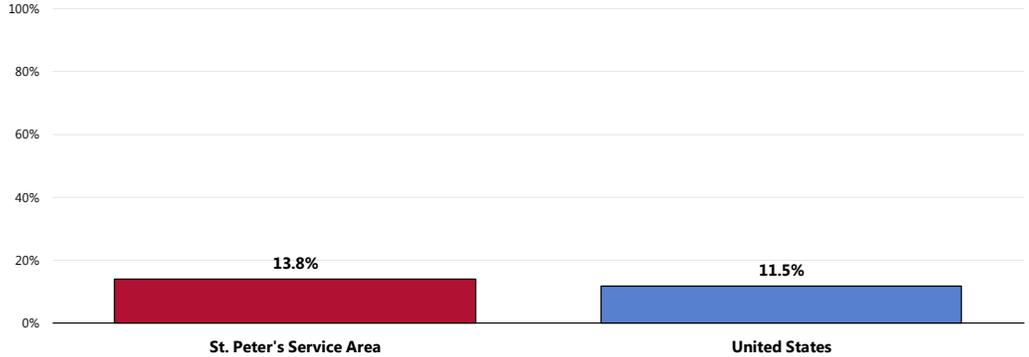


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]
 Notes: • Asked of all respondents.

In contrast, 13.8% of St. Peter's Hospital Service Area adults experience "very" or "extremely" stressful days on a regular basis.

- Similar to national findings.

Perceive Most Days As "Extremely" or "Very" Stressful

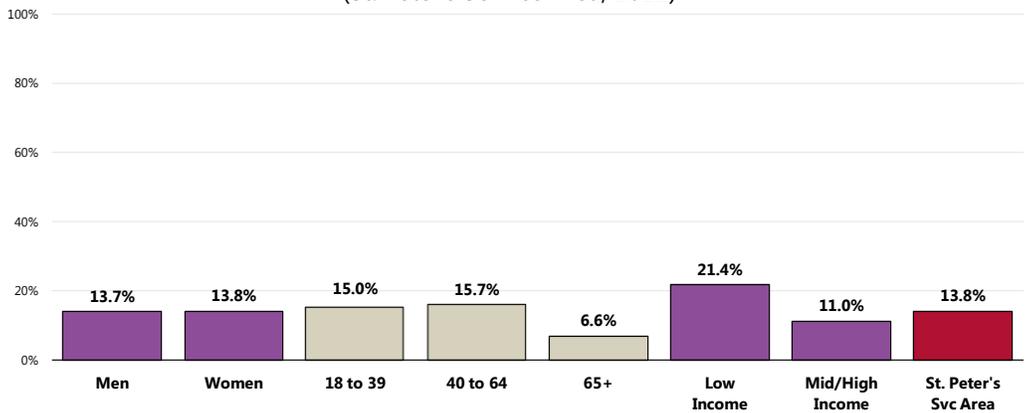


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

👥 Note that high stress levels are more prevalent among adults under 65 and residents living in lower-income households.

Perceive Most Days as "Extremely" or "Very" Stressful (St. Peter's Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]

Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

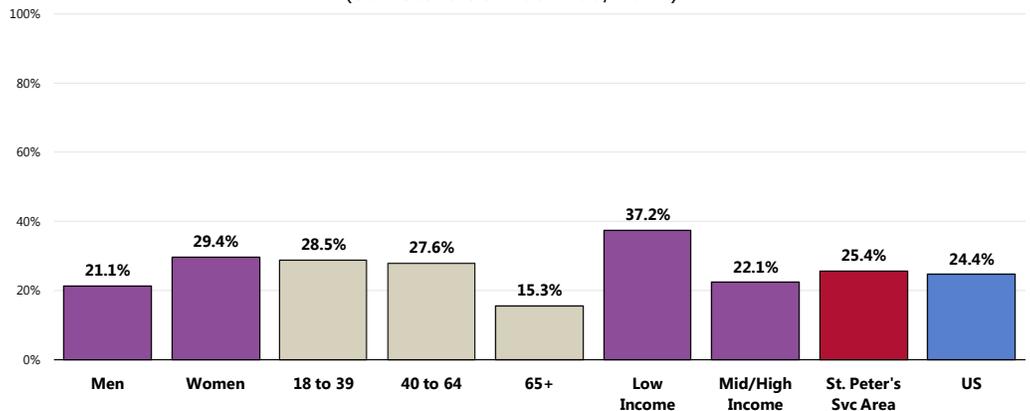
Mental Health Treatment

Among the total sample of surveyed adults, one in four (25.4%) acknowledges that they have sought professional help for a mental or emotional problem.

- Similar to national findings.
- 👥 Statistically high among residents under 65 and lower-income adults.

Have Sought Professional Mental Health Services

(St. Peter's Service Area, 2012)



Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 118]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.

● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Related Focus Group Findings: Mental Health

Many focus group participants are concerned about mental health in the community, with discussion centering on these issues:

- Inadequate number of psychiatrists and local inpatient services
 - Residential facilities
- Children and adolescents
- Suicide rates

During the focus group, issues surrounding mental healthcare coverage came up several times. Many participants feel the community does not have an integrated behavioral health system, and some believe that there remains an **inadequate number of psychiatrists and local inpatient services**. St. Peter's Hospital has 22 adult inpatient beds, but attendees express concern for those residents *with* private insurance because many times it is easier to get a Medicaid recipient access than a privately-insured resident. The Cooperative Health Center has one counselor on staff. The Center for Mental Health provides a variety of mental health services and accepts Medicaid, but many patients remain on wait lists.

The community also suffers due to a lack of long-term **residential, step-down, or transitional treatment facilities**. Many times patients remain at an inappropriate level of care because there is no other option. An attendee describes the situation:

"We repeatedly see people who are not being discharged from residential facilities because their providers feel that they do not have a stable situation to put them in as an outpatient, so then you get folks that perhaps could be transitioned to a lower level of care, but there's no place to send them. And then that backs up, so then you've got people in acute care that can't transition down into residential. I mean, it just compounds upon itself." — Key Informant

Participants worry about the lack of local behavioral health services accessible to **children and adolescents**. Currently, the only inpatient option for children is the Shodair Children's Hospital, which often operates at capacity. A respondent explains:

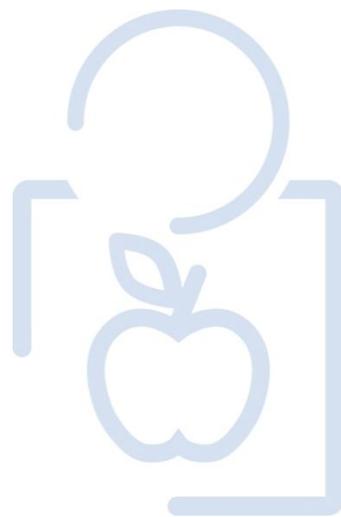
"There's many times when we have a child who comes into the emergency room and there's no bed empty, and so they end up being warehoused on the floor until a bed comes available somewhere in the state." — Key Informant

The AWARE program also operates in the schools to assist children with behavioral health issues to transition back into the classroom after treatment, but the need surpasses the available caseload capacity.

Participants worry about the **suicide rate** in the community. Respondents noted a variety of reasons for the high number of suicides (or attempts), with reasons including substance abuse, poverty, gun access, rural communities, and stress. Community members face stigma surrounding feelings of sadness or hopelessness, so residents do not seek treatment. Focus group members also describe the idea of "Montana pride" as an additional reason for the high suicide rates. In addition, attendees worry that suicidal ideations have begun migrating to younger children. An attendee describes some of the reasons for this change:

"I think there are a lot of factors: bullying, alcohol use, watching parents who are alcoholic. It's the drug of choice in Montana. I think earlier drinking. Poverty is a huge thing. So it's a whole mix of different things. I think it might also be worth mentioning that it's changing slowly, but it's not okay to be out if you're gay or lesbian as a teenager or young adult." — Key Informant

DEATH, DISEASE & CHRONIC CONDITIONS



Cardiovascular Disease

Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than \$500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the US population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use.

The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:

- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

Disease does not occur in isolation, and cardiovascular disease is no exception. Cardiovascular health is significantly influenced by the physical, social, and political environment, including: maternal and child health; access to educational opportunities; availability of healthy foods, physical education, and extracurricular activities in schools; opportunities for physical activity, including access to safe and walkable communities; access to healthy foods; quality of working conditions and worksite health; availability of community support and resources; and access to affordable, quality healthcare.

– Healthy People 2020 (www.healthypeople.gov)

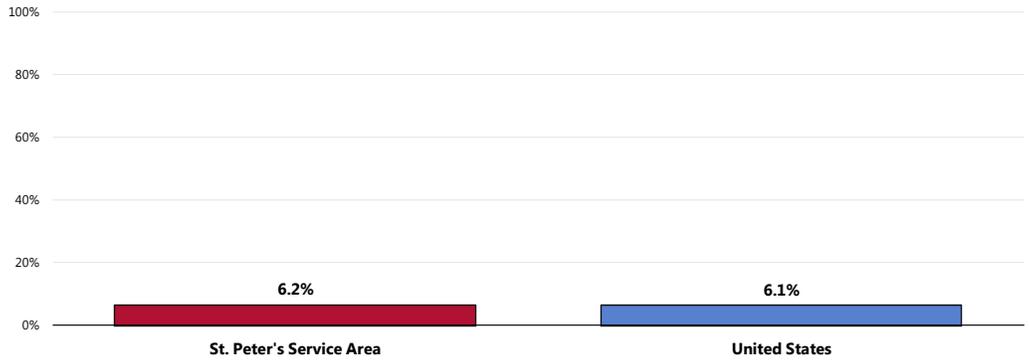
Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 6.2% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

- Almost identical to the national prevalence.

Prevalence of Heart Disease

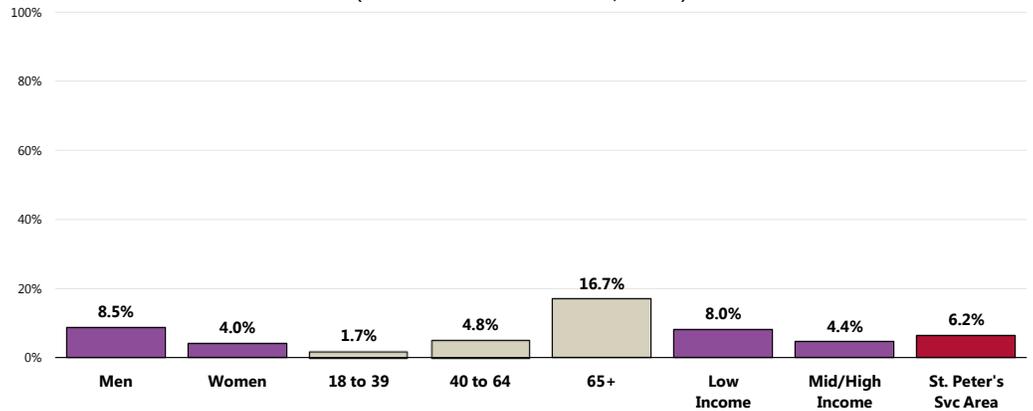


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Seniors (age 65+) in St. Peter's Hospital Service Area are statistically more likely to have been diagnosed with chronic heart disease.

Prevalence of Heart Disease

(St. Peter's Service Area, 2012)



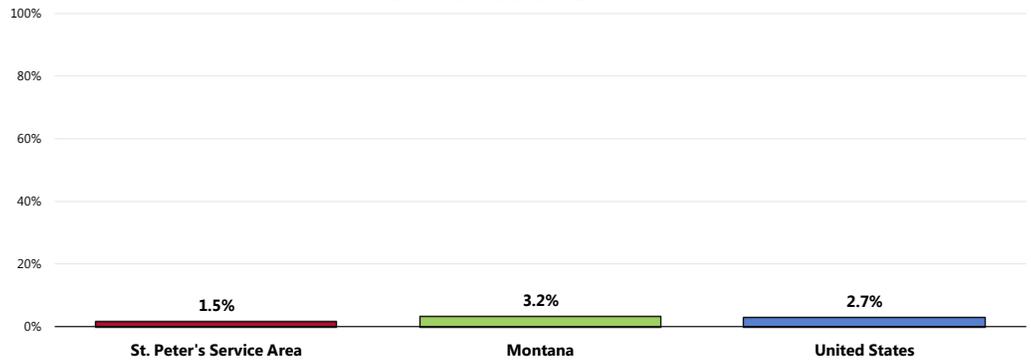
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Prevalence of Stroke

A total of 1.5% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- More favorable than statewide findings.
- Similar to national findings.

Prevalence of Stroke



Sources:

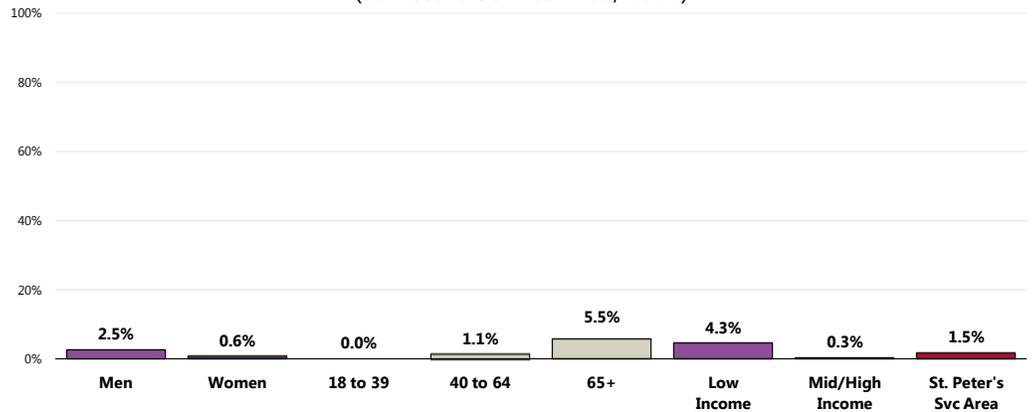
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 40]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Montana data.

 Notes:

- Asked of all respondents.

Seniors in the Service Area are more likely to have suffered a stroke.

Prevalence of Stroke (St. Peter's Service Area, 2012)



Sources:

- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 40]
- Asked of all respondents.

 Notes:

- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Cardiovascular Risk Factors

Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans with high blood pressure do not have it under control. High sodium intake is a known risk factor for high blood pressure and heart disease, yet about 90% of American adults exceed their recommendation for sodium intake.

– Healthy People 2020 (www.healthypeople.gov)

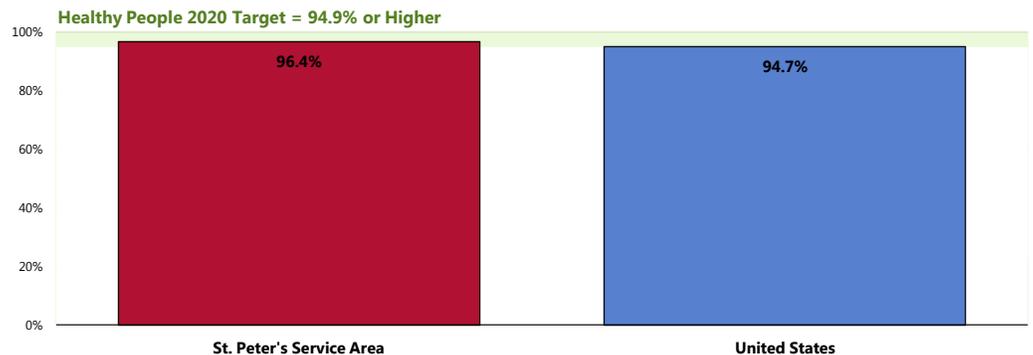
Hypertension (High Blood Pressure)

High Blood Pressure Testing

A total of 96.4% of St. Peter's Hospital Service Area adults have had their blood pressure tested within the past two years.

- Similar to national findings.
- Similar to the Healthy People 2020 target (94.9% or higher).

Have Had Blood Pressure Checked in the Past Two Years



Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 50]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-4]
Notes: ● Asked of all respondents.

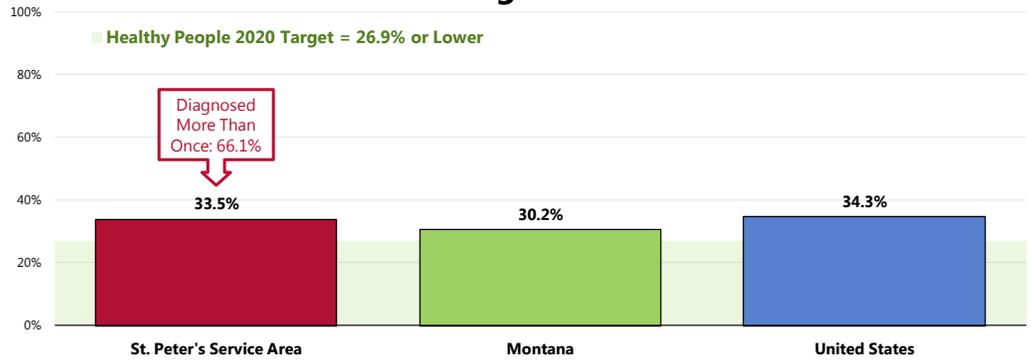
Prevalence of Hypertension

One-third (33.5%) of area adults has been diagnosed with high blood pressure.

- Comparable to the Montana prevalence.
- Comparable to the national prevalence.
- Fails to satisfy the Healthy People 2020 target (26.9% or lower).

👥 Among hypertensive adults, 66.1% have been diagnosed with high blood pressure more than once.

Prevalence of High Blood Pressure



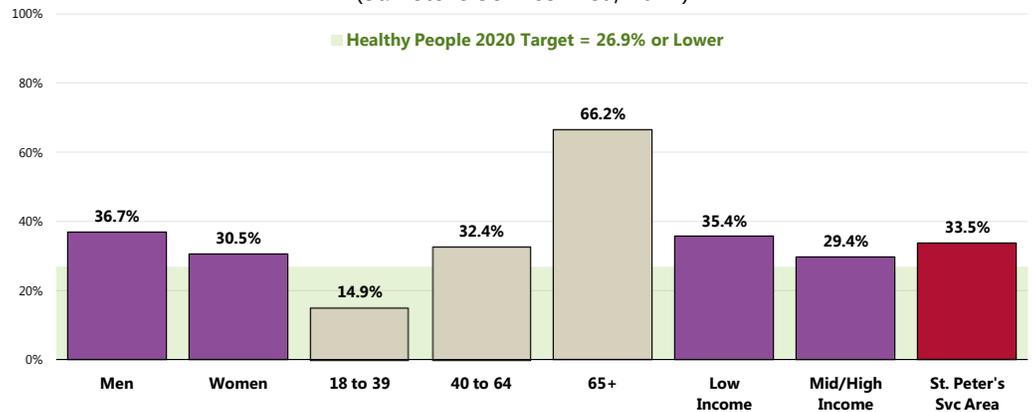
- Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 48, 152]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Montana data.
 - 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-5.1]
- Notes:
- Asked of all respondents.

Hypertension diagnoses are higher among:

👤 Adults age 65+.

Prevalence of High Blood Pressure

(St. Peter's Service Area, 2012)



- Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-5.1]
 - Asked of all respondents.
- Notes:
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Hypertension Management

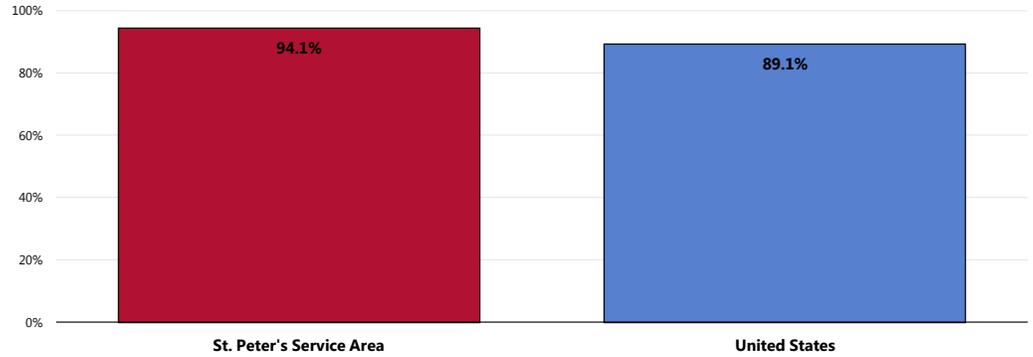
Respondents reporting high blood pressure were further asked:

"Are you currently taking any action to help control your high blood pressure, such as taking medication, changing your diet, or exercising?"

Among respondents who have been told that their blood pressure was high, 94.1% report that they are currently taking actions to control their condition.

- Similar to national findings.

Taking Action to Control Hypertension (Among Adults With High Blood Pressure)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents who have been diagnosed with high blood pressure.
• In this case, the term "action" refers to medication, change in diet, and/or exercise.

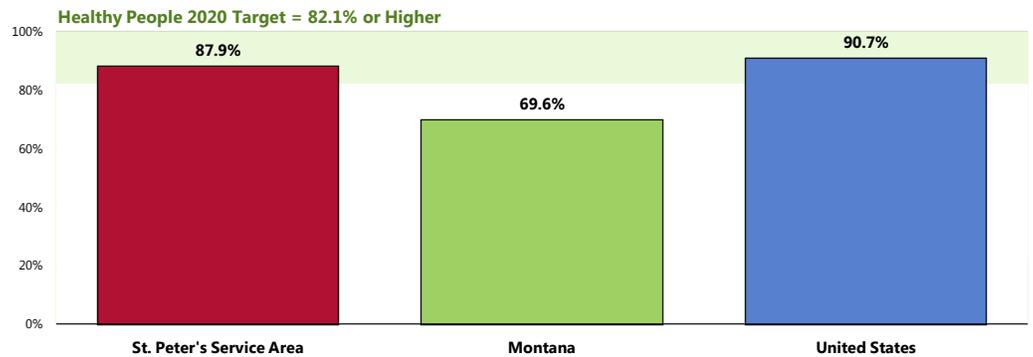
High Blood Cholesterol

Blood Cholesterol Testing

A total of 87.9% of St. Peter's Hospital Service Area adults have had their blood cholesterol checked within the past five years.

- More favorable than Montana findings.
- Similar to the national findings.
- Satisfies the Healthy People 2020 target (82.1% or higher).

Have Had Blood Cholesterol Levels Checked in the Past Five Years



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 53]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2011 Montana data.
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-6]
Notes: • Asked of all respondents.

The following demographic segments report lower screening levels:

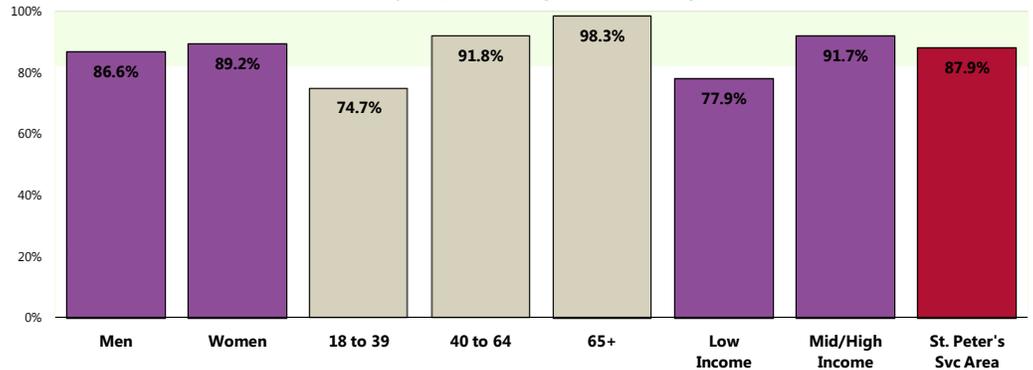
 Young adults (those under 40).

 Residents with lower incomes.

Have Had Blood Cholesterol Levels Checked in the Past Five Years

(St. Peter's Service Area, 2012)

Healthy People 2020 Target = 82.1% or Higher



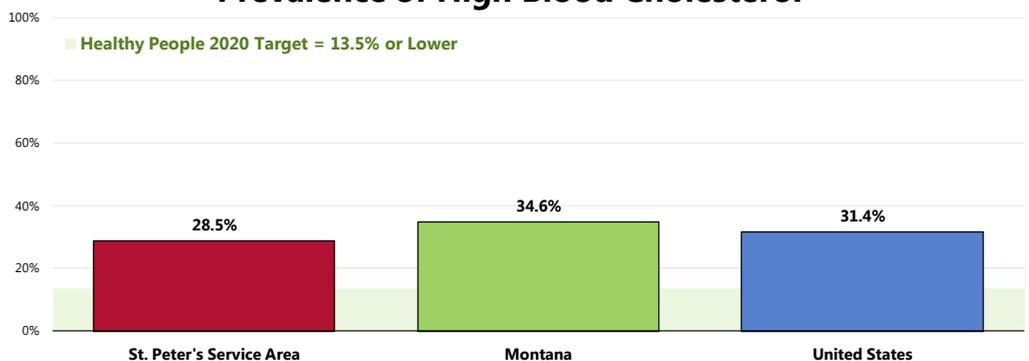
- Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 53]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-6]
- Notes:
- Asked of all respondents.
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Self-Reported High Blood Cholesterol

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

- More favorable than the Montana findings.
- Statistically similar to the national prevalence.
- Twice the Healthy People 2020 target (13.5% or lower).

Prevalence of High Blood Cholesterol



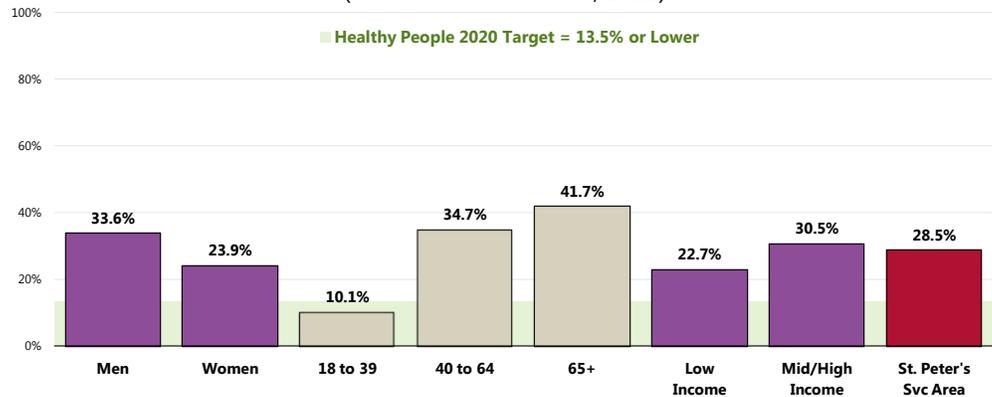
- Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 153]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2011 Montana data.
 - 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-7]
- Notes:
- Asked of all respondents.
 - *The Montana data reflects those adults who have been tested for high cholesterol and who have been diagnosed with it.

Note that 15.8% of St. Peter's Hospital Service Area adults report not having high blood cholesterol, but: 1) have never had their blood cholesterol levels tested; 2) have not been screened in the past 5 years; or 3) do not recall when their last screening was. For these individuals, current prevalence is unknown.

- 👤 Men are more likely than women to have high blood cholesterol levels.
- 👤 Note the positive correlation between age and high blood cholesterol.
- 👤 Keep in mind that "unknowns" are relatively high in men, young adults and lower-income residents.

Prevalence of High Blood Cholesterol

(St. Peter's Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 153]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-7]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

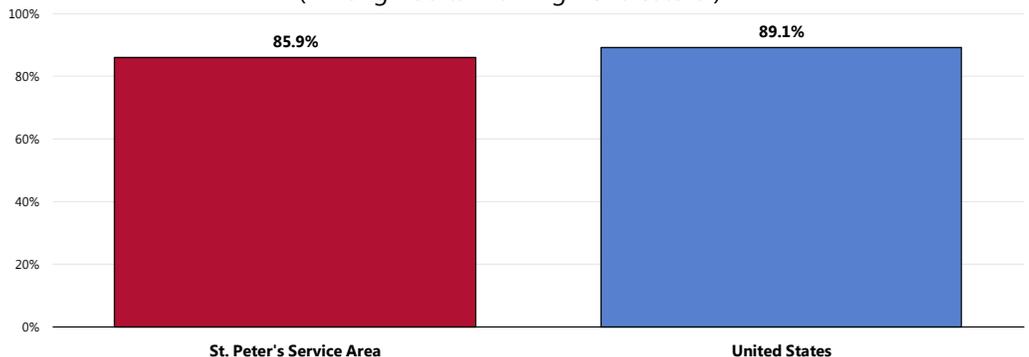
High Cholesterol Management

Among adults who have been told that their blood cholesterol was high, 85.9% report that they are currently taking actions to control their cholesterol levels.

- Comparable to that found nationwide.

Taking Action to Control High Blood Cholesterol Levels

(Among Adults with High Cholesterol)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents who have been diagnosed with high blood cholesterol levels.
 • In this case, the term "action" refers to medication, change in diet, and/or exercise.

Respondents reporting high cholesterol were further asked:

"Are you currently taking any action to help control your high cholesterol, such as taking medication, changing your diet, 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

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 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 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 US

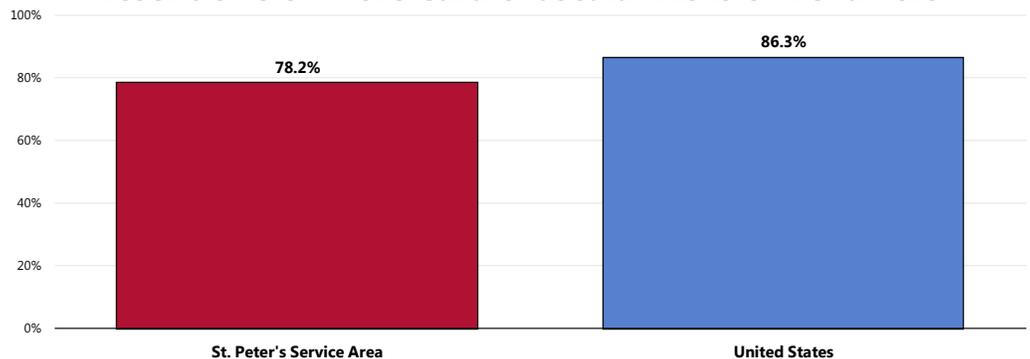
Modifying these behaviors is critical both for preventing and for controlling cardiovascular disease. Other steps that adults who have cardiovascular disease should take to reduce their risk of death and disability include adhering to treatment for high blood pressure and cholesterol, using aspirin as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

A total of 78.2% of St. Peter's Hospital Service Area adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- Notably better than national findings.

Present One or More Cardiovascular Risks or Behaviors



Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]

● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.

● Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

RELATED ISSUE:

See also

Nutrition & Overweight, Physical Activity & Fitness and Tobacco Use in the **Modifiable Health Risk** section of this report.

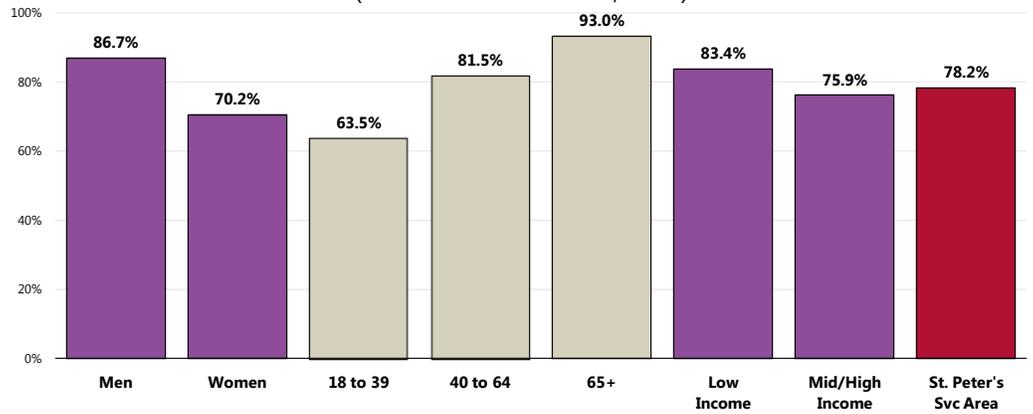
Adults more likely to exhibit cardiovascular risk factors include:

 Men.

 Adults age 40 and older, and especially seniors.

Present One or More Cardiovascular Risks or Behaviors

(St. Peter's Service Area, 2012)



Sources:

- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]

Notes:

- Asked of all respondents.

- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Cancer

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:

- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)

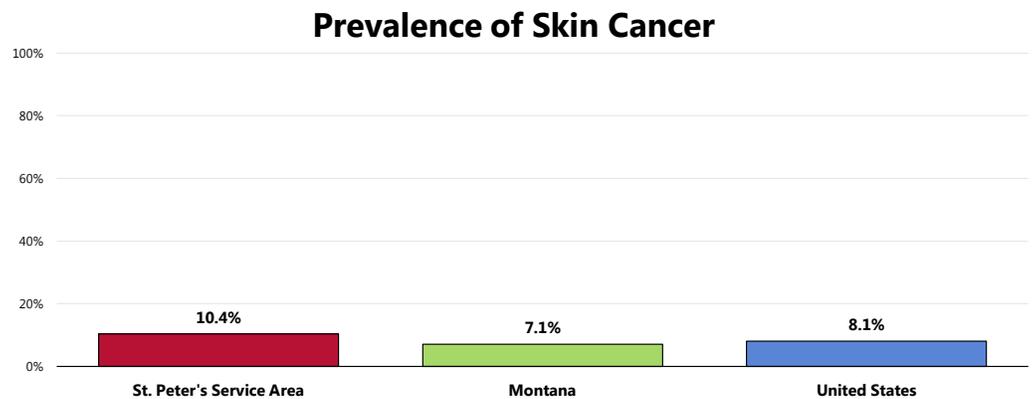
– Healthy People 2020 (www.healthypeople.gov)

Prevalence of Cancer

Skin Cancer

A total of 10.4% of surveyed St. Peter's Hospital Service Area adults report having been diagnosed with skin cancer.

- Less favorable than the Montana prevalence.
- Similar to the national average.



Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 31]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2010 Montana data.

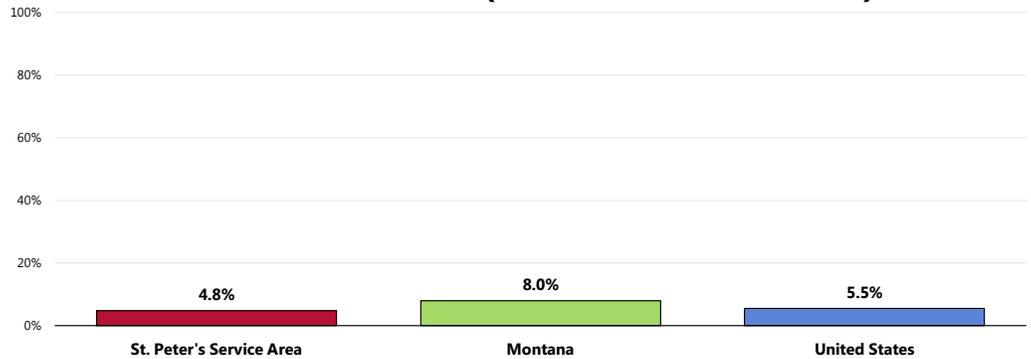
Notes: ● Asked of all respondents.

Other Cancer

A total of 4.8% of respondents have been diagnosed with some type of (non-skin) cancer.

- More favorable than the state percentage.
- Similar to the national prevalence.

Prevalence of Cancer (Other Than Skin Cancer)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 30]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2010 Montana data.

Notes: • 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

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 the community were measured in the PRC Community Health Survey relative to four cancer sites: prostate cancer (prostate-specific antigen testing and digital rectal examination); female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

RELATED ISSUE:
See also
*Nutrition & Overweight,
Physical Activity &
Fitness and Tobacco Use*
in the **Modifiable
Health Risk** section of
this report.

Prostate Cancer Screenings

The US Preventive Services Task Force (USPSTF) concludes that the current evidence is insufficient to assess the balance of benefits and harms of prostate cancer screening in men younger than age 75 years.

Rationale: Prostate cancer is the most common nonskin cancer and the second-leading cause of cancer death in men in the United States. The USPSTF found convincing evidence that prostate-specific antigen (PSA) screening can detect some cases of prostate cancer.

In men younger than age 75 years, the USPSTF found inadequate evidence to determine whether treatment for prostate cancer detected by screening improves health outcomes compared with treatment after clinical detection.

The USPSTF found convincing evidence that treatment for prostate cancer detected by screening causes moderate-to-substantial harms, such as erectile dysfunction, urinary incontinence, bowel dysfunction, and death. These harms are especially important because some men with prostate cancer who are treated would never have developed symptoms related to cancer during their lifetime.

There is also adequate evidence that the screening process produces at least small harms, including pain and discomfort associated with prostate biopsy and psychological effects of false-positive test results.

The USPSTF recommends against screening for prostate cancer in men age 75 years or older.

Rationale: In men age 75 years or older, the USPSTF found adequate evidence that the incremental benefits of treatment for prostate cancer detected by screening are small to none.

Given the uncertainties and controversy surrounding prostate cancer screening in men younger than age 75 years, a clinician should not order the PSA test without first discussing with the patient the potential but uncertain benefits and the known harms of prostate cancer screening and treatment. Men should be informed of the gaps in the evidence and should be assisted in considering their personal preferences before deciding whether to be tested.

– US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services.

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

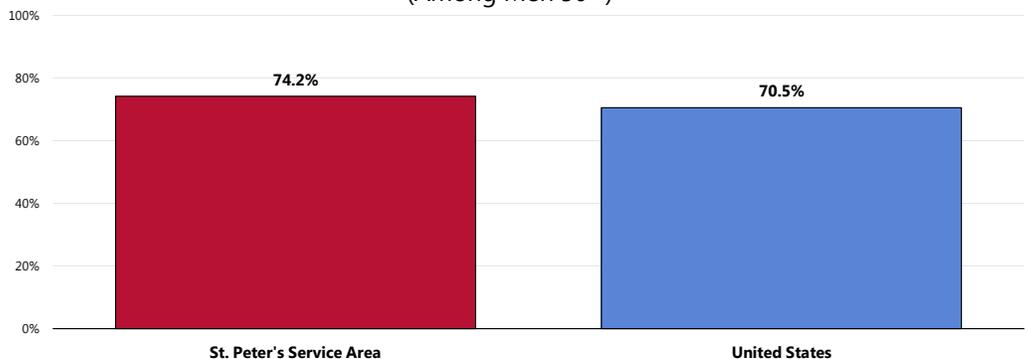
Note: Due to recent (2008) changes in clinical recommendations against routine PSA testing, it is anticipated that testing levels will begin to decline.

PSA Testing and/or Digital Rectal Examination

Among men age 50 and older, nearly three-fourths (74.2%) have had a PSA (prostate-specific antigen) test and/or a digital rectal examination for prostate problems within the past two years.

- Similar to national findings.

Have Had a Prostate Screening in the Past Two Years (Among Men 50+)



Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all male respondents 50 and older.

Female Breast Cancer Screening

The US Preventive Services Task Force (USPSTF) recommends screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women age 40 and older.

Rationale: The USPSTF found fair evidence that mammography screening every 12-33 months significantly reduces mortality from breast cancer. Evidence is strongest for women age 50-69, the age group generally included in screening trials. For women age 40-49, the evidence that screening mammography reduces mortality from breast cancer is weaker, and the absolute benefit of mammography is smaller, than it is for older women. Most, but not all, studies indicate a mortality benefit for women undergoing mammography at ages 40-49, but the delay in observed benefit in women younger than 50 makes it difficult to determine the incremental benefit of beginning screening at age 40 rather than at age 50.

The absolute benefit is smaller because the incidence of breast cancer is lower among women in their 40s than it is among older women. The USPSTF concluded that the evidence is also generalizable to women age 70 and older (who face a higher absolute risk for breast cancer) if their life expectancy is not compromised by comorbid disease. The absolute probability of benefits of regular mammography increase along a continuum with age, whereas the likelihood of harms from screening (false-positive results and unnecessary anxiety, biopsies, and cost) diminish from ages 40-70. The balance of benefits and potential harms, therefore, grows more favorable as women age. The precise age at which the potential benefits of mammography justify the possible harms is a subjective choice. The USPSTF did not find sufficient evidence to specify the optimal screening interval for women age 40-49.

– US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services.

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

Mammography

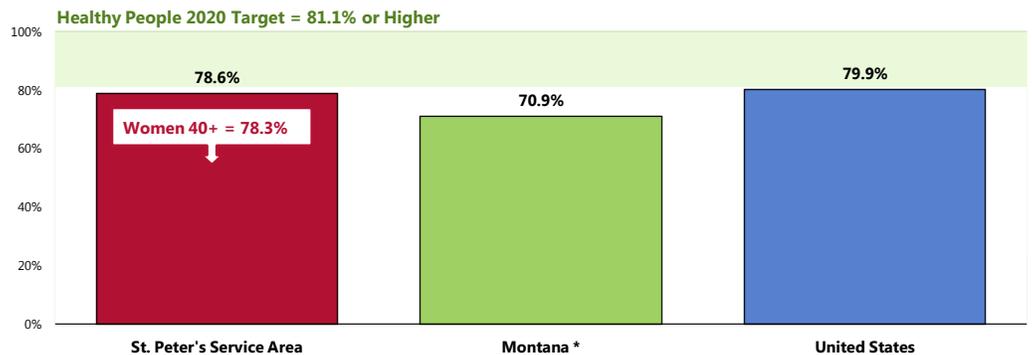
Among women age 50-74, 78.6% had a mammogram within the past two years.

- Similar to statewide findings (which represent all women 50+).
- Similar to national findings.
- Similar to the Healthy People 2020 target (81.1% or higher).

 Among women 40+, 78.3% had a mammogram in the past two years.

Have Had a Mammogram in the Past Two Years

(Among Women 50-74)



- Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 155-156]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Montana data.
 - 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-17]
- Notes:
- Reflects female respondents 50 to 74.
 - *Note that state data reflects all women 50 and older (vs. women 50-74 in local, US and Healthy People data).

Cervical Cancer Screenings

The US Preventive Services Task Force (USPSTF) strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix.

Rationale: The USPSTF found good evidence from multiple observational studies that screening with cervical cytology (Pap smears) reduces incidence of and mortality from cervical cancer. Direct evidence to determine the optimal starting and stopping age and interval for screening is limited. Indirect evidence suggests most of the benefit can be obtained by beginning screening within 3 years of onset of sexual activity or age 21 (whichever comes first) and screening at least every 3 years. The USPSTF concludes that the benefits of screening substantially outweigh potential harms.

The USPSTF recommends against routinely screening women older than age 65 for cervical cancer if they have had adequate recent screening with normal Pap smears and are not otherwise at high risk for cervical cancer.

Rationale: The USPSTF found limited evidence to determine the benefits of continued screening in women older than 65. The yield of screening is low in previously screened women older than 65 due to the declining incidence of high-grade cervical lesions after middle age. There is fair evidence that screening women older than 65 is associated with an increased risk for potential harms, including false-positive results and invasive procedures. The USPSTF concludes that the potential harms of screening are likely to exceed benefits among older women who have had normal results previously and who are not otherwise at high risk for cervical cancer.

The USPSTF recommends against routine Pap smear screening in women who have had a total hysterectomy for benign disease.

Rationale: The USPSTF found fair evidence that the yield of cytologic screening is very low in women after hysterectomy and poor evidence that screening to detect vaginal cancer improves health outcomes. The USPSTF concludes that potential harms of continued screening after hysterectomy are likely to exceed benefits.

– US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services.

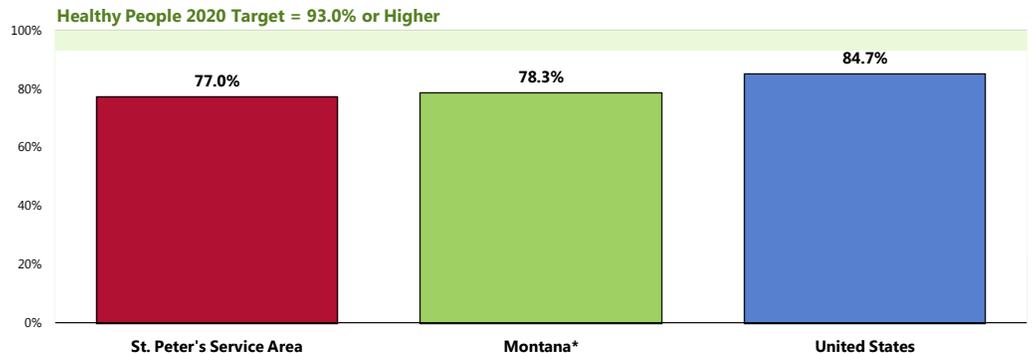
Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Pap Smear Testing

Among women age 21 to 65, 77.0% had a Pap smear within the past three years.

- Comparable to Montana findings (which represents all women 18+).
- Less favorable than national findings.
- Fails to satisfy the Healthy People 2020 target (93% or higher).

Have Had a Pap Smear in the Past Three Years (Among Women 21-65)



Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [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): 2010 Montana data.
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-15]
Notes: ● Reflects female respondents age 21-65.
● *Note that the Montana percentage represents all women 18 and older.

Colorectal Cancer Screenings

The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years.

The evidence is convincing that screening for colorectal cancer with fecal occult blood testing, sigmoidoscopy, or colonoscopy detects early-stage cancer and adenomatous polyps. There is convincing evidence that screening with any of the three recommended tests (FOBT, sigmoidoscopy, colonoscopy) reduces colorectal cancer mortality in adults age 50 to 75 years. Follow-up of positive screening test results requires colonoscopy regardless of the screening test used.

– US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services.

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

Colorectal Cancer Screening

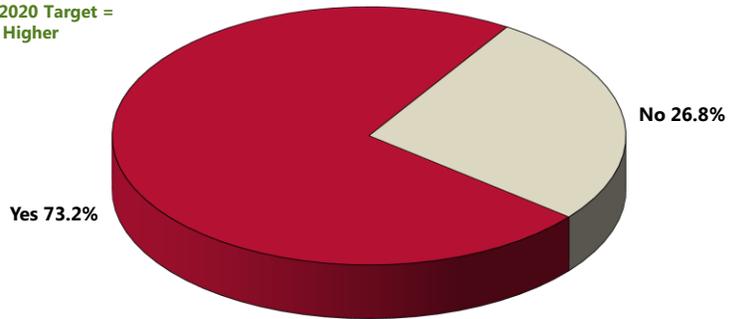
Among adults age 50-75, 73.2% have had an appropriate colorectal cancer screening (fecal occult blood testing within the past year and/or sigmoidoscopy/ colonoscopy [lower endoscopy] within the past 10 years).

- Comparable to the Healthy People 2020 target (70.5% or higher).

Have Had a Colorectal Cancer Screening

(Among St. Peter's Service Area Adults 50-75, 2011)

Healthy People 2020 Target =
70.5% or Higher



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 161]
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-16]
Notes: • Asked of all respondents age 50 through 75.
• In this case, the term "colorectal screening" refers to adults age 50-75 receiving a FOBT (fecal occult blood test) in the past year and/or a lower endoscopy (sigmoidoscopy/colonoscopy) in the past 10 years.

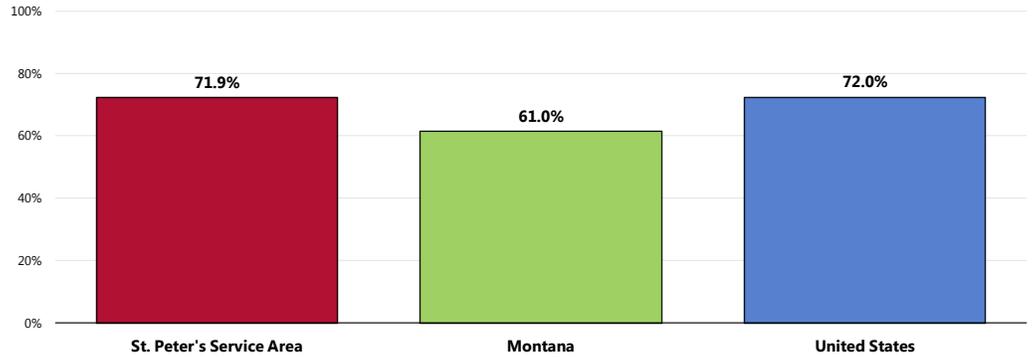
Lower Endoscopy

Among adults age 50 and older, 71.9% have had a lower endoscopy (sigmoidoscopy or colonoscopy) at some point in their lives.

- More favorable than Montana findings.
- Nearly identical to national findings.

Have Ever Had a Lower Endoscopy Exam

(Among Adults 50+)



- Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Montana data.
 - 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents 50+.
 - Lower endoscopy includes either sigmoidoscopy or colonoscopy.

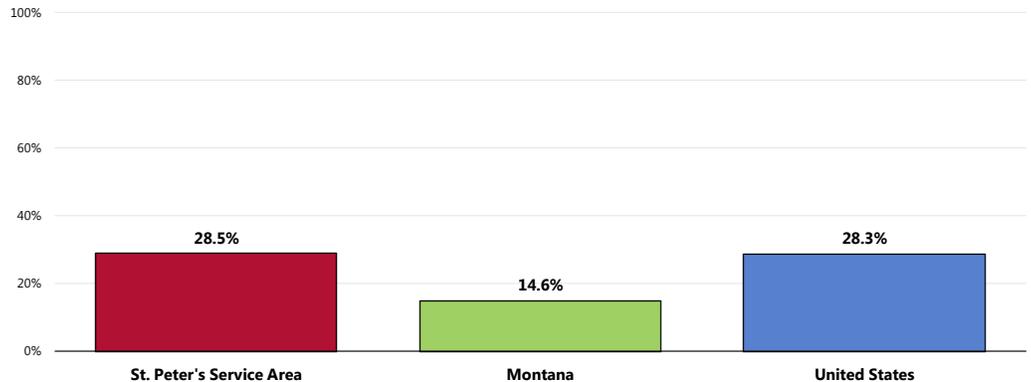
Blood Stool Testing

Among adults age 50 and older, 28.5% have had a blood stool test (aka "fecal occult blood test") within the past two years.

- Better than Montana findings.
- Almost identical to national findings.

Have Had a Blood Stool Test in the Past Two Years

(Among Adults 50+)



- Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 160]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Montana data.
 - 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents 50+.

Respiratory Disease

Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

Several additional respiratory conditions and respiratory hazards, including infectious agents and occupational and environmental exposures, are covered in other areas of Healthy People 2020. Examples include tuberculosis, lung cancer, acquired immunodeficiency syndrome (AIDS), pneumonia, occupational lung disease, and smoking. Sleep Health is now a separate topic area of Healthy People 2020.

Currently in the United States, more than 23 million people have asthma. Approximately 13.6 million adults have been diagnosed with COPD, and an approximately equal number have not yet been diagnosed. The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at \$20.7 billion.

Asthma. The prevalence of asthma has increased since 1980. However, deaths from asthma have decreased since the mid-1990s. The causes of asthma are an active area of research and involve both genetic and environmental factors.

Risk factors for asthma currently being investigated include:

- Having a parent with asthma
- Sensitization to irritants and allergens
- Respiratory infections in childhood
- Overweight

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include: children; women (among adults) and boys (among children); African Americans; Puerto Ricans; people living in the Northeast United States; people living below the Federal poverty level; and employees with certain exposures in the workplace.

While there is not a cure for asthma yet, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.

– Healthy People 2020 (www.healthypeople.gov)

[NOTE: COPD was changed to chronic lower respiratory disease (CLRD) with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.]

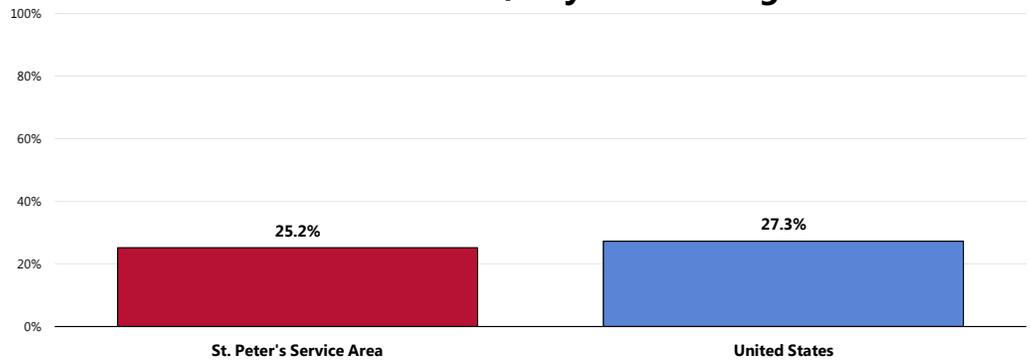
Nasal/Hay Fever Allergies

Survey respondents were next asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma, nasal/hay fever allergies, sinusitis, and/or chronic lung disease.

One-fourth (25.2%) of St. Peter's Hospital Service Area adults currently suffers from or have been diagnosed with nasal/hay fever allergies.

- Similar to the national prevalence.

Prevalence of Nasal/Hay Fever Allergies



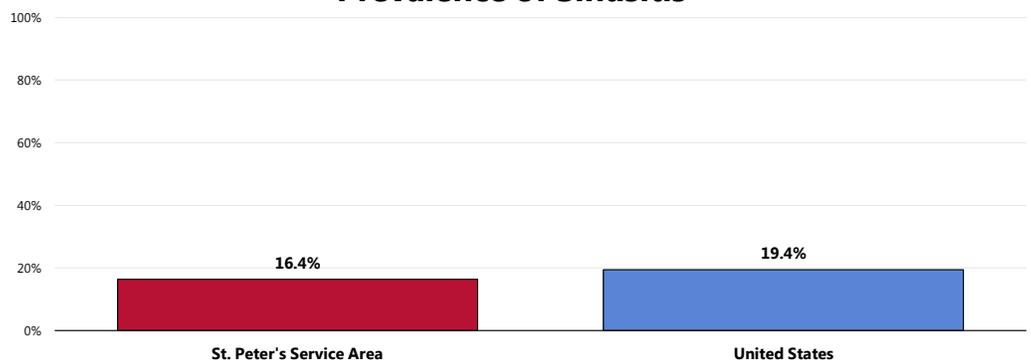
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 35]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Sinusitis

A total of 16.4% of St. Peter's Hospital Service Area adults suffer from sinusitis.

- Statistically comparable to the national prevalence.

Prevalence of Sinusitis

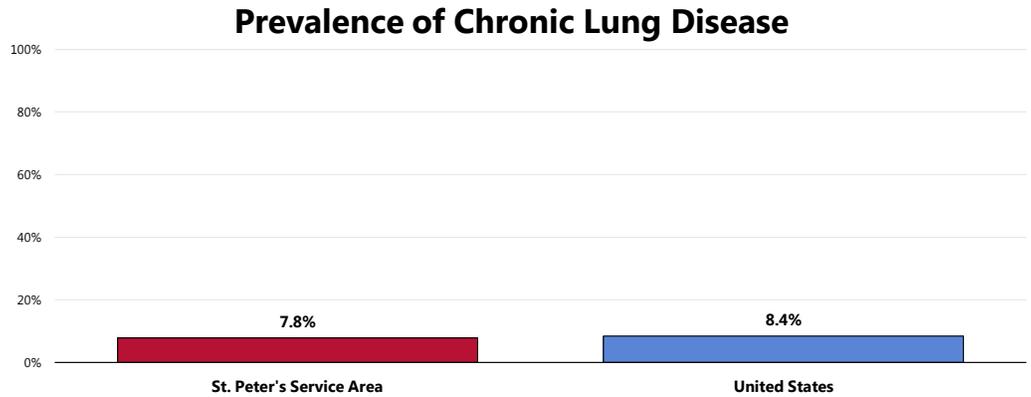


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 34]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Chronic Lung Disease

A total of 7.8% of St. Peter's Hospital Service Area adults suffer from chronic lung disease.

- Similar to the national prevalence.



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 25]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

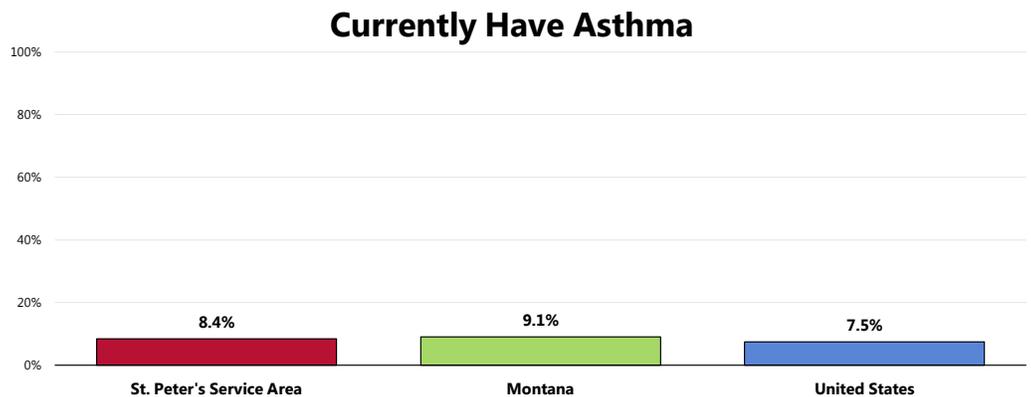
Notes: • Asked of all respondents.

Asthma

Adults

A total of 8.4% of St. Peter's Hospital Service Area adults currently suffer from asthma.

- Similar to the statewide prevalence.
- Similar to the national prevalence.



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 162]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Montana data.

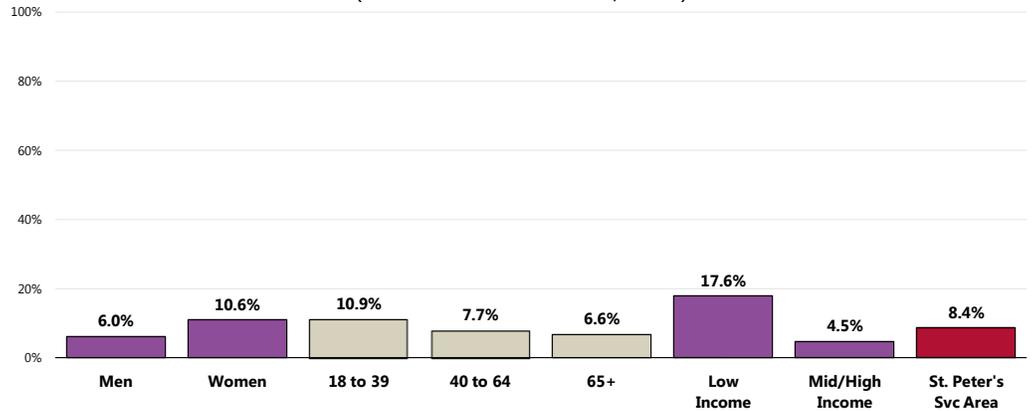
Notes: • Asked of all respondents.

The following adults are more likely to suffer from asthma:

 Low-income residents.

Currently Have Asthma

(St. Peter's Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 162]

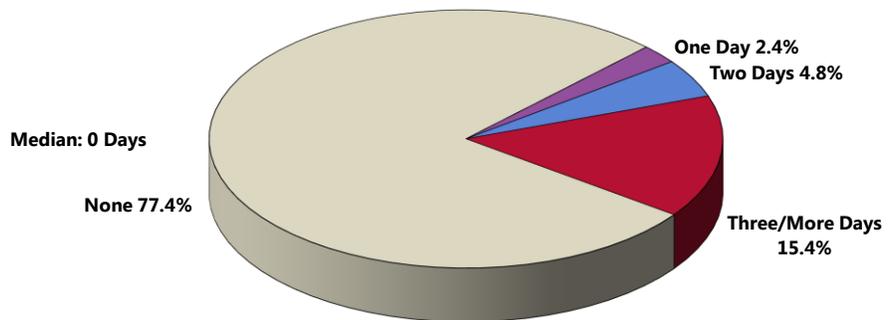
Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

A total of 15.4% of respondents with asthma report three or more days in the past year on which they were unable to work or carry out their usual activities because of their asthma.

Number of Days in Past Year on Which Asthma Interfered With Work or Usual Activities

(Among St. Peter's Service Area Adults w/Asthma, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 43]

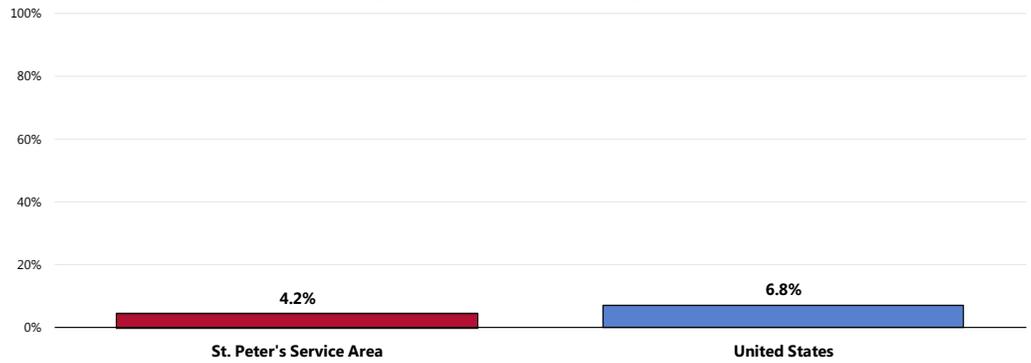
Notes: • Asked of all respondents with asthma.

Children

Among St. Peter's Hospital Service Area children under age 18, 4.2% currently have asthma.

- Similar to national findings.

Child Currently Has Asthma
(Among Parents of Children Age 0-17)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 163]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with children 0 to 17 in the household.

Injury & Violence

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as “accidents,” “acts of fate,” or as “part of life.” However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may focus on:

- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

– Healthy People 2020 (www.healthypeople.gov)

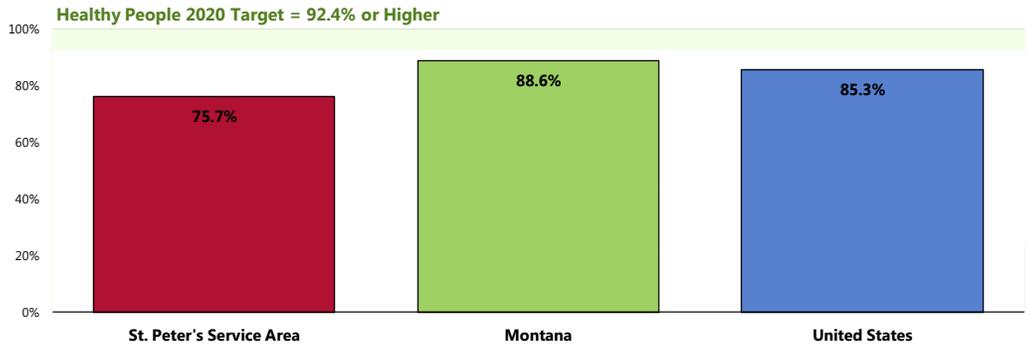
Seat Belt Usage

Adults

Three in four St. Peter's Hospital Service Area adults (75.7%) report "always" wearing a seat belt when driving or riding in a vehicle.

- Less favorable than the state percentage.
- Less favorable than the percentage found nationally.
- Fails to satisfy the Healthy People 2020 target of 92.4% or higher.

"Always" Wear a Seat Belt When Driving or Riding in a Vehicle



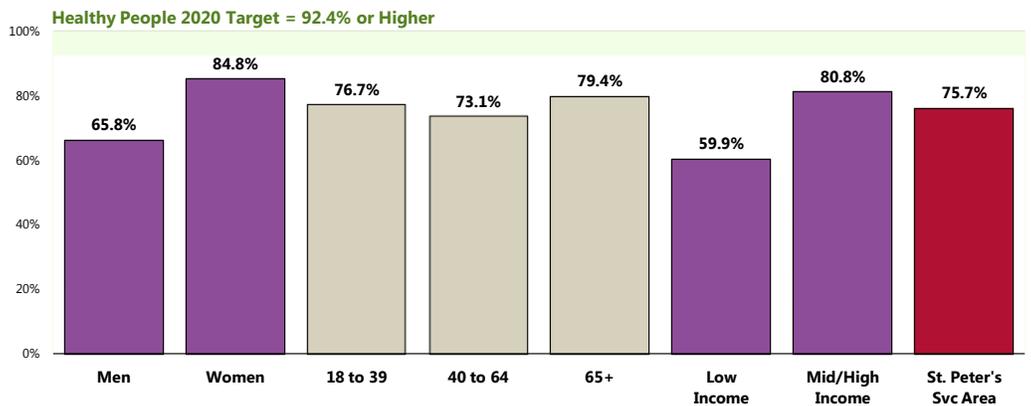
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 54]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2011 Montana data.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IPV-15]

Notes: • Asked of all respondents.

These population segments are less likely to report consistent seat belt usage:

- Men.
- Residents living on lower incomes.

"Always" Wear a Seat Belt When Driving or Riding in a Vehicle (St. Peter's Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 54]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IPV-15]

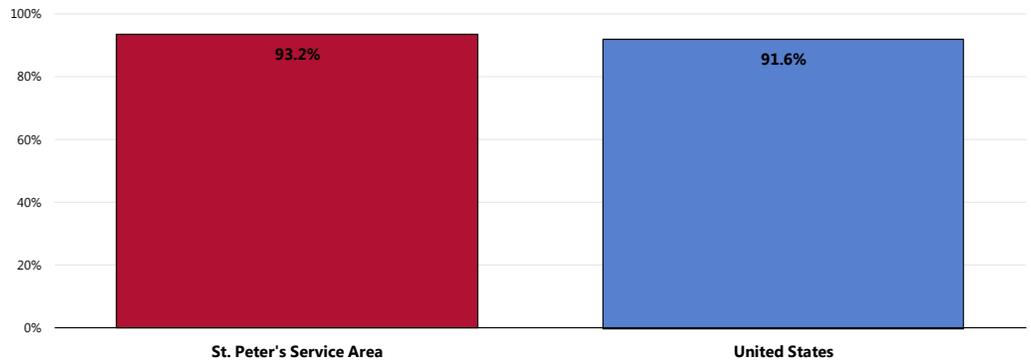
Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

A full 93.2% of St. Peter's Hospital Service Area parents report that their child (age 0 to 17) "always" wears a seat belt (or appropriate car seat for younger children) when riding in a vehicle.

- Statistically similar to what is found nationally.

Child "Always" Wears a Seat Belt or Appropriate Restraint When Riding in a Vehicle (Among Parents of Children Age 0-17)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 135]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

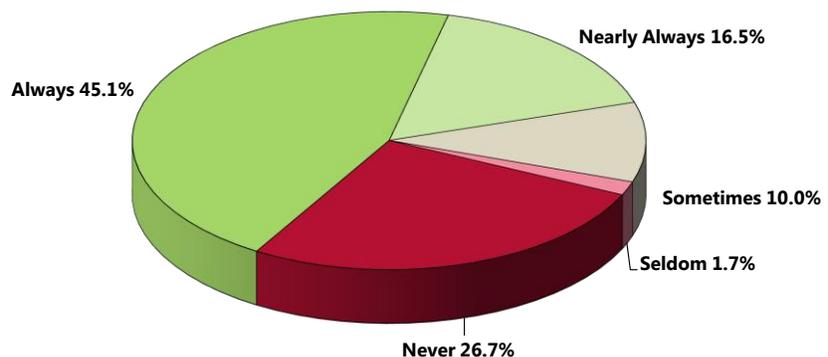
Notes: • Asked of all respondents with children 0 to 17 in the household.

Motorcycle/Bicycle Safety (Adults)

Among adults who rode a motorcycle or bicycle in the past year, 45.1% "always" wore a helmet and 16.5% "nearly always" wore a helmet when riding a motorcycle or bicycle.

- In contrast, 28.4% of these respondents "seldom" or "never" wore a safety helmet on a motorcycle or bicycle in the past year.

Helmet Use When On a Motorcycle or Bicycle (Adults Who Rode a Motorcycle/Bicycle in the Past Year, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 55]

Notes: • Asked of those respondents who rode a motorcycle or bicycle in the past year.

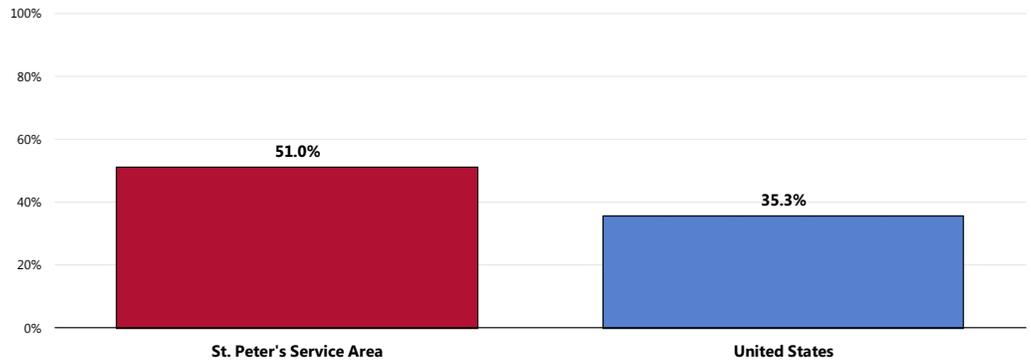
Bicycle Safety (Children)

Just over one-half (51.0%) of St. Peter's Hospital Service Area children age 5 to 17 is reported to "always" wear a helmet when riding a bicycle.

- Much higher than the national prevalence.

Child "Always" Wears a Helmet When Riding a Bicycle

(Among Parents of Children Age 5-17)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 141]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents with children age 5 to 17 at home.

Presence of Firearms in Homes

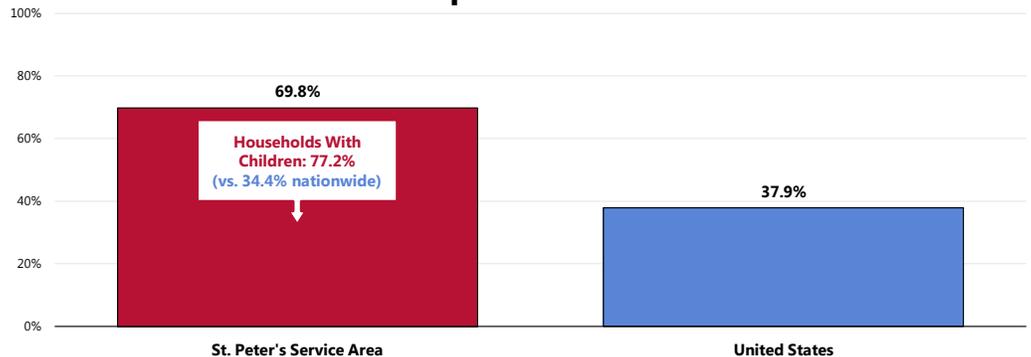
Overall, 7 in 10 (69.8%) St. Peter's Hospital Service Area adults have a firearm kept in or around their home.

- Much higher than the national prevalence.



Among St. Peter's Hospital Service Area households with children, 77.2% have a firearm kept in or around the house (more than twice that reported nationally).

Have a Firearm Kept in or Around the Home



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 59, 164]

• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

• In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

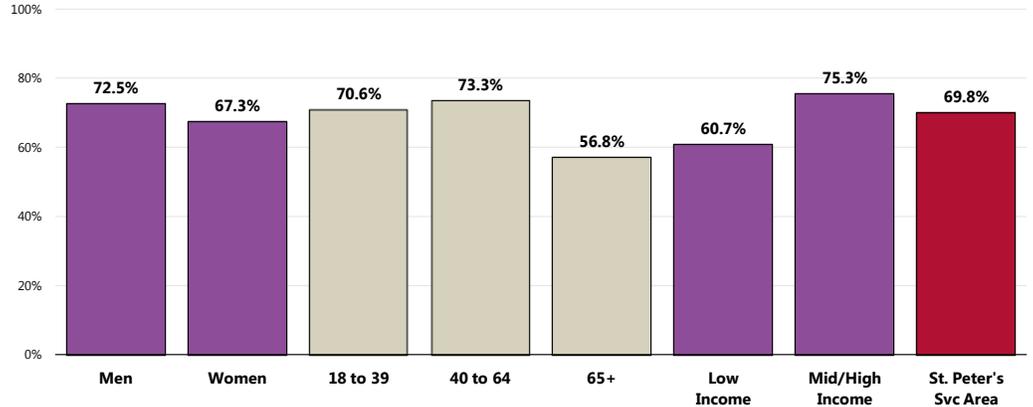
Survey respondents were further asked about the presence of weapons in the home:

"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."

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

-  Adults under 65.
-  Higher-income households.

Have a Firearm Kept in or Around the House (St. Peter's Service Area, 2012)



Sources:

- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]

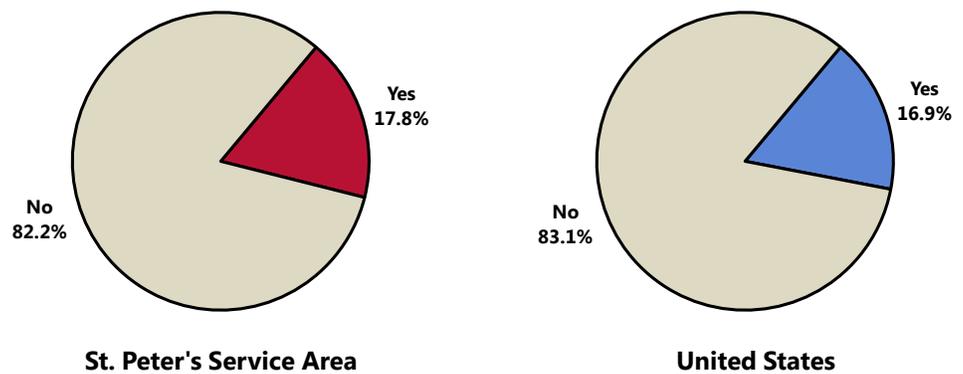
 Notes:

- Asked of all respondents.
- In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among St. Peter's Hospital Service Area households with firearms, 17.8% report that there is at least one weapon that is kept unlocked and loaded.

- Statistically similar to that found nationally.

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



Sources:

- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 165]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

 Notes:

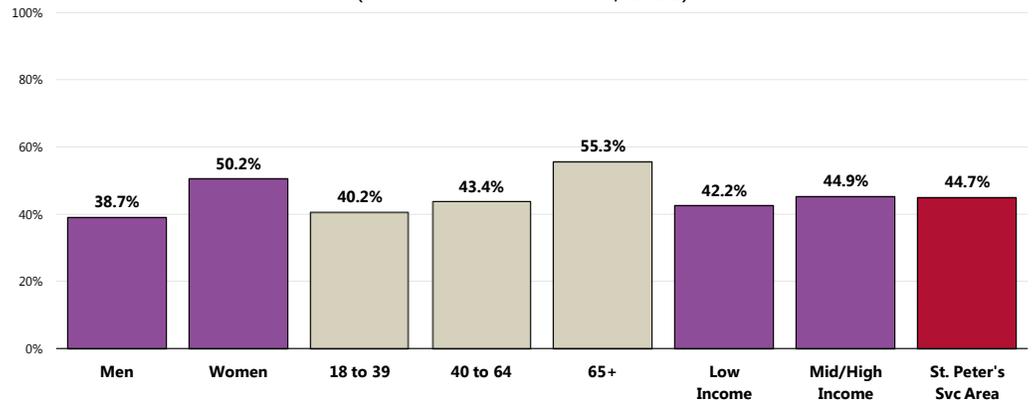
- Asked of all respondents with a firearm in or around the home.
- In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

Disaster Preparedness

Among St. Peter's Hospital Service Area respondents, 44.7% report that they have a family preparedness plan, and that all members of the family are aware of its existence.

 The prevalence is statistically low among men and adults under 65.

Have a Family Preparedness Plan and All Household Members Are Aware of Its Existence (St. Peter's Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]

Notes: • Asked of all respondents.

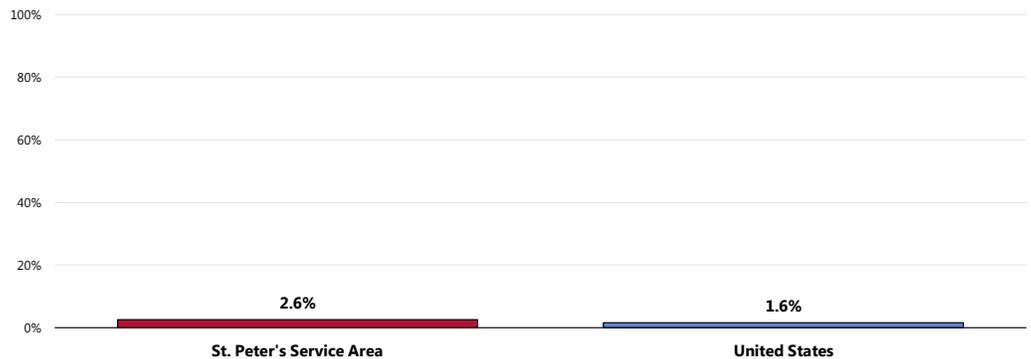
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Violence

A total of 2.6% of St. Peter's Hospital Service Area adults acknowledge being the victim of a violent crime in the past five years.

- Statistically similar to national findings.

Victim of a Violent Crime in the Past Five Years



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 56]

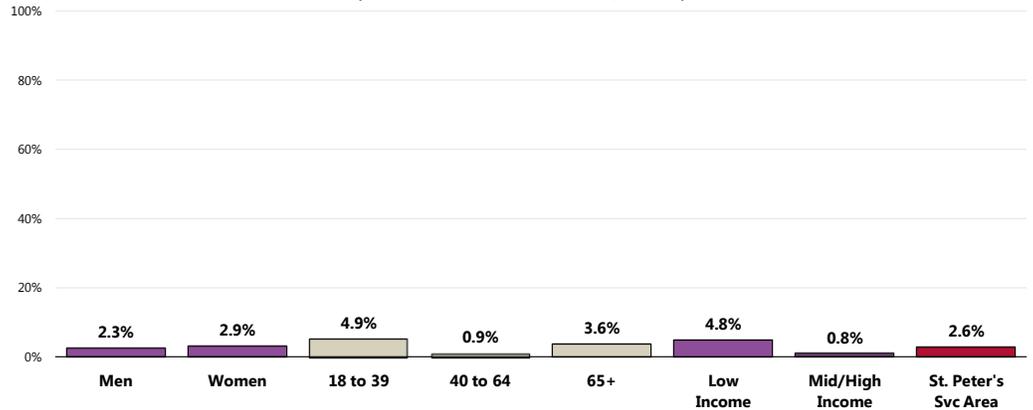
Notes: • 2011 PRC National Health Survey, Professional Research Consultants, Inc.

• Asked of all respondents.

👥 Reports of violence do not vary significantly by demographic characteristic in St. Peter's Hospital Service Area .

Victim of a Violent Crime in the Past Five Years

(St. Peter's Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 56]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Family Violence

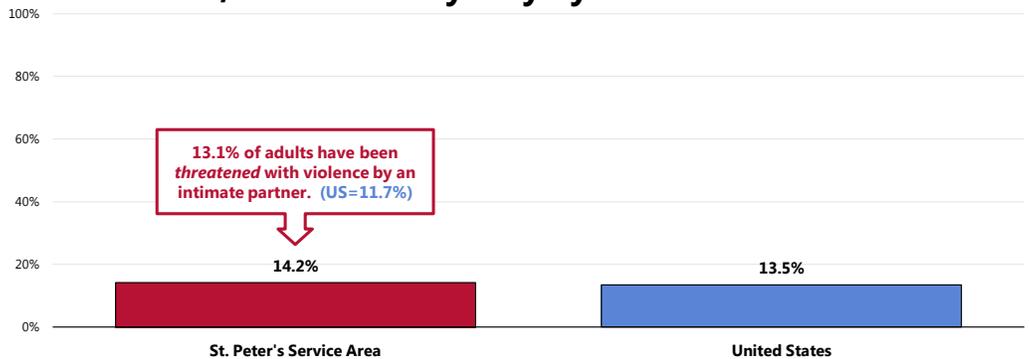
A total of 13.1% of St. Peter's Hospital Service Area adults report that they have ever been threatened with physical violence by an intimate partner.

- Comparable to that reported nationally.

A total of 14.2% of respondents acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- Comparable to national findings.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 57-58]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

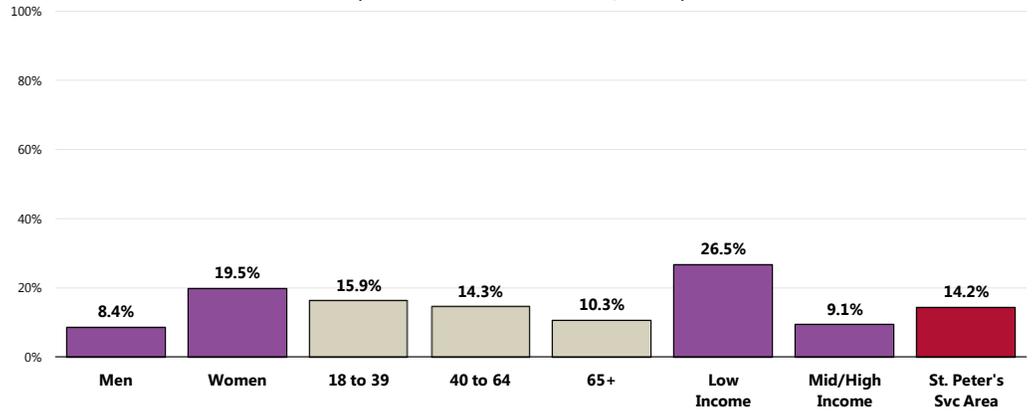
Reports of domestic violence are also notably higher among:

 Women.

 Adults with lower incomes.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner

(St. Peter's Service Area, 2012)



Sources:

- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 58]

Notes:

- Asked of all respondents.

- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Diabetes

Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes.

Effective therapy can prevent or delay diabetic complications. However, almost 25% of Americans with diabetes mellitus are undiagnosed, and another 57 million Americans have blood glucose levels that greatly increase their risk of developing diabetes mellitus in the next several years. Few people receive effective preventative care, which makes diabetes mellitus an immense and complex public health challenge.

Diabetes mellitus affects an estimated 23.6 million people in the United States and is the 7th leading cause of death. Diabetes mellitus:

- Lowers life expectancy by up to 15 years.
- Increases the risk of heart disease by 2 to 4 times.
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

In addition to these human costs, the estimated total financial cost of diabetes mellitus in the US in 2007 was \$174 billion, which includes the costs of medical care, disability, and premature death.

The rate of diabetes mellitus continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with diabetes mellitus, and possibly earlier onset of type 2 diabetes mellitus, there is growing concern about the possibility that the increase in the number of persons with diabetes mellitus and the complexity of their care might overwhelm existing healthcare systems.

People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes.

Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.

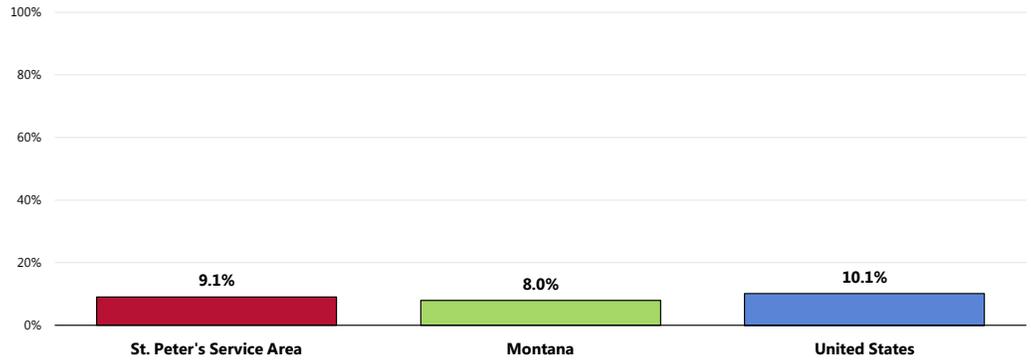
– Healthy People 2020 (www.healthypeople.gov)

Prevalence of Diabetes

A total of 9.1% of St. Peter's Hospital Service Area adults report having been diagnosed with diabetes.

- Similar to the proportion statewide.
- Similar to the national proportion.

Prevalence of Diabetes

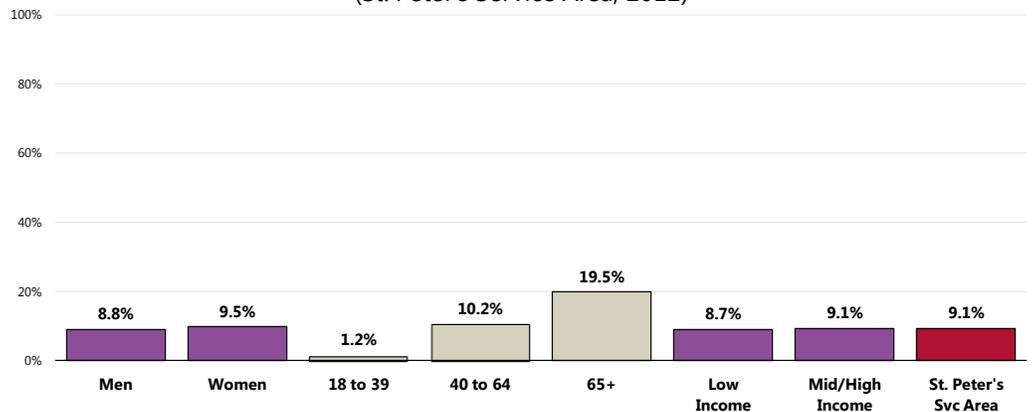


- Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 44]
 - 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Montana data.
- Notes:
- Asked of all respondents.
 - Local and national data exclude gestation diabetes (occurring only during pregnancy).

 Note also the positive correlation between diabetes and age (with one in five seniors with diabetes).

Prevalence of Diabetes

(St. Peter's Service Area, 2012)



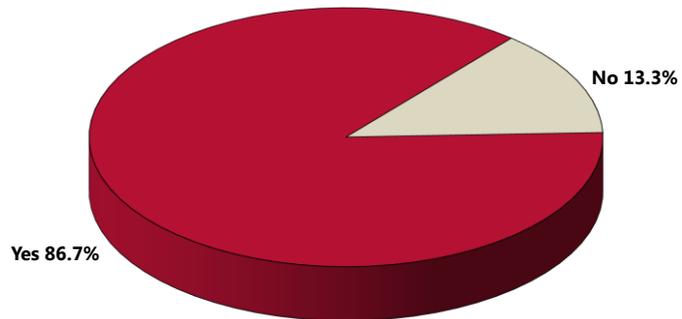
- Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 44]
- Notes:
- Asked of all respondents.
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - Excludes gestation diabetes (occurring only during pregnancy).

Diabetes Treatment

Among adults with diabetes, most (86.7%) are currently taking insulin or some type of medication to manage their condition.

Taking Insulin or Other Medication for Diabetes

(Among St. Peter's Service Area Diabetics)



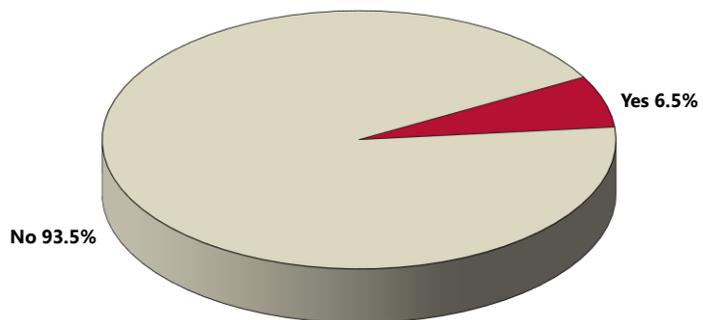
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 45]
Notes: • Asked of all diabetic respondents.

Borderline/Pre-Diabetes

Among non-diabetic survey respondents, 6.5% have been diagnosed with borderline or pre-diabetes.

Diagnosed With Borderline/Pre-Diabetes

(Among St. Peter's Service Area Non-Diabetics)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 46]
Notes: • Asked of all non-diabetic respondents.

Potentially Disabling Conditions

There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than \$128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones). In the United States, an estimated 5.3 million people age 50 years and older have osteoporosis. Most of these people are women, but about 0.8 million are men. Just over 34 million more people, including 12 million men, have low bone mass, which puts them at increased risk for developing osteoporosis. Half of all women and as many as 1 in 4 men age 50 years and older will have an osteoporosis-related fracture in their lifetime.

Chronic back pain is common, costly, and potentially disabling. About 80% of Americans experience low back pain in their lifetime. It is estimated that each year:

- 15%-20% of the population develop protracted back pain.
- 2-8% have chronic back pain (pain that lasts more than 3 months).
- 3-4% of the population is temporarily disabled due to back pain.
- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

Americans spend at least \$50 billion each year on low back pain. Low back pain is the:

- 2nd leading cause of lost work time (after the common cold).
- 3rd most common reason to undergo a surgical procedure.
- 5th most frequent cause of hospitalization.

Arthritis, osteoporosis, and chronic back conditions all have major effects on quality of life, the ability to work, and basic activities of daily living.

– Healthy People 2020 (www.healthypeople.gov)

Arthritis, Osteoporosis, & Chronic Pain

Prevalence of Arthritis/Rheumatism

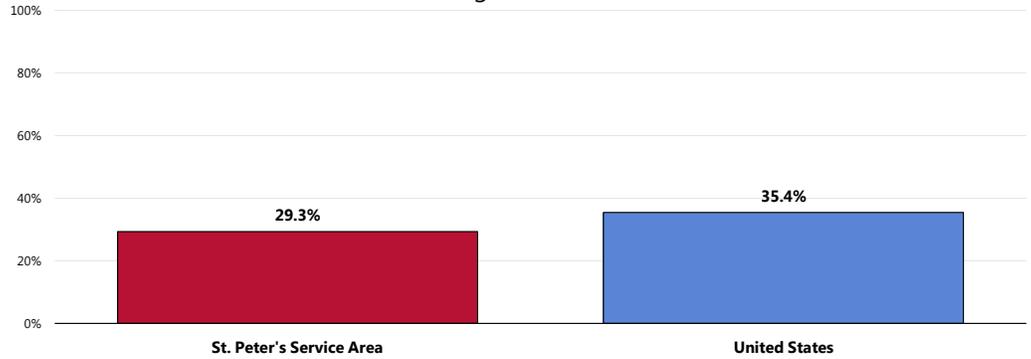
Nearly 3 in 10 (29.3%) St. Peter's Hospital Service Area adults age 50 and older report suffering from arthritis or rheumatism.

- Similar to that found nationwide.

RELATED ISSUE:

See also *Activity Limitations* in the **General Health Status** section of this report.

Prevalence of Arthritis/Rheumatism (Among Adults 50+)



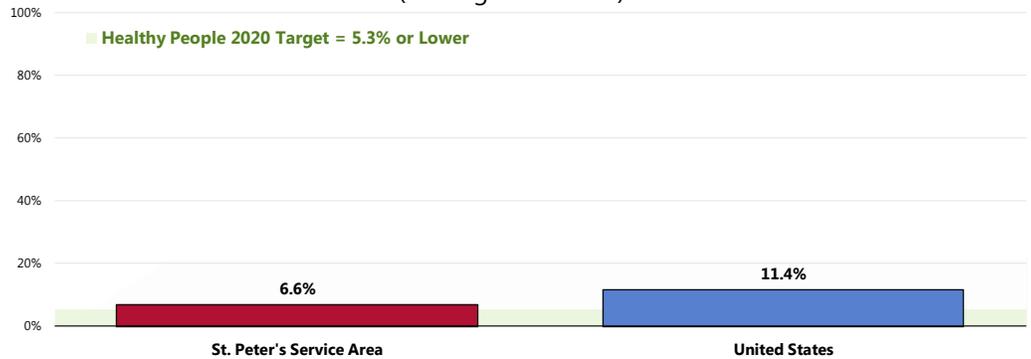
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Reflects respondents 50 and older.

Prevalence of Osteoporosis

A total of 6.6% of survey respondents age 50 and older have osteoporosis.

- More favorable than that found nationwide.
- Similar to the Healthy People 2020 target of 5.3% or lower.

Prevalence of Osteoporosis (Among Adults 50+)

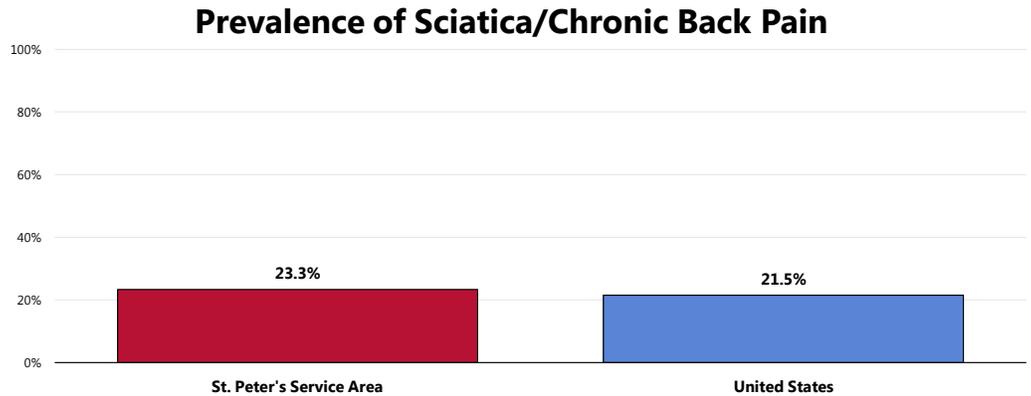


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AOCBC-10]
 Notes: • Reflects respondents 50 and older.

Prevalence of Sciatica/Chronic Back Pain

A total of 23.3% of survey respondents suffer from chronic back pain or sciatica.

- Similar to that found nationwide.

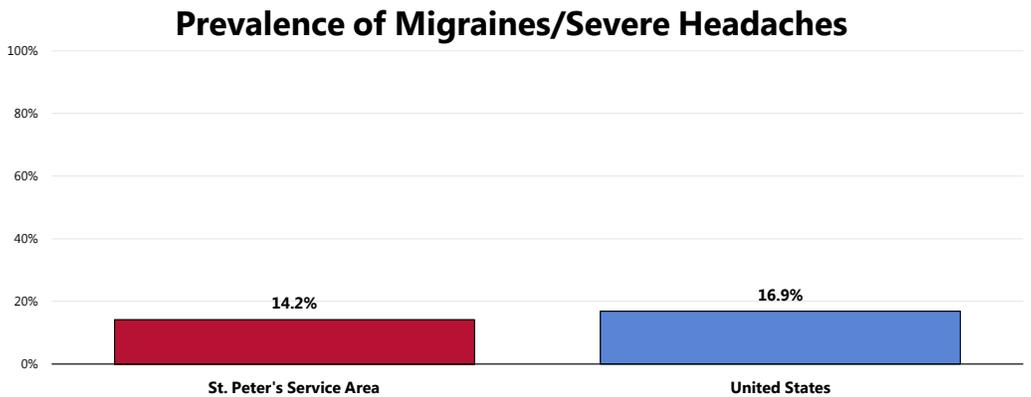


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 29]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Prevalence of Migraines/Severe Headaches

A total of 14.2% of survey respondents report suffering from migraines or severe headaches.

- Similar to that found nationwide.

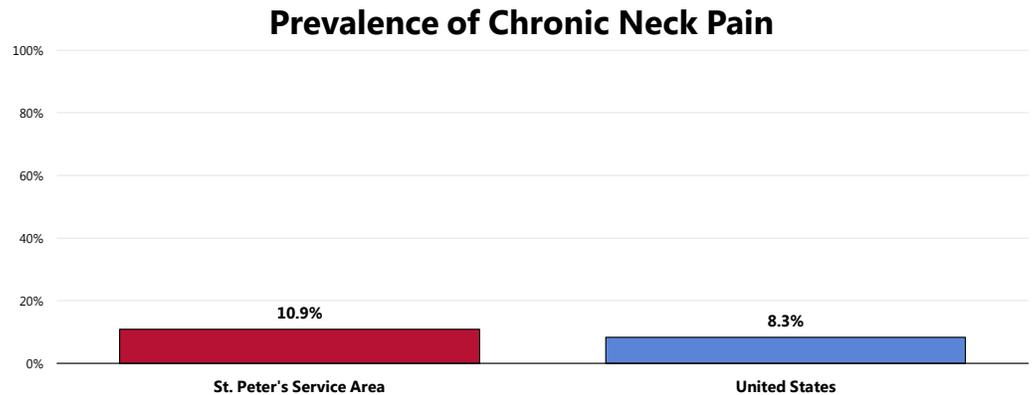


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 36]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Prevalence of Chronic Neck Pain

A total of 10.9% of survey respondents currently suffer from chronic neck pain.

- Statistically comparable to that found nationwide.



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 37]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Vision & Hearing Impairment

Vision is an essential part of everyday life, influencing how Americans of all ages learn, communicate, work, play, and interact with the world. Yet millions of Americans live with visual impairment, and many more remain at risk for eye disease and preventable eye injury.

The eyes are an important, but often overlooked, part of overall health. Despite the preventable nature of some vision impairments, many people do not receive recommended screenings and exams. A visit to an eye care professional for a comprehensive dilated eye exam can help to detect common vision problems and eye diseases, including diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration.

These common vision problems often have no early warning signs. If a problem is detected, an eye care professional can prescribe corrective eyewear, medicine, or surgery to minimize vision loss and help a person see his or her best.

Healthy vision can help to ensure a healthy and active lifestyle well into a person's later years. Educating and engaging families, communities, and the nation is critical to ensuring that people have the information, resources, and tools needed for good eye health.

– Healthy People 2020 (www.healthypeople.gov)

Vision Trouble

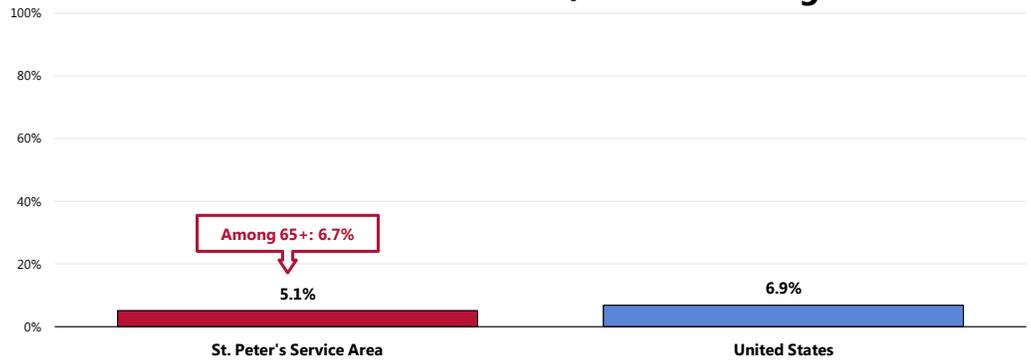
A total of 5.1% of St. Peter's Hospital Service Area adults are blind, or have trouble seeing even when wearing corrective lenses.

- Similar to the figure found nationwide.

👤 Among St. Peter's Hospital Service Area adults age 65 and older, 6.7% have vision trouble.

RELATED ISSUE:
See also *Vision Care* in
the **Access to Health
Services** section of this
report.

Prevalence of Blindness/Trouble Seeing



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 26]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Hearing Trouble

An impaired ability to communicate with others or maintain good balance can lead many people to feel socially isolated, have unmet health needs, have limited success in school or on the job. Communication and other sensory processes contribute to our overall health and well-being. Protecting these processes is critical, particularly for people whose age, race, ethnicity, gender, occupation, genetic background, or health status places them at increased risk.

Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such as social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition, biological causes of hearing loss and other sensory or communication disorders include: genetics; viral or bacterial infections; sensitivity to certain drugs or medications; injury; and aging.

As the nation's population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

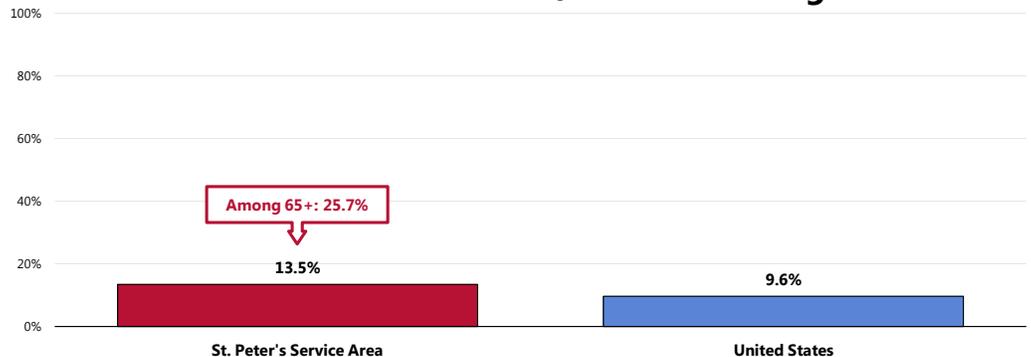
– Healthy People 2020 (www.healthypeople.gov)

In all, 13.5% of Service Area adults report being deaf or having difficulty hearing.

- Less favorable than that found nationwide.

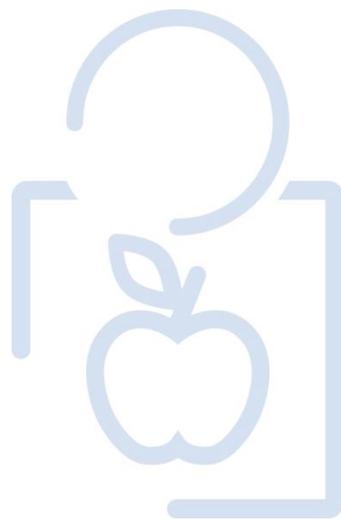
Among adults age 65 and older, 25.7% have partial or complete hearing loss.

Prevalence of Deafness/Trouble Hearing



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 27]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

INFECTIOUS DISEASE



Influenza & Pneumonia Vaccination

Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the nation, accounting for 56,000 deaths annually. Pneumonia mortality in children fell by 97% in the last century, but respiratory infectious diseases continue to be leading causes of pediatric hospitalization and outpatient visits in the US. On average, influenza leads to more than 200,000 hospitalizations and 36,000 deaths each year. The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths (1,270 of which were of people younger than age 18) between April 2009 and March 2010.

– Healthy People 2020 (www.healthypeople.gov)

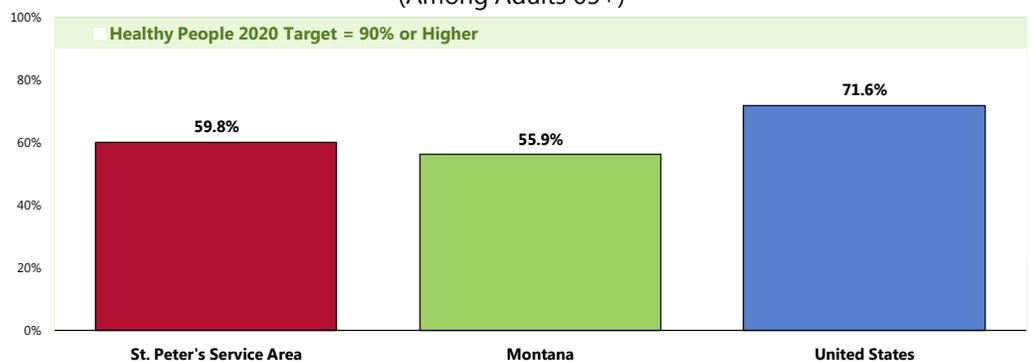
Flu Vaccinations

Among St. Peter's Hospital Service Area seniors, 59.8% received a flu shot (or FluMist®) within the past year.

- Statistically comparable to the Montana finding.
- Comparable to the national finding.
- Fails to satisfy the Healthy People 2020 target (90% or higher).

FluMist® is a vaccine that is sprayed into the nose to help protect against influenza; it is an alternative to traditional flu shots.

Have Had a Flu Vaccination in the Past Year (Among Adults 65+)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 170]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Montana data.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-12.7]

Notes: • Reflects respondents 65 and older.
• Includes FluMist as a form of vaccination.

High-Risk Adults

A total of 60.6% of high-risk adults age 18 to 64 received a flu vaccination (flu shot or FluMist®) within the past year.

- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target (90% or higher).

"High-risk" includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

Have Had a Flu Vaccination in the Past Year (Among High-Risk Adults 18-64)



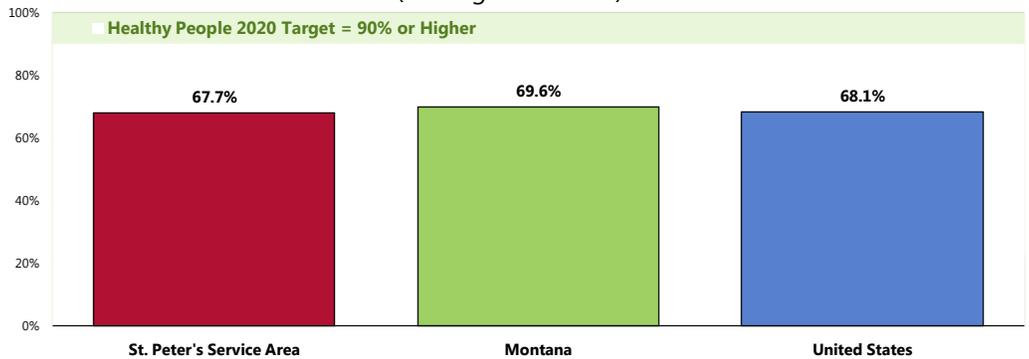
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 171]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-12.6]
 Notes: • Reflects high-risk respondents age 18-64.
 • Includes FluMist as a form of vaccination.

Pneumonia Vaccination

Among adults age 65 and older, 67.7% received a pneumonia vaccination at some point in their lives.

- Similar to the Montana finding.
- Similar to the national finding.
- Fails to satisfy the Healthy People 2020 target of 90% or higher.

Have Ever Had a Pneumonia Vaccine (Among Adults 65+)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 172]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2011 Montana data.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-13.1]
 Notes: • Reflects respondents 65 and older.

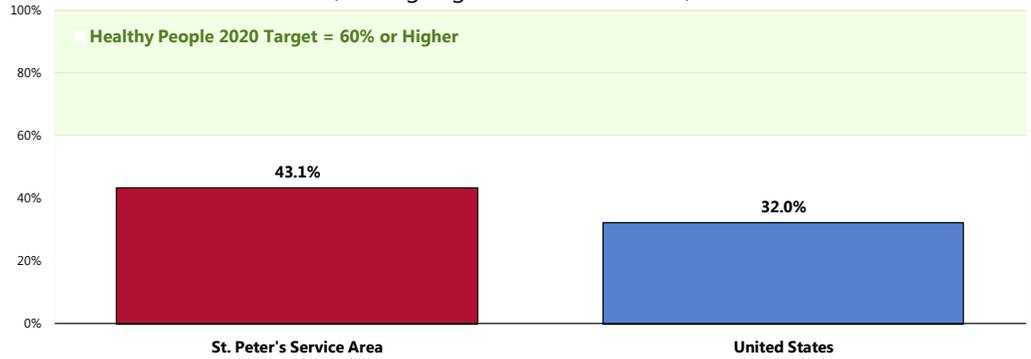
High-Risk Adults

“High-risk” includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

A total of 43.1% of high-risk adults age 18 to 64 have ever received a pneumonia vaccination.

- Statistically similar to national findings.
- Fails to satisfy the Healthy People 2020 target (60% or higher).

Have Ever Had a Pneumonia Vaccine (Among High-Risk Adults 18-64)



- Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 173]
 - 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-13.2]
- Notes:
- Asked of all high-risk respondents under 65.
 - “High-Risk” includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.

Childhood Vaccinations

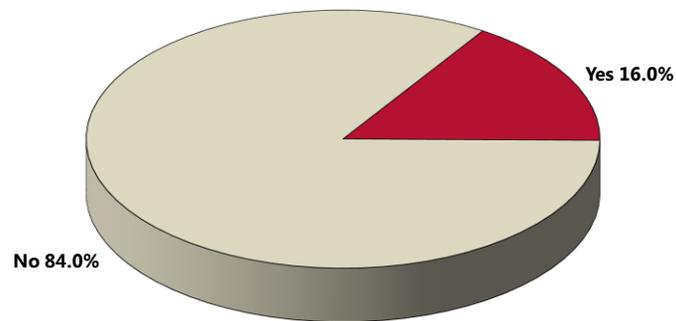
St. Peter's Hospital Service Area parents of children under 7 were next asked to rate the importance of childhood immunizations based on a 10-point scale in which **1** is "not at all important" and **10** is "extremely important."

Overall, the vast majority (84.0%) of parents gave ratings between 8 and 10.

- When asked whether they have ever refused or decided not to get a recommended vaccination for their child, 16.0% of parents with children under age 7 responded affirmatively.

Have Refused a Child's Recommended Vaccination

(St. Peter's Service Area Parents of Children <7, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 147]
Notes: • Asked of all respondents with children under 7 at home.

*Among those parents with children under 7 who have not obtained a recommended vaccine for their child, most felt it was **unnecessary** while many cited concerns about the **safety** of vaccinations for children.*

*When asked who had the most influence over their child's vaccination decisions, most of these parents mentioned **themselves** and/or a **spouse**.*

HIV

The HIV epidemic in the United States continues to be a major public health crisis. An estimated 1.1 million Americans are living with HIV, and 1 in 5 people with HIV do not know they have it. HIV continues to spread, leading to about 56,000 new HIV infections each year.

HIV is a preventable disease, and effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50% of new HIV infections occur as a result of the 21% of people who have HIV but do not know it.

In the era of increasingly effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and healthcare programs.

There are gender, race, and ethnicity disparities in new HIV infections:

- Nearly 75% of new HIV infections occur in men.
- More than half occur in gay and bisexual men, regardless of race or ethnicity.
- 45% of new HIV infections occur in African Americans, 35% in whites, and 17% in Hispanics.

Improving access to quality healthcare for populations disproportionately affected by HIV, such as persons of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention. People getting care for HIV can receive:

- Antiretroviral therapy
- Screening and treatment for other diseases (such as sexually transmitted infections)
- HIV prevention interventions
- Mental health services
- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important. Prevention work with people living with HIV focuses on:

- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

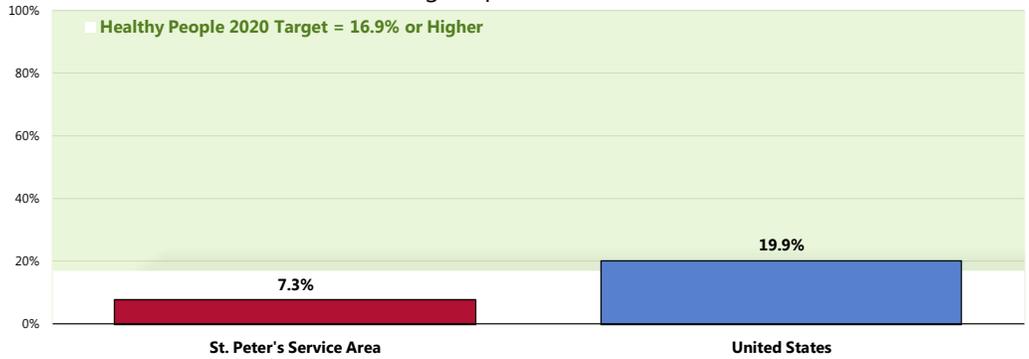
– Healthy People 2020 (www.healthypeople.gov)

HIV Testing

Among St. Peter's Hospital Service Area adults age 18-44, 7.3% report that they have been tested for human immunodeficiency virus (HIV) in the past year.

- Much lower than the proportion found nationwide.
- Fails to satisfy the Healthy People 2020 target of 16.9% or higher.

Tested for HIV in the Past Year (Among Respondents 18-44)

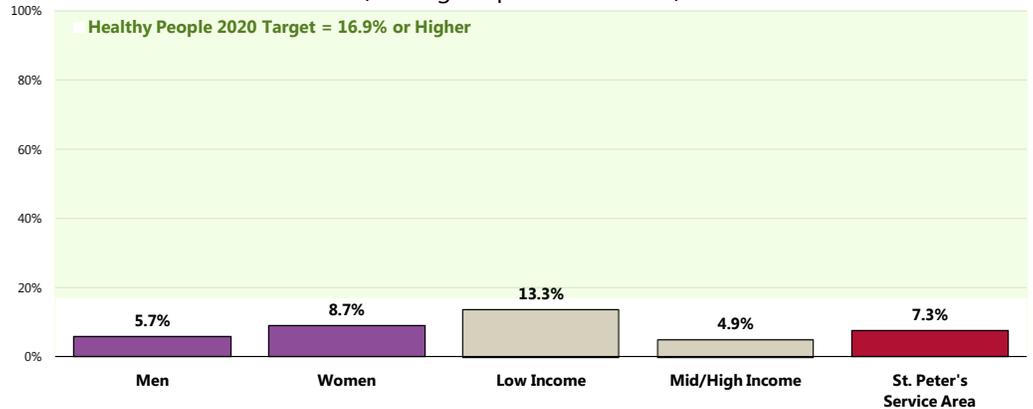


- Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 176]
 - 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HIV-14.1]
- Notes:
- Reflects respondents age 18 to 44.
 - Note that the Healthy People 2020 objective is for ages 15-44.

By demographic characteristics:

- Persons (age 18-44) living in the lower income breakout less often report having been tested for HIV.

Tested for HIV in the Past Year (Among Respondents 18-44)



- Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 176]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HIV-14.1]
 - Reflects respondents age 18 to 44.
- Notes:
- Note that the Healthy People 2020 objective is for ages 15-44.
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Sexually Transmitted Diseases

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

The Centers for Disease Control and Prevention (CDC) estimates that there are approximately 19 million new STD infections each year—almost half of them among young people ages 15 to 24. Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. CDC estimates that undiagnosed and untreated STDs cause at least 24,000 women in the United States each year to become infertile. Several factors contribute to the spread of STDs.

Biological Factors. STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- **Asymptomatic nature of STDs.** The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.
- **Gender disparities.** Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.
- **Age disparities.** Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.
- **Lag time between infection and complications.** Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

Social, Economic and Behavioral Factors. The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors. Social, economic, and behavioral factors that affect the spread of STDs include:

- **Racial and ethnic disparities.** Certain racial and ethnic groups (mainly African American, Hispanic, and American Indian/Alaska Native populations) have high rates of STDs, compared with rates for whites.
- **Poverty and marginalization.** STDs disproportionately affect disenfranchised people and people in social networks where high-risk sexual behavior is common, and access to care or health-seeking behavior is compromised.
- **Access to health care.** Access to high-quality health care is essential for early detection, treatment, and behavior-change counseling for STDs. Groups with the highest rates of STDs are often the same groups for whom access to or use of health services is most limited.
- **Substance abuse.** Many studies document the association of substance abuse with STDs. The introduction of new illicit substances into communities often can alter sexual behavior drastically in high-risk sexual networks, leading to the epidemic spread of STDs.
- **Sexuality and secrecy.** Perhaps the most important social factors contributing to the spread of STDs in the United States are the stigma associated with STDs and the general discomfort of discussing intimate aspects of life, especially those related to sex. These social factors separate the United States from industrialized countries with low rates of STDs.
- **Sexual networks.** Sexual networks refer to groups of people who can be considered “linked” by sequential or concurrent sexual partners. A person may have only 1 sex partner, but if that partner is a member of a risky sexual network, that person is at higher risk for STDs than an individual from a nonrisky network.

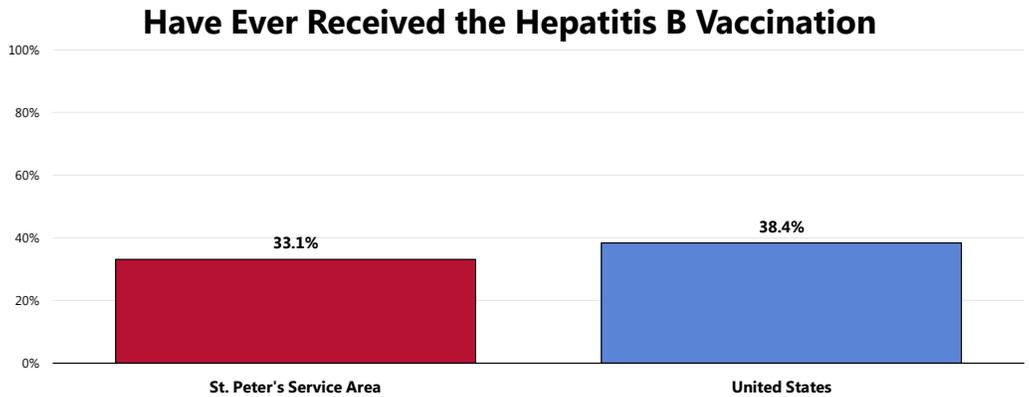
– Healthy People 2020 (www.healthypeople.gov)

Acute Hepatitis B

Hepatitis B Vaccination

Based on survey data, one-third (33.1%) of residents report having received the hepatitis B vaccine.

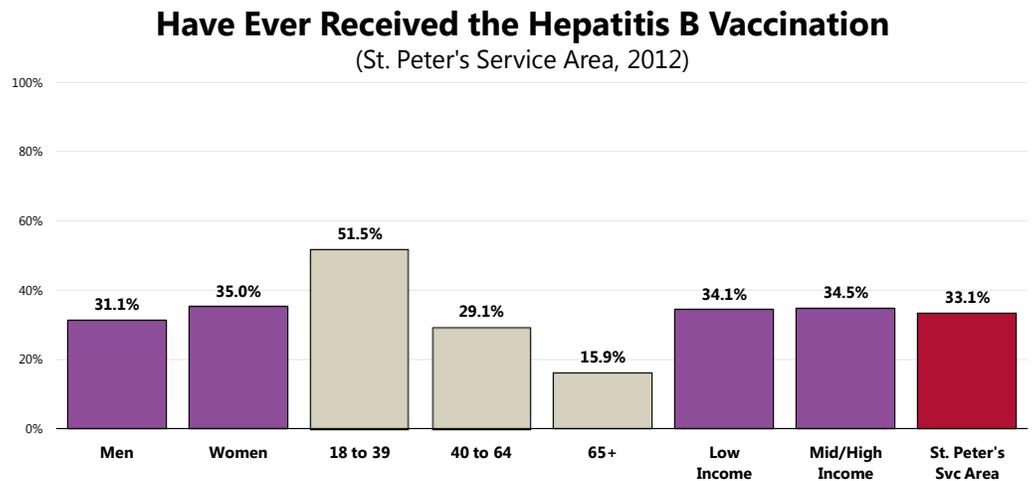
- Similar to what is reported nationwide.



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 79]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

👥 Note the negative correlation between age and hepatitis B vaccination.



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 79]

Notes: • Asked of all respondents.

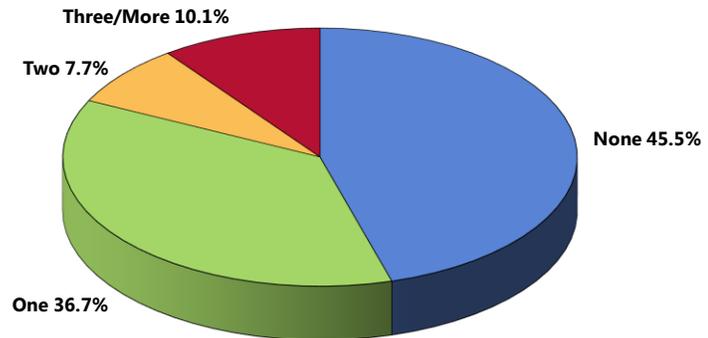
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Safe Sexual Practices

Sexual Partners

Among unmarried St. Peter's Hospital Service Area adults under 65, the vast majority cites having one (36.7%) or no (45.5%) sexual partners in the past 12 months.

Number of Sexual Partners in Past 12 Months
(Among Unmarried Adults 18-64; St. Peter's Service Area, 2012)

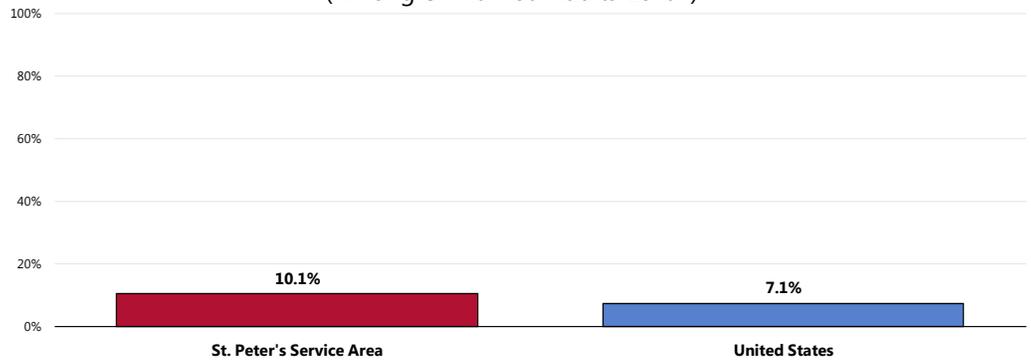


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
Notes: • Asked of all unmarried respondents under the age of 65.

However, 10.1% report three or more sexual partners in the past year.

- Comparable to that reported nationally.

Had Three or More Sexual Partners in the Past Year
(Among Unmarried Adults 18-64)

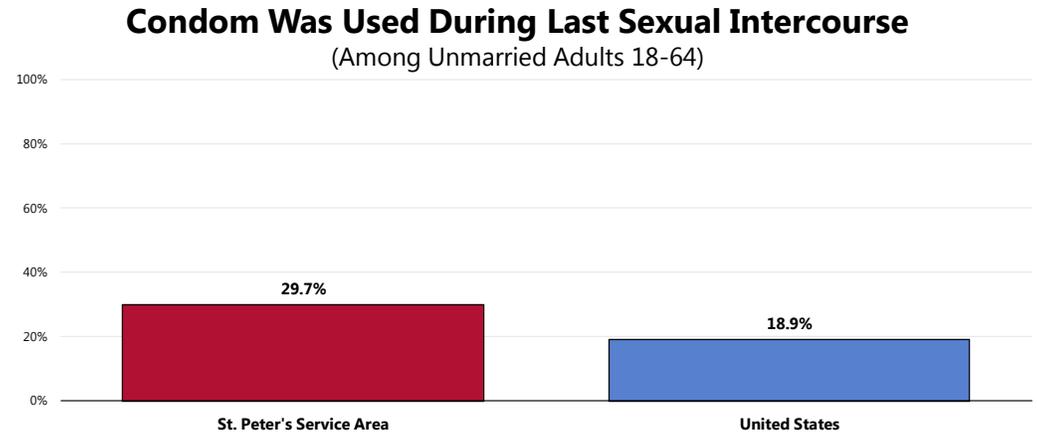


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all unmarried respondents under the age of 65.

Condom Use

Among St. Peter's Hospital Service Area adults who are under age 65 and unmarried, 29.7% report that a condom was used during their last sexual intercourse.

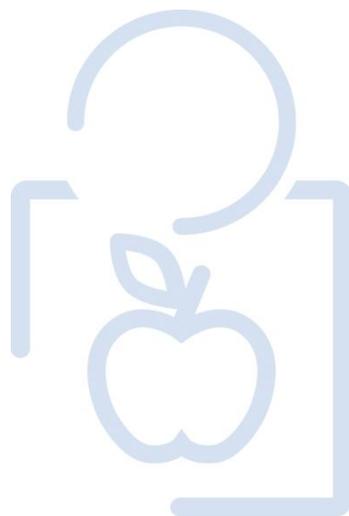
- Statistically similar to national findings.



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all unmarried respondents under the age of 65.

MODIFIABLE HEALTH RISKS



Actual Causes Of Death

A 1999 study (an update to a landmark 1993 study), estimated that as many as 40% of premature deaths in the United States are attributed to behavioral factors. This study found that behavior patterns represent the single-most prominent domain of influence over health prospects in the United States. The daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress are all important determinants of health.

The most prominent contributors to mortality in the United States in 2000 were tobacco (an estimated 435,000 deaths), diet and activity patterns (400,000), alcohol (85,000), microbial agents (75,000), toxic agents (55,000), motor vehicles (43,000), firearms (29,000), sexual behavior (20,000), and illicit use of drugs (17,000). 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.

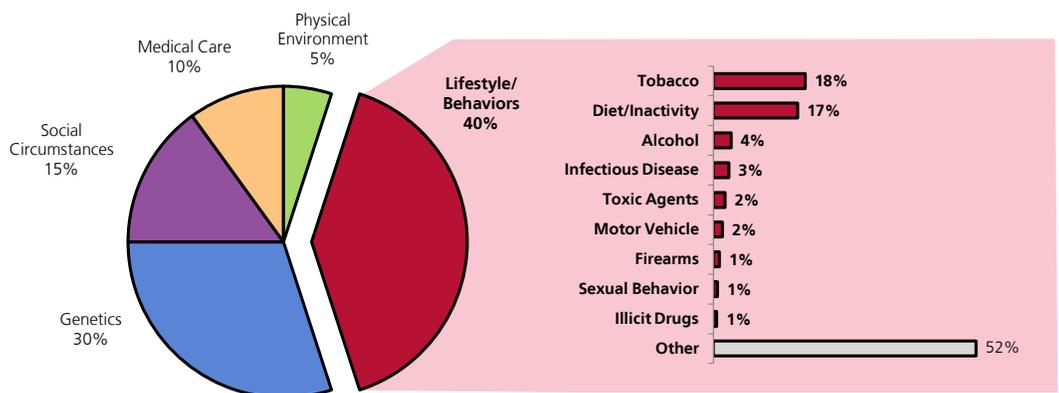
These analyses show that smoking remains the leading cause of mortality. However, poor diet and physical inactivity may soon overtake tobacco as the leading cause of death. These findings, along with escalating healthcare costs and aging population, argue persuasively that the need to establish a more preventive orientation in the US healthcare and public health systems has become more urgent.

– Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH. "Actual Causes of Death in the United States." JAMA, 291(2004):1238-1245.

Leading Causes of Death	Underlying Risk Factors (Actual Causes of Death)	
Cardiovascular disease	Tobacco use Elevated serum cholesterol High blood pressure	Obesity Diabetes Sedentary lifestyle
Cancer	Tobacco use Improper diet	Alcohol Occupational/environmental exposures
Cerebrovascular disease	High blood pressure Tobacco use	Elevated serum cholesterol
Accidental injuries	Safety belt noncompliance Alcohol/substance abuse Reckless driving	Occupational hazards Stress/fatigue
Chronic lung disease	Tobacco use	Occupational/environmental exposures

Source: National Center for Health Statistics/US Department of Health and Human Services, Health United States: 1987. DHHS Pub. No. (PHS) 88-1232.

Factors Contributing to Premature Deaths in the United States



Sources: "The Case For More Active Policy Attention to Health Promotion"; (McGinnis, Williams-Russo, Knickman) Health Affairs, Vol. 21, No. 2, March/April 2002. "Actual Causes of Death in the United States"; (Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH) JAMA, 291(2000):1238-1245.

While causes of death are typically described as the diseases or injuries immediately precipitating the end of life, a few important studies have shown that the actual causes of premature death (reflecting underlying risk factors) are often preventable.

Nutrition

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people's—particularly children's—food choices.

- Healthy People 2020 (www.healthypeople.gov)

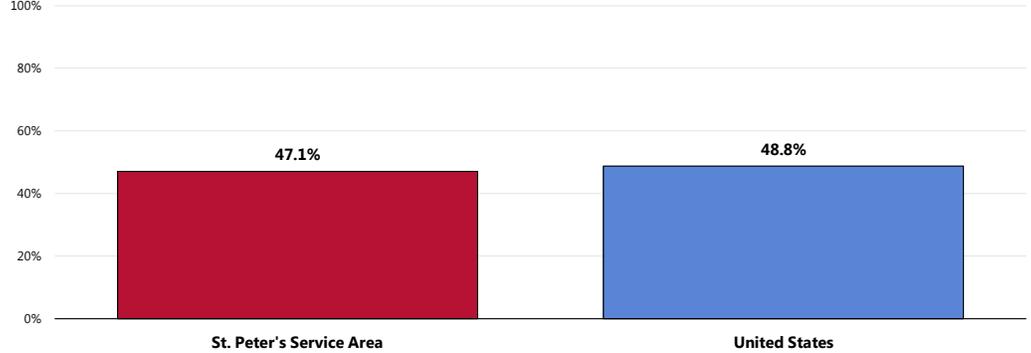
Daily Recommendation of Fruits/Vegetables

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

A total of 47.1% of St. Peter's Hospital Service Area adults report eating five or more servings of fruits and/or vegetables per day.

- Comparable to national findings.

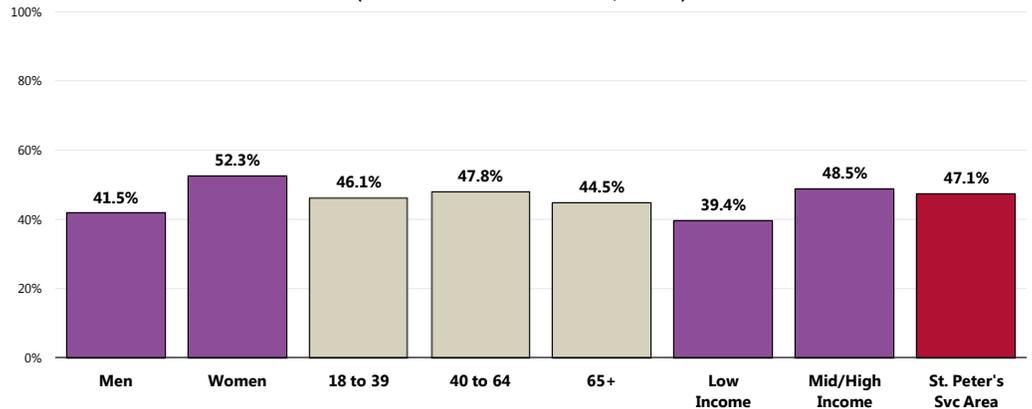
Consume Five or More Servings of Fruits/Vegetables Per Day



- Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 178]
 - 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
 - For this issue, respondents were asked to recall their food intake on the previous day.

 Area men are statistically less likely to get the recommended servings of daily fruits/vegetables.

Consume Five or More Servings of Fruits/Vegetables Per Day (St. Peter's Service Area, 2012)



- Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 178]
- Notes:
- Asked of all respondents.
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - For this issue, respondents were asked to recall their food intake on the previous day.

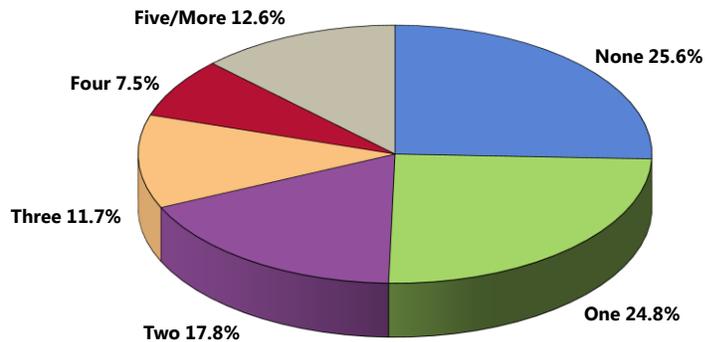
Restaurant Meals

For purposes of this assessment, restaurant meals include breakfast, lunch and dinner, and restaurants can be any type (not solely fast food establishments).

When asked about the number of meals eaten in restaurants over the past week, half of St. Peter's Hospital Service Area respondents reported one or no meals out in the past week.

- In contrast, 31.8% of residents had **three or more** meals at a restaurant in the past week, including 12.6% who had five or more.

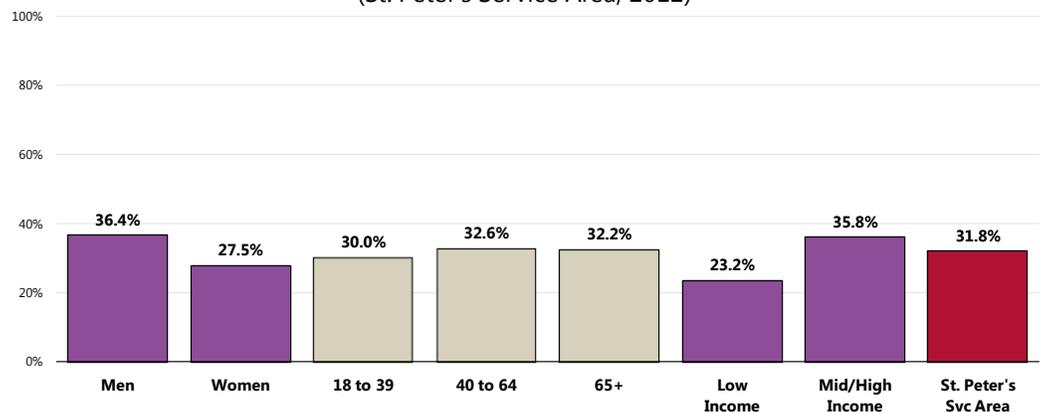
Number of Restaurant Meals in the Past Week
(St. Peter's Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
Notes: • Asked of all respondents.
• Meals include breakfast, lunch and dinner; restaurants can be any type, not limited to fast food.

Upper-income residents are statistically more likely to report eating at least three meals in a restaurant over the past week.

Had 3+ Restaurant Meals in the Past Week
(St. Peter's Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
• Meals include breakfast, lunch and dinner; restaurants can be any type, not limited to fast food.

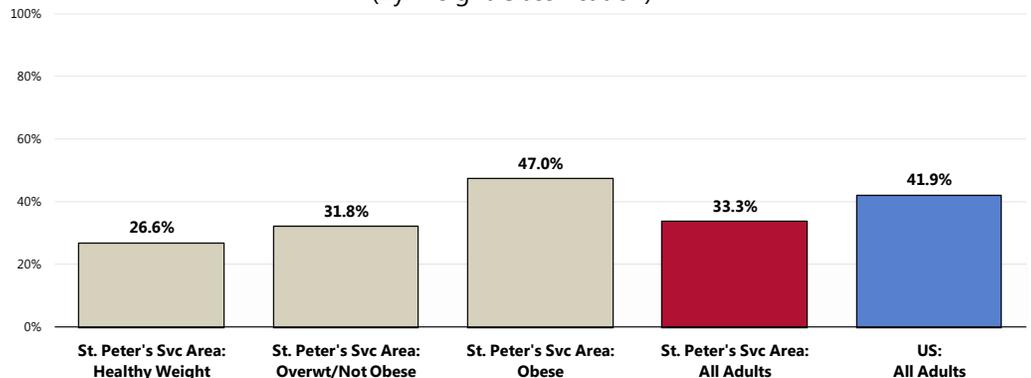
Health Advice About Diet & Nutrition

One-third (33.3%) of survey respondents acknowledges that a physician counseled them about diet and nutrition in the past year.

- Lower than the national prevalence.

 Note: Among obese respondents, 47.0% report receiving diet/nutrition advice (meaning that over one-half did not).

Have Received Advice About Diet and Nutrition in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Related Focus Group Findings: Nutrition

Many focus group participants discussed nutrition and its related issues, with primary emphasis on:

- Cost
- Food deserts
- Transportation
- Need for nutrition education
- Hunger
 - *Children*
 - *Senior Citizens*

Participants agree that proper nutrition is a major concern for the community, with poor eating habits impacting the high local level of obesity. Attendees believe that **healthy foods cost more**, and that fast food restaurants offer less expensive options so residents are likely to frequent those establishments.

In the North Valley, convenient stores represent the only option for purchasing food. Many rural communities consist of **food deserts** (no grocery stores within walking distance). The limited **transportation** alternatives can further compound community members' access to grocery stores.

Focus group attendees agree that **nutrition education** needs to occur regularly. This education could begin to combat the obesity epidemic and respondents would like a community kitchen where these classes could be held. Education could cover the importance of eating as a family away from electronics, how to prepare foods, and how to make budget-conscious, healthy food choices. Attendees explain the value in nutrition education:

"You have to educate people that they need to think about that. Instead of the pre-packed children's meal that you spoke about, buy some apples, buy some broccoli, buy some bread and sandwich meat. I mean its education. It's planning. I mean, I do believe it's accessible. It's educating people how to utilize the services that are available to them." — Key Informant

"We've had moms that have spent their last dollar on these little prepackaged Graduates meals, frozen, that cost \$5.00, \$6.00 for that, and they're really thinking that's the right thing to do instead of knowing about some sort of more common-sense ways to do that. One of the first things we do is talk about eating at a table." — Key Informant

Participants also worry about the level of **hunger** in the community. There is concern for the entire community, but especially for **children and senior citizens**. Local schools provide a free breakfast and lunch program for qualifying students. These students also receive a backpack with food for the weekends, but attendees worry about the summer months. On the other end of the age spectrum, respondents agree that some senior citizens also suffer from malnutrition. For those seniors living in a rural community, food resources remain very low. A participant describes how the Helena Food Share works to feed those residents:

"In the rural areas, particularly in towns, we'll do 90 cases or 90 units of that stuff. And depending on the time of year, people show up with wheelbarrows, and a lot of them have cars, a lot of them have neighbors. Somebody in Wolf Creek can deliver it to ten people, but there's a lot of rural hunger with old folks who aren't on Social Security, retired ranch hands, retired agricultural folks. Then when the truck with food shows up, when it's 20 below zero and you've got 40 people waiting and it's the same 40 every couple of months, they're not doing it for the socialization. There's a lot of rural senior citizen hunger out there, I think." — Key Informant

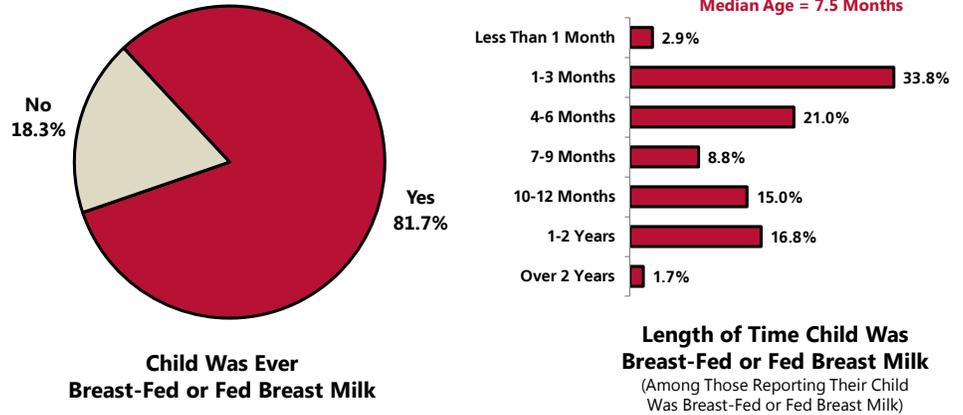
Breastfeeding

Among parents of children under 18, 81.7% report that their child was breast-fed or fed breast milk as an infant.

- Of these parents, the largest share (36.7%) report that the child was fed breast milk for **three months or less**.
- In contrast, note that 18.5% report feeding the child breast milk for **12 months or longer**.

Breast-Feeding

(Among St. Peter's Service Area Parents of Children <18)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 136-137]
Notes: • Asked of respondents with a child under 18 at home.

Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults and older adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity:

- Gender (boys)
- Belief in ability to be active (self-efficacy)
- Parental support

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity:

- Parental education
- Gender (boys)
- Personal goals
- Physical education/school sports
- Belief in ability to be active (self-efficacy)
- Support of friends and family

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

– Healthy People 2020 (www.healthypeople.gov)

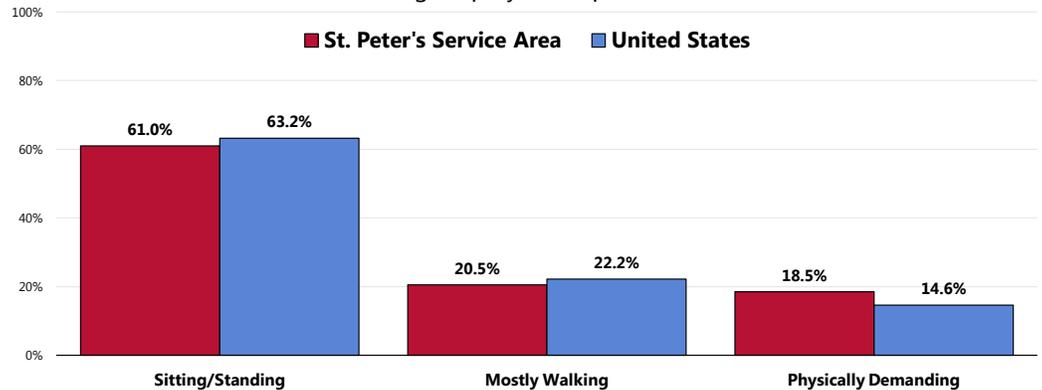
Level of Activity at Work

A majority of employed respondents reports low levels of physical activity at work.

- Just over 6 in 10 employed respondents (61.0%) report that their job entails mostly sitting or standing, similar to the US figure.
- 20.5% report that their job entails mostly walking (similar to that reported nationally).
- 18.5% report that their work is physically demanding (statistically similar to that reported nationally).

Primary Level of Physical Activity At Work

(Among Employed Respondents)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of those respondents who are employed for wages.

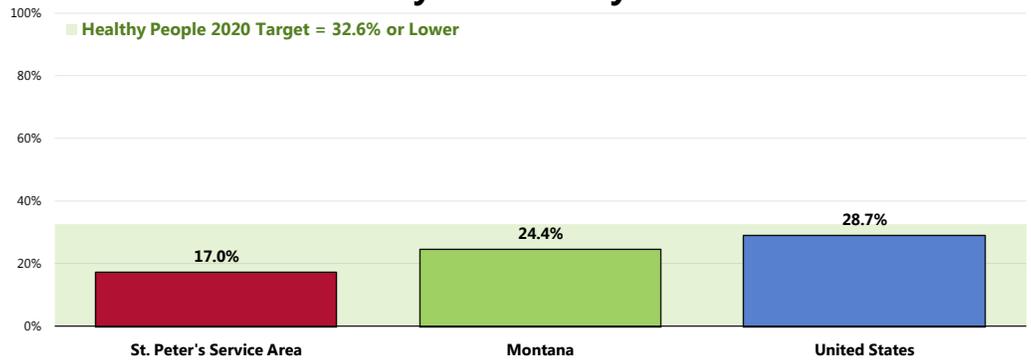
Leisure-Time Physical Activity

A total of 17.0% of St. Peter's Hospital Service Area adults report no leisure-time physical activity in the past month.

- More favorable than statewide findings.
- More favorable than national findings.
- Easily satisfies the Healthy People 2020 target (32.6% or lower).

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

No Leisure-Time Physical Activity in the Past Month



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 107]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2011 Montana data.
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]

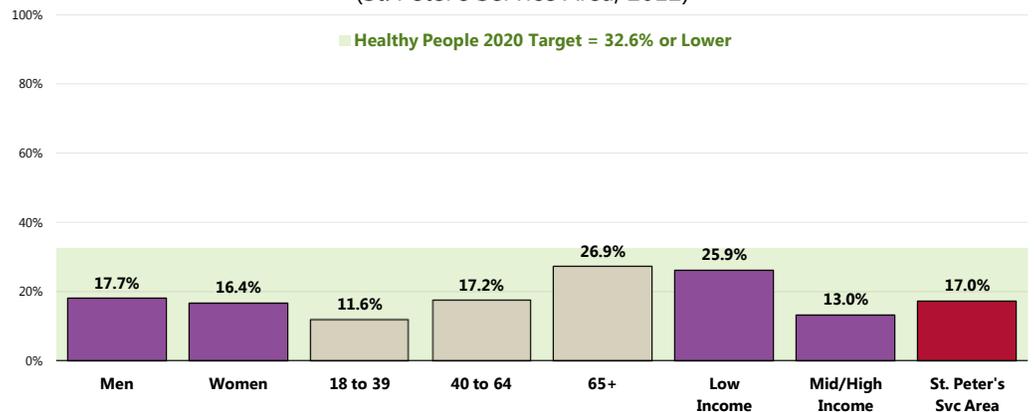
Notes: • Asked of all respondents.

Lack of leisure-time physical activity in the area is higher among:

-  Seniors.
-  Lower-income residents.

No Leisure-Time Physical Activity in the Past Month

(St. Peter's Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 107]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]

Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Levels

Adults (age 18–64) should do 2 hours and 30 minutes a week of moderate-intensity, or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. Aerobic activity should be performed in episodes of at least 10 minutes, preferably spread throughout the week.

Additional health benefits are provided by increasing to 5 hours (300 minutes) a week of moderate-intensity aerobic physical activity, or 2 hours and 30 minutes a week of vigorous-intensity physical activity, or an equivalent combination of both.

Older adults (age 65 and older) should follow the adult guidelines. If this is not possible due to limiting chronic conditions, older adults should be as physically active as their abilities allow. They should avoid inactivity. Older adults should do exercises that maintain or improve balance if they are at risk of falling.

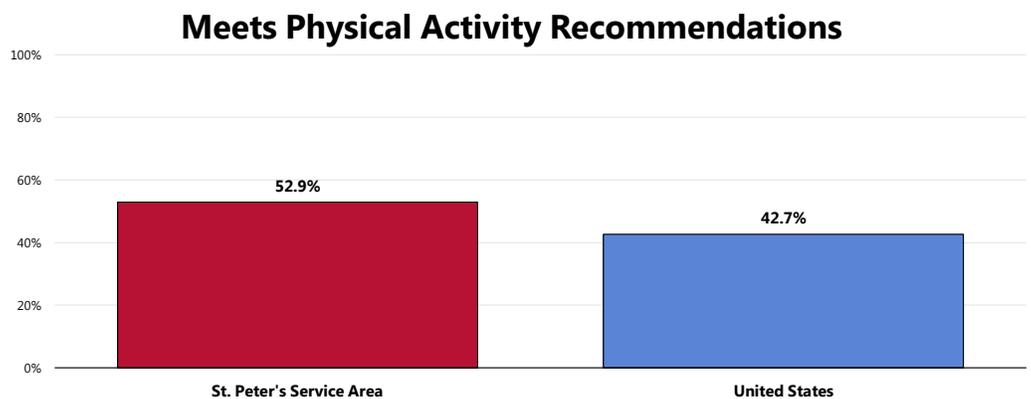
For all individuals, some activity is better than none. Physical activity is safe for almost everyone, and the health benefits of physical activity far outweigh the risks.

– 2008 Physical Activity Guidelines for Americans, U.S. Department of Health and Human Services. www.health.gov/PAGuidelines

Recommended Levels of Physical Activity

A total of 52.9% of St. Peter's Hospital Service Area adults participate in regular, sustained moderate or vigorous physical activity (meeting physical activity recommendations).

- More favorable than national findings.



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 181]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

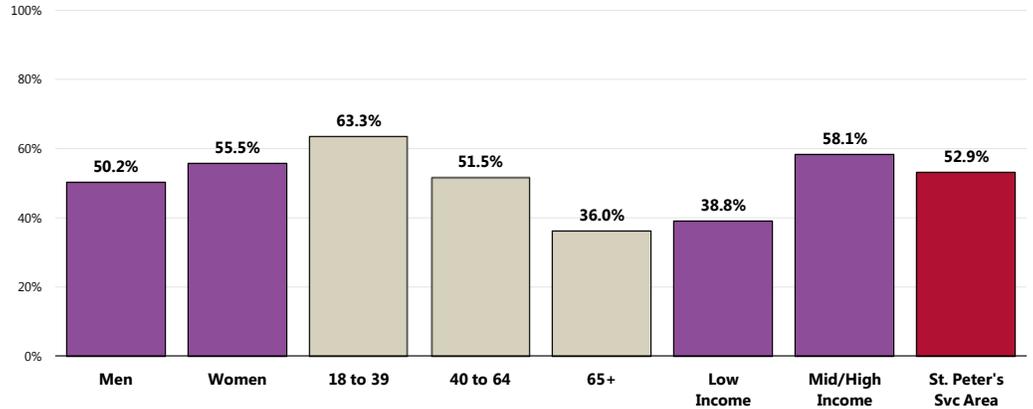
• In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (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 less likely to meet physical activity requirements include:

-  Adults aged 40 and older (note the negative correlation with age).
-  Residents in lower-income households.

Meets Physical Activity Recommendations

(St. Peter's Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 181]

Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

• 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.

Moderate & Vigorous Physical Activity

The individual indicators of moderate and vigorous physical activity are shown here.

In the past month:

A total of 34.5% of adults participated in moderate physical activity (5 times a week, 30 minutes at a time).

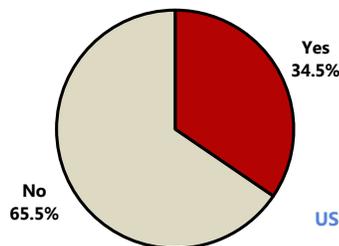
- More favorable than the national level.

A total of 42.8% participated in vigorous physical activity (3 times a week, 20 minutes at a time).

- More favorable than the nationwide figure.

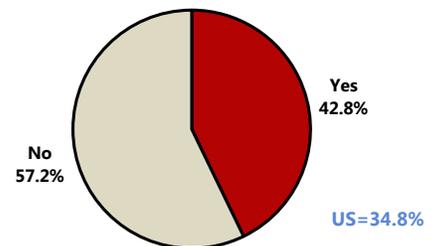
Moderate & Vigorous Physical Activity

(St. Peter's Service Area, 2012)



US=23.9%

Moderate Physical Activity



US=34.8%

Vigorous Physical Activity

Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 183-184]

• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

• Moderate Physical Activity: Takes part in exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate at least 5 times per week for at least 30 minutes per time.

• Vigorous Physical Activity: Takes part in activities that cause heavy sweating or large increases in breathing or heart rate at least 3 times per week for at least 20 minutes per time.

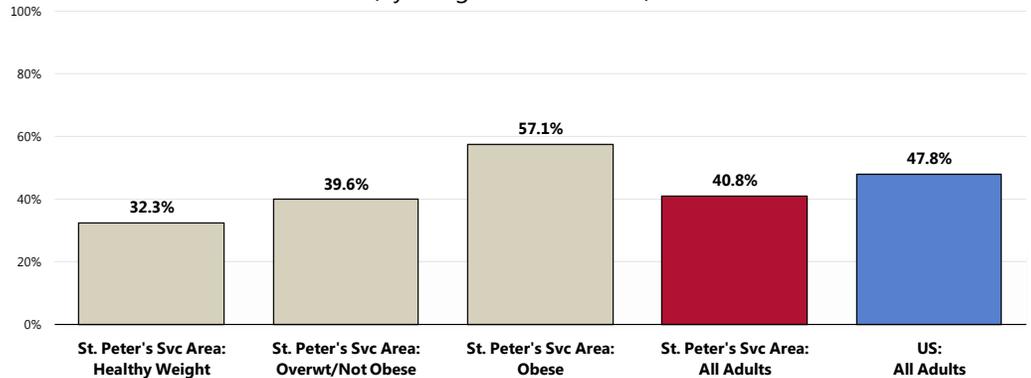
Health Advice About Physical Activity & Exercise

A total of 40.8% of St. Peter's Hospital Service Area adults report that their physician has asked about or given advice to them about physical activity in the past year.

- Less favorable than the national average.

 Note: 57.1% of obese St. Peter's Hospital Service Area respondents say that they have talked with their doctor about physical activity/exercise in the past year.

Have Received Advice About Exercise in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Children's Screen Time

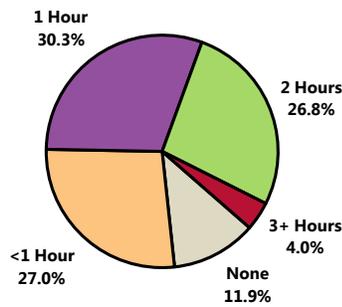
Television Watching & Other Screen Time

Among children aged 5 through 17, 4.0% are reported to watch three or more hours of television per day; 9.8% are reported to spend three or more hours on other types of screen time for entertainment (video games, Internet, etc.).

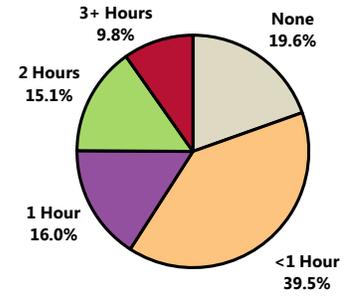
- The Service Area television viewing figure is much lower than the national norm; the computer usage figure is nearly identical to that reported nationally (not shown).

Children's Screen Time

(Among Parents of Children Ages 5-17; St. Peter's Service Area, 2012)



Hours per Day of Television



Hours per Day of Other Screen Time
(i.e., video games, computer/Internet entertainment)

Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 142-143, 185-186]
Notes: • Asked of respondents with a child aged 5 to 17 in the household.

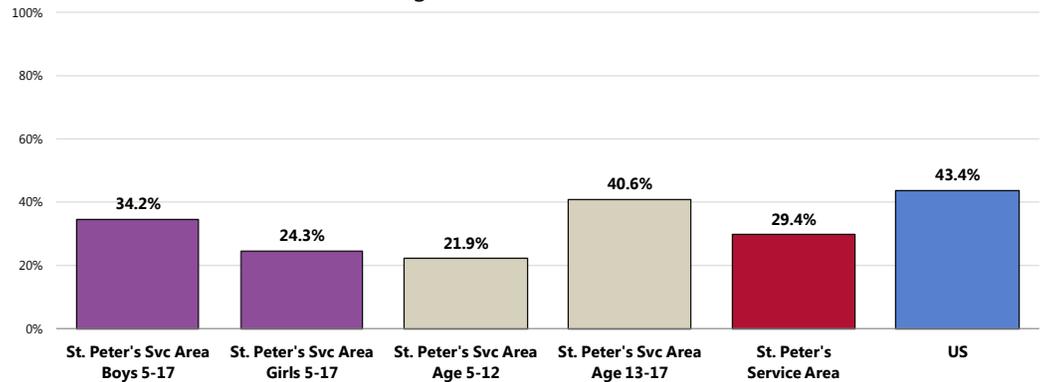
Total Screen Time

When combined, 29.4% of St. Peter's Hospital Service Area children aged 5 to 17 spend three or more hours on screen time (whether television or computer, Internet, video games, etc.) per day.

- More favorable than found nationally.
- 👤 Higher among boys and area teens.

Children With Three or More Hours per School Day of Total Screen Time [TV, Computer, Video Games, Etc. for Entertainment]

(Among Parents of Children 5-17)



Sources: • 2012 Professional Research Consultants, Inc. PRC Community Health Survey. [Item 187]
Notes: • Asked of all respondents with children 5-17 at home.
• For this issue, respondents with children who are not in school were asked about "weekdays," while parents of children in school were asked about typical "school days."
• "Three or more hours" includes reported screen time of 180 minutes or more per day.

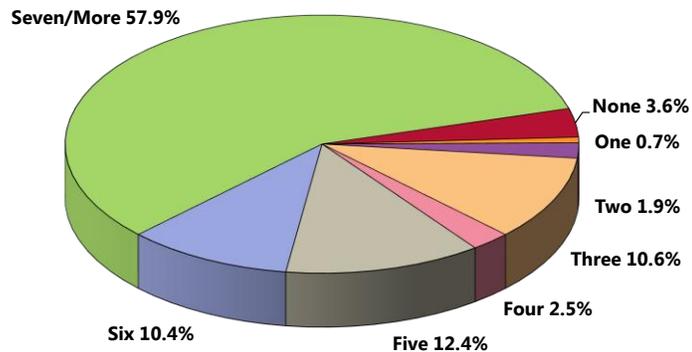
Children's Physical Activity

Among parents of children under 18 at home, 57.9% report that their child exercised for an hour straight at least daily over the past week.

- In contrast, 16.8% of parents report that their child had an hour of consistent exercise on **three days or less** in the past week.

Number of Days On Which Child Exercised At Least One Hour in the Past Week

(St. Peter's Service Area Parents of Children <18, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 144]
Notes: • Asked of all respondents with children under 18 at home.

Related Focus Group Findings: Physical Activity

Concern over a lack of physical activity in the community arose during the focus group, with primary issues including:

- Sedentary lifestyle
- Screen time
- Safety

Focus group attendees agree that many community members live a **sedentary lifestyle**, and participants expressed much concern about residents' inactivity. Focus group members feel that children spend many **hours in front of a screen** instead of outdoors. A child's day no longer includes regular physical activity; instead, children watch more television and play more video games than ever before.

Participants note that the Lewis and Clark City-County Health Department developed bike paths and the city has a nice park system, but some residents lack awareness of these resources. The **safety** of these spaces may also limit a community member's ability to participate, as one attendee explains:

"Having come from communities that spend a lot of energy in shared roadways, our bike paths, complete streets, et cetera, I would describe as remedial at best. In other parts of the country they've really been purposeful so that you could commute nine, ten miles to work on bike and do so very, very safely. I wouldn't here. You've got to transport your bike to a place where you can ride here. I've never felt safe. I think there's a lot we can do as a community to help reward or encourage sharing of the roadways developments." — Key Informant

Weight Status

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

– Healthy People 2020 (www.healthypeople.gov)

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: [weight (pounds)/height squared (inches²)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI $\geq 30 kg/m^2$. 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 $\geq 30 kg/m^2$, 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 .

– 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
Obese	≥ 30.0

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.

Adult Weight Status

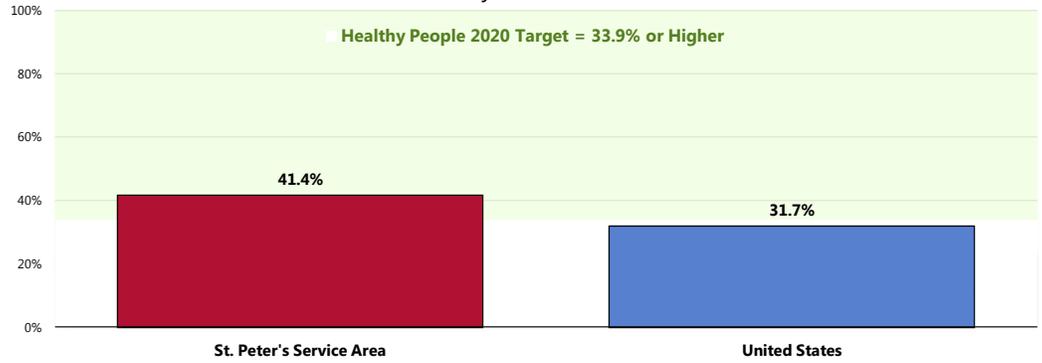
Healthy Weight

“Healthy weight” means neither underweight, nor overweight (BMI = 18.5-24.9).

Based on self-reported heights and weights, 41.4% of St. Peter’s Hospital Service Area adults are at a healthy weight.

- More favorable than national findings.
- Satisfies the Healthy People 2020 target (33.9% or higher).

Healthy Weight (Percent of Adults With a Body Mass Index Between 18.5 and 24.9)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 189]

• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Based on reported heights and weights, asked of all respondents.

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-8]

• 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

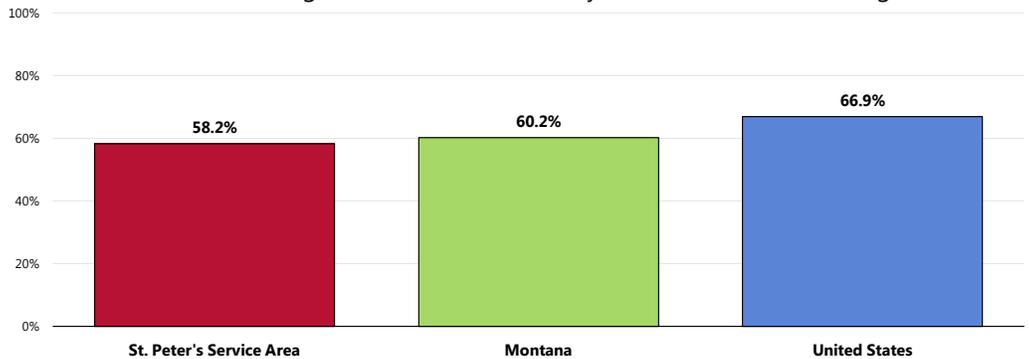
Here, "overweight" includes those respondents with a BMI value ≥ 25 .

Nearly 6 in 10 St. Peter's Hospital Service Area adults (58.2%) are overweight.

- Comparable to the Montana prevalence.
- More favorable than the US overweight prevalence.

Prevalence of Total Overweight

(Percent of Overweight or/Obese Adults; Body Mass Index of 25.0 or Higher)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 189]

• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2011 Montana data.

Notes: • Based on reported heights and weights, 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.

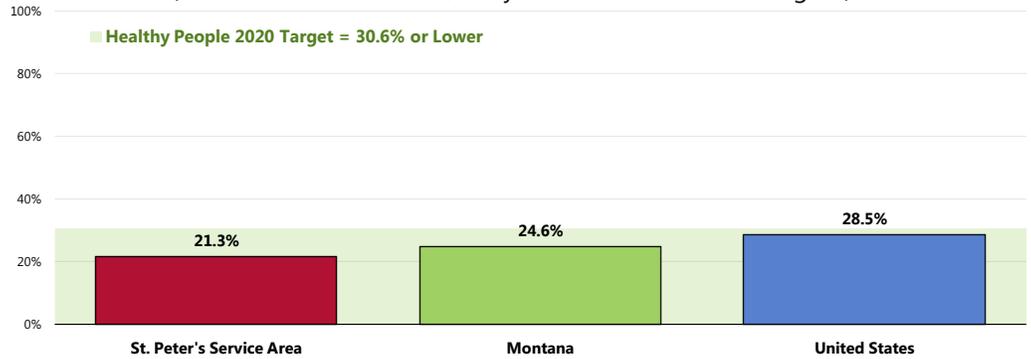
“Obese” (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥ 30 .

Further, 21.3% of St. Peter’s Hospital Service Area adults are obese.

- Comparable to Montana findings.
- More favorable than US findings.
- Satisfies the Healthy People 2020 target (30.6% or lower).

Prevalence of Obesity

(Percent of Obese Adults; Body Mass Index of 30.0 or Higher)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 189]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2011 Montana data.

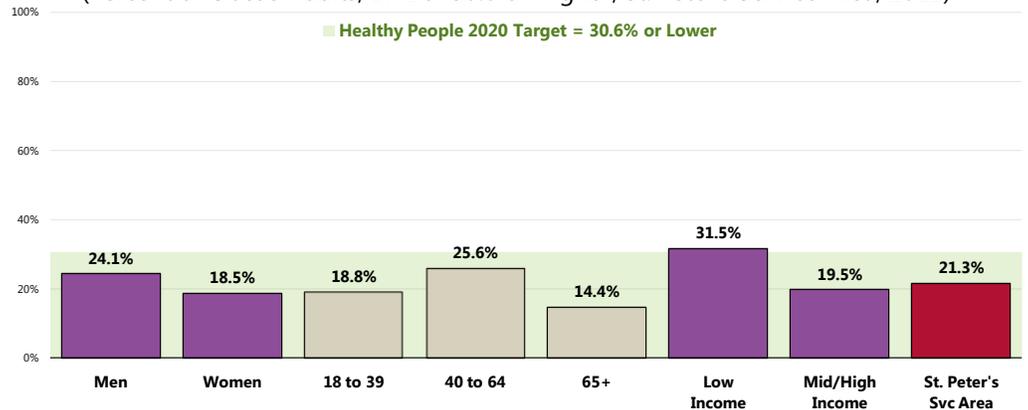
Notes: • Based on reported heights and weights, asked of all respondents.
 • The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Obesity is notably more prevalent among:

- Adults between the ages of 40 and 64.
- Residents in lower-income households.

Prevalence of Obesity

(Percent of Obese Adults; BMI of 30.0 or Higher; St. Peter's Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 189]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]
 Notes: • Based on reported heights and weights, asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • 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, regardless of gender.

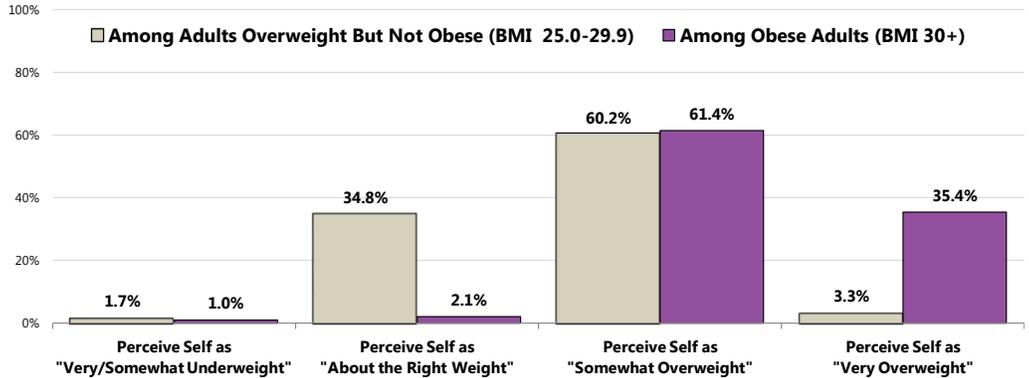
Actual vs. Perceived Body Weight

A total of 2.1% of obese adults and 34.8% of overweight (but not obese) adults feel that their current weight is “about right.”

- 60.2% of overweight (but not obese) adults see themselves as “somewhat overweight.”
- 35.4% of obese adults see themselves as “very overweight.”

Actual vs. Perceived Weight Status

(Among Adults Who Are Overweight/Obese Based on BMI; St. Peter's Service Area, 2012)



Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 114]
Notes: ● BMI is based on reported heights and weights, 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.

Relationship of Overweight With Other Health Issues

Obese (and often overweight) adults are more likely to report a number of adverse health conditions.

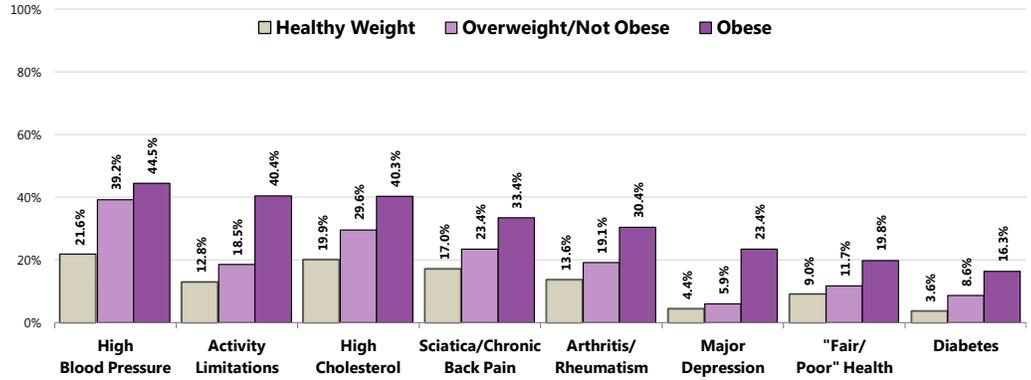
Among these are:

- Hypertension (high blood pressure).
- Activity limitations.
- High cholesterol.
- Sciatica/chronic back pain.
- Arthritis/rheumatism.
- Major depression.
- “Fair” or “poor” physical health.
- Diabetes.

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

Relationship of Overweight With Other Health Issues

(By Weight Classification; St. Peter's Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 5, 28, 29, 33, 44, 119, 152, 153]
 Notes: • Based on reported heights and weights, asked of all respondents.

Weight Management

Health Advice

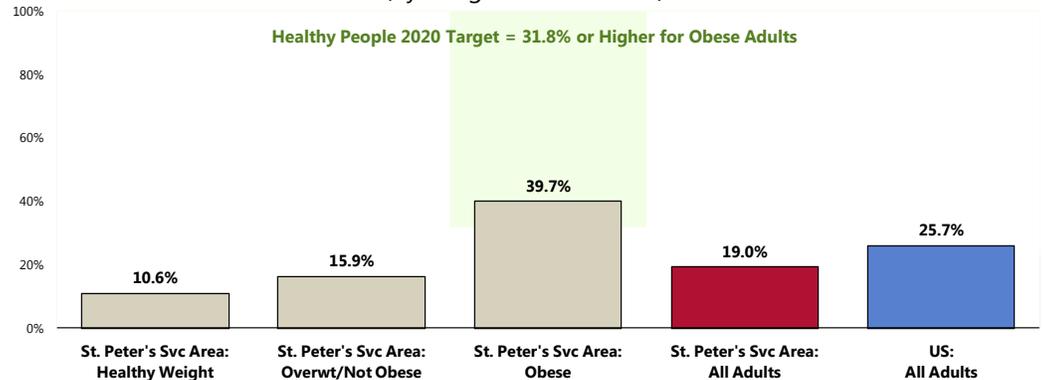
A total of 19.0% of adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

- Lower than the national findings.

- Note that 39.7% of obese adults have been given advice about their weight by a health professional in the past year (while 6 in 10 have not).
 - This is statistically similar to the Healthy People 2020 target of 31.8% or higher.

Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional

(By Weight Classification)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 113, 192]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Weight Control

Individuals who are at a healthy weight are less likely to:

- Develop chronic disease risk factors, such as high blood pressure and dyslipidemia.
- Develop chronic diseases, such as type 2 diabetes, heart disease, osteoarthritis, and some cancers.
- Experience complications during pregnancy.
- Die at an earlier age.

All Americans should avoid unhealthy weight gain, and those whose weight is too high may also need to lose weight.

– Healthy People 2020 (www.healthypeople.gov)

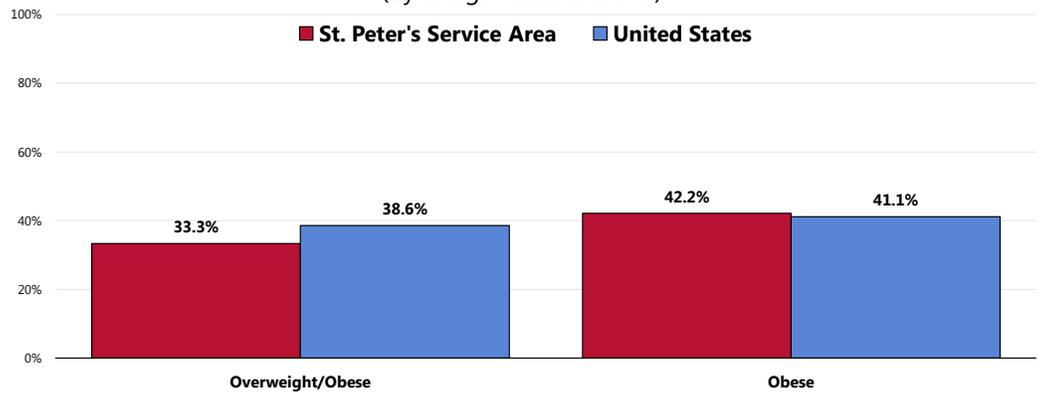
One in three overweight Service Area adults (33.3%) say that they are both modifying their diet and increasing their physical activity to try to lose weight.

- Similar to national findings.

👥 Note: 42.2% of obese St. Peter's Hospital Service Area adults report that they are trying to lose weight through a combination of diet and exercise, similar to what is found nationally.

Trying to Lose Weight by Both Modifying Diet and Increasing Physical Activity

(By Weight Classification)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 190]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Based on reported heights and weights, asked of all respondents.

Childhood Overweight & Obesity

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

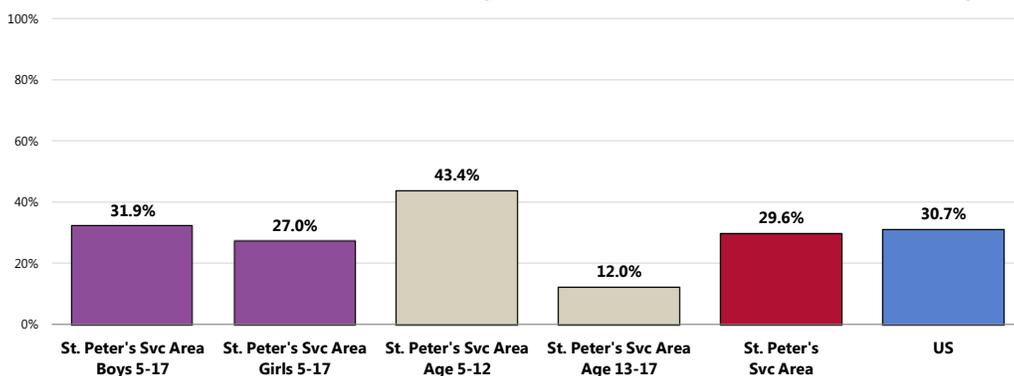
– Centers for Disease Control and Prevention.

Based on the heights/weights reported by surveyed parents, 29.6% of St. Peter's Hospital Service Area children age 5 to 17 are overweight or obese (≥85th percentile).

- Comparable to the national prevalence.
- 👥 Statistically high among children aged 5 to 12.

Child Total Overweight Prevalence

(Percent of Children 5-17 Who Are Overweight/Obese; BMI in the 85th Percentile or Higher)



Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 193]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

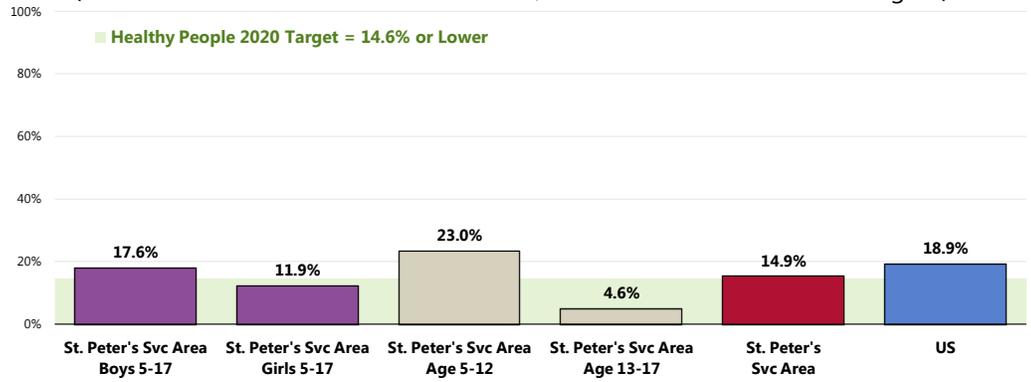
Notes: ● Asked of all respondents with children age 5-17 at home.
● Overweight among children is estimated based on children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

Further, 14.9% of St. Peter's Hospital Service Area children age 5 to 17 are obese (≥95th percentile).

- Similar to the national percentage.
- Similar to the Healthy People 2020 target (14.6% or lower for children age 2-19).
- Statistically high among children aged 5 to 12.

Child Obesity Prevalence

(Percent of Children 5-17 Who Are Obese; BMI in the 95th Percentile or Higher)



- Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 193]
 - 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-10.4]
- Notes:
- Asked of all respondents with children age 5-17 at home.
 - Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

Substance Abuse

In 2005, an estimated 22 million Americans struggled with a drug or alcohol problem. Almost 95% of people with substance use problems are considered unaware of their problem. Of those who recognize their problem, 273,000 have made an unsuccessful effort to obtain treatment. These estimates highlight the importance of increasing prevention efforts and improving access to treatment for substance abuse and co-occurring disorders.

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

The field has made progress in addressing substance abuse, particularly among youth. According to data from the national Institute of Drug Abuse (NIDA) Monitoring the Future (MTF) survey, which is an ongoing study of the behaviors and values of America's youth between 2004 and 2009, a drop in drug use (including amphetamines, methamphetamine, cocaine, hallucinogens, and LSD) was reported among students in 8th, 10th, and 12th grades. Note that, despite a decreasing trend in marijuana use which began in the mid-1990s, the trend has stalled in recent years among these youth. Use of alcohol among students in these three grades also decreased during this time.

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

– Healthy People 2020 (www.healthypeople.gov)

High-Risk Alcohol Use

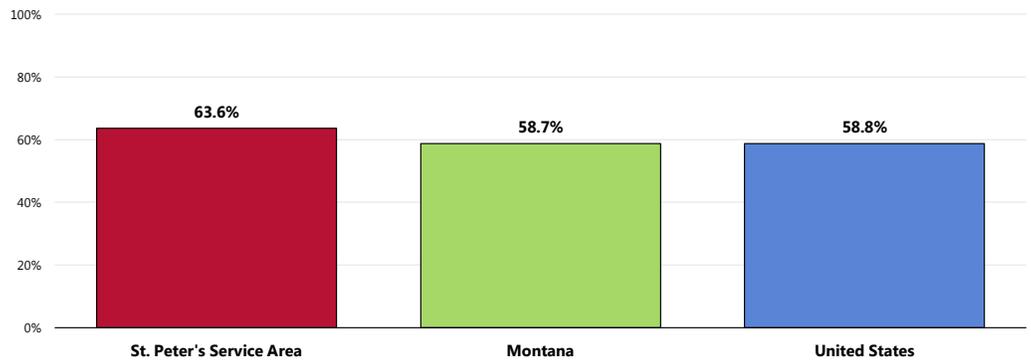
Current Drinking

“Current drinkers” include survey respondents who had at least one drink 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.

A total of 63.6% of area adults had at least one drink of alcohol in the past month (current drinkers).

- Less favorable than the statewide proportion.
- Similar to the national proportion.

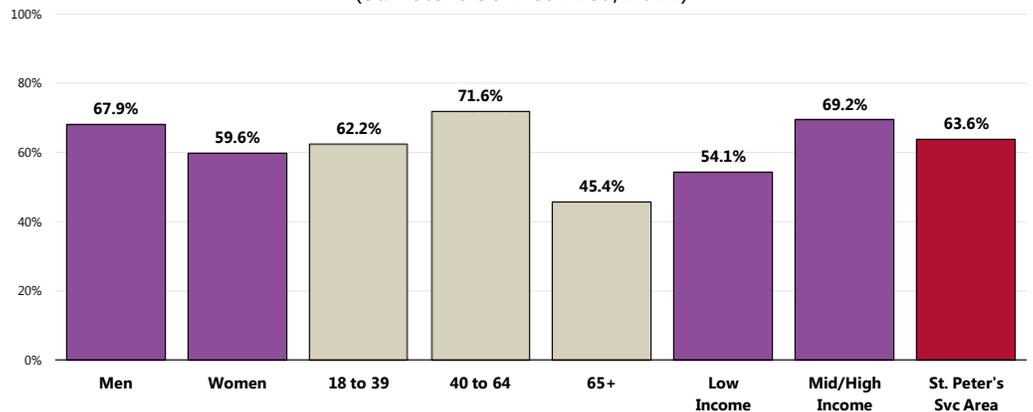
Current Drinkers



- Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 198]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Montana data.
 - 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
 - Current drinkers had at least one alcoholic drink in the past month.

👤 Current drinking is more prevalent among adults aged 40-64 and adults in upper-income households.

Current Drinkers (St. Peter's Service Area, 2012)



- Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 198]
 - Asked of all respondents.
- Notes:
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - Current drinkers had at least one alcoholic drink in the past month.

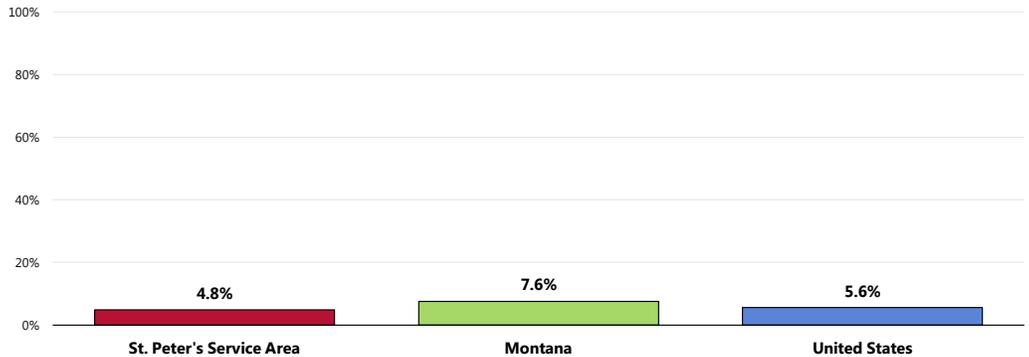
Chronic Drinking

A total of 4.8% of area adults averaged two or more drinks of alcohol per day in the past month (chronic drinkers).

- Lower than the statewide proportion.
- Similar to the national proportion.

RELATED ISSUE:
See also *Stress* in the **Mental Health & Mental Disorders** section of this report.

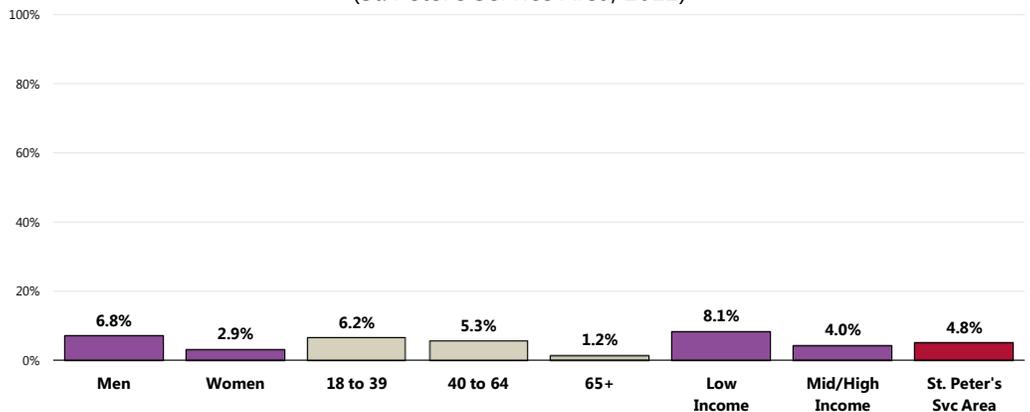
Chronic Drinkers



- Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 199]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Montana data.
 - 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
 - Chronic drinkers are defined as having 60+ alcoholic drinks in the past month.
 - *The state definition for chronic drinkers is males consuming 2+ drinks per day and females consuming 1+ drink per day.

👤 Chronic drinking is more prevalent among adults under 65 (note the negative correlation with age).

Chronic Drinkers (St. Peter's Service Area, 2012)



- Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 199]
 - Asked of all respondents.
- Notes:
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - Chronic drinkers are defined as those having 60+ alcoholic drinks in the past month.

"Chronic drinkers" include survey respondents reporting 60 or more drinks of alcohol in the month preceding the interview.

Binge Drinking

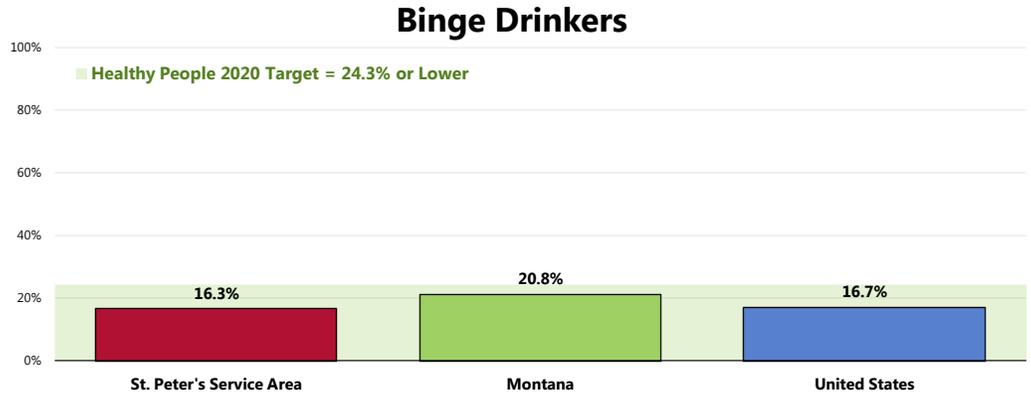
"Binge drinkers" include:

1) MEN who report drinking 5 or more alcoholic drinks on any single occasion during the past month; and

2) WOMEN who report drinking 4 or more alcoholic drinks on any single occasion during the past month.

A total of 16.3% of St. Peter's Hospital Service Area adults are binge drinkers.

- Better than Montana findings.
- Almost identical to the national figure.
- Satisfies the Healthy People 2020 target (24.3% or lower).

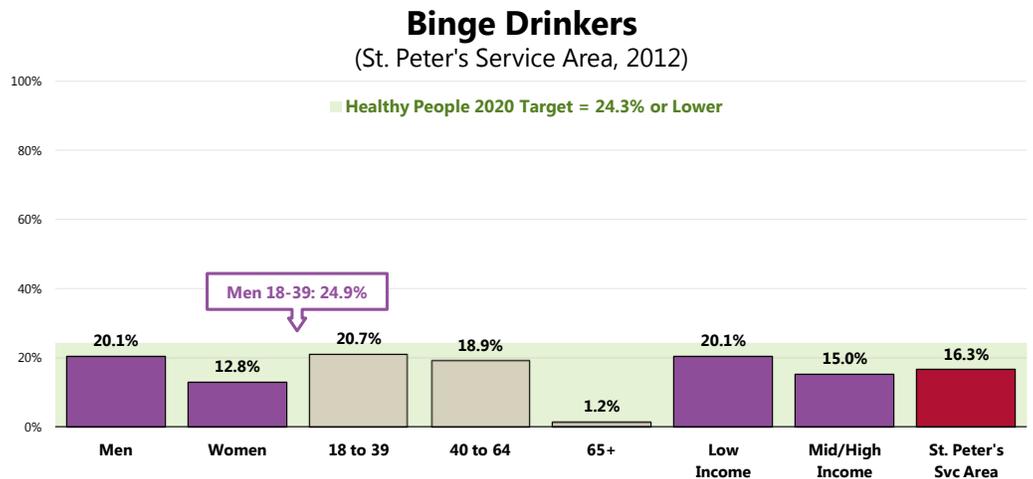


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 200]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2011 Montana data.
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-14.3]

Notes: • Asked of all respondents.
 • Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion.

Binge drinking is more prevalent among:

- Young men.
- Adults under age 65.



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 200]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-14.3]

Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion

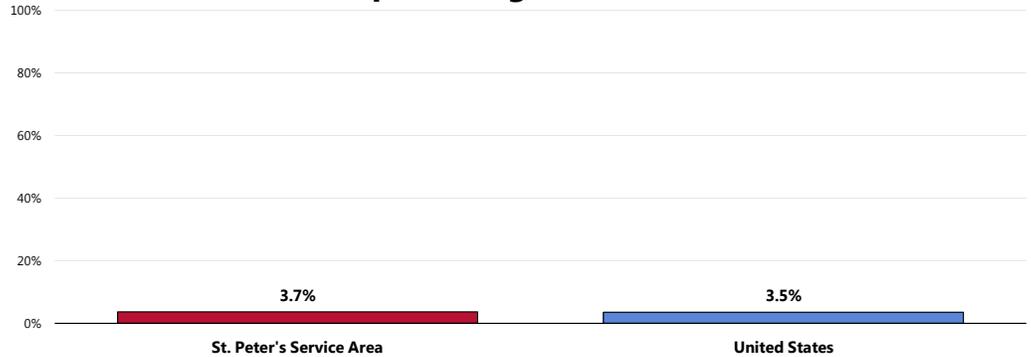
Drinking & Driving

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that the actual incidence of drinking and driving in the community is likely higher.

A total of 3.7% of St. Peter's Hospital Service Area adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

- Similar to the national findings.

Have Driven in the Past Month After Perhaps Having Too Much to Drink



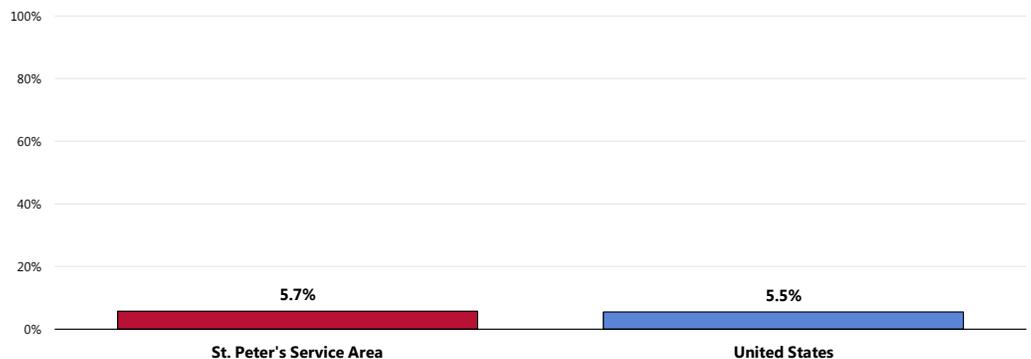
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 72]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

A total of 5.7% of St. Peter's Hospital Service Area adults acknowledge either drinking and driving or riding with a drunk driver in the past month.

- Comparable to the national findings.

Have Driven Drunk OR Ridden With a Driver in the Past Month Who Had Too Much to Drink



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 201]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Illicit Drug Use

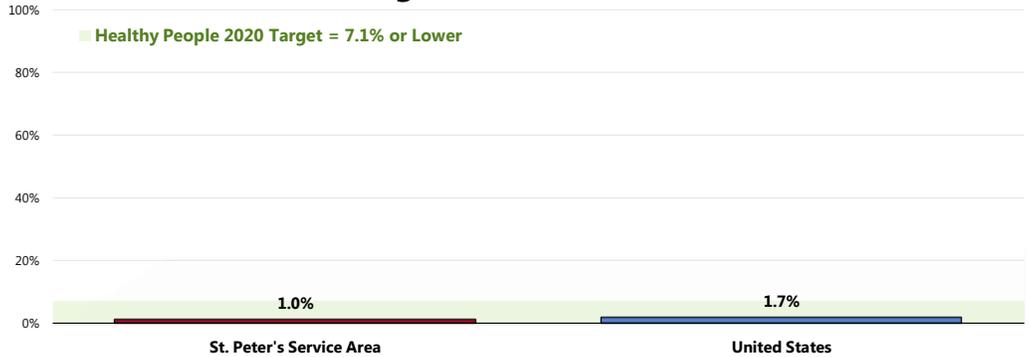
For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

A total of 1.0% of St. Peter's Hospital Service Area adults acknowledge using an illicit drug in the past month.

- Similar to the proportion found nationally.
- Easily satisfies the Healthy People 2020 target of 7.1% or lower.

Illicit Drug Use in the Past Month



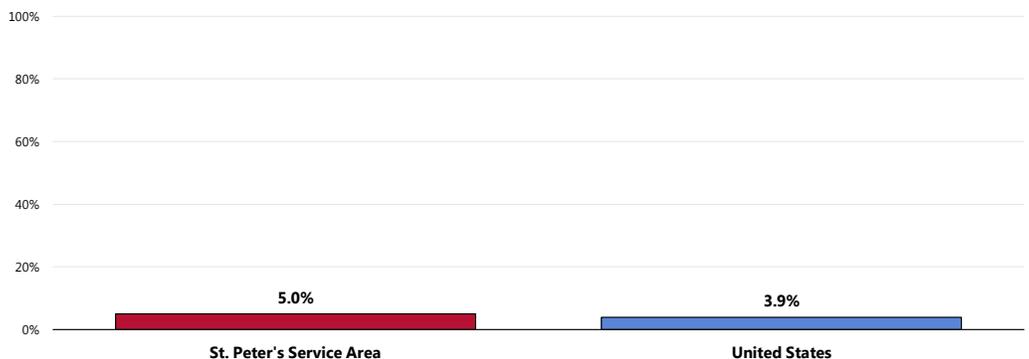
Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 74]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-13.3]
Notes: ● Asked of all respondents.

Alcohol & Drug Treatment

A total of 5.0% of St. Peter's Hospital Service Area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Similar to national findings.

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem



Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 75]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Related Focus Group Findings: Substance Abuse

Group participants were concerned with substance abuse in the community. The main issues discussed surrounding substance abuse included:

- Prevalence of drug use
- Substance abuse treatment options
- Early prevention and education needed

A number of focus group participants expressed concern with the **prevalence of substance abuse** in the community, especially alcohol, prescription drugs, marijuana, designer drugs and methamphetamines. Respondents believe that healthcare professionals over-prescribe, so community members (including youth) have easy access to prescription medication.

There are limited local **substance abuse treatment options**. Private pay or sliding-fee-scale chemical dependence counselors have wait lists for new patients. Andrew Boyd Community Services provides substance abuse treatment across Montana and represents the only agency that can bill Medicaid. However, the local Andrew Boyd clinics do not have a great reputation for offering high quality substance abuse treatment. Adolescents have even fewer treatment alternatives as many chemical dependency counselors are not trained to work specifically with that age range.

Attendees believe that **substance abuse prevention needs to begin at a young age and continue as a child grows**, and that prevention programs work best in a school setting and should also target parents. Currently, Youth Connections is the main provider of substance use prevention programming and they partner with the school districts. However, because of the Internet and the speed at which information now travels, the drug culture changes frequently and it can be difficult for communities to keep up-to-date with prevention activities. A participant explains:

“There’s a lot of information on the Internet that these kids can get. Various different other things might contain some alcohol... We can’t keep up on the drug culture and all the trends, the vodka enemas and all of – it just goes on and on and on, the different ways that especially young people are choosing to get the substance into their bodies.” — Key Informant

Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Each year, approximately 443,000 Americans die from tobacco-related illnesses. For every person who dies from tobacco use, 20 more people suffer with at least one serious tobacco-related illness. In addition, tobacco use costs the US \$193 billion annually in direct medical expenses and lost productivity.

Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

– Healthy People 2020 (www.healthypeople.gov)

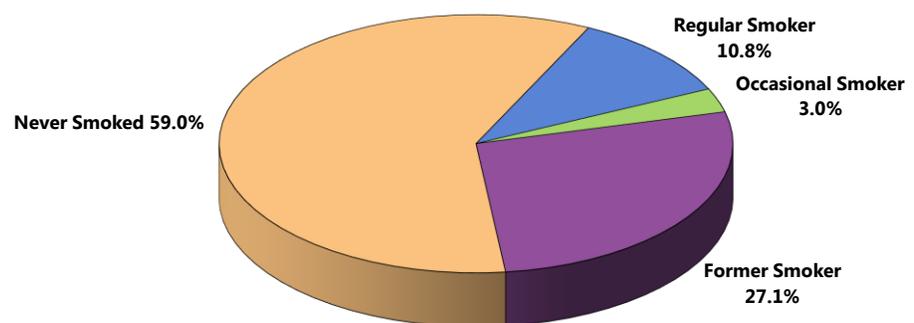
Cigarette Smoking

Cigarette Smoking Prevalence

A total of 13.8% of St. Peter's Hospital Service Area adults currently smoke cigarettes, either regularly (10.8% every day) or occasionally (3.0% on some days).

Cigarette Smoking Prevalence

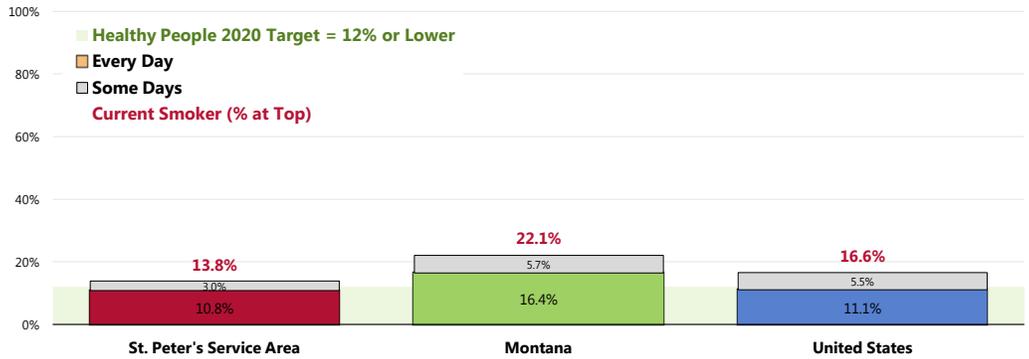
(St. Peter's Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 194]
Notes: • Asked of all respondents.

- Better than statewide findings.
- Similar to national findings.
- Similar to the Healthy People 2020 target (12% or lower).

Current Smokers



Sources:

- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 194]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2011 Montana data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]

 Notes:

- Asked of all respondents.
- Includes regular and occasional smokers (everyday and some days).

Cigarette smoking is more prevalent among:

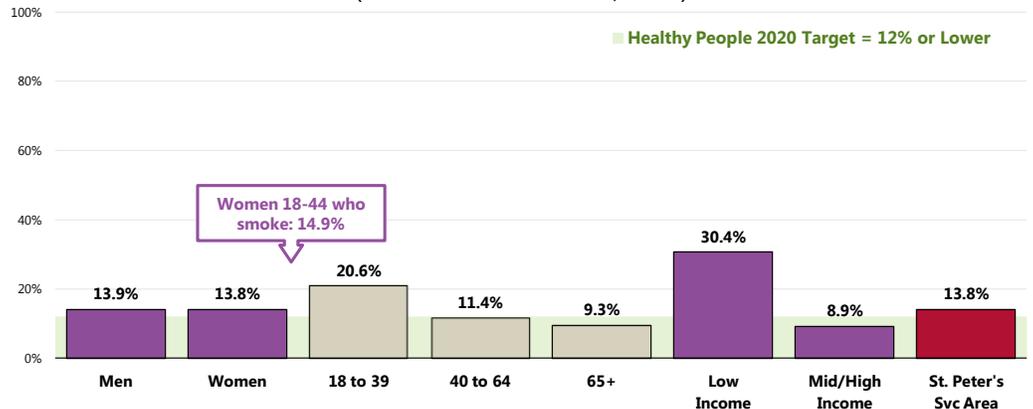
- 👤 Young adults (under age 40).
- 👤 Lower-income residents.

Note also:

- 👤 14.9% 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

(St. Peter's Service Area, 2012)



Sources:

- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 194-195]
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]

 Notes:

- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Includes regular and occasion smokers (everyday and some days).

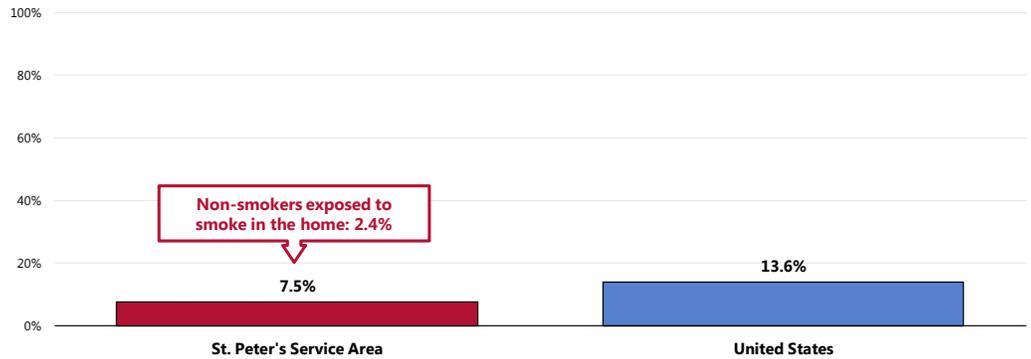
Environmental Tobacco Smoke

A total of 7.5% of St. Peter's Hospital Service Area adults (including smokers and non-smokers) report that a member of their household has smoked cigarettes in the home an average of 4+ times per week over the past month.

- More favorable than national findings.

 Note that 2.4% of St. Peter's Hospital Service Area non-smokers are exposed to cigarette smoke at home.

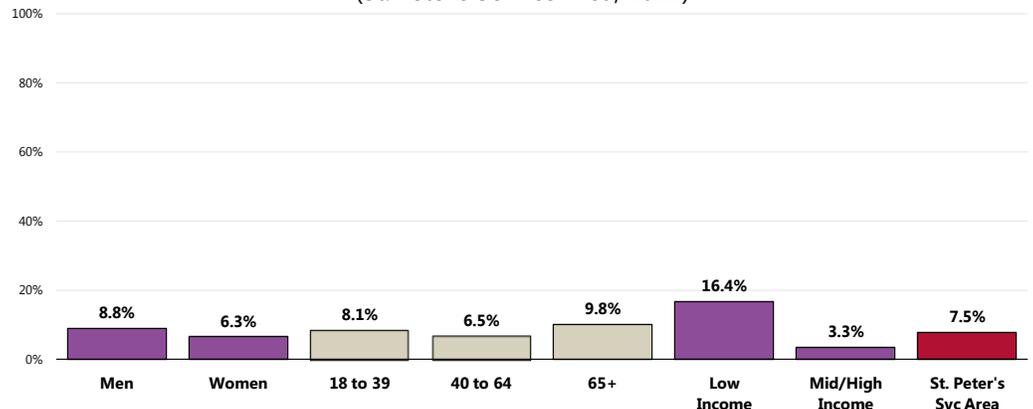
Member of Household Smokes at Home



- Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 66, 196]
 - 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- 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.

 Notably higher among residents with lower incomes.

Member of Household Smokes At Home (St. Peter's Service Area, 2012)

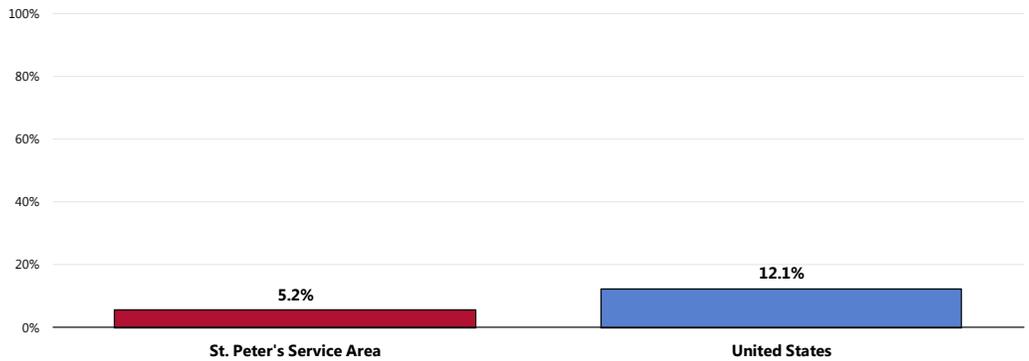


- Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 66]
- Notes:
- Asked of all respondents.
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - "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.

Among households with children, 5.2% have someone who smokes cigarettes in the home.

- More favorable than national findings.

Percentage of Households With Children In Which Someone Smokes in the Home



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 197]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked among parents of children age 0-17.
• "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.

Smoking Cessation

Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically; such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention.

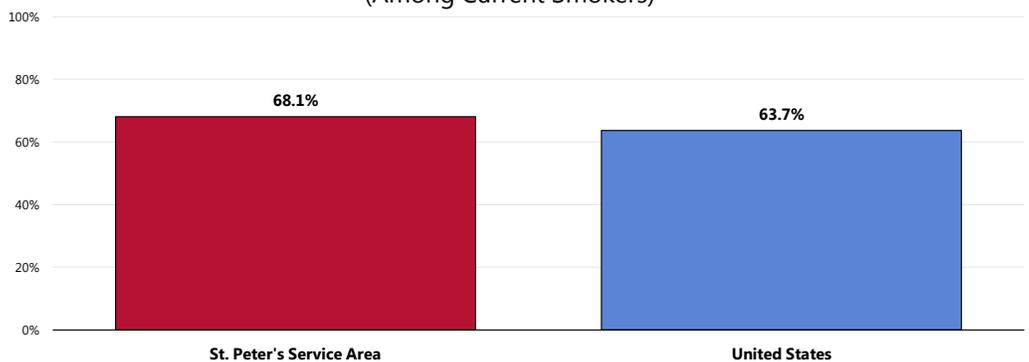
- Healthy People 2020 (www.healthypeople.gov)

Health Advice About Smoking Cessation

A total of 68.1% of smokers say that a doctor, nurse or other health professional has recommended in the past year that they quit smoking.

- Comparable to the national percentage.

Advised by a Healthcare Professional in the Past Year to Quit Smoking (Among Current Smokers)



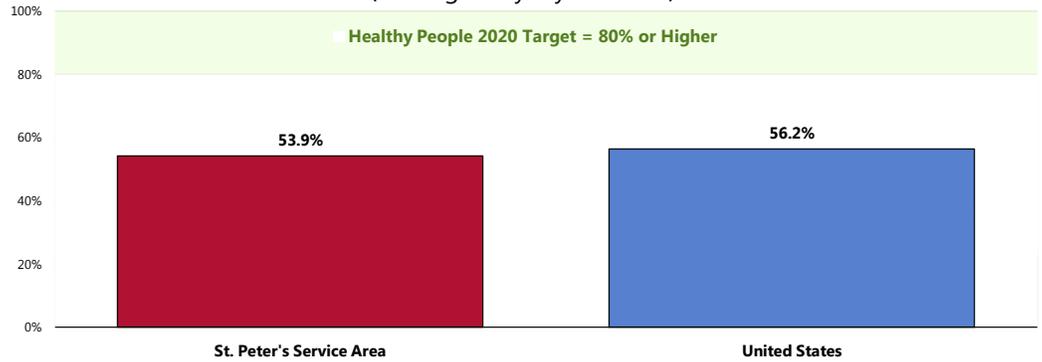
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 65]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all current smokers.

Smoking Cessation Attempts

Over one-half (53.9%) of regular smokers went without smoking for one day or longer in the past year because they were trying to quit smoking.

- Similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (80% or higher).

Have Stopped Smoking for One Day or Longer In the Past Year in an Attempt to Quit Smoking (Among Everyday Smokers)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 64]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-4.1]
Notes: • Asked of respondents who smoke cigarettes every day.

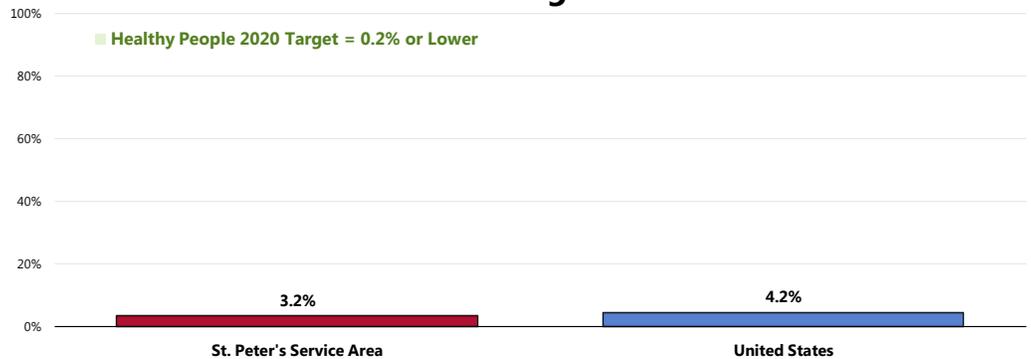
Other Tobacco Use

Cigars

A total of 3.2% of St. Peter's Hospital Service Area adults use cigars every day or on some days.

- Similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.2% or lower).

Use of Cigars

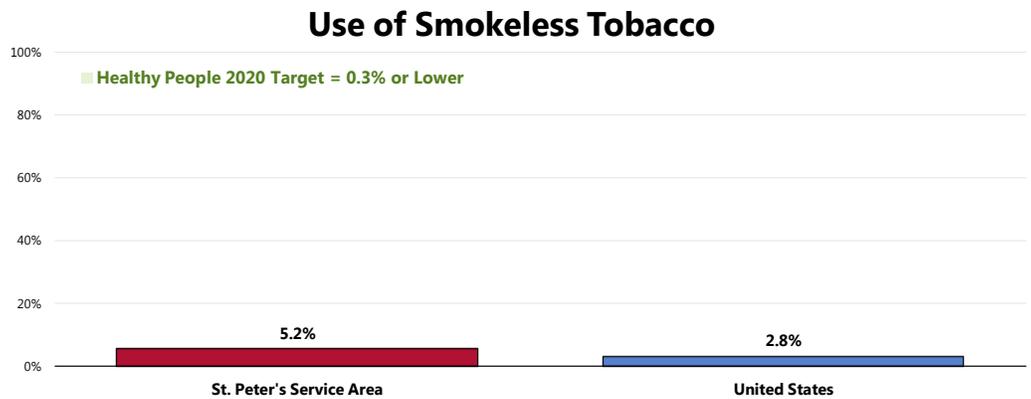


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 68]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.3]
Notes: • Asked of all respondents.

Smokeless Tobacco

A total of 5.2% of St. Peter's Hospital Service Area adults use some type of smokeless tobacco every day or on some days.

- Comparable to the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.3% or lower).



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 67]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.2]

Notes: • Asked of all respondents.
• Smokeless tobacco includes chewing tobacco or snuff.

Related Focus Group Findings: Tobacco

Many focus group participants are concerned with tobacco use in the community. The main issues include:

- Prevalence across the community
- Pregnant women

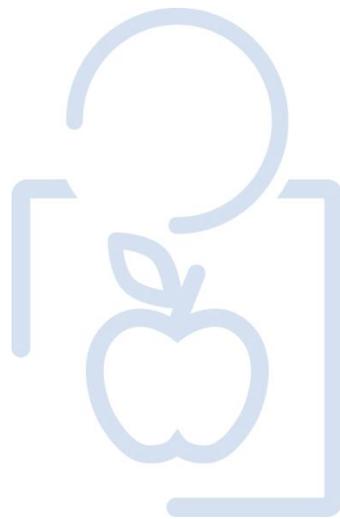
Focus group participants feel that **tobacco use is prevalent across the community**, but use is higher amongst low income residents and rodeo kids. Residents smoke cigarettes and also use smokeless tobacco products. Participants agree that the tobacco prevention programs decreased the number of smokers but worry because of recent funding decreases to these programs.

Attendees also worry about the number of **women who continue to smoke during their pregnancy**. Respondents note that teenagers believe smoking will keep their babies small, allowing for an "easier" birth. Public health is working with healthcare providers to educate mothers about the importance of smoking cessation during pregnancy (in addition to abstinence from alcohol). A focus group member explains:

"We have one of the highest rates in Montana, in Lewis and Clark County, of pregnant women smoking. And some of the reasons around that is, especially with our teen pregnant women, are they thinking they can have smaller babies. Don't want to have a difficult birth. Rumors go around. We have had to work a little bit with the medical community, and not to stay specifically, but to have providers enhancing the idea of pregnancy is stressful. Right now providers tell them 'If you quit alcohol, that's great, but don't feel like you have to quit everything.' And there have been some thoughts of not encouraging as much, and we've been trying to do some outreach at the Health Department with the medical community around that, about the real concerns for everybody involved in a pregnancy to do that smoking cessation education." — Key Informant

Examples of smokeless tobacco include chewing tobacco, snuff, or "snus."

ACCESS TO HEALTH SERVICES



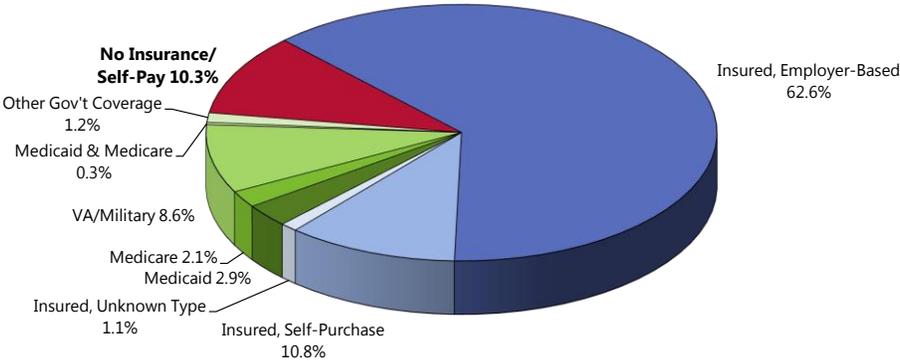
Health Insurance Coverage

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.

Type of Healthcare Coverage

A total of 74.5% of St. Peter’s Hospital Service Area adults age 18 to 64 report having healthcare coverage through private insurance. Another 15.1% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Healthcare Insurance Coverage
(Among Adults 18-64; St. Peter's Service Area, 2012)



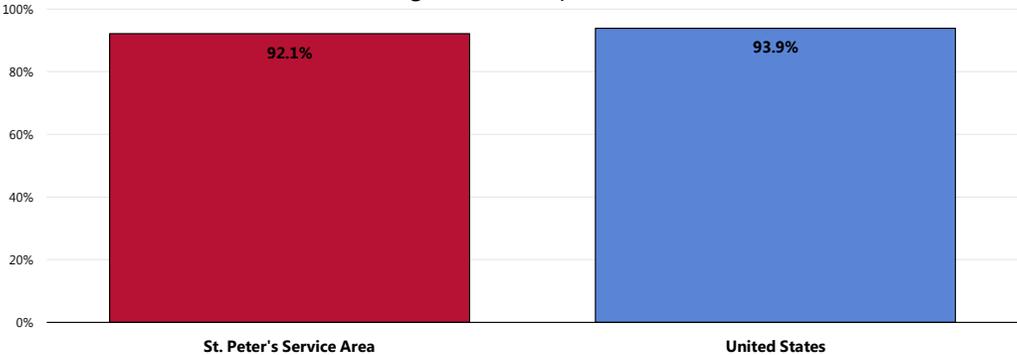
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 202]
Notes: • Reflects respondents age 18 to 64.

Prescription Drug Coverage

Among insured adults, 92.1% report having prescription coverage as part of their insurance plan.

- Similar to the national prevalence.

Health Insurance Covers Prescriptions at Least in Part
(Among Insured Respondents)



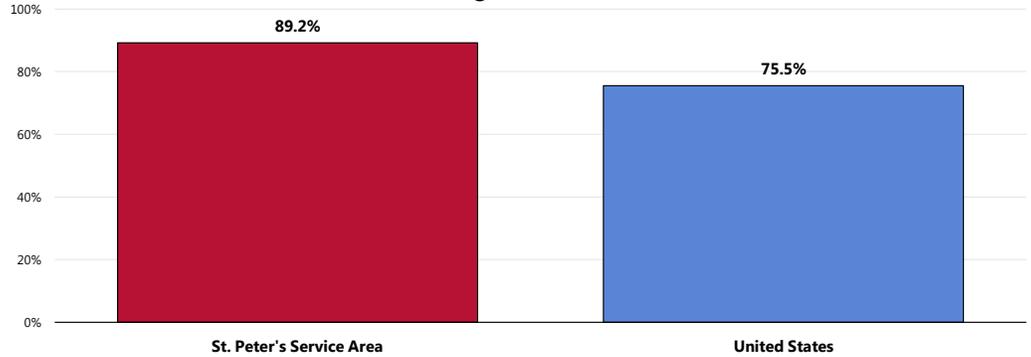
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with healthcare insurance coverage.

Supplemental Coverage

Among Medicare recipients, the majority (89.2%) has additional, supplemental healthcare coverage.

- Higher than that reported among Medicare recipients nationwide.

Have Supplemental Coverage in Addition to Medicare (Among Adults 65+)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 88]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of respondents age 65+.

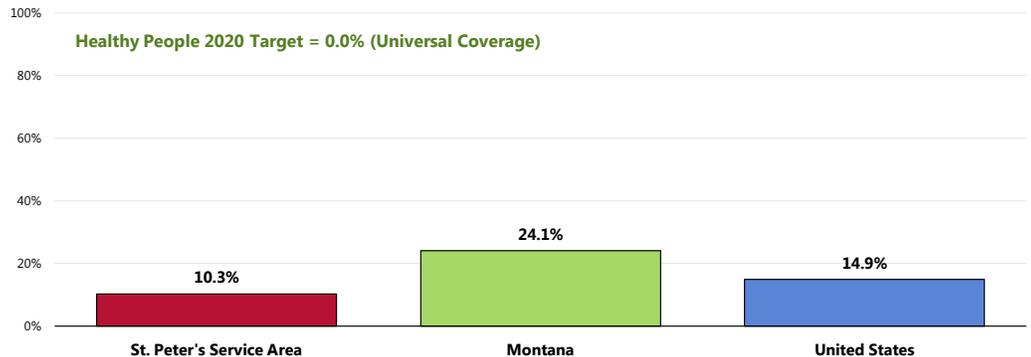
Lack of Health Insurance Coverage

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Among adults age 18 to 64, 10.3% report having no insurance coverage for healthcare expenses.

- Better than the state finding.
- Better than the national finding.
- The Healthy People 2020 target is universal coverage (0% uninsured).

Lack of Healthcare Insurance Coverage (Among Adults 18-64)



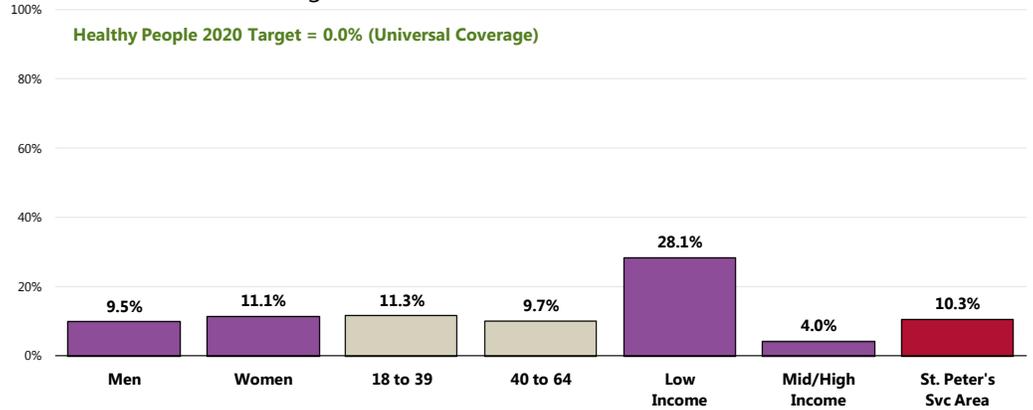
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 202]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2011 Montana data.
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]

Notes: • Asked of all respondents under the age of 65.

The following population segments are more likely to be without healthcare insurance coverage:

- Residents living at lower incomes (note the 28.1% uninsured prevalence among low-income adults).

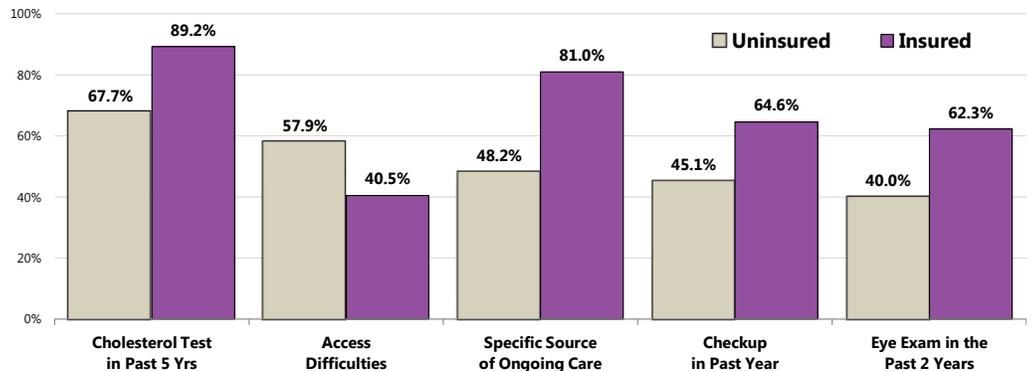
Lack of Healthcare Insurance Coverage (Among Adults 18-64; St. Peter's Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 202]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]
 Notes: • Asked of all respondents under the age of 65.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

- As might be expected, uninsured adults in St. Peter's Hospital Service Area are less likely to receive routine care and preventive health screenings, and are more likely to have experienced difficulties accessing healthcare.

Preventive Healthcare (By Insured Status; St. Peter's Service Area, 2012)



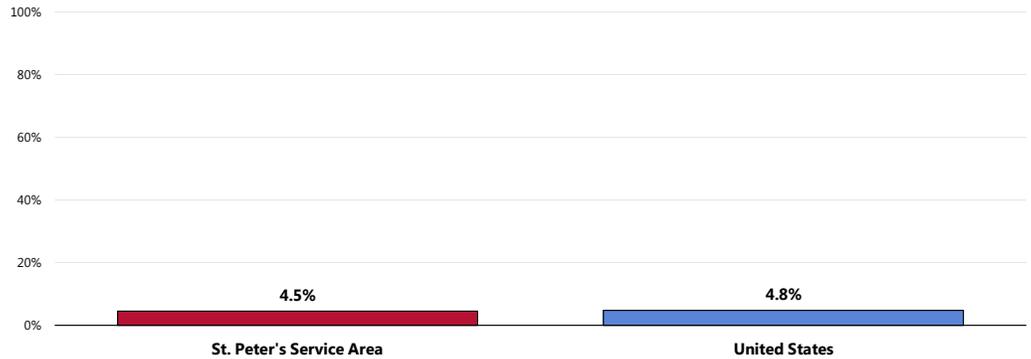
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 17, 20, 53, 203, 204]
 Notes: • Asked of all respondents.

Recent Lack of Coverage (Insurance Instability)

Among currently insured adults in St. Peter's Hospital Service Area, 4.5% report that they were without healthcare coverage at some point in the past year.

- Similar to US findings.

Went Without Healthcare Insurance Coverage At Some Point in the Past Year (Among Insured Adults)



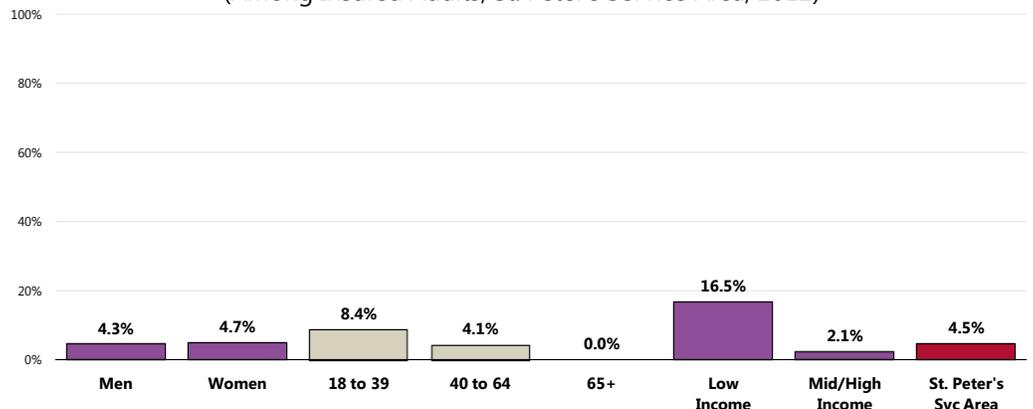
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 90]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all insured respondents.

Among insured adults, the following segments are more likely to have gone without healthcare insurance coverage at some point in the past year:

- Adults under age 40 (note the negative correlation with age).
- Lower-income residents.

Went Without Healthcare Insurance Coverage At Some Point in the Past Year (Among Insured Adults; St. Peter's Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 90]

Notes: • Asked of all insured respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Difficulties Accessing Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

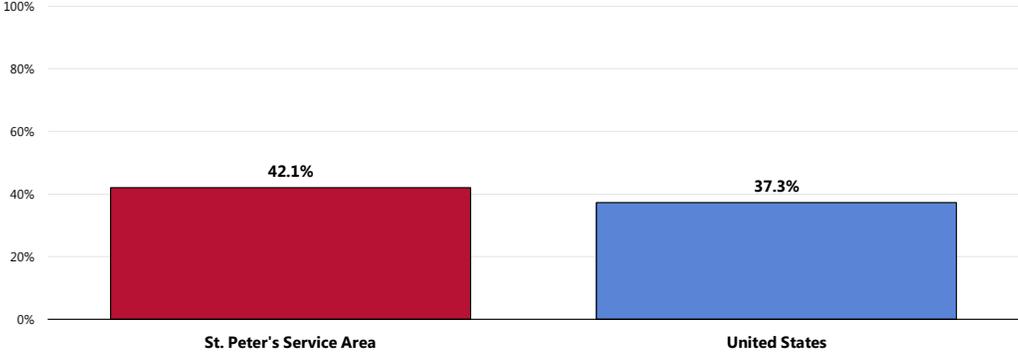
- Healthy People 2020 (www.healthypeople.gov)

Difficulties Accessing Services

A total of 42.1% of St. Peter's Hospital Service Area adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- Similar to national findings.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year



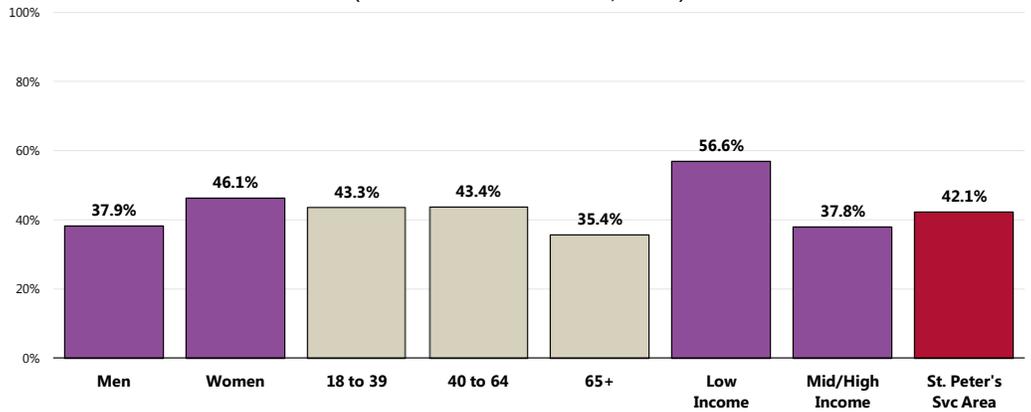
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 206]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
• Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

This indicator reflects the percentage of the total population experiencing problems accessing healthcare in the past year, regardless of whether they needed or sought care.

Note that the following demographic group more often reports difficulties accessing healthcare services:

 Lower-income residents.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year (St. Peter's Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 206]
 Notes: • Asked of all respondents.
 • Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Barriers to Healthcare Access

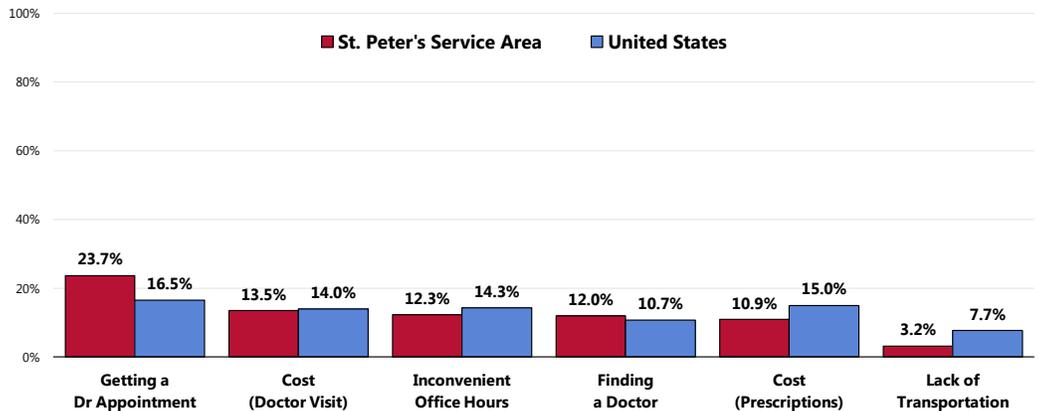
To better understand healthcare access barriers, survey participants were asked whether any of six types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

Of the tested barriers, difficulty getting a medical appointment impacted the greatest share of St. Peter's Hospital Service Area adults (23.7% say that they had trouble getting a medical appointment in the past year).

- The proportion of St. Peter's Hospital Service Area adults impacted was statistically comparable to or better than that found nationwide for each of the tested barriers, with the exception of difficulty getting a medical appointment (for which the local prevalence was less favorable than the national figure).

Barriers to Access Have Prevented Medical Care in the Past Year

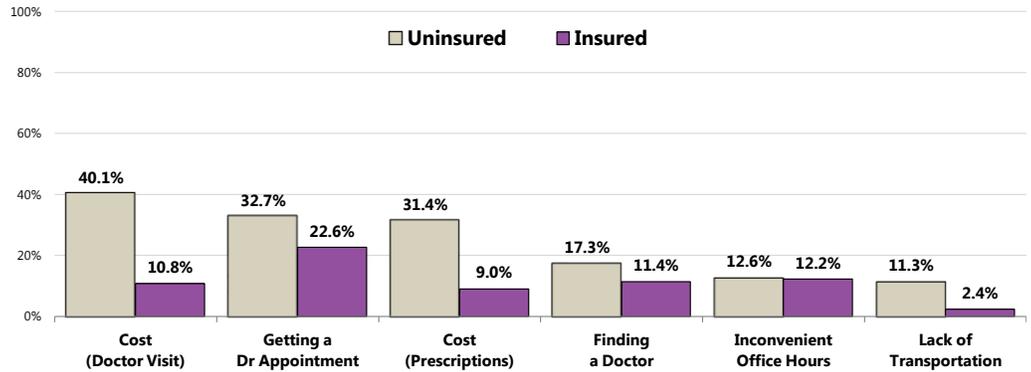


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-12]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

As might be expected, St. Peter's Hospital Service Area adults without health insurance are much more likely to report access barriers when compared to the insured population, particularly those related to cost.

Barriers to Healthcare Access

(By Insured Status, Adults 18+; St. Peter's Service Area, 2012)



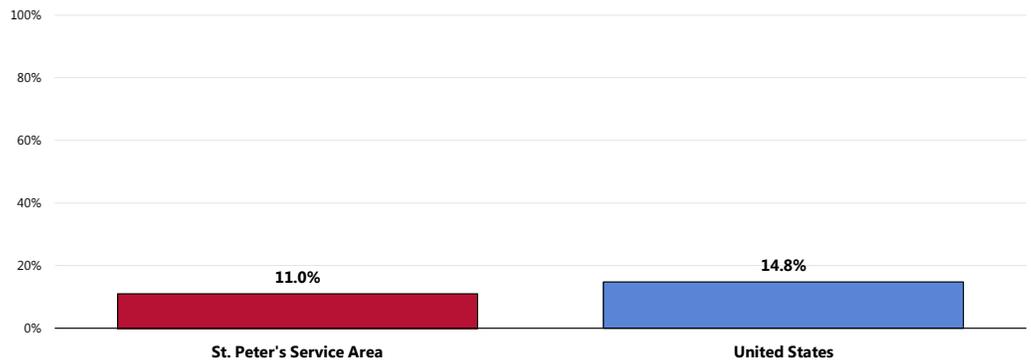
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-12]
 Notes: • Asked of all respondents.

Prescriptions

Among all St. Peter's Hospital Service Area adults, 11.0% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- More favorable than national findings.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money



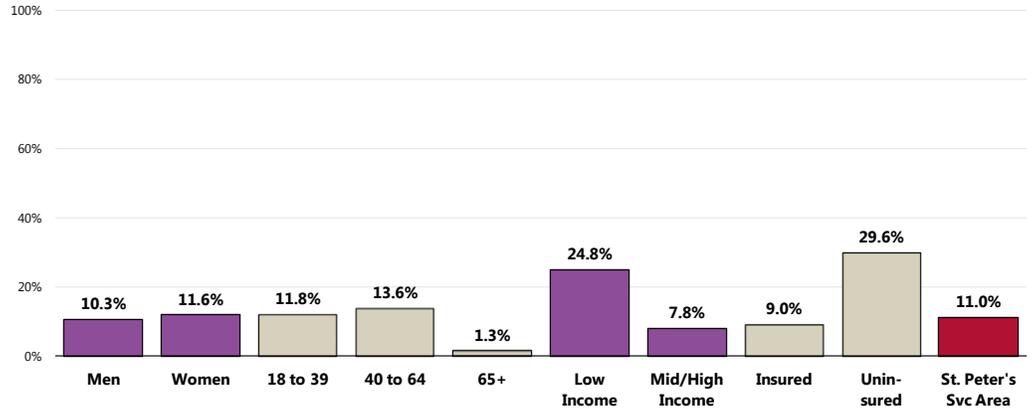
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 13]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Adults more likely to have skipped or reduced their prescription doses include:

- Adults under the age of 65.
- Respondents with lower incomes.
- Uninsured adults.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money

(St. Peter's Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 13]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Accessing Healthcare for Children

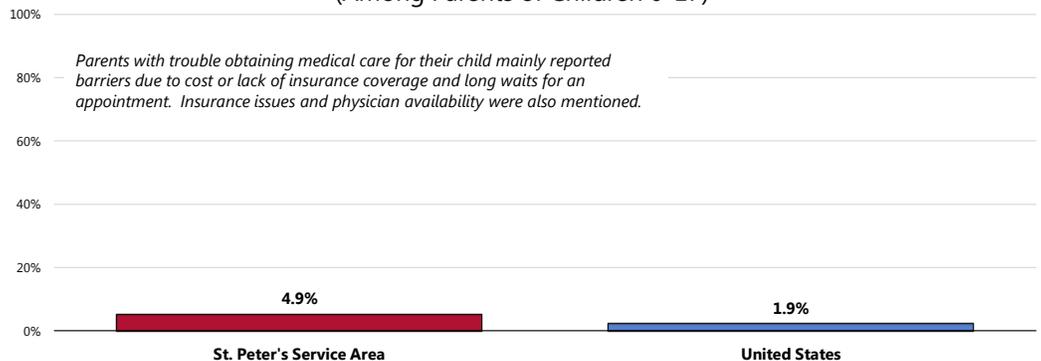
Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly-selected child in their household.

A total of 4.9% 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 what is reported nationwide.

Had Trouble Obtaining Medical Care for Child in the Past Year

(Among Parents of Children 0-17)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 129-130]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.

Among the parents experiencing difficulties, the majority cited **cost or a lack of insurance** as the primary reason; others cited long waits for appointments, insurance issues and physician availability.

Related Focus Group Findings: Access to Healthcare

Many focus group participants are concerned with access to healthcare, with primary discussion including the following topics:

- Barriers to healthcare
 - Rural or frontier communities
 - Lack of primary care providers
 - Cost
- Medical neighborhood

Focus group participants believe that residents encounter several **barriers** when trying to **access healthcare services**. Much of St. Peter's Hospital Service Area is considered **rural or frontier communities**, so the overall distance to Helena and limited transportation options impacts a person's ability to access healthcare services. Outside of the Helena Valley there is no public transit for residents without a personal vehicle. A participant explains:

"We have families that are living by Warren School, in the Upper Valley, and some of them have no transportation at all. They have no vehicle, they have no money for gas, or they have one vehicle and one parent takes it to work, which means that it's gone for the day. So we can refer them to all kinds of services, and they may not be able to get there, or even at the last minute, may not be able to get there." — Key Informant

Attendees stressed the difficulty in recruiting and maintaining physicians. Focus group respondents believe that only St. Peter's Hospital can afford to conduct proper provider recruitment efforts. Currently, the number of **primary care providers** remains low, which affects residents' ability to access preventative healthcare. Many primary care physicians have months-long wait times before appointments, even for the community members with private insurance:

"It just feels like, at least over the past 13 years that I've been here, we have not had a stable primary care base. I mean, it is just a rotating door to keep up with 'my doctor was here last year' – and that includes myself. I mean, I've moved to various places [laughter] within the city." — Key Informant

The Cooperative Health Center (located in Helena) represents the sole community health center located in the area. The center provides primary care, dental and counseling services. It operates on a sliding fee schedule and accepts residents without insurance, Medicaid, or private insurance. The current wait time for a new appointment is approximately 30 days for new clients.

The high **cost** of medical care may deter some residents from accessing care. Also, patients may not return to a physician's office if an outstanding bill exists. Group participants believe the community lacks awareness about charity care options, but buy into the idea of "Montana pride" and do not want to admit needing assistance.

"So it may be that they have a bill for themselves, and then their child needs care, but they're hesitant to go in because they've got this bill. It's very clear at the Cooperative Health Center that they work on a sliding-fee-scale. Some of the other providers in town, it may be less clear

what services could be offered and how that can work. There's also what I call the Montana pride, and it's not a bad thing at all, but 'I can do it myself, and I'm going to pay it myself, and I'm going to do this.' — Key Informant

Focus group respondents also spent time discussing the need for a broader medical home model, similar to a **medical neighborhood**. This model goes beyond traditional healthcare agencies to create a holistic approach to preventative and acute healthcare services. A participant explains:

"Today its doctors, hospitals, and health plans working together and, to a limited degree, maybe some behavioral health, and maybe or maybe not oral health. But if we evolve to places in the country that I just came from, it's more the medical neighborhood, not just the medical home, and it's integrating the school districts. It's integrating the state agencies and so forth. Maybe we need to just begin thinking about how do we more carefully integrate that patient-centered medical neighborhood and not just stop with the first vision of the patient-centered medical home." — Key Informant

Primary Care Services

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

– Healthy People 2020 (www.healthypeople.gov)

Specific Source of Ongoing Care

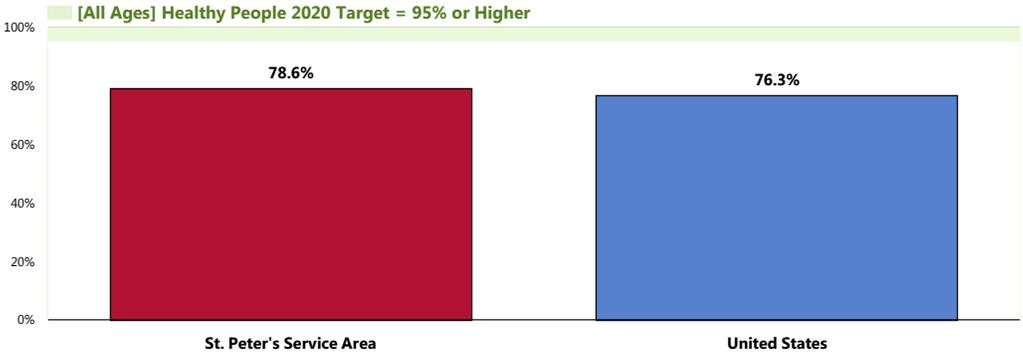
A total of 78.6% of St. Peter’s Hospital Service Area adults were determined to have a specific source of ongoing medical care (a “medical home”).

- Similar to national findings.
- Fails to satisfy the Healthy People 2010 objective (95% or higher).

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. This resource is also known as a “medical home.”

A hospital emergency room is not considered a source of ongoing care in this instance.

Have a Specific Source of Ongoing Medical Care



Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 203]
 ● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-5.1]
 Notes: ● Asked of all respondents.

When viewed by demographic characteristics, the following population segments are less likely to have a specific source of care:

- 👤 Men.
- 👤 Lower-income adults.
- 👤 Among adults age 18-64, 77.4% have a specific source for ongoing medical care, similar to national findings.

- Fails to satisfy the Healthy People 2020 target for this age group (89.4% or higher).

 Among adults 65+, 84.5% have a specific source for care, similar to the percentage reported among seniors nationally.

- Fails to satisfy the Healthy People 2020 target of 100% for seniors.

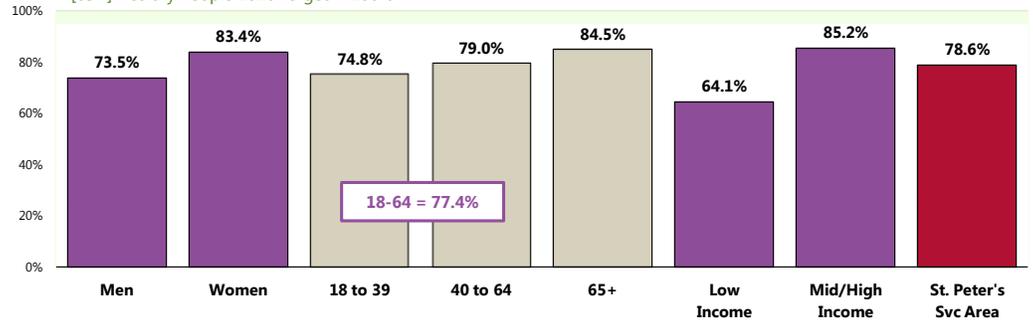
Have a Specific Source of Ongoing Medical Care

(St. Peter's Service Area, 2012)

[All Ages] Healthy People 2020 Target = 95.0% or Higher

[18-64] Healthy People 2020 Target = 89.4% or Higher

[65+] Healthy People 2020 Target = 100%



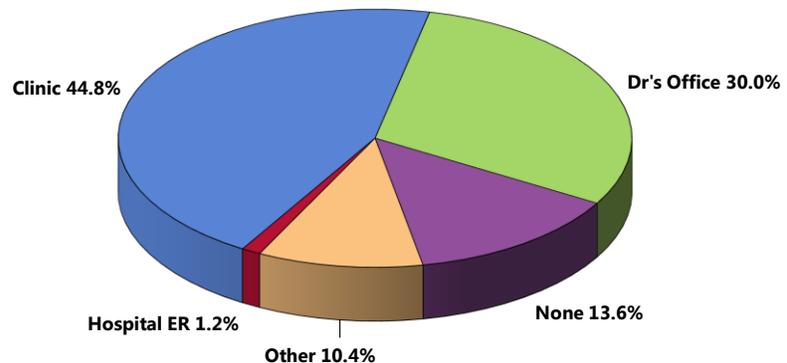
- Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 203-205]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives AHS-5.1, 5.3, 5.4]
- Notes:
- Asked of all respondents.
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Type of Place Used for Medical Care

When asked where they usually go if they are sick or need advice about their health, the greatest share of respondents (44.8%) identified some type of clinic, while 30.0% rely on a particular doctor's office. Note that 1.2% mentioned using a hospital emergency room.

Particular Place Utilized for Medical Care

(St. Peter's Service Area, 2012)



- Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 15-16]
- Notes:
- Asked of all respondents.

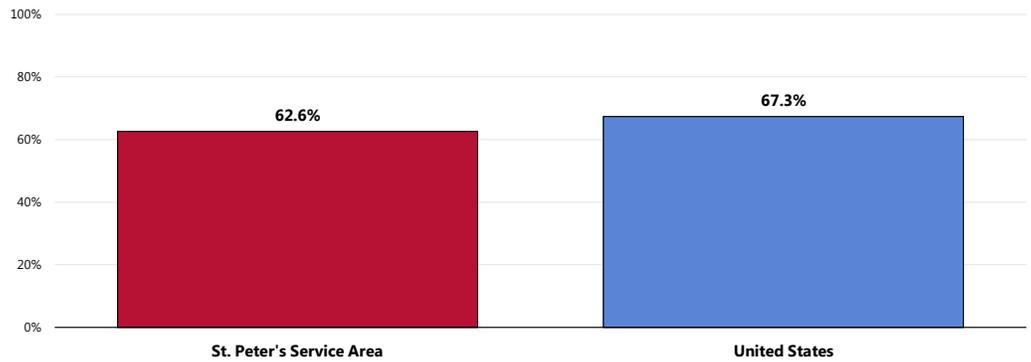
Utilization of Primary Care Services

Adults

Just over 6 in 10 (62.6%) Service Area adults visited a physician for a routine checkup in the past year.

- Comparable to national findings.

Have Visited a Physician for a Checkup in the Past Year



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 17]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

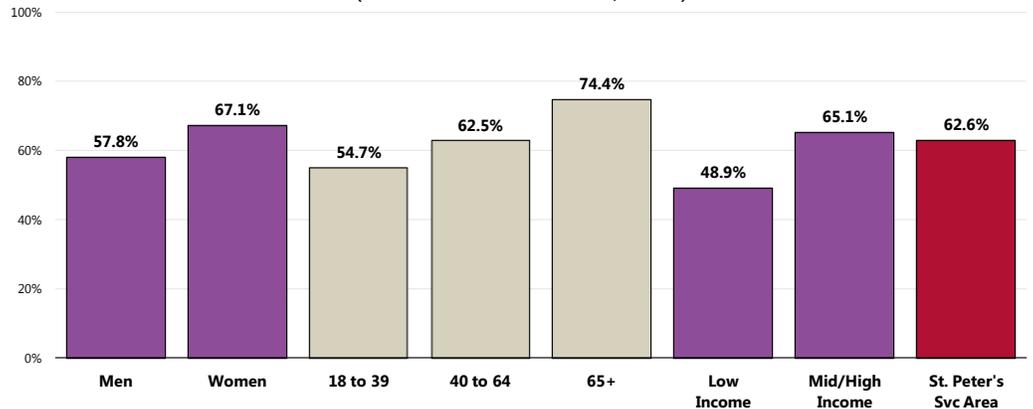
Notes: • Asked of all respondents.

👥 Adults under age 40 are less likely to have received routine care in the past year (note the positive correlation with age).

👥 Also, lower-income respondents report a statistically low prevalence of recent routine checkups.

Have Visited a Physician for a Checkup in the Past Year

(St. Peter's Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 17]

Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

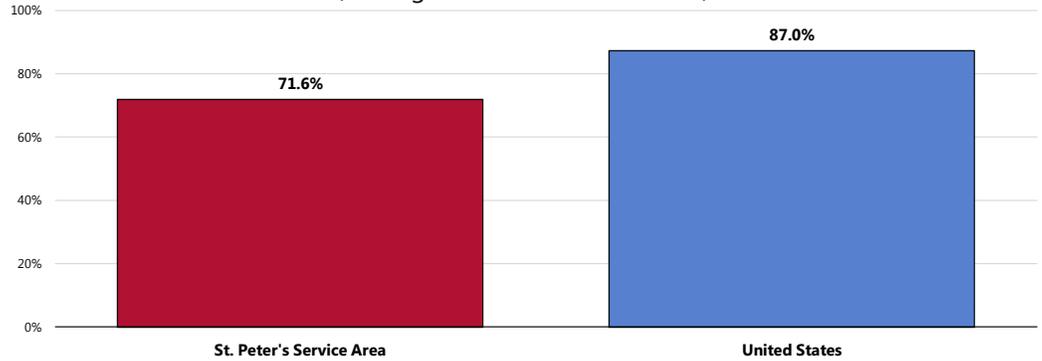
Children

Among surveyed parents, 71.6% report that their child has had a routine checkup in the past year.

- Much lower than national findings.

Child Has Visited a Physician for a Routine Checkup in the Past Year

(Among Parents of Children 0-17)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 131]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

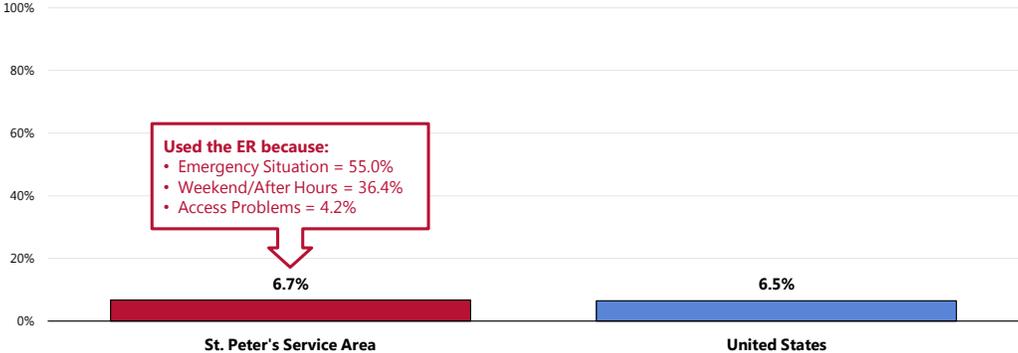
Notes: • Asked of all respondents with children 0 to 17 in the household.

Emergency Room Utilization

A total of 6.7% of St. Peter's Hospital Service Area adults have gone to a hospital emergency room more than once in the past year about their own health.

- Similar to national findings.

Have Used a Hospital Emergency Room More Than Once in the Past Year



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 23-24]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.

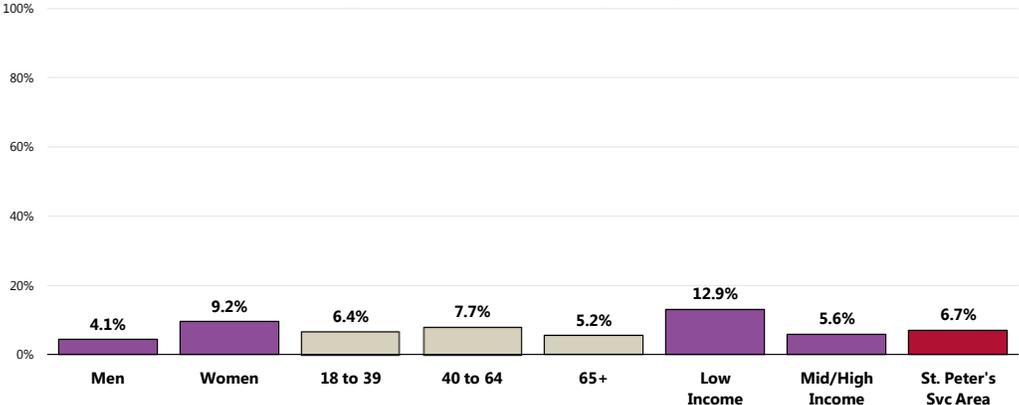
Notes: • Asked of all respondents.

Of those using a hospital ER, 55.0% say this was due to an **emergency or life-threatening situation**, while 36.4% indicated that the visit was during **after-hours or on the weekend**. A total of 4.2% cited **difficulties accessing primary care** for various reasons.

- Service Area women are statistically more likely to report ER use when viewed by demographic characteristics.

Have Used a Hospital Emergency Room More Than Once in the Past Year

(St. Peter's Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 23]

Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Oral Health

The health of the mouth and surrounding craniofacial (skull and face) structures is central to a person's overall health and well-being. Oral and craniofacial diseases and conditions include: dental caries (tooth decay); periodontal (gum) diseases; cleft lip and palate; oral and facial pain; and oral and pharyngeal (mouth and throat) cancers.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include:

- Tobacco use
- Excessive alcohol use
- Poor dietary choices

Barriers that can limit a person's use of preventive interventions and treatments include:

- Limited access to and availability of dental services
- Lack of awareness of the need for care
- Cost
- Fear of dental procedures

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Community water fluoridation and school-based dental sealant programs are 2 leading evidence-based interventions to prevent tooth decay.

Major improvements have occurred in the nation's oral health, but some challenges remain and new concerns have emerged. One important emerging oral health issue is the increase of tooth decay in preschool children. A recent CDC publication reported that, over the past decade, dental caries (tooth decay) in children ages 2 to 5 have increased.

Lack of access to dental care for all ages remains a public health challenge. This issue was highlighted in a 2008 Government Accountability Office (GAO) report that described difficulties in accessing dental care for low-income children. In addition, the Institute of Medicine (IOM) has convened an expert panel to evaluate factors that influence access to dental care.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

– Healthy People 2020 (www.healthypeople.gov)

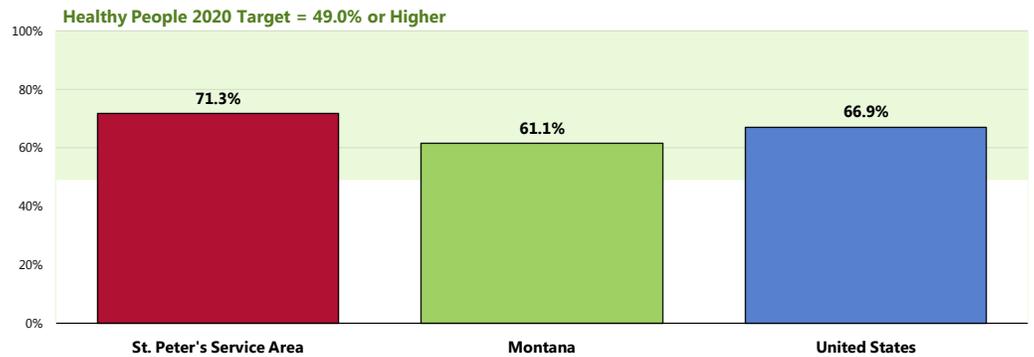
Dental Care

Adults

Just over 7 in 10 St. Peter's Hospital Service Area adults (71.3%) have visited a dentist or dental clinic (for any reason) in the past year.

- Better than statewide findings.
- Similar to national findings.
- Satisfies the Healthy People 2020 target (49% or higher).

Have Visited a Dentist or Dental Clinic Within the Past Year



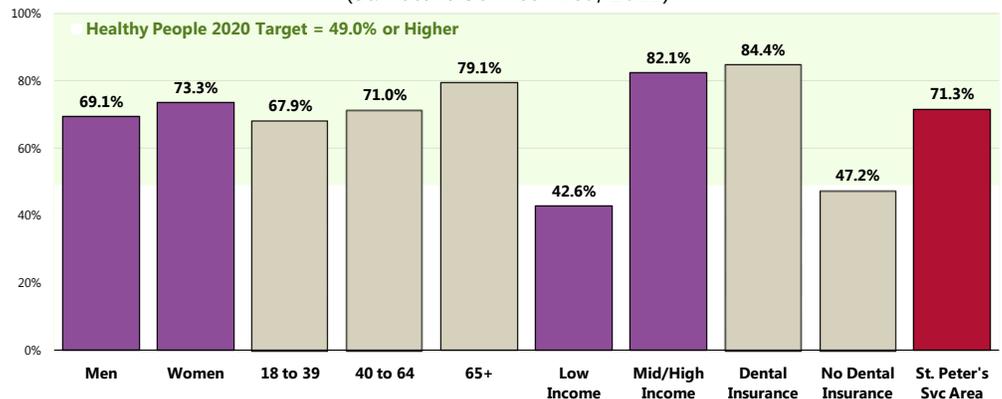
- Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
 - 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2010 Montana data.
- Notes:
- Asked of all respondents.

👤 Persons living in the higher income categories report much higher utilization of oral health services (low-income adults fail to satisfy the 2020 target).

👤 As might be expected, persons without dental insurance report much lower utilization of oral health services than those with dental coverage.

Have Visited a Dentist or Dental Clinic Within the Past Year

(St. Peter's Service Area, 2012)



- Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
- Notes:
- Asked of all respondents.
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

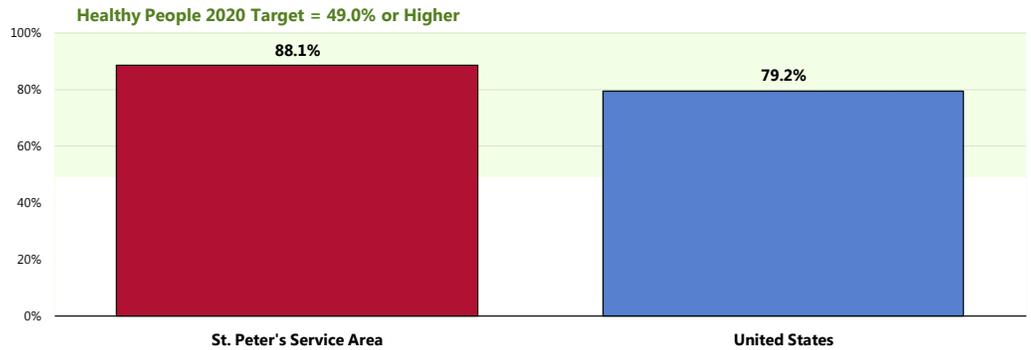
Children

A total of 88.1% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- More favorable than national findings.
- Satisfies the Healthy People 2020 target (49% or higher).

Child Has Visited a Dentist or Dental Clinic Within the Past Year

(Among Parents of Children 2-17)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 132]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]

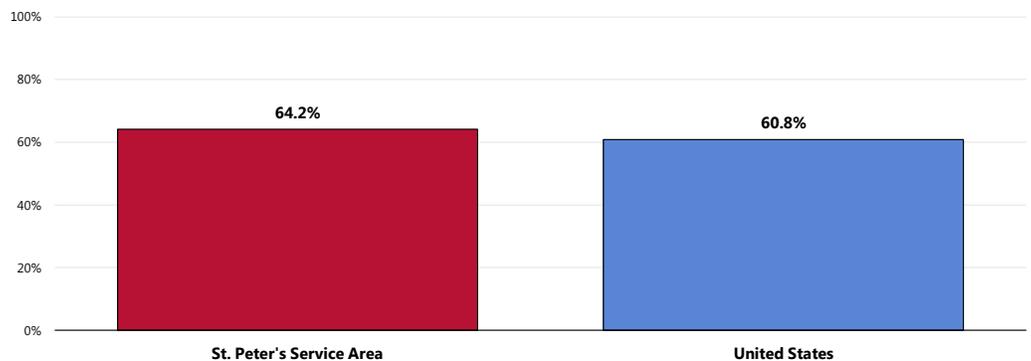
Notes: • Asked of all respondents with children age 2 through 17.

Dental Insurance

Nearly two in three St. Peter's Hospital Service Area adults (64.2%) have dental insurance that covers all or part of their dental care costs.

- Comparable to the national finding.

Have Insurance Coverage That Pays All or Part of Dental Care Costs



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Related Focus Group Findings: Oral Health

Many focus group participants discussed oral health in the community, with primary issues including:

- Access to oral health for uninsured adults
 - *Cooperative Health Center*
- Oral health education

Attendees recognize the importance of regular preventative dental care; however, many **adult residents face barriers in accessing dental treatment**. Participants agree that dentistry represents a major service gap, especially for those without private dental insurance. There are few, if any, dental care options for Medicaid recipients or uninsured adult residents. The **Cooperative Health Center** has one full-time dentist on staff. As one attendee describes, most of the oral health services provided at the clinic involve extractions:

"I mean, we (Cooperative Health Center) have one dentist in Helena, and we pull 140 teeth a month. I mean most people who come for a public health dentistry visit need their tooth pulled or need a giant filling so they can keep their tooth for a little while longer." — Key Informant

Many children in the community do have access to oral health services. Two pediatric dentists accept Medicaid; local schools and the Lewis and Clark City-County Health Department also provide dental care.

Participants want more **oral health prevention education** targeted to both children and adults. Currently, parents do not explain or know the importance of regular oral healthcare. A respondent explains:

"If the parents haven't had access to dental care their whole life, they only see the dentist as a place that you go to get a tooth pulled or a place that you go that really hurts. So they don't pass the preventive dental care on to their children." — Key Informant

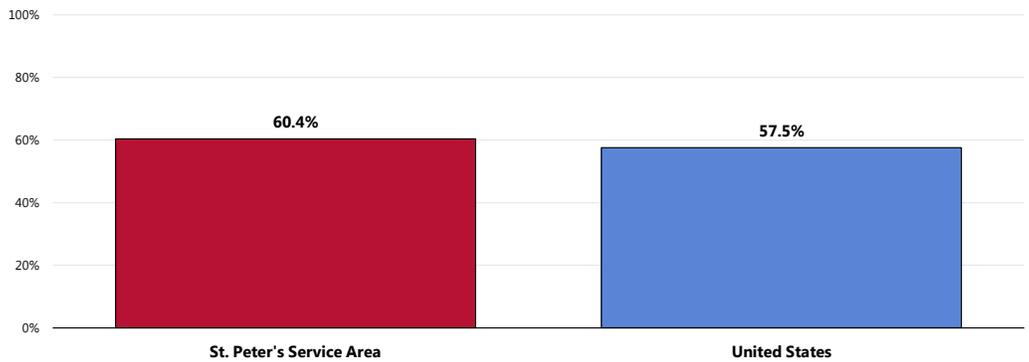
Vision Care

RELATED ISSUE:
See also *Vision & Hearing* in the **Deaths & Disease** section of this report.

A total of 60.4% of residents had an eye exam in the past two years during which their pupils were dilated.

- Statistically comparable to national findings.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

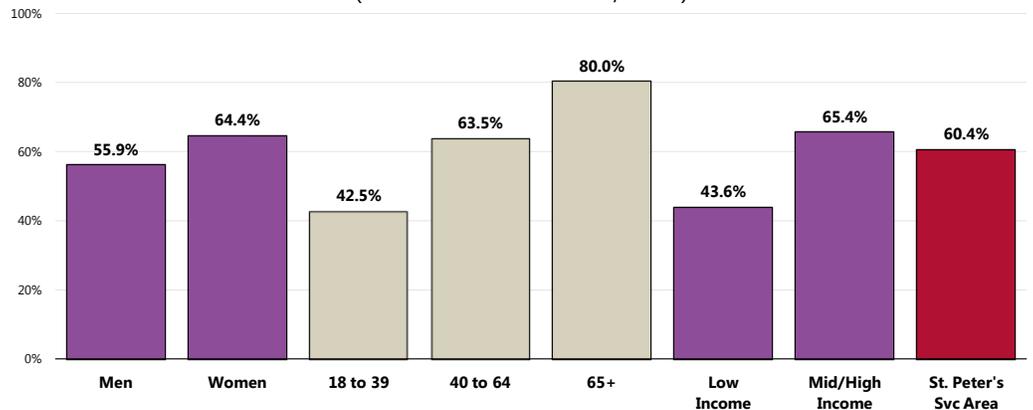
Notes: • Asked of all respondents.

Recent vision care in St. Peter's Hospital Service Area is less often reported among:

- Young adults (note the positive correlation between age and recent eye exams).
- Residents in lower-income households.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated

(St. Peter's Service Area, 2012)

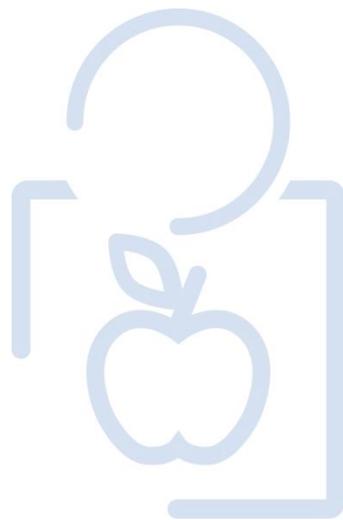


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]

Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

HEALTH EDUCATION & OUTREACH

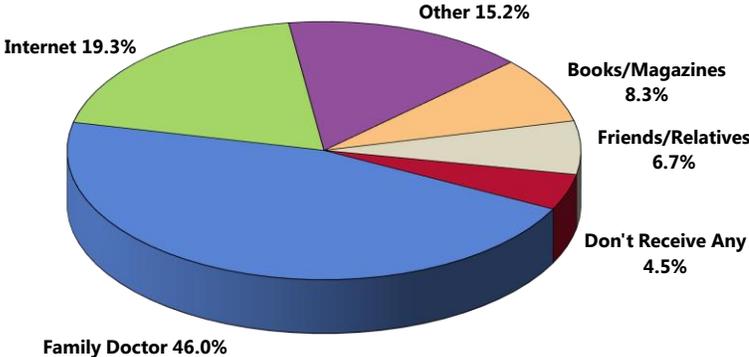


Healthcare Information Sources

Family physicians and the Internet are residents' primary sources of healthcare information.

- 46.0% of St. Peter's Hospital Service Area adults cited their **family physician** as their primary source of healthcare information.
- The **Internet** received the second-highest response, with 19.3%.
 - Other sources mentioned include books and magazines (8.3%) and friends or relatives (6.7%).
- A total of 4.5% of survey respondents say that they do not receive any healthcare information.

Primary Source of Healthcare Information
(St. Peter's Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 121]
Notes: • Asked of all respondents.

Related Focus Group Findings: Collaboration

Participants spent time discussing the levels of collaboration occurring in the community between non-profit organizations, schools, healthcare providers, public health and hospitals. Topics arising during these talks included:

- Lewis and Clark City-County Health Department
- Universal consent form

Focus group respondents agree that collaboration occurs in the community, but there exists room for improvement. Many respondents describe the **Lewis and Clark City-County Health Department** as excellent collaborators. The health department does a good job of informing physicians about new infectious disease cases. Additionally, Head Start and school districts collaborate well with the health department. One attendee describes the relationship between the schools and the health department:

“Within the schools, we have tremendous collaboration with the Lewis and Clark City-County Health Department. I mean, it just flows really, really smoothly. We’ve worked on a lot of various programs together. The Health Department brings the immunization clinics into our school buildings. We have a dental program that we do together with local dentists. There are various things, and then they’re always available to us if we have a question or don’t know where to go with someone.” — Key Informant

Another recent collaborative effort involved the creation of a **universal consent form** for referral purposes. This new document helps to streamline the healthcare process for both patients and providers:

“We worked on a referral system in our community, under a universal consent form. So what that allows is organizations and agencies to communicate more easily within confidentiality under that consented referral. It allows the person that’s making the referral to an agency to track if that individual is making it to their appointment, so that there can be some better follow-up ... It’s just a system in which we can support families and work better together as agencies.” — Key Informant

Participation in Health Promotion Events

Educational and community-based programs play a key role in preventing disease and injury, improving health, and enhancing quality of life.

Health status and related-health behaviors are determined by influences at multiple levels: personal, organizational/institutional, environmental, and policy. Because significant and dynamic interrelationships exist among these different levels of health determinants, educational and community-based programs are most likely to succeed in improving health and wellness when they address influences at all levels and in a variety of environments/settings.

Education and community-based programs and strategies are designed to reach people outside of traditional healthcare settings. These settings may include schools, worksites, healthcare facilities, and/or communities.

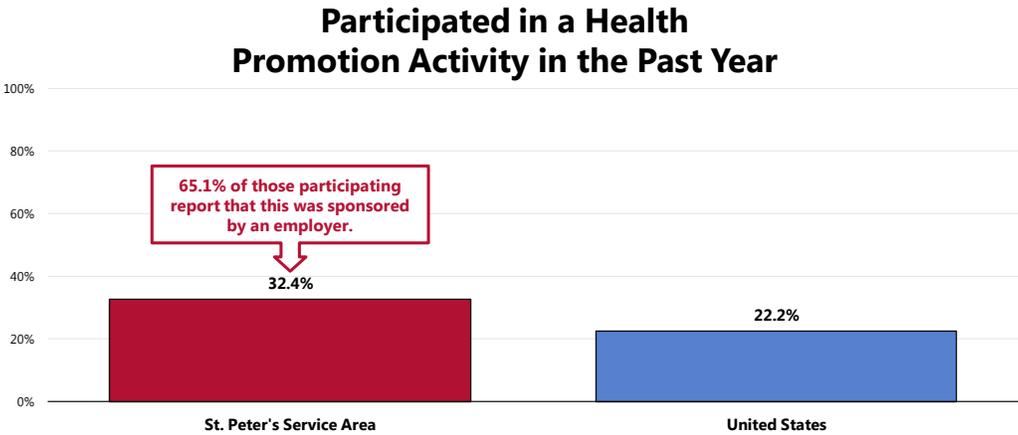
Using nontraditional settings can help encourage informal information sharing within communities through peer social interaction. Reaching out to people in different settings also allows for greater tailoring of health information and education.

Educational and community-based programs encourage and enhance health and wellness by educating communities on topics such as: chronic diseases; injury and violence prevention; mental illness/behavioral health; unintended pregnancy; oral health; tobacco use; substance abuse; nutrition; and obesity prevention.

- Healthy People 2020 (www.healthypeople.gov)

A total of 32.4% of St. Peter’s Hospital Service Area adults participated in some type of organized health promotion activity in the past year, such as health fairs, health screenings, or seminars.

- Higher than the national prevalence.
- 👥 Note that 65.1 % of adults who participated in a health promotion activity in the past year indicate that it was sponsored by their employer.

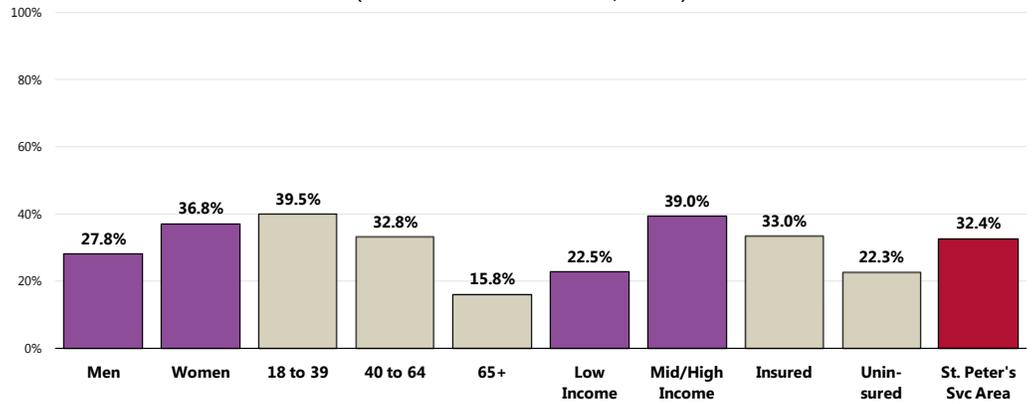


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 122-123]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

The following chart outlines participation by various demographic characteristics.

 Note that seniors, residents in lower-income households, and the uninsured less often report participation in health promotion activities.

Participated in a Health Promotion Activity in the Past Year (St. Peter's Service Area, 2012)



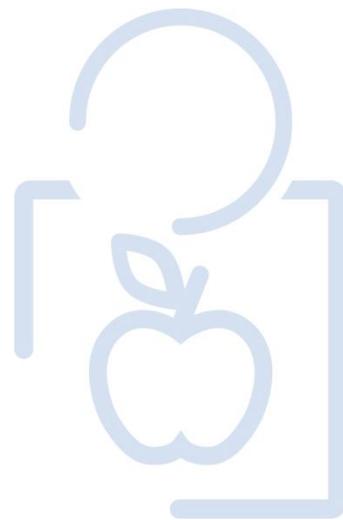
Sources:

- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 122]

Notes:

- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

LOCAL HEALTHCARE

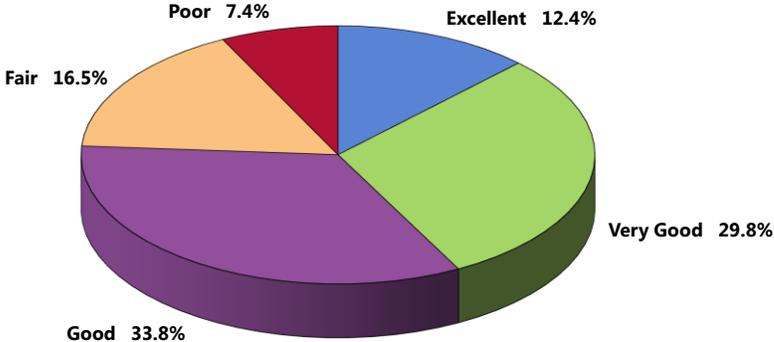


Perceptions of Local Healthcare Services

Just over 4 in 10 St. Peter’s Hospital Service Area adults (42.2%) rate the overall healthcare services available in their community as “excellent” or “very good.”

- Another one-third (33.8%) gave “good” ratings.

Rating of Overall Healthcare Services Available in the Community
(St. Peter's Service Area, 2012)

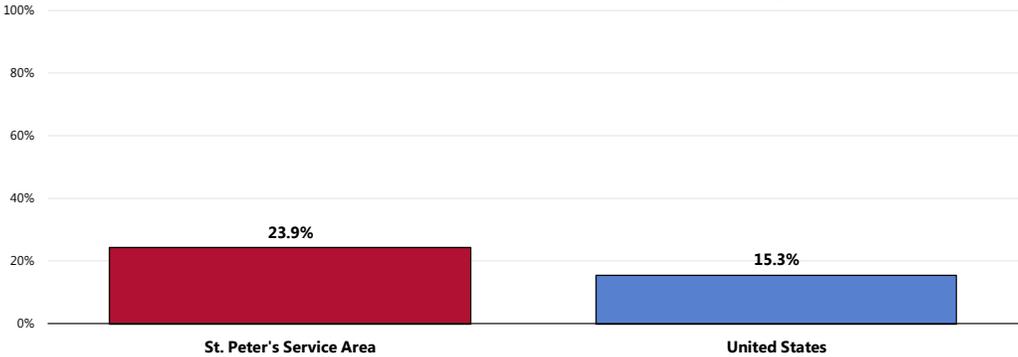


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: • Asked of all respondents.

However, 23.9% of residents characterize local healthcare services as “fair” or “poor.”

- Less favorable than reported nationally.

Perceive Local Healthcare Services as “Fair/Poor”



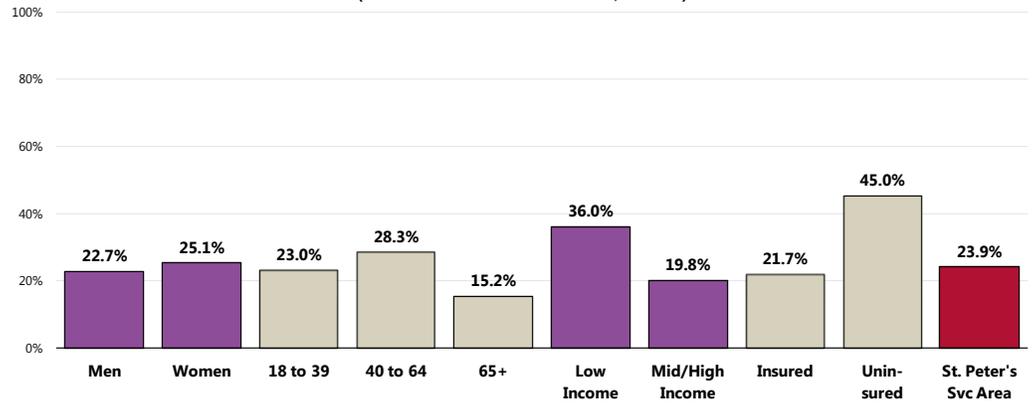
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

The following residents are more critical of local healthcare services:

- 👤 Adults aged 40 to 64.
- 👤 Residents with lower incomes.
- 👤 Uninsured adults.

Perceive Local Healthcare Services as "Fair/Poor"

(St. Peter's Service Area, 2012)

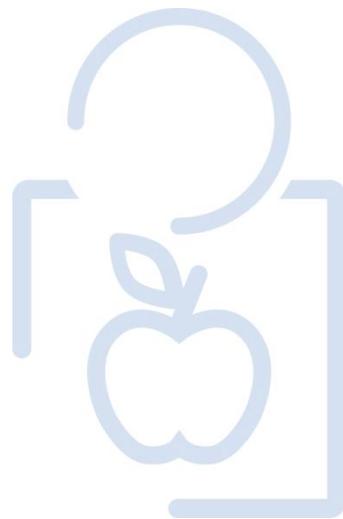


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]

Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

APPENDIX



Community Stakeholder Input

A focus group held as part of this Community Health Needs Assessment incorporated input from 15 key informants (or community stakeholders) in the area, with special emphasis on persons who work with or have special knowledge about vulnerable populations, including low-income individuals, minority populations, those with chronic conditions, and other medically underserved residents.

A list of these participants is provided below.

Helena, MT Wednesday, December 5th, 11:00 AM to 1:00 PM			Populations Served			
			Medically Underserved	Low-Income Residents	Minority Populations	w/ Chronic Disease
Focus Group Participant	Title	Organization				
James Benish		Helena Food Share	X	X	X	X
Drenda Niemann		Youth Connections	X	X	X	X
Earl Book, M.D.		St. Peter's Medical Group North		X		X
Holly Luck		US Senator Max Baucus	X	X	X	X
Leon Lamoreaux	CEO	New West Medicare	X	X	X	X
Melanie Reynolds	Health Officer	Lewis & Clark City County Health Department	X	X	X	X
Michael Palcisko, M.D.		Helena Pediatric Clinic	X	X	X	X
Mike Henderson, R.N.		Lewis & Clark City County Health Department	X	X	X	X
Monica Berner	Medical Director	Blue Cross Blue Shield Montana	X	X	X	X
Patty Dahl		Head Start	X	X	X	
Nancy Agenass, N.D.		Natural Medicine Plus	X	X	X	X
Tim McCauley		United Way of Lewis & Clark County	X	X	X	
Sue Buswell, R.N.		Helena School District				
Gene Lewwer	Executive Director	RMDC	X	X	X	
Representative		Cooperative Health Center	X	X	X	X

Public Health Representatives

Note that two of these focus group participants have special knowledge of and expertise in public health, including:

Melanie Reynolds, Health Officer

Lewis and Clark City-County Health Department
32 years' experience

Mike Henderson, Registered Nurse Administrator of the Disease Control and Prevention Division

Lewis and Clark City-County Health Department
25 years' experience