

Executive Report

2015 Community Health Needs Assessment

St. Peter's Hospital Service Area

Prepared for:
St. Peter's Hospital

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***This is a preliminary document
pending the selection of health
priorities (reference page 17).***



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Introduction



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Project Overview

Project Goals

This Community Health Needs Assessment, a follow-up to a similar study conducted in 2012, is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in 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 (vital statistics and other existing health-related data); these quantitative components allow for trending and comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through an Online Key Informant Survey.

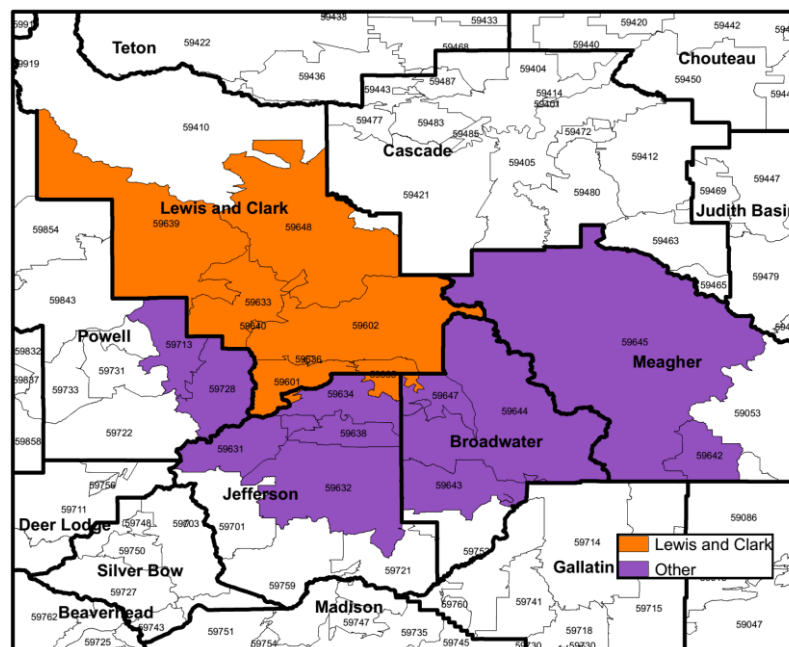
PRC COMMUNITY HEALTH SURVEY

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by St. Peter's Hospital and PRC, with assistance from Lewis and Clark Public Health. It is similar to the previous survey used in the region, allowing for data trending.

Community Defined for This Assessment

The study area for the survey effort (referred to as “St. Peter’s Hospital Service Area” (or “SPH Service Area” in this report) is defined as each of the 25 residential ZIP Codes comprising the service area of St. Peter’s Hospital. This community definition, determined based on the ZIP Codes of residence of recent patients of St. Peter’s Hospital, is illustrated in the following map.



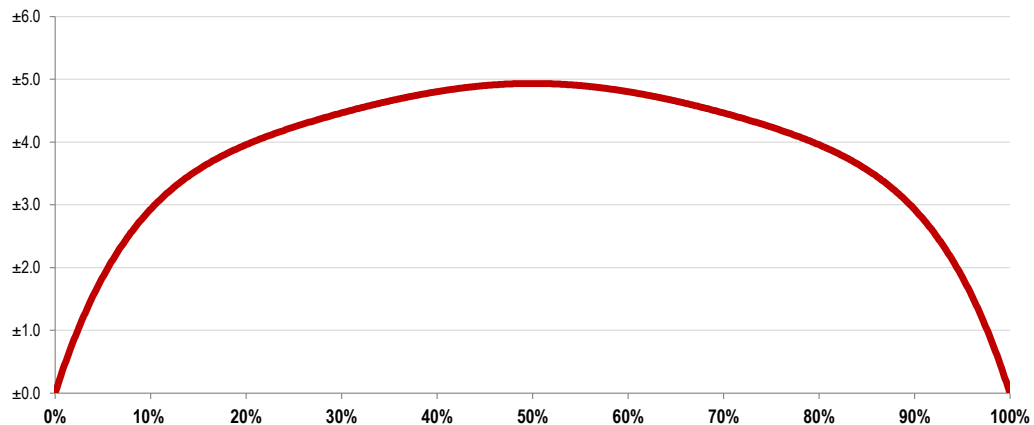
Sample Approach & Design

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

The sample design used for this effort consisted of a random sample of 401 individuals age 18 and older in the St. Peter's Hospital Service Area. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the service area as a whole. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

For statistical purposes, the maximum rate of error associated with a sample size of 401 respondents is $\pm 4.9\%$ at the 95 percent level of confidence.

Expected Error Ranges for a Sample of 401 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 401 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.

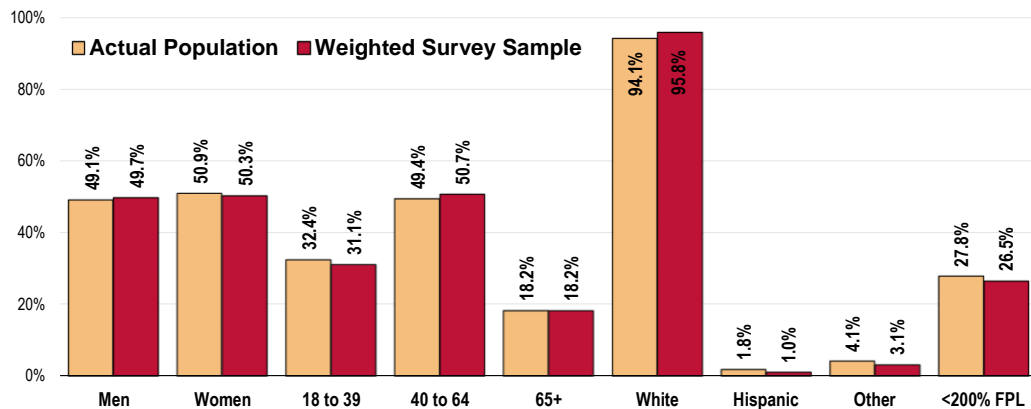
Sample Characteristics

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 & Survey Sample Characteristics (St. Peter's Hospital Service Area, 2015)



Sources: ● Census 2010, Summary File 3 (SF 3). US Census Bureau.
● 2015 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 2014 guidelines place the poverty threshold for a family of four at \$23,850 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.

ONLINE KEY INFORMANT SURVEY

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey was also implemented as part of this process. A list of recommended participants was provided by St. Peter's Hospital (in collaboration with Lewis and Clark Public Health); this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. 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.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 147 community stakeholders took part in the Online Key Informant Survey, as outlined below:

Online Key Informant Survey Participation		
Key Informant Type	Number Invited	Number Participating
Community/Business Leader	96	51
Other Health	47	28
Physician	88	28
Public Health	40	23
Social Services	29	17

Final participation included representatives of the organizations outlined below.

- 5th Avenue Advertising
- Area IV Agency on Aging
- AWARE, Inc.
- Bike Walk Helena
- Bike Walk Montana
- Carroll College (and Wellness Center)
- Child Care Partnerships
- City of East Helena/City of Helena
- City of Helena Community Development Department
- City of Helena Public Works
- Cooperative Health–Healthcare for the Homeless
- Department of Community Development and Planning
- Department of Environmental Quality–Remediation Division
- Disability Rights Montana

- ExplorationWorks Science Center
- Family Promise of Greater Helena
- Florence Crittenton Home and Services
- Healthy Mothers | Healthy Babies, The Montana Coalition
- Helena Area Chamber of Commerce
- Helena Business Improvement District
- Helena Citizens Council
- Helena College | University of Montana
- Helena Family YMCA
- Helena Food Share
- Helena Housing Authority
- Helena Police Department
- Helena Public Schools
- Helena United Methodist Ministries
- House of Representatives
- HPC
- Kalmore Dental
- Lewis and Clark Conservation District
- Montana Independent Living Project
- Montana Mental Health Ombudsman Office
- Montana No Kid Hungry
- Montana Public Health Laboratory
- Montana School Services Foundation
- Montana State Legislature
- Montana United Indian Association
- Morrison Maierle, Inc.
- Mountain View Family Health Care
- MT Head Start Association
- PureView Health Center
- Rocky Mountain Development Council Senior Companion Program
- Safe Routes to School Committee
- Sodexo School Services K-12
- South Hills Internal Medicine
- SPH Board Member
- St. Peter's Hospital
- St. Peter's Medical Group
- State of Montana, Department of Environmental Quality
- The Friendship Center
- The National Alliance on Mental Illness–Helena
- United Way of the Lewis and Clark Area

- Youth Connections Coalition
- YWCA of Helena

Through this process, input was gathered from several individuals whose organizations work with low-income, minority populations (including African American, Hispanic and Native Americans, Asians, Chinese, and Korean, the disabled, dual-language learners, the elderly, ESL, ethnic/racial, European, foster children, the homeless, the indigent, those with insurance barriers, Latin Americans, LGBT, low-income, Medicare/Medicaid recipients, mentally ill/disabled, minorities, Nigerians, Pacific Islanders, rural populations, single mothers, uninsured/underinsured, women, youth), or other medically underserved populations (including adolescents residing in local group homes, adults, those with autism, children with special education services, those with chronic health conditions, those in crisis, disabled, elderly, ethnic/racial, foster children, high-risk mothers and infants, the homeless, those in jail, LGBT, low-income/poverty, Medicare/Medicaid, mentally ill/disabled, minorities, Native Americans, neglected children, parents with young children, people visiting community health centers, pre-release citizens, those recovering from addiction, teen mothers, those with trauma, underinsured/uninsured, undocumented, veterans, women, youth).

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such, and how these might be better addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was 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.

PUBLIC HEALTH, VITAL STATISTICS & OTHER DATA

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for the St. Peter's Hospital Service Area were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Environmental Systems (CARES)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services,

National Center for Health Statistics

- Community Commons
- ESRI ArcGIS Map Gallery
- Montana Department of Public Health and Human Services
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Note that secondary data reflect a composite of county-level data for Broadwater, Jefferson, Lewis and Clark, Meagher, and Powell counties.

BENCHMARK DATA

Trending

A similar survey was administered in the service area in 2012 by PRC on behalf of St. Peter's Hospital. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

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. State-level vital statistics are also provided for comparison of secondary data indicators.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2013 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. National-level vital statistics are also provided for comparison of secondary data indicators.

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.

DETERMINING SIGNIFICANCE

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level) using question-specific samples and response rates. For secondary data indicators (which do not carry sampling error, but might be subject to reporting error), "significance," for the purpose of this report, is determined by a 5% variation from the comparative measure.

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 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.

IRS Form 990, Schedule H Compliance

For non-profit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Form 990 Schedule H, the following table cross-references related sections.

IRS Form 990, Schedule H	See Report Page(s)
Part V Section B Line 1a <i>A definition of the community served by the hospital facility</i>	9
Part V Section B Line 1b <i>Demographics of the community</i>	43
Part V Section B Line 1c <i>Existing health care facilities and resources within the community that are available to respond to the health needs of the community</i>	267
Part V Section B Line 1d <i>How data was obtained</i>	9
Part V Section B Line 1f <i>Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</i>	Addressed Throughout
Part V Section B Line 1g <i>The process for identifying and prioritizing community health needs and services to meet the community health needs</i>	Pending
Part V Section B Line 1h <i>The process for consulting with persons representing the community's interests</i>	12
Part V Section B Line 1i <i>Information gaps that limit the hospital facility's ability to assess the community's health needs</i>	16

Summary of Findings

Significant Health Needs of the Community

The following “areas of opportunity” represent the significant health needs of the community, 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 area with regard to the following health issues (see also the summary tables presented in the following section).

Areas of Opportunity Identified Through This Assessment	
Access to Healthcare Services	<ul style="list-style-type: none"> • Barriers to Access <ul style="list-style-type: none"> ○ Appointment Availability ○ Finding a Physician • Specific Source of Ongoing Medical Care • Routine Medical Care (Children) • Ratings of Local Healthcare
Cancer	<ul style="list-style-type: none"> • Cancer Incidence <ul style="list-style-type: none"> ○ Including Female Breast Cancer and Colorectal Cancer Incidence • Skin Cancer Prevalence • Female Breast Cancer Screening • Colorectal Cancer Screening
Diabetes	<ul style="list-style-type: none"> • <i>Diabetes ranked #4 as a “major problem” in the Online Key Informant Survey.</i>
Heart Disease & Stroke	<ul style="list-style-type: none"> • Stroke Prevalence
Injury & Violence	<ul style="list-style-type: none"> • Unintentional Injury Deaths <ul style="list-style-type: none"> ○ Including Motor Vehicle Crash Deaths • Seat Belt Usage [Adults] • Firearm-Related Deaths • Firearm Prevalence <ul style="list-style-type: none"> ○ Including in Homes With Children
Mental Health	<ul style="list-style-type: none"> • Suicide Deaths • <i>Mental Health ranked #1 as a “major problem” in the Online Key Informant Survey.</i>
Nutrition, Physical Activity & Weight	<ul style="list-style-type: none"> • Low Food Access • Obesity [Adults] • Medical Advice on Weight • <i>Nutrition, Physical Activity & Weight ranked #3 as a “major problem” in the Online Key Informant Survey.</i> • Medical Advice on Physical Activity • Children’s Physical Activity
Potentially Disabling Conditions	<ul style="list-style-type: none"> • Activity Limitations • Arthritis Prevalence (50+) • Sciatica/Back Pain Prevalence • Deafness/Hearing Trouble
Respiratory Diseases	<ul style="list-style-type: none"> • Chronic Lower Respiratory Disease (CLRD) Deaths
Substance Abuse	<ul style="list-style-type: none"> • Drug-Induced Deaths • <i>Substance Abuse ranked #2 as a “major problem” in the Online Key Informant Survey.</i>

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in the St. Peter's Hospital Service Area, including comparisons among the individual communities, as well as trend data. 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 green columns [to the left of the service area column] provide comparisons between the two subareas, identifying differences for each as “better than” (**B**), “worse than” (**h**), or “similar to” (**d**) the opposing area.

■ The columns to the right of the service area column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2020 targets. Again, symbols indicate whether the service area compares favorably (**B**), unfavorably (**h**), or comparably (**d**) 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.

TREND SUMMARY (Current vs. Baseline Data)

Survey Data Indicators: Trends for survey-derived indicators represent significant changes since 2012. Note that survey data reflect the ZIP Code-defined St. Peter's Hospital Service Area.

Other (Secondary) Data Indicators: Trends for other indicators (e.g., public health data) represent point-to-point changes between the most current reporting period and the earliest presented in this report (typically representing the span of roughly a decade). Note that secondary data reflect county-level data for the St. Peter's Hospital Service Area.

Social Determinants	L&C Co. vs. Others	
	Lewis & Clark	Other Counties
Linguistically Isolated Population (Percent)	h 0.1	B 0.0
Population in Poverty (Percent)	d 10.4	d 10.6
Population Below 200% FPL (Percent)	B 25.9	h 32.7
Children Below 100% FPL (Percent)	d 12.7	d 12.0
No High School Diploma (Age 25+, Percent)	B 5.3	h 8.2
Unemployment Rate (Age 16+, Percent)		

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

SPH Service Area	SPH Service Area vs. Benchmarks			TREND
	vs. MT	vs. US	vs. HP2020	
0.1	B 0.4	B 4.8		
10.4	B 15.3	B 15.4		
27.8	B 36.0	B 34.2		
12.5	B 20.1	B 21.6		
6.1	B 7.9	B 14.0		
3.9	B 4.6	B 5.4		
	B better	d similar	h worse	

Overall Health	L&C Co. vs. Others	
	Lewis & Clark	Other Counties
% "Fair/Poor" Physical Health	B 11.2	h 24.1
% Activity Limitations	B 24.7	h 43.0
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

SPH Service Area	SPH Service Area vs. Benchmarks			TREND
	vs. MT	vs. US	vs. HP2020	
13.4	d 15.4	d 15.3		d 12.4
27.9	h 22.6	h 21.5		h 21.4
	B better	d similar	h worse	

Access to Health Services	L&C Co. vs. Others	
	Lewis & Clark	Other Counties
% [Age 18-64] Lack Health Insurance	d 8.7	d 5.4
% [Insured] Went Without Coverage in Past Year	d 4.0	d 2.3
% Difficulty Accessing Healthcare in Past Year (Composite)	d 50.6	d 39.7
% Inconvenient Hrs Prevented Dr Visit in Past Year	d 12.1	d 14.6
% Cost Prevented Getting Prescription in Past Year	d 11.2	d 11.7
% Cost Prevented Physician Visit in Past Year	d 12.8	d 8.3

SPH Service Area	SPH Service Area vs. Benchmarks			TREND
	vs. MT	vs. US	vs. HP2020	
8.2	B 21.5	B 15.1	h 0.0	d 10.3
3.7		B 8.1		d 4.5
48.7		h 39.9		d 42.1
12.5		d 15.4		d 12.3
11.3		B 15.8		d 10.9
12.0		B 18.2		d 13.5

Access to Health Services (continued)	L&C Co. vs. Others		SPH Service Area	SPH Service Area vs. Benchmarks		
	Lewis & Clark	Other Counties		vs. MT	vs. US	vs. HP2020
% Difficulty Getting Appointment in Past Year	d 26.4	d 21.5	25.5		h 17.0	d 23.7
% Difficulty Finding Physician in Past Year	d 17.9	d 19.0	18.1		h 11.0	h 12.0
% Transportation Hindered Dr Visit in Past Year	d 4.6	d 3.3	4.4		B 9.4	d 3.2
% Skipped Prescription Doses to Save Costs	d 11.2	d 10.1	11.0		B 15.3	d 11.0
% Difficulty Getting Child's Healthcare in Past Year			1.6		B 6.0	d 4.9
Primary Care Doctors per 100,000	d 87.9	d 91.7	89.0	B 76.6	B 74.5	B 83.4
% [Age 18+] Have a Specific Source of Ongoing Care	d 69.5	d 76.3	70.7		h 76.3	h 95.0
% [Age 18-64] Have a Specific Source of Ongoing Care	d 67.3	d 75.4	68.7		h 75.6	h 89.4
% [Age 65+] Have a Specific Source of Ongoing Care			79.3		d 80.0	h 100.0
% Have Had Routine Checkup in Past Year	d 63.4	d 62.5	63.2	d 61.8	d 65.0	d 62.6

Access to Health Services (continued)	L&C Co. vs. Others	
	Lewis & Clark	Other Counties
% Child Has Had Checkup in Past Year		
% Two or More ER Visits in Past Year	h 9.3	B 4.0
% Rate Local Healthcare "Fair/Poor"	d 32.2	d 30.9
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

SPH Service Area	SPH Service Area vs. Benchmarks			TREND
	vs. MT	vs. US	vs. HP2020	
70.5		h 84.1		d 71.6
8.3		d 8.9		d 6.7
31.9		h 16.5		h 23.9
B d h better similar worse				

Arthritis, Osteoporosis & Chronic Back Conditions	L&C Co. vs. Others	
	Lewis & Clark	Other Counties
% [50+] Arthritis/Rheumatism	d 39.6	d 40.8
% [50+] Osteoporosis	d 9.9	d 11.8
% Sciatica/Chronic Back Pain	d 24.0	d 32.8
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

SPH Service Area	SPH Service Area vs. Benchmarks			TREND
	vs. MT	vs. US	vs. HP2020	
39.8		d 37.3		h 29.3
10.3		d 13.5	h 5.3	d 6.6
25.5		h 18.4		d 23.3
B d h better similar worse				

Cancer	L&C Co. vs. Others	
	Lewis & Clark	Other Counties
Cancer (Age-Adjusted Death Rate)	B 149.0	h 174.3
Lung Cancer (Age-Adjusted Death Rate)		
Prostate Cancer (Age-Adjusted Death Rate)		
Female Breast Cancer (Age-Adjusted Death Rate)		
Colorectal Cancer (Age-Adjusted Death Rate)		
Prostate Cancer Incidence per 100,000		
Female Breast Cancer Incidence per 100,000		
Lung Cancer Incidence per 100,000		
Colorectal Cancer Incidence per 100,000		
% Skin Cancer	d 10.6	d 13.4
% "Always" Use Sunscreen Outside on a Sunny Day	d 20.8	d 13.7

SPH Service Area	SPH Service Area vs. Benchmarks			TREND
	vs. MT	vs. US	vs. HP2020	
157.4	d 158.0	B 166.2	d 161.4	B 199.0
46.8	h 41.4	d 44.7	d 45.5	
21.5	h 20.4	d 21.3	d 21.8	
18.8	B 19.8	B 19.8	B 20.7	
13.1	d 13.2	B 14.9	B 14.5	
119.6	B 147.2	B 142.3		
117.4	d 113.4	h 90.5		
67.9	h 60.9	d 64.9		
47.4	h 43.4	h 43.3		
11.1	h 7.1	h 6.7		d 10.4
19.5				

Cancer (continued)	L&C Co. vs. Others	
	Lewis & Clark	Other Counties
% Cancer (Other Than Skin)	d 6.3	d 10.7
% [Women 50-74] Mammogram in Past 2 Years		
% [Women 21-65] Pap Smear in Past 3 Years		
% [Age 50-75] Colorectal Cancer Screening	d 64.7	d 72.3
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

SPH Service Area	SPH Service Area vs. Benchmarks			TREND
	vs. MT	vs. US	vs. HP2020	
7.1	d 7.9	d 6.1		d 4.8
71.5	d 68.9	h 83.6	h 81.1	d 78.6
79.9	d 76.1	d 83.9	h 93.0	d 77.0
66.4		h 75.1	d 70.5	d 73.2
B better d similar h worse				

Chronic Kidney Disease	L&C Co. vs. Others	
	Lewis & Clark	Other Counties
Kidney Disease (Age-Adjusted Death Rate)		d 11.7
% Kidney Disease	d 4.7	d 2.2
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

SPH Service Area	SPH Service Area vs. Benchmarks			TREND
	vs. MT	vs. US	vs. HP2020	
6.2	B 9.0	B 13.2		B 12.1
4.3	d 2.5	d 3.0		
B better d similar h worse				

Dementias, Including Alzheimer's Disease	L&C Co. vs. Others	
	Lewis & Clark	Other Counties
Alzheimer's Disease (Age-Adjusted Death Rate)	B 13.4	h 16.2
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

SPH Service Area	SPH Service Area vs. Benchmarks			TREND
	vs. MT	vs. US	vs. HP2020	
13.4	B 20.7	B 24.0		B 16.0
	B better	d similar	h worse	

Diabetes	L&C Co. vs. Others	
	Lewis & Clark	Other Counties
Diabetes Mellitus (Age-Adjusted Death Rate)	B 14.0	h 25.3
% Diabetes/High Blood Sugar	d 5.3	d 8.6
% Borderline/Pre-Diabetes	B 3.6	h 10.4
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	d 50.9	d 61.4
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

SPH Service Area	SPH Service Area vs. Benchmarks			TREND
	vs. MT	vs. US	vs. HP2020	
18.2	B 19.9	B 21.3	B 20.5	B 20.5
5.9	d 7.7	B 11.7		d 9.1
4.8		d 5.1		
52.7		d 49.2		
	B better	d similar	h worse	

Family Planning

	L&C Co. vs. Others	
	Lewis & Clark	Other Counties
Teen Births per 1,000 (Age 15-19)	h 34.7	B 24.6
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

SPH Service Area	SPH Service Area vs. Benchmarks			TREND
	vs. MT	vs. US	vs. HP2020	
31.8	B 34.8	B 36.6		
	B better	d similar	h worse	

Hearing & Other Sensory or Communication Disorders

	L&C Co. vs. Others	
	Lewis & Clark	Other Counties
% Deafness/Trouble Hearing	d 14.3	d 18.8
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

SPH Service Area	SPH Service Area vs. Benchmarks			TREND
	vs. MT	vs. US	vs. HP2020	
15.1		h 10.3		d 13.5
	B better	d similar	h worse	

Heart Disease & Stroke	L&C Co. vs. Others	
	Lewis & Clark	Other Counties
Diseases of the Heart (Age-Adjusted Death Rate)	B 136.1	h 182.4
Stroke (Age-Adjusted Death Rate)	d 36.2	B 32.7
% Heart Disease (Heart Attack, Angina, Coronary Disease)	d 4.1	d 9.3
% Stroke	h 4.4	B 0.8
% Blood Pressure Checked in Past 2 Years	h 92.5	B 99.8
% Told Have High Blood Pressure (Ever)	d 31.0	d 34.6
% [HBP] Taking Action to Control High Blood Pressure		
% Cholesterol Checked in Past 5 Years	d 88.0	d 87.5
% Told Have High Cholesterol (Ever)	d 24.8	d 32.7
% [HBC] Taking Action to Control High Blood Cholesterol		
% 1+ Cardiovascular Risk Factor	d 80.5	d 83.9

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell

SPH Service Area	SPH Service Area vs. Benchmarks			TREND
	vs. MT	vs. US	vs. HP2020	
147.6	d 154.1	B 171.3	B 156.9	B 162.6
35.0	d 36.2	B 37.0	d 34.8	B 39.6
5.0		d 6.1		d 6.2
3.8	d 3.2	d 3.9		h 1.5
93.8		d 91.0	d 92.6	d 96.4
31.6	d 29.3	d 34.1	h 26.9	d 33.5
89.7		d 89.2		d 94.1
87.9	B 73.8	d 86.6	B 82.1	d 87.9
26.2	B 35.7	d 29.9	h 13.5	d 28.5
85.7		d 81.4		d 85.9
81.1		d 82.3		d 78.2
	B	d	h	

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better similar worse

HIV	L&C Co. vs. Others	
	Lewis & Clark	Other Counties
HIV Prevalence per 100,000	B 36.9	h 100.6
% [Age 18-44] HIV Test in the Past Year		
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

SPH Service Area	SPH Service Area vs. Benchmarks			TREND
	vs. MT	vs. US	vs. HP2020	
52.0	h 45.2	B 340.4		
24.1		d 19.3	B 7.3	
<p>B better d similar h worse</p>				

Immunization & Infectious Diseases	L&C Co. vs. Others	
	Lewis & Clark	Other Counties
% [Age 65+] Flu Vaccine in Past Year		
% [High-Risk 18-64] Flu Vaccine in Past Year		
% [Age 65+] Pneumonia Vaccine Ever		
% [High-Risk 18-64] Pneumonia Vaccine Ever		
% Have Completed Hepatitis B Vaccination Series	d 40.5	d 39.6
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

SPH Service Area	SPH Service Area vs. Benchmarks			TREND
	vs. MT	vs. US	vs. HP2020	
64.7	d 61.1	d 57.5	d 70.0	d 59.8
45.4		d 45.9	h 70.0	d 60.6
77.3	B 69.9	d 68.4	h 90.0	d 67.7
50.9		d 41.9	d 60.0	d 43.1
40.3		d 44.7		B 33.1
<p>B better d similar h worse</p>				

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better similar worse

Injury & Violence Prevention	L&C Co. vs. Others	
	Lewis & Clark	Other Counties
Unintentional Injury (Age-Adjusted Death Rate)	B 46.7	h 86.3
Motor Vehicle Crashes (Age-Adjusted Death Rate)	B 11.0	h 30.8
% "Always" Wear Seat Belt	d 79.0	d 69.3
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat		
% Child [Age 5-17] "Always" Wears Bicycle Helmet		
% "Always" Use a Helmet When Riding a Motorcycle		
% "Always" Use a Helmet When Riding a Bicycle		
Firearm-Related Deaths (Age-Adjusted Death Rate)	d 15.9	
% Firearm in Home	B 63.2	h 75.2
% [Homes With Children] Firearm in Home		

SPH Service Area	SPH Service Area vs. Benchmarks			TREND
	vs. MT	vs. US	vs. HP2020	
57.6	d 55.8	h 39.2	h 36.4	h 46.9
16.3	B 19.9	h 10.7	h 12.4	B 19.6
77.4		h 84.8	h 92.0	d 75.7
89.6		d 92.2		d 93.2
47.6		d 48.7		d 51.0
56.3				
42.7				
16.1	d 16.6	h 10.4	h 9.3	h 12.6
65.3		h 34.7		d 69.8
65.0		h 37.4		B 77.2

Injury & Violence Prevention (continued)	L&C Co. vs. Others	
	Lewis & Clark	Other Counties
% [Homes With Firearms] Weapon(s) Unlocked & Loaded	d 19.0	d 15.3
Homicide (Age-Adjusted Death Rate)		
Violent Crime per 100,000	h 311.3	B 190.0
% Victim of Violent Crime in Past 5 Years	d 1.5	d 0.5
% Victim of Domestic Violence (Ever)	d 12.2	d 20.8
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

SPH Service Area	SPH Service Area vs. Benchmarks			TREND
	vs. MT	vs. US	vs. HP2020	
18.3		d 16.8		d 17.8
3.0	B 3.3	B 5.7	B 5.5	
276.1	d 277.9	B 395.5		
1.3		B 2.8		d 2.6
13.8		d 15.0		d 14.2
<p style="text-align: center;"> B better d similar h worse </p>				

Maternal, Infant & Child Health	L&C Co. vs. Others	
	Lewis & Clark	Other Counties
% [Parents] Child Was Ever Breastfed or Fed Breastmilk		
% [Parents] Would Want a Newborn to Receive All Vaccinations		
Low Birthweight Births (Percent)	d 8.4	d 8.3
Infant Death Rate	B 5.1	h 7.7

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

SPH Service Area	SPH Service Area vs. Benchmarks			TREND
	vs. MT	vs. US	vs. HP2020	
80.9				d 81.7
92.2				
8.4	h 7.3	d 8.2	h 7.8	
5.7	B 6.2	B 6.5	B 6.0	
	B better	d similar	h worse	

Mental Health & Mental Disorders	L&C Co. vs. Others	
	Lewis & Clark	Other Counties
% "Fair/Poor" Mental Health	d 11.6	d 20.2
% Diagnosed Depression	d 15.6	d 22.4
% Symptoms of Chronic Depression (2+ Years)	d 21.3	d 29.7
Suicide (Age-Adjusted Death Rate)	B 19.7	h 28.1
% [Those With Diagnosed Depression] Seeking Help		

SPH Service Area	SPH Service Area vs. Benchmarks			TREND
	vs. MT	vs. US	vs. HP2020	
13.2		d 11.9		d 9.3
16.8		d 20.4		
22.7		B 30.4		d 23.8
22.0	d 22.9	h 12.5	h 10.2	h 18.1
85.7		d		

76.6

Mental Health & Mental Disorders (continued)	L&C Co. vs. Others	
	Lewis & Clark	Other Counties
% <7 Hours of Sleep on an Average Night	d 31.2	d 32.6
% Typical Day Is "Extremely/Very" Stressful	d 8.4	d 9.8
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

SPH Service Area	SPH Service Area vs. Benchmarks			TREND
	vs. MT	vs. US	vs. HP2020	
31.5				
8.6		B 11.9		B 13.8
	B better	d similar	h worse	

Nutrition, Physical Activity & Weight	L&C Co. vs. Others	
	Lewis & Clark	Other Counties
% Eat 5+ Servings of Fruit or Vegetables per Day	d 42.7	d 50.8
% "Very/Somewhat" Difficult to Buy Fresh Produce	d 16.7	d 24.7
Population With Low Food Access (Percent)	h 19.9	B 13.5
% Medical Advice on Nutrition in Past Year	d 33.8	d 39.8
% Healthy Weight (BMI 18.5-24.9)	d 36.6	d 31.3

SPH Service Area	SPH Service Area vs. Benchmarks			TREND
	vs. MT	vs. US	vs. HP2020	
44.1		d 39.5		d 47.1
18.1		B 24.4		
23.3	h 9.3	h 6.3		
34.9		d 39.2		d 33.3
35.6	d 37.0	d 34.4	d 33.9	d 41.4

Nutrition, Physical Activity & Weight (continued)	L&C Co. vs. Others	
	Lewis & Clark	Other Counties
% Overweight (BMI 25+)	d 62.7	d 67.3
% Obese (BMI 30+)	d 30.7	d 28.9
% Medical Advice on Weight in Past Year	h 13.1	B 27.2
% [Overweights] Counseled About Weight in Past Year	d 17.2	d 27.2
% [Obese Adults] Counseled About Weight in Past Year		
% [Overweights] Trying to Lose Weight Both Diet/Exercise	d 35.2	d 26.8
% Child [Age 5-17] Healthy Weight		
% Children [Age 5-17] Overweight (85th Percentile)		
% Children [Age 5-17] Obese (95th Percentile)		
% No Leisure-Time Physical Activity	d 18.0	d 25.8

SPH Service Area	SPH Service Area vs. Benchmarks			TREND
	vs. MT	vs. US	vs. HP2020	
63.5	d 61.4	d 63.1		d 58.2
30.4	h 24.6	d 29.0	d 30.5	h 21.3
15.5		h 23.7		d 19.0
19.1		h 31.8		d 24.6
29.8		h 48.3		d 39.7
33.6		d 39.5		d 33.3
62.6		d 56.7		
30.2		d 31.5		d 29.6
15.4		d 14.8	d 14.5	d 14.9
19.4	d 22.5	d 20.7	B 32.6	d 17.0

Nutrition, Physical Activity & Weight (continued)	L&C Co. vs. Others	
	Lewis & Clark	Other Counties
% Meeting Physical Activity Guidelines	d 55.6	d 45.5
% Moderate Physical Activity	d 36.8	d 38.9
% Vigorous Physical Activity	B 43.1	h 29.3
Recreation/Fitness Facilities per 100,000	B 14.2	h 7.7
% Medical Advice on Physical Activity in Past Year	d 37.2	d 40.5
% Child [Age 2-17] Physically Active 1+ Hours per Day		
% Child [Age 5-17] Watches TV 3+ Hours per Day		
% Child [Age 5-17] Uses Computer 3+ Hours per Day		
% Child [Age 5-17] 3+ Hours per Day of Total Screen Time		

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SPH Service Area	SPH Service Area vs. Benchmarks			TREND
	vs. MT	vs. US	vs. HP2020	
53.9		d 50.3		d 52.9
37.2		B 30.6		d 34.5
40.7		d 38.0		d 42.8
12.3	d 12.9	B 9.7		
37.8		h 44.0		d 40.8
42.0		d 48.6		h 57.9
3.0				d 4.0
11.4				d 9.8
35.7				d 29.4

B better d similar h worse

Oral Health	L&C Co. vs. Others	
	Lewis & Clark	Other Counties
% [Age 18+] Dental Visit in Past Year	d 76.0	d 72.1
% Have Dental Insurance	d 69.3	d 66.9
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

SPH Service Area	SPH Service Area vs. Benchmarks			TREND
	vs. MT	vs. US	vs. HP2020	
75.3	B 61.0	B 65.9	B 49.0	d 71.3
68.9		d 65.6		d 64.2
	B better	d similar	h worse	

Respiratory Diseases	L&C Co. vs. Others	
	Lewis & Clark	Other Counties
CLRD (Age-Adjusted Death Rate)	h 66.3	B 54.4
Pneumonia/Influenza (Age-Adjusted Death Rate)	d 12.4	
% COPD (Lung Disease)	d 11.3	d 5.6
% [Adult] Currently Has Asthma	d 8.8	d 8.1
% [Child 0-17] Currently Has Asthma		
% Use a Wood-Burning Stove to Heat the Home	B 18.5	h 38.9

SPH Service Area	SPH Service Area vs. Benchmarks			TREND
	vs. MT	vs. US	vs. HP2020	
61.6	h 50.7	h 42.0		h 56.2
13.2	d 13.8	B 15.3		B 23.8
10.3	h 6.5	d 8.6		d 7.8
8.7	d 8.6	d 9.4		d 8.4
9.5		d 7.1		d 4.2
22.1				

Respiratory Diseases (continued)	L&C Co. vs. Others	
	Lewis & Clark	Other Counties
% [Burn Wood for Heat] Use a Catalytic Converter		
% Do Not Think Wood Smoke Poses a Serious Health Issue	B 37.7	h 57.7
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

SPH Service Area	SPH Service Area vs. Benchmarks			TREND
	vs. MT	vs. US	vs. HP2020	
37.6				
41.1				
	B better	d similar	h worse	

Sexually Transmitted Diseases	L&C Co. vs. Others	
	Lewis & Clark	Other Counties
Gonorrhea Incidence per 100,000	d 0.0	d 0.0
Chlamydia Incidence per 100,000	h 264.3	B 149.4
% [Unmarried 18-64] 3+ Sexual Partners in Past Year		
% [Unmarried 18-64] Using Condoms		
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

SPH Service Area	SPH Service Area vs. Benchmarks			TREND
	vs. MT	vs. US	vs. HP2020	
0.0	B 10.8	B 107.5		
231.1	B 383.4	B 456.7		
6.6		d 11.7		d 10.1
49.7		B 33.6		B 29.7
	B better	d similar	h worse	

Substance Abuse	L&C Co. vs. Others	
	Lewis & Clark	Other Counties
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	B 8.7	h 11.1
% Current Drinker	h 62.4	B 50.5
% Excessive Drinker	d 18.6	d 17.9
% Drinking & Driving in Past Month	d 1.7	d 2.2
% Rode With Drunk Driver in Past Month	h 1.8	B 0.0
% Driving Drunk or Riding with Drunk Driver	d 3.0	d 1.4
Drug-Induced Deaths (Age-Adjusted Death Rate)	h 17.0	B 15.0
% Illicit Drug Use in Past Month	d 1.7	d 4.2
% Ever Sought Help for Alcohol or Drug Problem	h 4.4	B 12.9
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

SPH Service Area	SPH Service Area vs. Benchmarks			TREND
	vs. MT	vs. US	vs. HP2020	
8.1	B 12.3	B 9.9	d 8.2	B 9.1
60.3	d 58.8	d 56.5		d 63.6
18.5		B 23.2	B 25.4	d 19.7
1.8		B 5.0		d 3.7
1.5		B 5.9		
2.7		B 8.6		B 5.7
17.6	h 14.9	h 14.1	h 11.3	h 10.1
2.1		B 4.0	B 7.1	d 1.0
5.9		d 4.9		d 5.0
	B better	d similar	h worse	

Tobacco Use	L&C Co. vs. Others	
	Lewis & Clark	Other Counties
% Current Smoker	h 17.2	B 7.5
% Someone Smokes at Home	d 8.9	d 8.4
% [Non-Smokers] Someone Smokes in the Home	d 3.5	d 5.5
% [Household With Children] Someone Smokes in the Home		
% Smoke Cigars	h 4.7	B 0.0
% Use Smokeless Tobacco	d 5.6	d 5.9

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

SPH Service Area	SPH Service Area vs. Benchmarks			TREND
	vs. MT	vs. US	vs. HP2020	
15.5	d 19.0	d 14.9	d 12.0	d 13.8
8.8		B 12.7		d 7.5
3.9		d 6.3		d 2.4
3.3		B 9.7		d 5.2
3.9		d 4.1	h 0.2	d 3.2
5.6	B 8.0	d 4.0	h 0.3	d 5.2
	B better	d similar	h worse	

Vision	L&C Co. vs. Others	
	Lewis & Clark	Other Counties
% Blindness/Trouble Seeing	B 4.4	h 13.0
% Eye Exam in Past 2 Years	d 68.0	d 63.6
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

SPH Service Area	SPH Service Area vs. Benchmarks			TREND
	vs. MT	vs. US	vs. HP2020	
5.9	d 4.8	d 8.5		d 5.1
67.2		B 56.8		B 60.4
	B better	d similar	h worse	

Community Description



Professional Research Consultants, Inc.

Population Characteristics

Total Population

The service area of St. Peter's Hospital, the focus of this Community Health Needs Assessment, encompasses 11,023.12 square miles and houses a total population of 90,200 residents, according to latest census estimates.

Total Population
(Estimated Population, 2009-2013)

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Lewis and Clark County	64,143	3,457.91	18.55
Other Counties	26,057	7,565.20	3.44
St. Peter's Hospital Service Area	90,200	11,023.12	8.18
Montana	998,554	145,507.56	6.86
United States	311,536,591	3,530,997.6	88.23

Sources:

- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved August 2015 from Community Commons at <http://www.chna.org>.
- "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

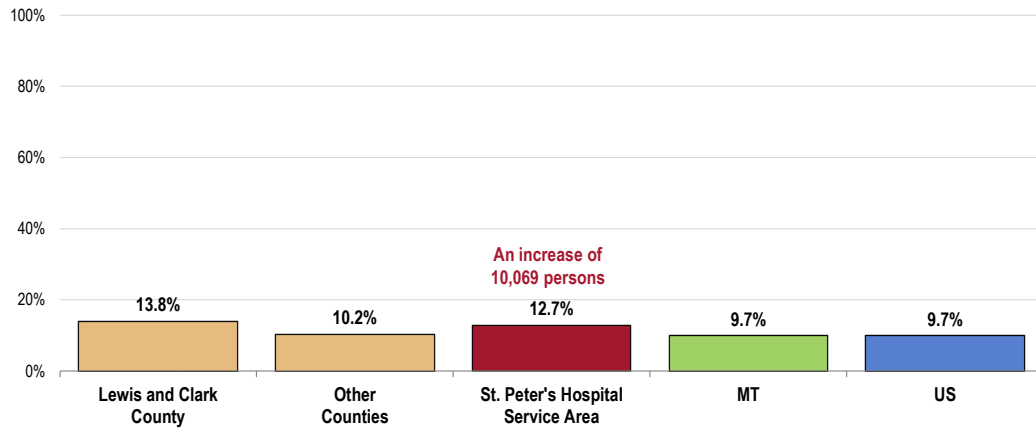
POPULATION CHANGE 2000-2010

A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

Between the 2000 and 2010 US Censuses, the population of St. Peter's Hospital Service Area increased by 10,069 persons, or 12.7%.

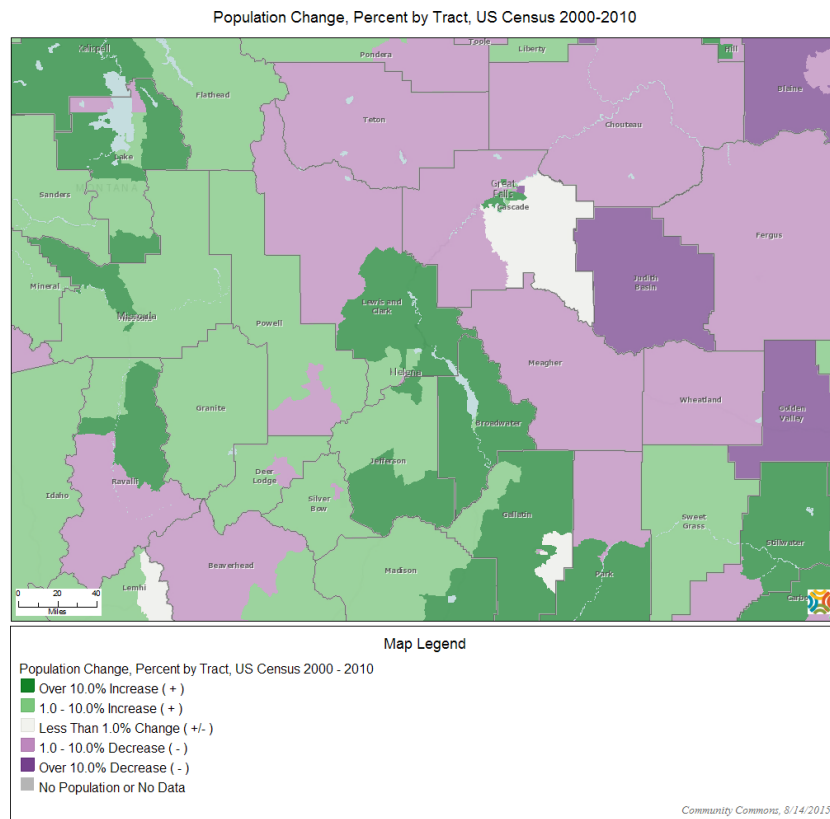
- A greater proportional increase than seen across the state.
- A greater proportional increase than seen nationwide.
- The increase in total population over time was higher in Lewis and Clark County than in the Other Counties (including Broadwater, Jefferson, Meagher, and Powell counties).

Change in Total Population (Percentage Change Between 2000 and 2010)



- Sources:
- Retrieved August 2015 from Community Commons at <http://www.chna.org>.
 - US Census Bureau Decennial Census (2000-2010).
- Notes:
- A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.
 - "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

Note that the largest percent of population growth appears to have been in Lewis and Clark, Jefferson, and Broadwater counties.



Urban/Rural Population

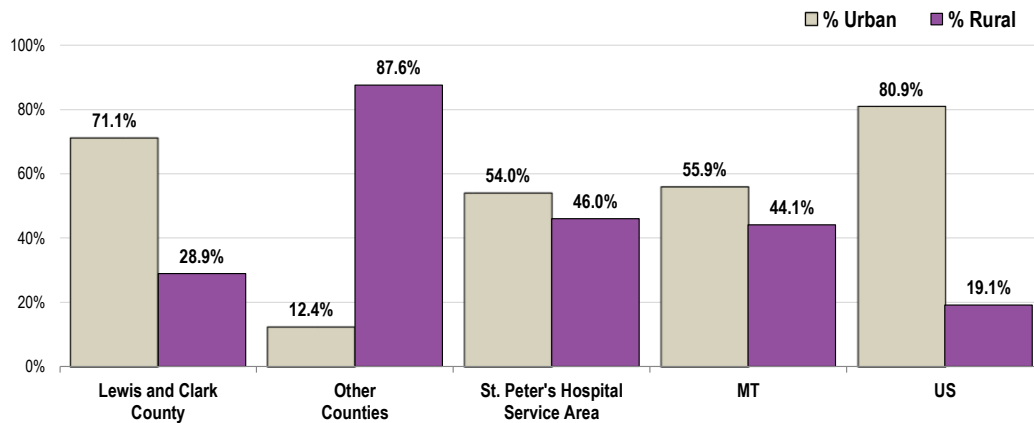
Urban areas are identified using population density, count, and size thresholds. Urban areas

also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

Just over one-half of the St. Peter’s Hospital Service Area is urban, with 54.0% of the population living in areas designated as urban.

- The proportional breakout of urban vs. rural living is similar to that reported in Montana.
- Nationwide, the proportion of urban living is much higher.
- Note that the Lewis and Clark County population is much more urban than that of the Other Counties.

Urban and Rural Population (2010)



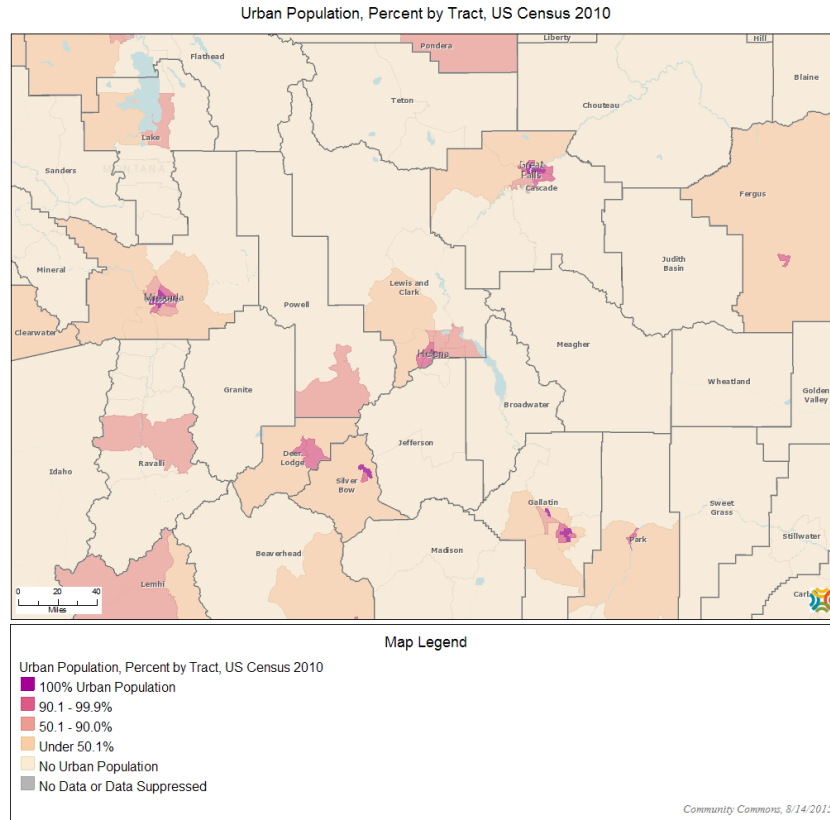
Sources:

- US Census Bureau Decennial Census (2010).
- Retrieved August 2015 from Community Commons at <http://www.chna.org>.

Notes:

- This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.
- "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

- Note the following map outlining the urban population in the St. Peter’s Hospital Service Area census tracts as of 2010.



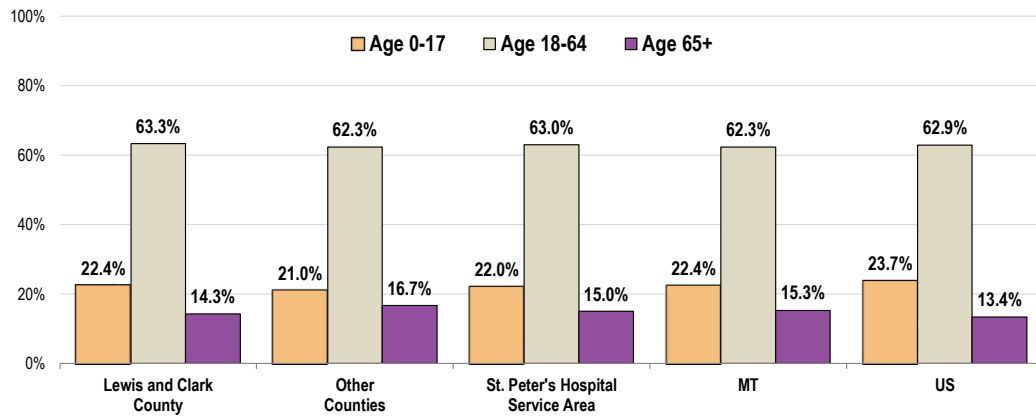
Age

It is important to understand the age distribution of the population as different age groups have unique health needs which should be considered separately from others along the age spectrum.

In St. Peter’s Hospital Service Area, 22.0% of the population are infants, children or adolescents (age 0-17); another 63.0% are age 18 to 64, while 15.0% are age 65 and older.

- The proportional breakout is comparable to that found statewide.
- The service area is “older” than the US population overall.
- By subarea, the population is somewhat younger in Lewis and Clark County.

Total Population by Age Groups, Percent (2009-2013)

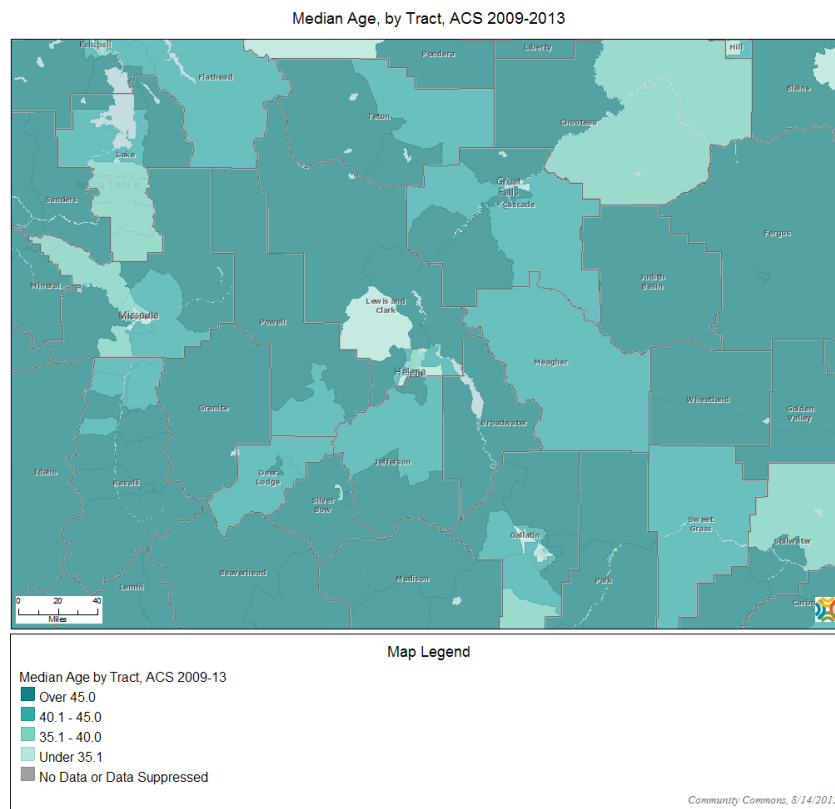


Sources:

- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved August 2015 from Community Commons at <http://www.chna.org>
- "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

MEDIAN AGE

- The following map provides an illustration of the median age in the St. Peter's Hospital Service Area, segmented by census tracts.



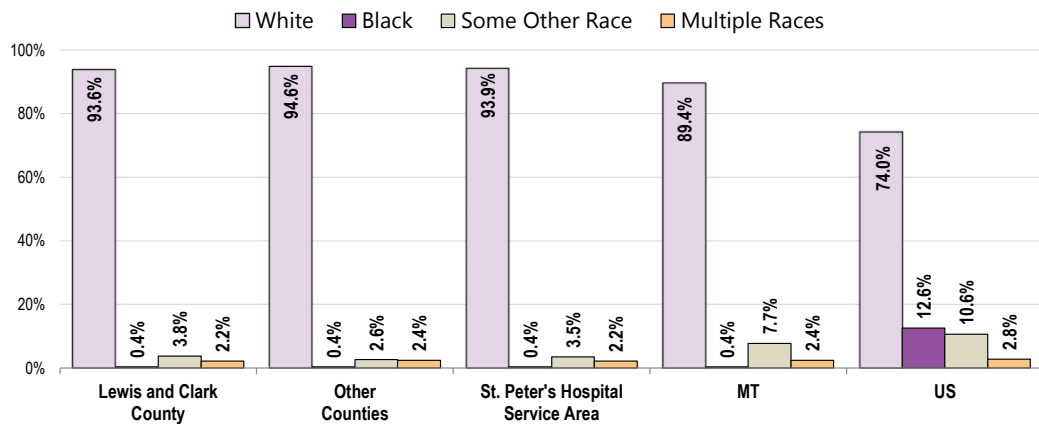
Race & Ethnicity

RACE

In looking at race independent of ethnicity (Hispanic or Latino origin), the vast majority of service area residents is White (93.9%) and just 0.4% is Black.

- Statewide, the population is less White and more “other” race.
- Nationally, the US population is much less White, more Black, and more “other” race.
- No significant difference when viewing the racial breakout by subarea.

Total Population by Race Alone, Percent (2009-2013)



Sources:

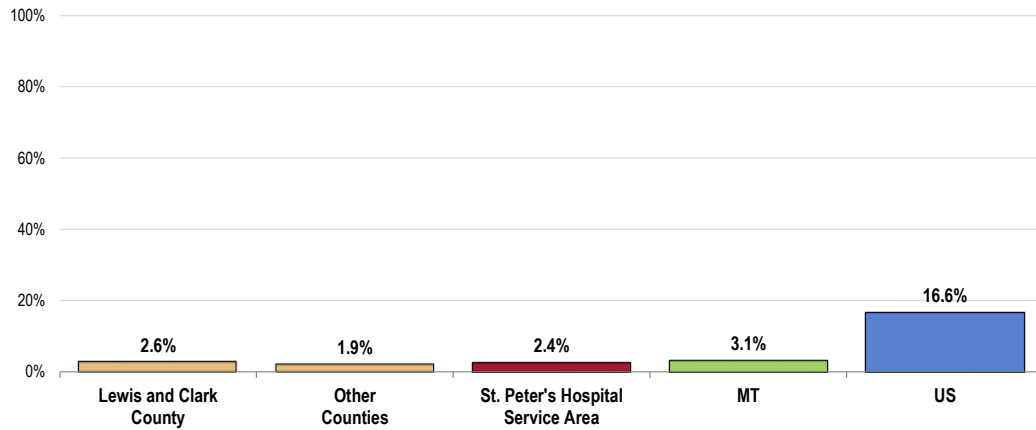
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved August 2015 from Community Commons at <http://www.chna.org>.
- “Other Counties” include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

ETHNICITY

A total of 2.4% of St. Peter’s Hospital Service Area residents are Hispanic or Latino.

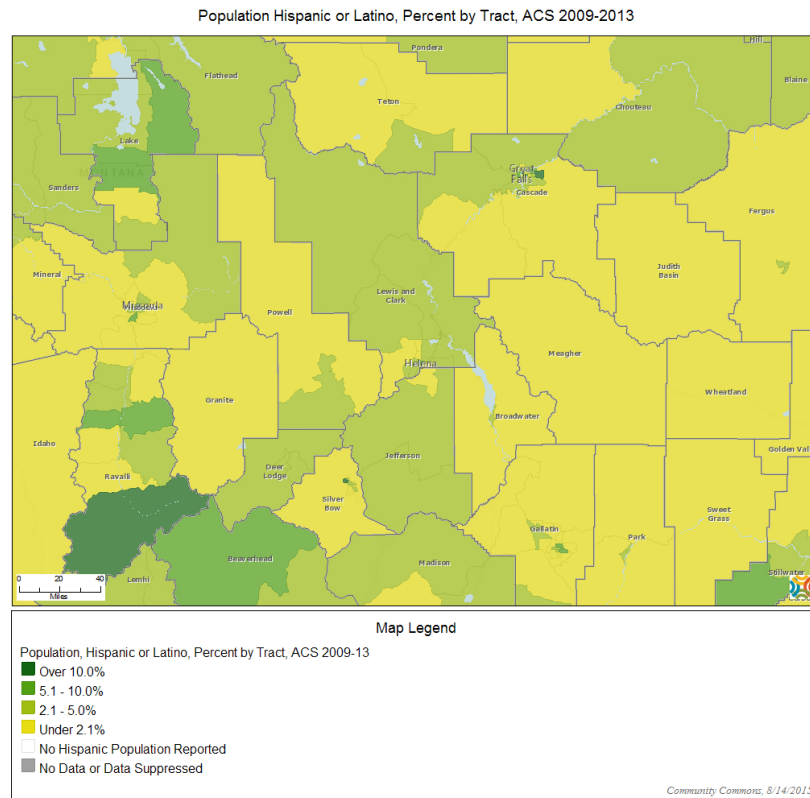
- Lower than found statewide.
- Considerably lower than found nationally.
- The proportion of Hispanic or Latino residents is higher in Lewis and Clark County.

Percent Population Hispanic or Latino (2009-2013)



- Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
 - Retrieved August 2015 from Community Commons at <http://www.chna.org>.
- Notes:
- Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.
 - "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

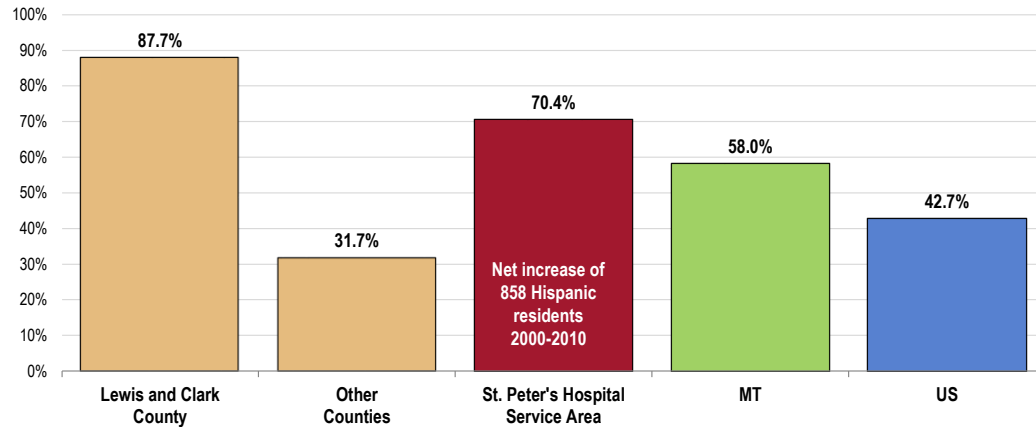
- The Hispanic population appears to be most concentrated in Lewis and Clark and Jefferson counties.



Between 2000 and 2010, the Hispanic population in the St. Peter's Hospital Service Area increased by 858 residents, or 70.4%.

- Higher (in terms of percentage growth) than found statewide.
- Much higher (in terms of percentage growth) found nationally.
- Note the 87.7% proportional increase in Lewis and Clark County's Hispanic community.

Hispanic Population Change (Percentage Change in Hispanic Population Between 2000 and 2010)



Sources:

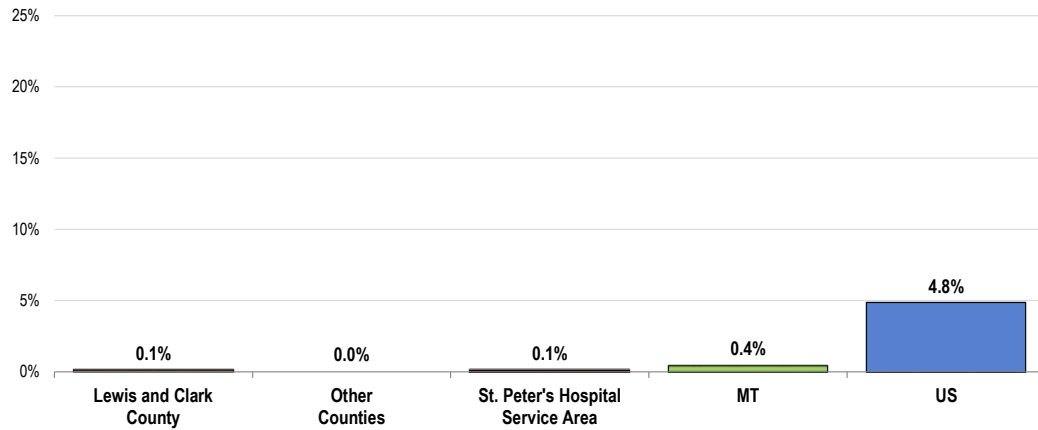
- US Census Bureau Decennial Census (2000-2010).
- Retrieved August 2015 from Community Commons at <http://www.chna.org>.
- "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

Linguistic Isolation

Almost no homes in the St. Peter's Hospital Service Area are linguistically isolated (a population age 5 and older in which no persons age 14 or older is proficient in English).

- Lower than found statewide.
- Well below that found nationally.
- Similar percentages by subarea.

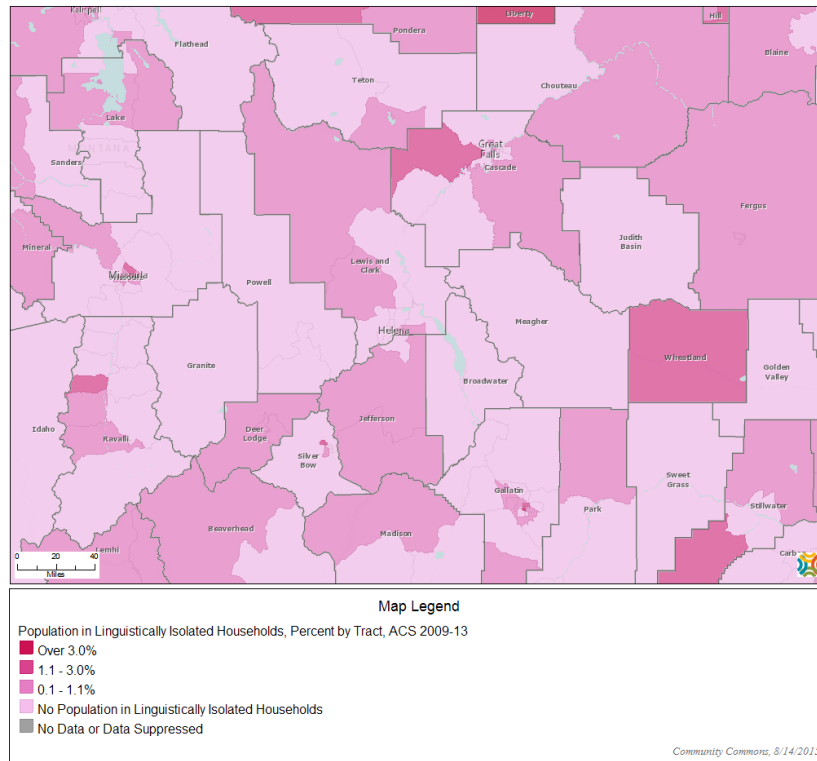
Linguistically Isolated Population (2009-2013)



- Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
 - Retrieved August 2015 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator reports the percentage of the population aged 5 and older who live in a home in which no person 14 years old and over speaks only English, or in which no person 14 years old and over speak a non-English language and speak English "very well."
 - "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

- Note the following map illustrating linguistic isolation in the service area.

Population in Linguistically Isolated Households, Percent by Tract, ACS 2009-2013



Social Determinants of Health

About Social Determinants

Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.

- Healthy People 2020 (www.healthypeople.gov)

Poverty

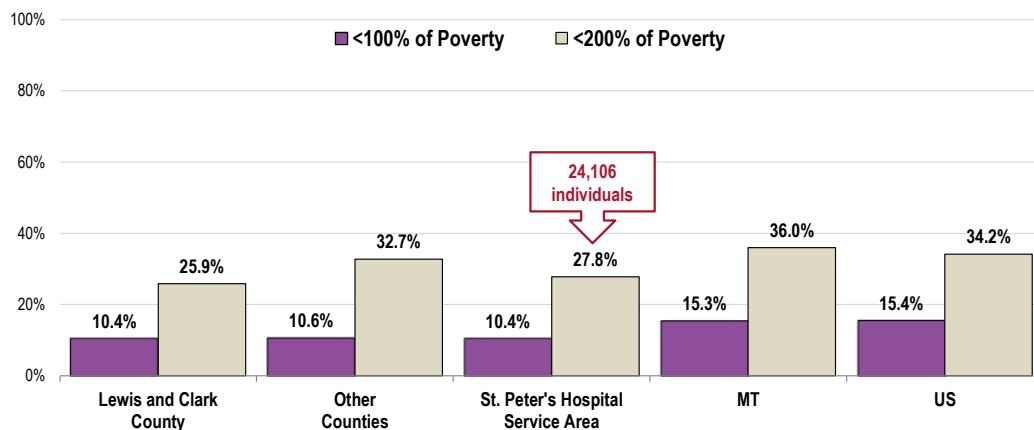
The latest census estimate shows **10.4%** of St. Peter's Hospital Service Area population living below the federal poverty level.

In all, **27.8%** of service area residents (an estimated **24,106 individuals**) live below 200% of the federal poverty level.

- Lower than the proportion reported statewide.
- Lower than found nationally.
- Viewed by subarea, the proportion of residents living below 200% of the federal poverty level is higher in the Other Counties.

Population in Poverty

(Populations Living Below 100% and Below 200% of the Poverty Level; 2009-2013)



Sources: • US Census Bureau American Community Survey 5-year estimates (2009-2013).

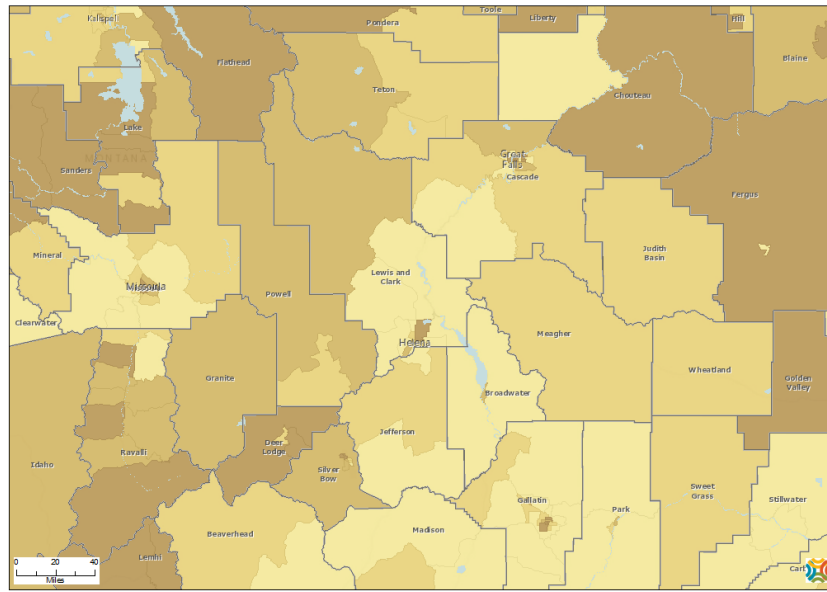
• Retrieved August 2015 from Community Commons at <http://www.chna.org>.

Notes: • Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

• "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

- The following maps provide a visual illustration of service area households in poverty.

Population Below the Poverty Level, Percent by Tract, ACS 2009-2013



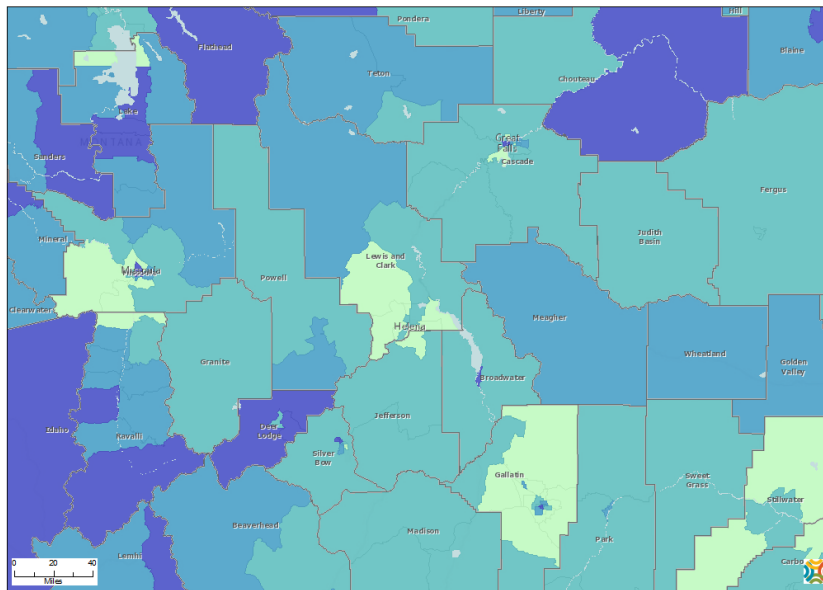
Map Legend

Population Below the Poverty Level, Percent by Tract, ACS 2009-13

- Over 20.0%
- 15.1 - 20.0%
- 10.1 - 15.0%
- Under 10.1%
- No Data or Data Suppressed

Community Commons, 8/14/2015

Population Below 200% of Poverty, Percent by Tract, ACS 2009-2013



Map Legend

Population Below 200% Poverty Level, Percent by Tract, ACS 2009-13

- Over 50.0%
- 38.1 - 50.0%
- 26.1 - 38.0%
- Under 26.1%
- No Data or Data Suppressed

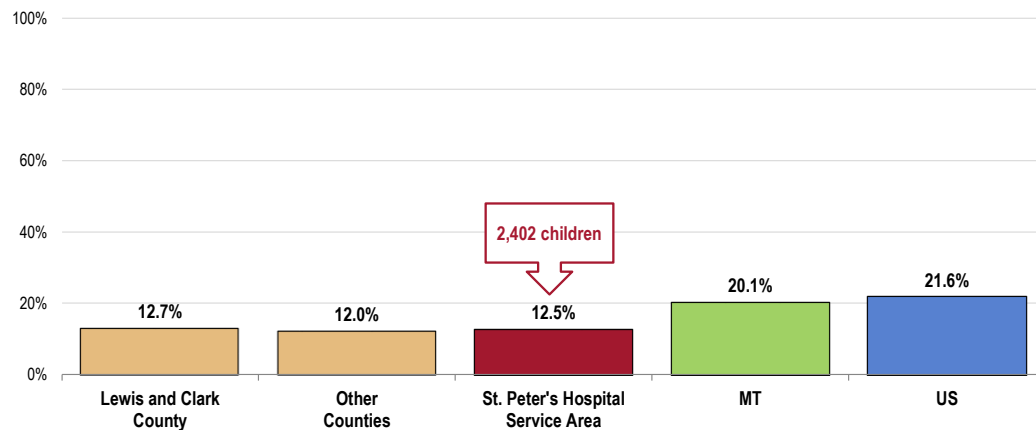
Community Commons, 8/14/2015

CHILDREN IN LOW-INCOME HOUSEHOLDS

Additionally, 12.5% of St. Peter's Hospital Service Area children age 0-17 (representing an estimated 2,400 children) live below the 200% poverty threshold.

- Well below the proportion found statewide.
- Well below the proportion found nationally.
- Similar proportions by subarea.

Percent of Children in Low-Income Households (Children 0-17 Living Below 200% of the Poverty Level, 2009-2013)



Sources: • US Census Bureau American Community Survey 5-year estimates (2009-2013).

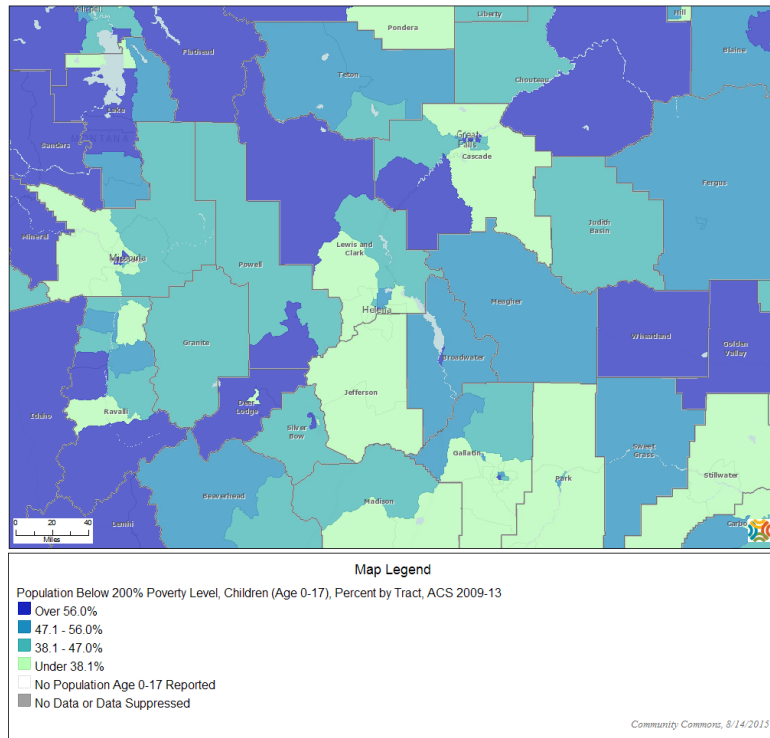
• Retrieved August 2015 from Community Commons at <http://www.chna.org>.

Notes: • This indicator reports the percentage of children aged 0-17 living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

• "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

- Geographically, a notably higher concentration of children in lower-income households is found in Broadwater and Meagher counties.

Children (0-17) Living Below 200% of Poverty, Percent by Tract, ACS 2009-2013



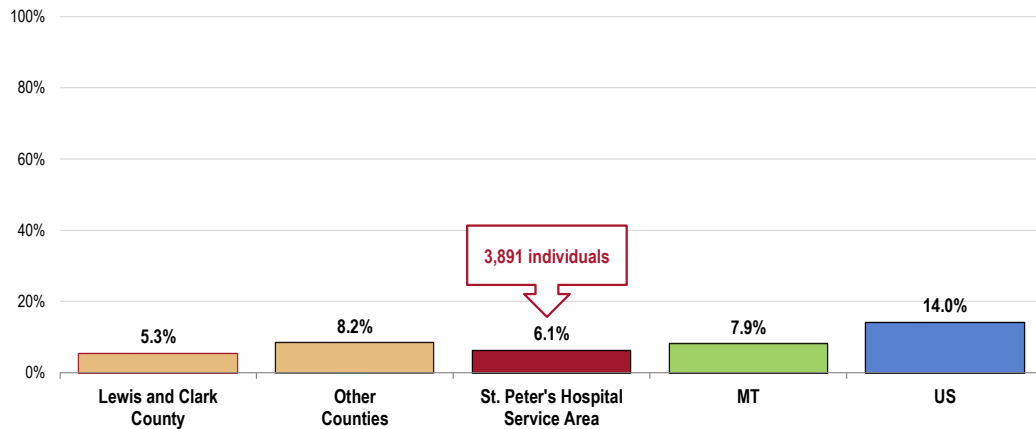
Education

Among the St. Peter’s Hospital Service Area population age 25 and older, an estimated 6.1% (over 3,800 people) do not have a high school education.

- More favorable than found both statewide and nationally.
- Favorably lower in Lewis and Clark County.

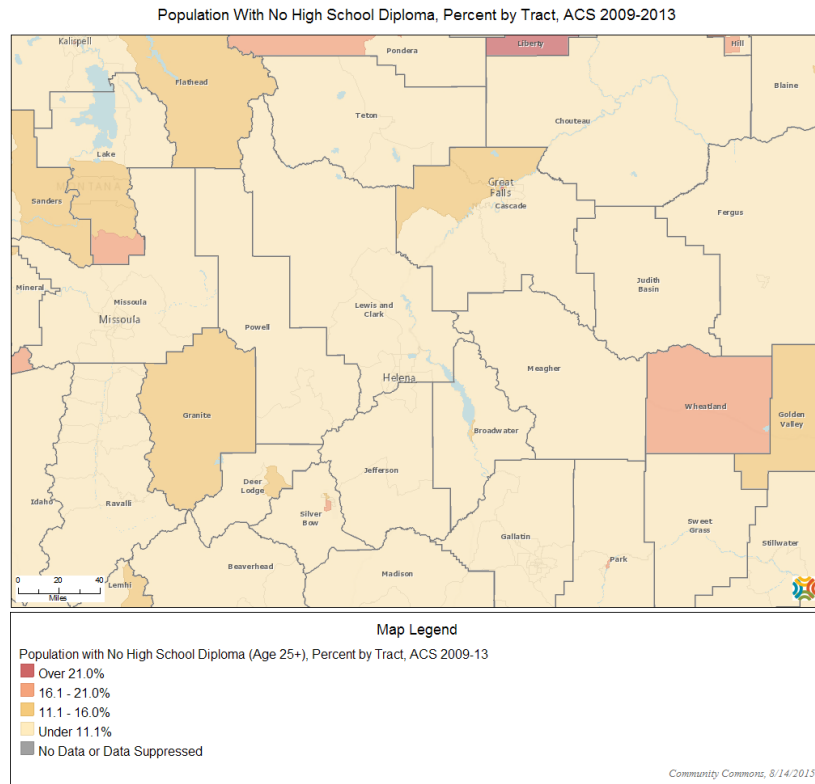
Population With No High School Diploma

(Population Age 25+ Without a High School Diploma or Equivalent, 2009-2013)



Sources: • US Census Bureau American Community Survey 5-year estimates (2009-2013).
 • Retrieved August 2015 from Community Commons at <http://www.chna.org>.
 Notes: • This indicator is relevant because educational attainment is linked to positive health outcomes.
 • *Other Counties* include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

- Geographically, the indicator does not appear to vary widely by county.



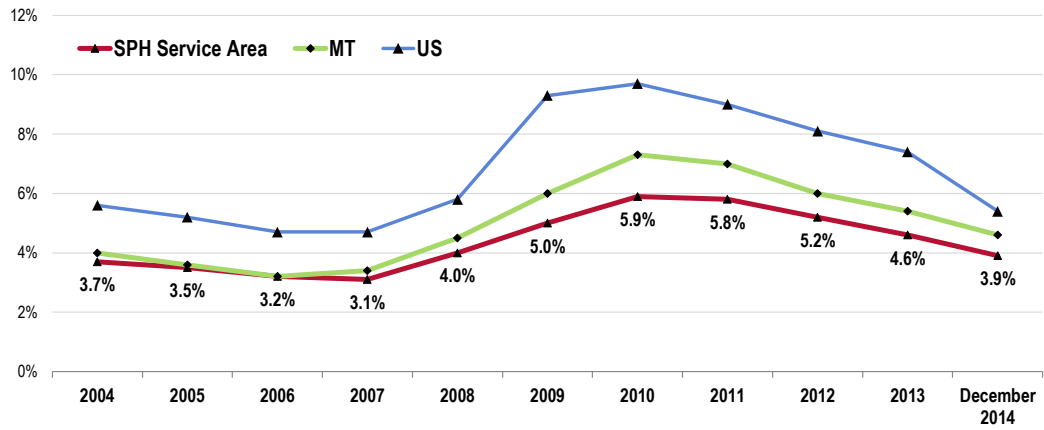
Employment

According to data derived from the US Department of Labor, the unemployment rate in the St. Peter’s Hospital Service Area in December 2014 was 3.9%.

- More favorable than the statewide unemployment rate.
- More favorable than the national unemployment rate.
- TREND: Unemployment for St. Peter’s Hospital Service Area trended downward between 2010 and 2014, echoing the state and national trends.

Unemployment Rate

(Percent of Non-Institutionalized Population Age 16+ Unemployed, Not Seasonally-Adjusted)



- Sources:
- US Department of Labor, Bureau of Labor Statistics.
 - Retrieved August 2015 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

General Health Status



Professional Research Consultants, Inc.

Overall Health Status

Self-Reported Health Status

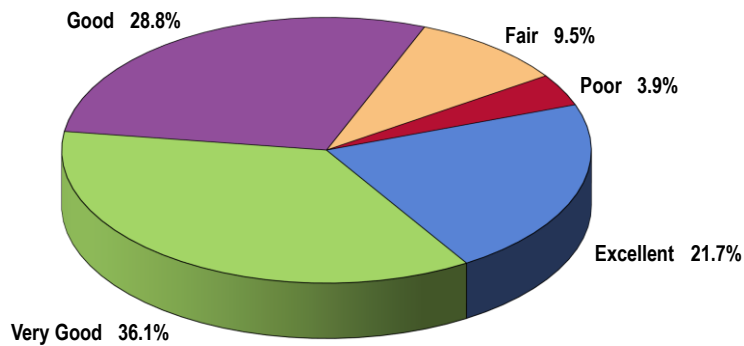
A total of 57.8% of St. Peter’s Hospital Service Area adults rate their overall health as “excellent” or “very good.”

- Another 28.8% gave “good” ratings of their overall health.

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
(St. Peter's Hospital Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.

However, 13.4% of St. Peter’s Hospital Service Area adults believe that their overall health is “fair” or “poor.”

- Statistically similar to statewide findings.
- Statistically similar to the national percentage.
- Favorably low in Lewis and Clark County.
- TREND: No statistically significant change has occurred when comparing “fair/poor” overall health reports to previous (2012) survey results.

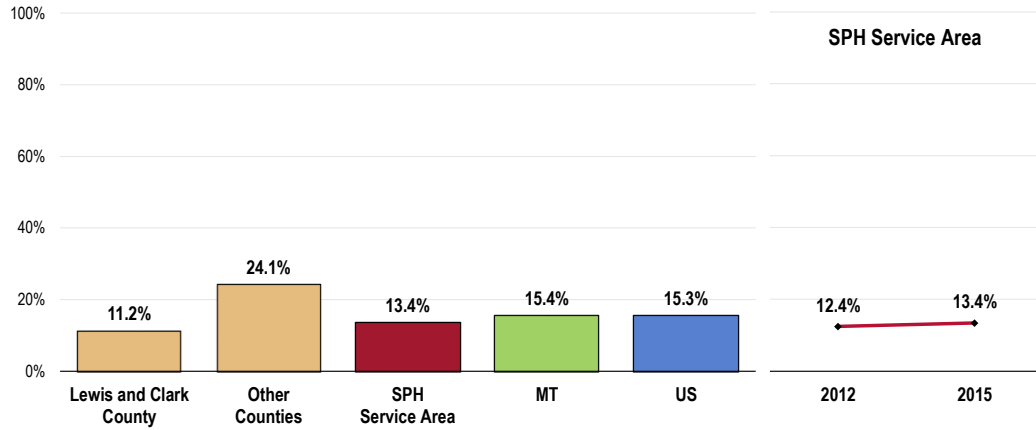
NOTE:

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

Where sample sizes permit, community-level data are provided.

Trends are measured against baseline data – i.e., the earliest year that data are available or that is presented in this report.

Experience “Fair” or “Poor” Overall Health



Sources: • PRC Community Health Surveys, 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): 2013 Montana data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

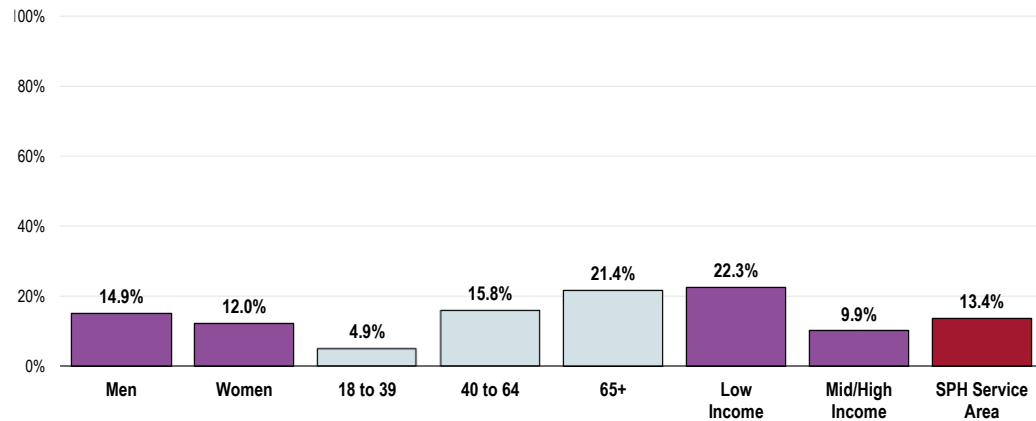
Notes: • Asked of all respondents.
 • "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

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

- Those age 40 and older (note the positive correlation with age).
- 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 Hospital Service Area, 2015)



Sources: • 2015 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

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

About Disability & Health

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.

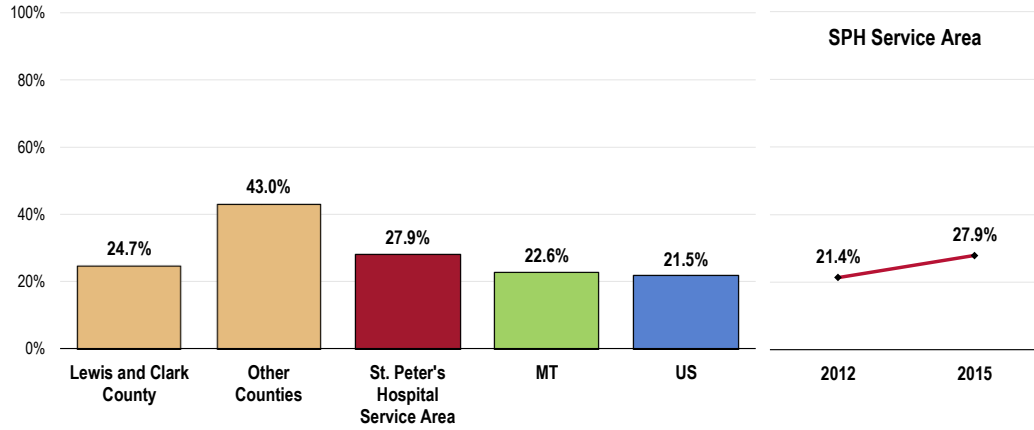
- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.
- **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 27.9% of St. Peter's Hospital Service Area adults are limited in some way in some activities due to a physical, mental or emotional problem.

- Less favorable than the prevalence statewide.
- Less favorable than the national prevalence.
- Unfavorably high in the Other Counties.
- TREND: Marks a statistically significant increase in activity limitations since 2012.

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



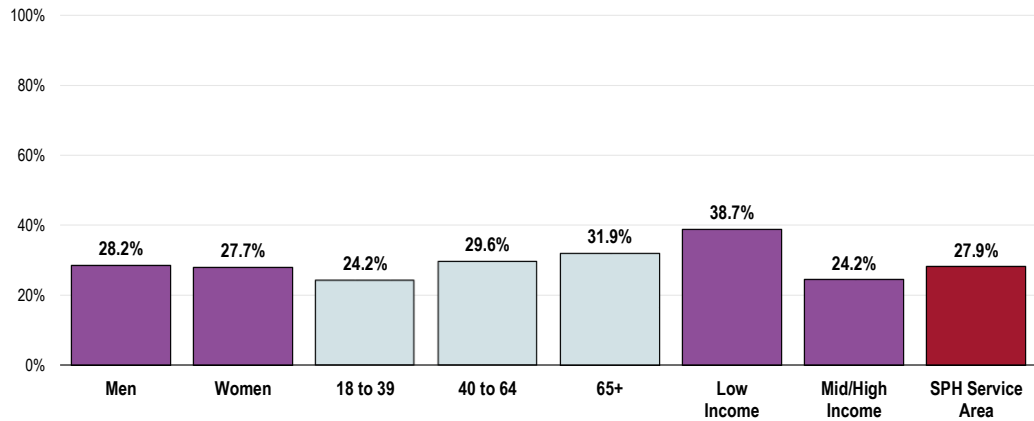
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 105]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Montana data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
 • "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

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

- Residents in households with lower annual incomes are more likely than those with higher incomes to report activity limitations.

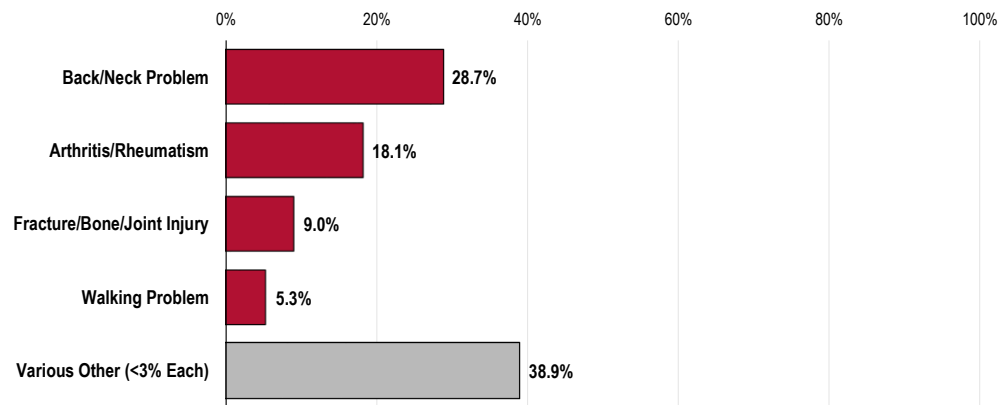
Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem (St. Peter's Hospital Service Area, 2015)



Sources: • 2015 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.

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

Type of Problem That Limits Activities
 (Among Those Reporting Activity Limitations; St. Peter's Hospital Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]
 Notes: • Asked of those respondents reporting activity limitations.

Mental Health

RELATED ISSUE:

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

About 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.

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 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 in 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, 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)

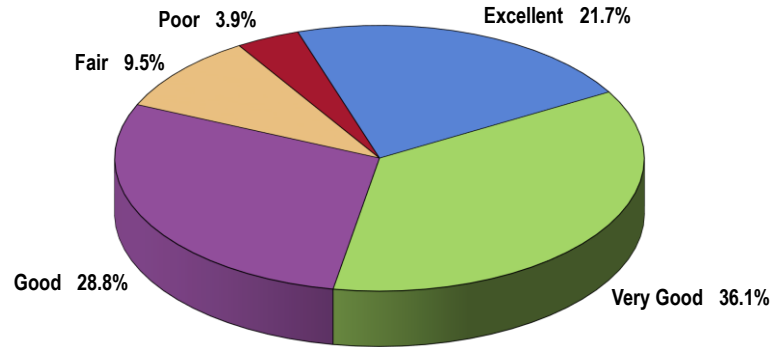
Self-Reported Mental Health Status

A total of 57.8% of St. Peter’s Hospital Service Area adults rate their overall mental health as “excellent” or “very good.”

- Another 28.8% gave “good” ratings of their own 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?”

Self-Reported Mental Health Status
(St. Peter's Hospital Service Area, 2015)

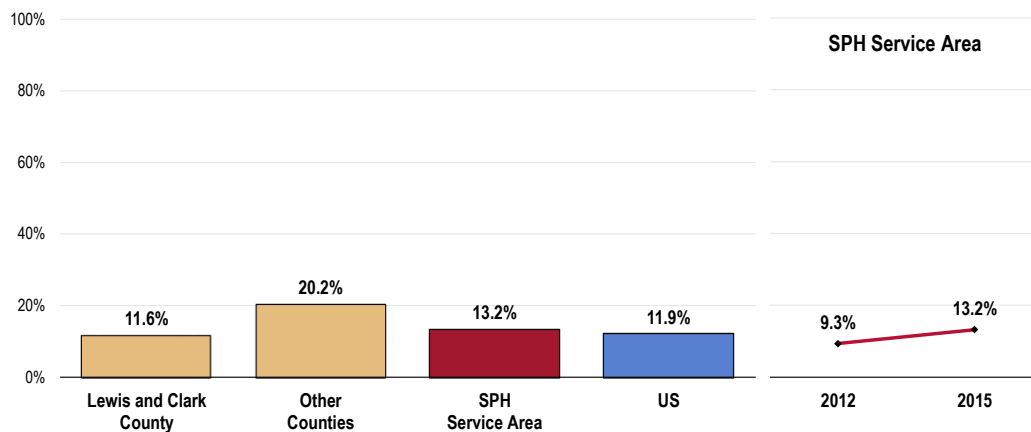


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
Notes: • Asked of all respondents.

A total of 13.2% 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.
- Statistically similar findings by subarea.
- TREND: Statistically unchanged since 2012.

Experience “Fair” or “Poor” Mental Health

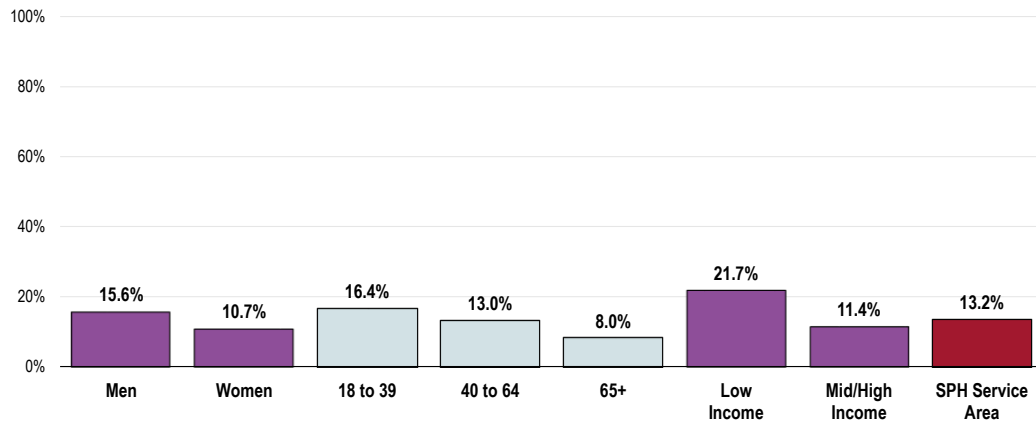


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 100]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
• “Other Counties” include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

- Note the negative correlation between poor mental health and age.

- Low-income residents are more likely to report experiencing “fair/poor” mental health than those with higher incomes.

Experience “Fair” or “Poor” Mental Health (St. Peter's Hospital Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]

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.

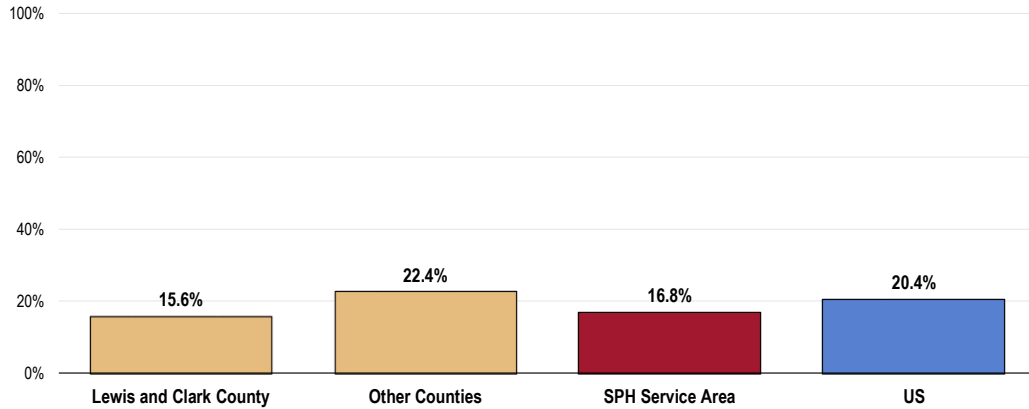
Depression

DIAGNOSED DEPRESSION

A total of 16.8% of St. Peter's Hospital Service Area adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

- Similar to the national finding.
- Statistically similar by subarea.

Have Been Diagnosed With a Depressive Disorder

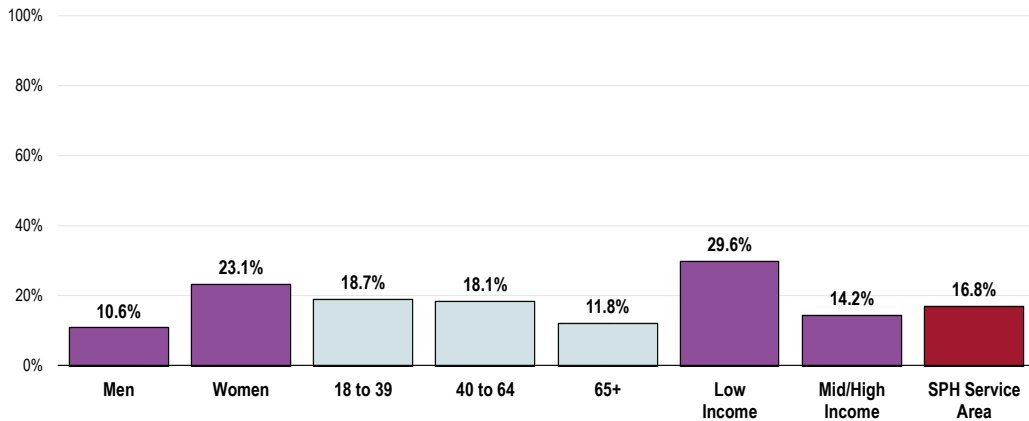


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Depressive disorders include depression, major depression, dysthymia, or minor depression.
 • "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

The prevalence of diagnosed depression is notably higher among:

- Women.
- Adults under 65 (negative correlation with age).
- Community members living at lower incomes.

Have Been Diagnosed With a Depressive Disorder (St. Peter's Hospital Service Area, 2015)



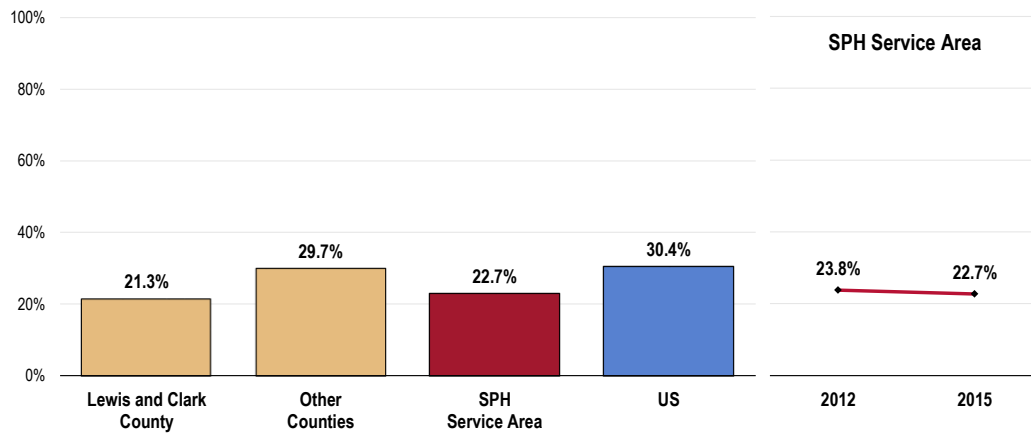
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]
 Notes: • Asked of all respondents.
 • Depressive disorders include depression, major depression, dysthymia, or minor depression.
 • Income categories reflect respondent's household income as a ratio to the 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 22.7% 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 (symptoms of chronic depression).

- More favorable than national findings.
- Statistically similar findings by subarea.
- TREND: Statistically unchanged since 2012.

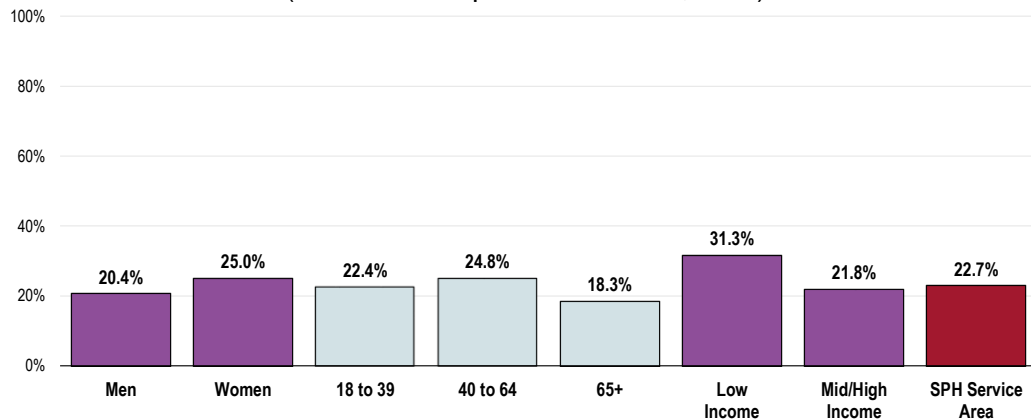
Have Experienced Symptoms of Chronic Depression



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 101]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.
 • "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

No statistically significant differences when viewed by demographic characteristics.

Have Experienced Symptoms of Chronic Depression (St. Peter's Hospital Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
 Notes: • Asked of all respondents.
 • Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.
 • 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

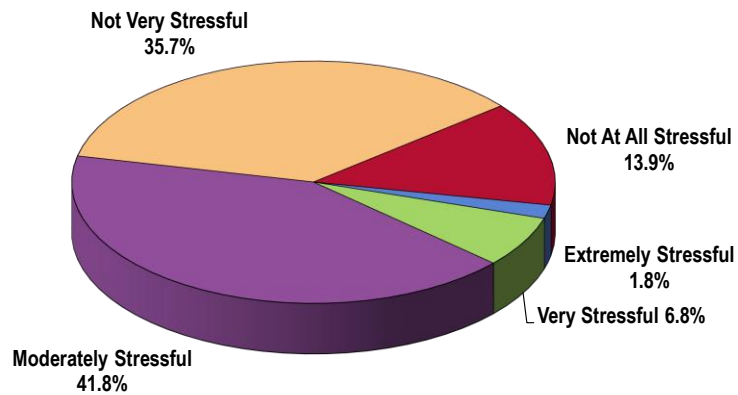
One-half of service area adults considers their typical day to be “not very stressful” (35.7%) or “not at all stressful” (13.9%).

RELATED ISSUE:

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

- Another 41.8% of survey respondents characterize their typical day as “moderately stressful.”

Perceived Level of Stress On a Typical Day
(St. Peter's Hospital Service Area, 2015)

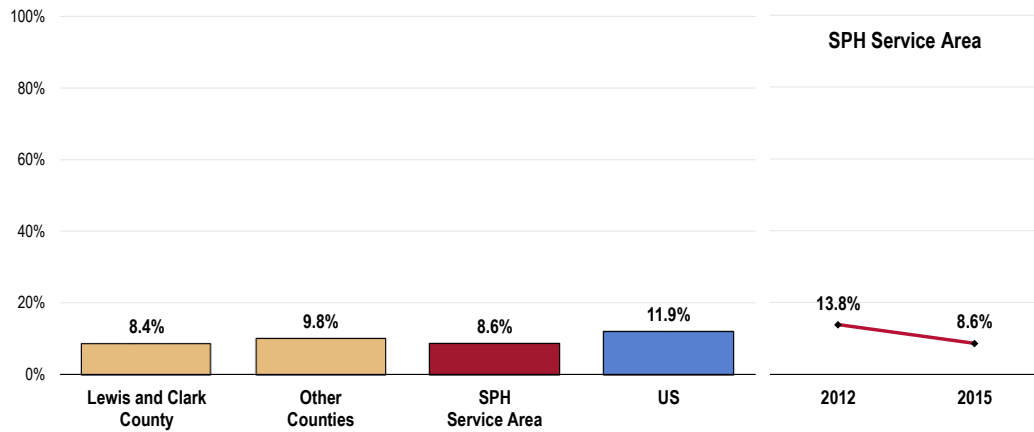


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
Notes: • Asked of all respondents.

In contrast, 8.6% of St. Peter’s Hospital Service Area adults experience “very” or “extremely” stressful days on a regular basis.

- More favorable than national findings.
- Comparable findings by area.
- TREND: Marks a statistically significant decrease since 2012.

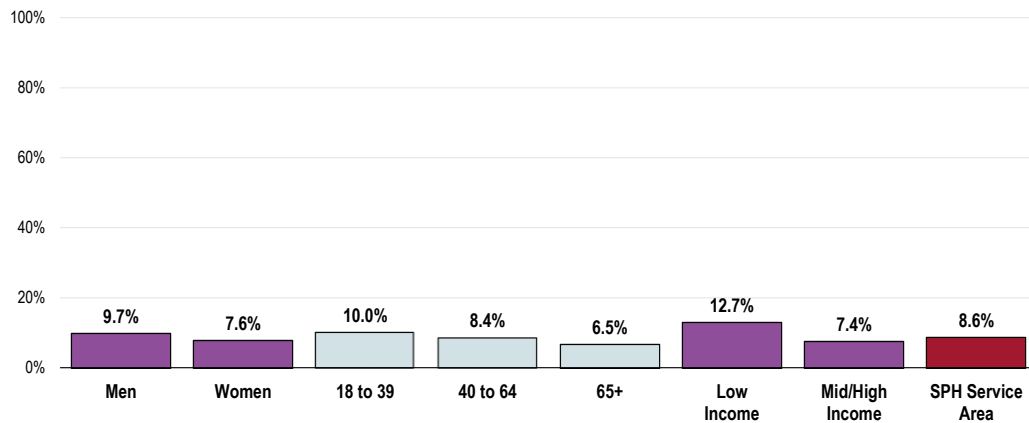
Perceive Most Days As “Extremely” or “Very” Stressful



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 102]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • “Other Counties” include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

- Comparable stress levels are reported by demographics, as shown in the following chart.

Perceive Most Days as “Extremely” or “Very” Stressful (St. Peter's Hospital Service Area, 2015)

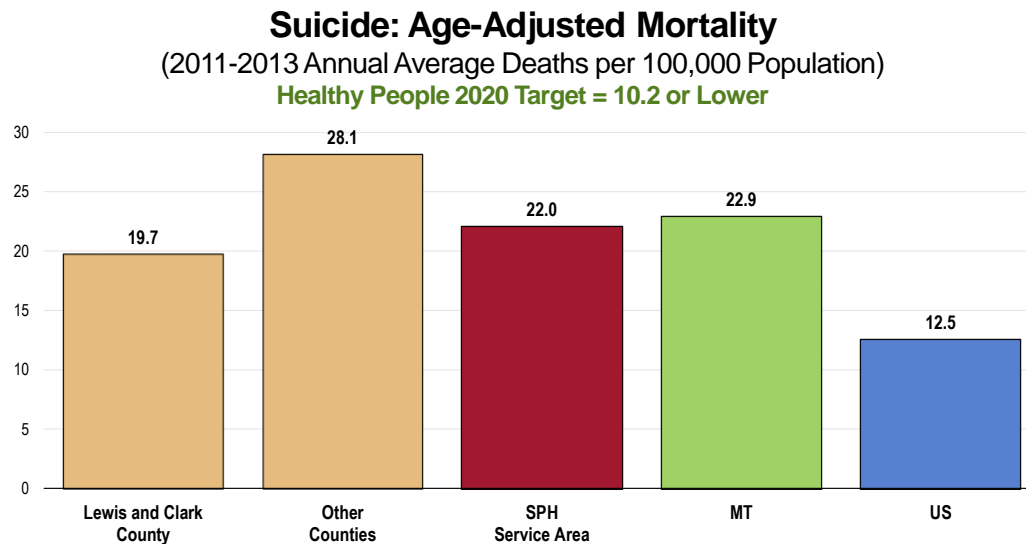


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with 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.

Suicide

Between 2011 and 2013, there was an annual average age-adjusted suicide rate of 22.0 deaths per 100,000 population in the St. Peter's Hospital Service Area.

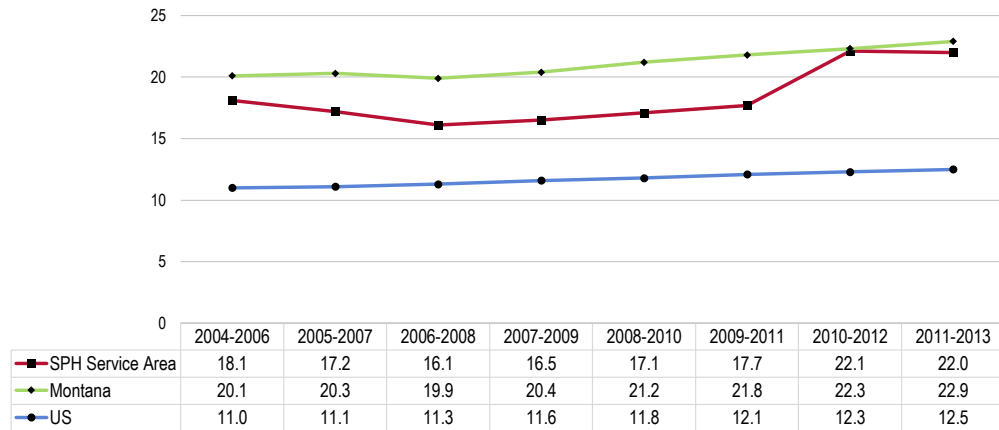
- Similar to the statewide rate.
- Higher than the national rate.
- Fails to satisfy the Healthy People 2020 target of 10.2 or lower.
- Higher in the Other Counties.



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-1]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

- **TREND:** The area suicide rate has overall trended upward over the past decade; note the steady increase over time for Montana and the US as well.

Suicide: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 10.2 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-1]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

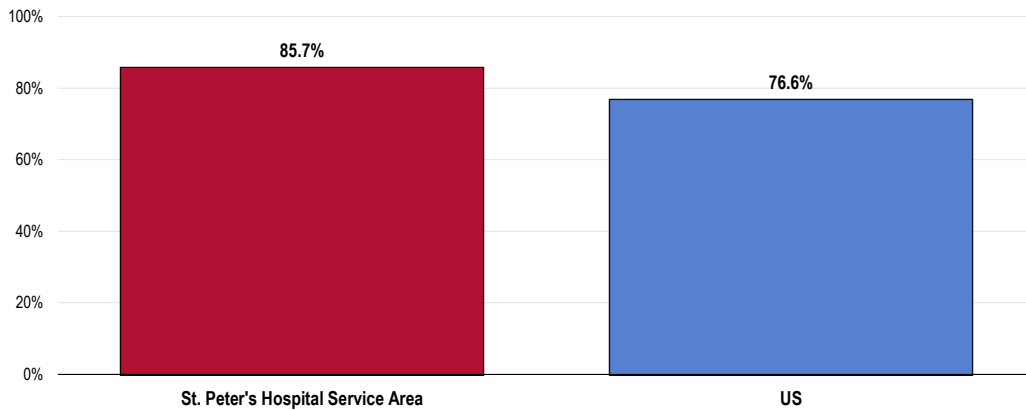
Mental Health Treatment

Among adults with a diagnosed depressive disorder, 85.7% acknowledge that they have sought professional help for a mental or emotional problem.

- Similar to national findings.

“Diagnosed depressive disorder” includes respondents reporting a past diagnosis of a depressive disorder by a physician (such as depression, major depression, dysthymia, or minor depression).

Adults With Diagnosed Depression Who Have Ever Sought Professional Help for a Mental or Emotional Problem (Among Adults With Diagnosed Depressive Disorder)

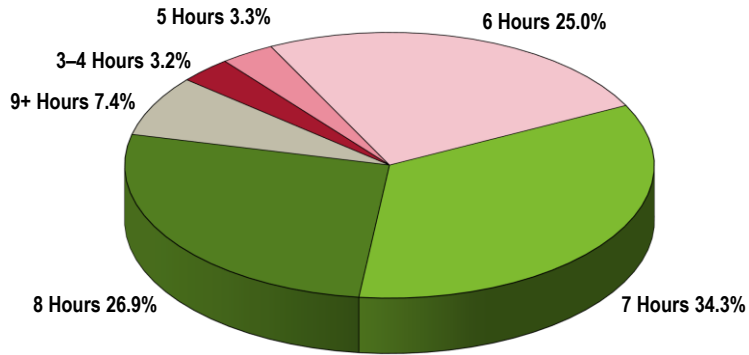


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 123]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Reflects those respondents with a depressive disorder diagnosed by a physician (such as depression, major depression, dysthymia, or minor depression).

Sleep

Nearly 7 in 10 service area residents (68.6%) average at least 7 hours of sleep per night.

Average Hours of Sleep Per Night
(St. Peter's Hospital Service Area, 2015)

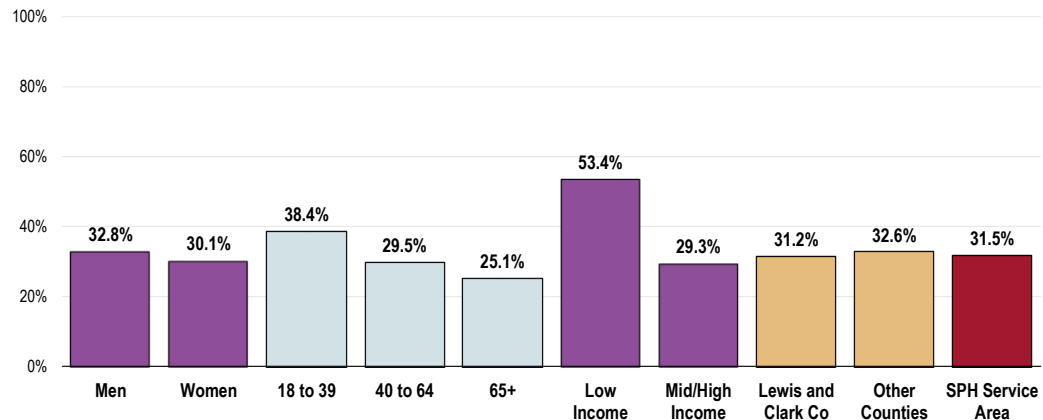


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 309]
Notes: • Asked of all respondents.

On the other hand, note that 31.5% of area adults report getting fewer than 7 hours of sleep on an average night.

- Similar findings by area.
- By demographics: notably high among younger adults (negative correlation with age) and low-income residents.

Sleep Less Than 7 Hours on an Average Night
(St. Peter's Hospital Service Area, 2015)

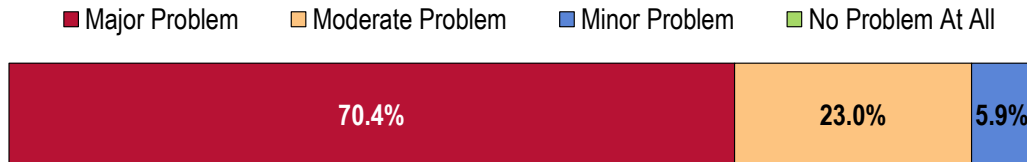


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 309]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Mental Health

A full 7 in 10 key informants taking part in an online survey characterized **Mental Health** as a “major problem” in the community.

Perceptions of Mental Health as a Problem in the Community (Key Informants, 2014)



Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

CHALLENGES

Among those rating this issue as a “major problem,” the following represent what key informants see as the main challenges for persons with mental illness:

Lack of Resources

Growing problem without the resources to manage the disease. – Community/Business Leader

The lack of resources and facilities to address individuals with mental illness. – Community/Business Leader

Getting help, accepting help. Many do not want help but desperately need it. Enough facilities that will take them. Sometimes there aren't enough beds at St. Pete's or at the Center for Mental Health. Many times, law enforcement are dealing with it either locally or transporting to Warm Springs or other locations. – Community/Business Leader

In my experience, access to good mental health resources is limited. The Helena community and many others nationwide must dedicate more resources toward mental health concerns in the community, both for adults and children. Like cancer, mental health is a deadly disease and must be addressed as such. – Other Health

Lack of resources including psychiatrists in Helena. – Social Services

Insufficient inpatient and outpatient psychiatrists. – Physician

There are not enough psychiatrists anywhere in the state to fill the demand, especially for those on Medicare and Medicaid. – Physician

We are severely short on mental health professionals. It is very difficult to impossible to access mental health care for many patients in need. The waiting times to get into the existing mental health professionals is quite long. – Physician

There is a huge lack of mental health professionals who can address issues for very young children and their parents in an appropriate manner. – Social Services

There is not enough access to help for mental health. Some people are lucky and are well monitored, but many others do not have the help they need. – Physician

There is a long wait for people to access mental health care. People with no insurance or means to pay for mental health care have very few options. – Public Health

Limited resources. I work with homeless people. I help them fill out the application for the Center for Mental Health. Then they are told to come to the Thursday "Open Access" from 7:30- 11:30. More often than not they are advised to come back the next Thursday as CMH filled their quota for "Open Access" by 7:15 a.m. It may take up to 4 Thursdays before they get through the Intake process. The next problem occurs if they do not have a current picture ID. They are put on hold until they can get the current ID. It is harder and harder to get the

documents required to get an ID from the state. Sending for an out of state BC requires time, money, and acceptable documentation of who you are. Some states (like CA) take up to 180 days to get a BC through the mail. Most people I work with do not have a credit card, nor can afford, the extra cost of trying to get the BC expedited. This is usually another \$40.00-\$50.00 and required a credit card. Often a homeless person has had to move on. – Social Services

We need more facilities with trained personnel to house and treat the mentally ill. We need in house personnel that can deal with someone in a mental health crisis. Currently, the amount of time Law Enforcement spends dealing with the mentally ill is significant. Having a place that Law Enforcement can drop off a person in crisis to get the professional help they need, without having to stay on scene with the person waiting hours for them to be seen would be ideal. This would allow Law Enforcement personnel to be much more efficient in their overall duties. – Other Health

Lack of available crisis management services. – Community/Business Leader

Lack of inpatient, outpatient and funding. – Physician

Emergency and long-term services. – Community/Business Leader

Besides Shodair and Intermountain who only see pediatric patients there are not long term or crisis care facilities in Helena. – Community/Business Leader

No funding is set aside for mental health, and mental health affects the way people behave. They engage in behaviors like drug use or violence and end up clogging our jails rather than getting the help they need to lead quality lives. The challenges for people with mental health are access to care and perceived social stigmas about being diagnosed with mental health issues. – Other Health

Montana in general has an antiquated system that fails to have a dual diagnosis model of treatment. Substance abuse and mental health treatment are still soloed. We need better integration. We also need more emergency beds and longer term care that is not part of the criminal justice system. Stigmatization is an issue. – Public Health

Can't find a doctor who does "talk therapy" in addition to "prescription therapy." They do one or the other, and insurance issues are always a burden. – Physician

Our community lacks in mental health resources in nearly every aspect. Individuals have to jump a lot of hoops to get anywhere. Way too much bureaucracy. – Community/Business Leader

Housing, getting into to be seen during a crisis. – Community/Business Leader

Not enough services. Not enough buy in and resources for screening/tx of perinatal mood disorders. Not enough funding. Pure View needs to expand their mental health services, need more social workers at the county to meet people where they are. Co-occurring, housing issues, high ACE scores, too much meth. – Public Health

Huge lack of services. Frustrating lack of services. – Other Health

The demand for mental health services far surpasses the services available. We have made great progress in recent years but still have much more that is needed to get to a seamless continuum of care. – Community/Business Leader

Access to a spectrum of services. Short-term, long-term, inpatient, outpatient. – Community/Business Leader

Lack of resources and lack of community understanding. – Community/Business Leader

Lack of treatment facilities to address a perceived problem with mental health issues in the community. – Community/Business Leader

The lack of professional treatment staff and facilities. – Community/Business Leader

Insufficient treatment programs in Montana. – Other Health

The lack of a robust and sustainable program that serves the complex social problem in our community. When acute care or a sustainable program is not readily available, and law enforcement or correctional facility become the solution. – Community/Business Leader

Limited behavioral health solutions available in our community. – Public Health

There are no establishments to care for these patients. These patients sit for hours waiting for service. – Other Health

Access to Care

Access, identification and treatment, day-to-day supervision of people needing medication. Mental health is so hugely underfunded. The money needs to go into programs that offer direct

services rather than agencies that talk about it. – Other Health

Access to care, stigma of mental health in terms of people accessing care, continuity of care, transportation to care, lack of providers. – Social Services

Access to services, along with the resources and mental health professionals needed to have availability to use mental health services. – Other Health

Getting into a provider. Lack of services. Transportation to the appointment. Paying for medications. – Other Health

Access to care, stigma. – Public Health

Access to affordable care. – Public Health

Access to affordable mental health services and transportation to services. Lack of providers is also a problem. – Other Health

Finding good psychiatric care. – Physician

Access to care. Getting in to a provider as very few providers accepting Medicaid/Medicare.

Payment for care, insurance including private as well as Medicare, Medicaid often poor coverage or no coverage for services particularly counseling services. – Physician

Access to mental health services seems difficult. Continuity of care seems to be an on-going issue in our community. Access and affordability are significant issues as well. – Public Health

Lack of access, only a limited number of psychiatrists and some do not take Medicare, Medicaid. – Physician

Access to services. – Public Health

Access to services. – Public Health

No access to treatment, expensive medications. Lack of psychiatrists. – Social Services

It is very difficult to access psychiatrists for adolescents as outpatients. Wait lists are long.

Those who need acute inpatient care will often spend two to three days in the community hospital awaiting acute inpatient psychiatric care. This is not beneficial to the patients or their families. – Physician

Access to specialists, Shodair and Behavioral Health Unit very crowded. – Physician

Access to providers. – Public Health

Access to care, payment for care, crisis services, ability to pay for medication. Stigma. – Community/Business Leader

Access to care due to financial constraints and number of mental health providers. – Public Health

Access for both those insured and uninsured. – Physician

Access to psychiatrist(s) for medications. Access to regular mental health services and access to crises services which do not result in commitment to the Montana State Hospital, but offers supports to stabilize in this community. – Social Services

Access to support counselor, in home support, case management, connecting with services to increase independence/functioning. – Social Services

Access to welcoming, caring, compassionate evidenced-based treatment. – Other Health

Affordable access to on-going care, both from service providers and residential services.

Those with severe issues end up in jail because of a lack of alternatives. –

Community/Business Leader

Uninsured or government insured patients have few options for mental health care. The Center For Mental Health has a 14 page long packet that needs to be filled out before the patient can self-refer which many of these people are not capable of doing this due to their mental health problems. – Physician

It is very hard to access mental health services if you do not have insurance. I have watched clients wait three to four months before receiving services from local organizations. Then it is hard to see mental health providers more than monthly, which is not enough for people with serious mental health conditions and high experiences of trauma. – Public Health

Very poor access to outpatient mental health services including psychiatry and counseling. – Physician

Accessing mental health centers. – Other Health

Identifying that mental health is a problem. Access to available care. This is a tough issue for law enforcement in Helena as some offenders are violent. – Other Health

Access to care. Compliance with medication. Compliance with follow up services. Knowledge of signs and symptoms. – Other Health
Access. – Physician

Stigma

There is still a stigma attached to Mental Health. Access to care is not good. – Community/Business Leader

The biggest challenge is overcoming the stigma of mental health and asking for help and the cost of seeking help. – Community/Business Leader

Stigma. For kids, there aren't enough beds. There is not a decent transition plan from treatment back to school. Often times kids are sent back to school and they sit in the office because they can't go back to class and they can't be left alone. Teachers don't know what to do with kids who are struggling to be mentally well and the school administration won't accept offers from the community to provide training, so the kids continue to suffer. There was one mental wellness awareness campaign that worked for the first year, but nothing was done to continue the training. The data continues to show that 20% of kids have a plan to commit suicide. There was a federal grant to address mental health issues, but the school district chose not to apply. Kids' mental health is not a priority. There is screening, but it's an opt in rather than opt out. Middle class kids' parents can't afford the co-pay to get treatment. Often transportation is an issue for appointments during the day or out of town. – Social Services

Stigma of seeking help for many mental health issues. Inability to afford private counseling or inpatient mental health services. – Social Services

Stigma, lack of adequate community based services; lack of access to prescribers. – Community/Business Leader

Stigma. Poor system, systemic flaws. – Community/Business Leader

Awareness. Still stigma about mental health issues in Montana. – Physician

There is a stigma about mental health. It makes people more reluctant to seek treatment, more so than people seeking treatment for physical ailments. – Community/Business Leader

STIGMA. – Community/Business Leader

Lack of Community Support

I believe the majority of the people do not recognize the need for treatment for those with mental health issues. Far too many people are slipping through the cracks as they aren't being properly diagnosed and treated. – Community/Business Leader

I think this is one of the biggest problems we have in our community right now. With all the technology and changes as well as challenges that students face. We face a real challenge in knowing where to start. Students come to college from various backgrounds, states, broken homes, drug and alcohol addictions that began at an early age. They are depressed, have bipolar and a variety of mental illnesses. Bipolar, attempted suicides, cutting and problems that take a lot of time and patience in getting help for them. Many illnesses are not covered by insurances so are an added financial strain for families, some end up doing something that end up in jail because there is no place to put them as far as rehabilitation. There are not enough well educated counselors or any that have any times available longer than the patient should wait, and psychologists are few and far between as well as out of the finances that families can afford. I could expound even more but we are really in need. – Community/Business Leader

Lack of cooperative agreements between agencies that serve individuals with mental health problems. I feel that there needs to be more communication and understanding between schools and mental health service providers. It seems to me that these entities act alone unless a family member asks for this communication. We do not identify and serve these individuals with the degree of need they might have, and we fail to address this as a problem. – Public Health

Lack of public sympathy/empathy for mental health-related diseases and experiences. Lack of funding for facilities to house people who might do themselves or others injury or even for people who need respite and counseling. Lack of qualified staff to do the caring for of these people. Social stigma. Cost associated with short- and long-term care. – Social Services

So many people have mental health issues with very little support. – Public Health

There is a huge disconnect in our community with mental health crisis and continued care. Often times, a person will have a hard time getting the professional care that is necessary, and if they are able to get emergent care. The follow up is lacking. – Other Health

Number-One Health Issue in Our County

Mental health was identified as the number one health priority during a recent community health improvement planning process. Our community has a significantly higher rate of suicide among adults than the nation and the Healthy People 2020 target. Suicide attempts among area high school students are also significantly higher than among Montana and American high school students. – Public Health

Mental health affects many individuals and families. If not treated can affect the individual, their family and community. – Social Services

Mental health is the number one health issue facing the Lewis and Clark County. – Community/Business Leader

Mental health touches just about everyone in our county. We all know individuals that are living with mental illness. Mental illness is a cause of work absence, quality of life. – Public Health

Many homeless and transient people, war veterans begging on the streets. Public ignorance of mental health issues. – Community/Business Leader

Youth

NAMI only focuses on adults or psychiatric problems, not kids who struggle being mentally well. The school district doesn't have the time, space, or commitment to kids who struggle with depression. Lots of suicides by young people. Need the school district to work harder on identifying kids and getting help to them. – Other Health

Staff education, screening for depression in the high schools. – Public Health

Recently the youth home, which address adolescent mental health issues closed leaving a gap in the service area. – Other Health

Broken System

The mental health system in the community is broken. There are far too many people who need help and no resources. This is an area that had been getting progressively worse, even though more and more money is being thrown at the problem. This is especially true when dealing with people in crisis. – Community/Business Leader

***Death, Disease & Chronic
Conditions***

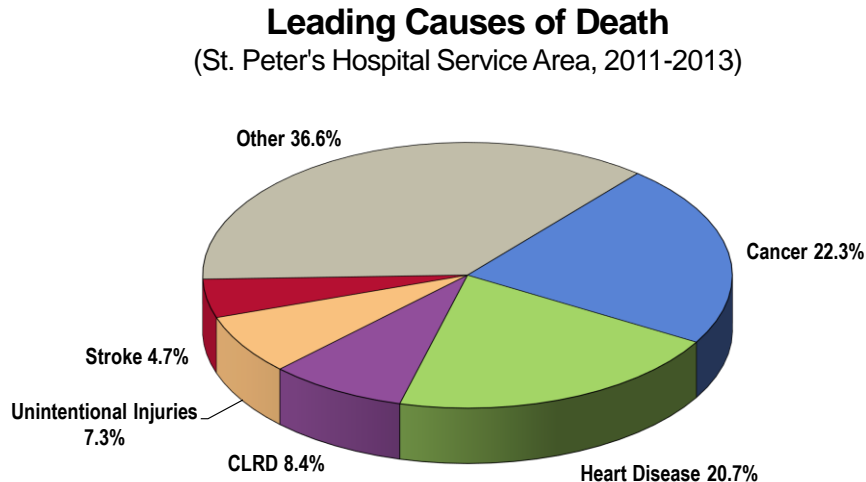


Professional Research Consultants, Inc.

Leading Causes of Death

Distribution of Deaths by Cause

Together, cardiovascular disease (heart disease and stroke) and cancers accounted for nearly one-half of all deaths in the St. Peter's Hospital Service Area between 2011 and 2013.



- Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• CLRD is chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

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

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these “age-adjusted” rates provides the most valuable means of gauging mortality against benchmark data, as well as *Healthy People 2020* targets.

The following chart outlines 2011-2013 annual average age-adjusted death rates per 100,000 population for selected causes of death in the St. Peter's Hospital Service Area.

For infant mortality data, see *Birth Outcomes & Risks* in the **Births** section of this report.

Note that age-adjusted mortality rates in the St. Peter's Hospital Service Area are worse than national rates for suicide, chronic lower respiratory disease (CLRD), unintentional injuries (including motor vehicle accidents), firearms, and drug-related deaths.

Of the causes outlined in the following chart for which Healthy People 2020 objectives have

been established, St. Peter's Hospital Service Area rates fail to satisfy the related goals for suicide, unintentional injuries (including motor vehicle accidents), firearms, and drug-related deaths.

Age-Adjusted Death Rates for Selected Causes (2011-2013 Deaths per 100,000 Population)

	St. Peter's Hospital Service Area	Montana	US	HP2020
Malignant Neoplasms (Cancers)	157.4	158.0	166.2	161.4
Diseases of the Heart	147.6	154.1	171.3	156.9*
Chronic Lower Respiratory Disease (CLRD)	61.6	50.7	42.0	n/a
Unintentional Injuries	57.6	55.8	39.2	36.4
Cerebrovascular Disease (Stroke)	35.0	36.2	37.0	34.8
Intentional Self-Harm (Suicide)	22.0	22.9	12.5	10.2
Diabetes Mellitus	18.2	19.9	21.3	20.5*
Drug-Induced	17.6	14.9	14.1	11.3
Motor Vehicle Deaths	16.3	19.9	10.7	12.4
Firearm-Related	16.1	16.6	10.4	9.3
Alzheimer's Disease	13.4	20.7	24.0	n/a
Pneumonia/Influenza	13.2	13.8	15.3	n/a
Cirrhosis/Liver Disease	8.1	12.3	9.9	8.2
Kidney Diseases	6.2	9.0	13.2	n/a
Homicide/Legal Intervention (2004-2013)	3.0	3.3	5.7	5.5

Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.

- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>.

Note:

- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population and coded using ICD-10 codes.
- *The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-coded deaths.

Cardiovascular Disease

About Heart Disease & Stroke

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)

Age-Adjusted Heart Disease & Stroke Deaths

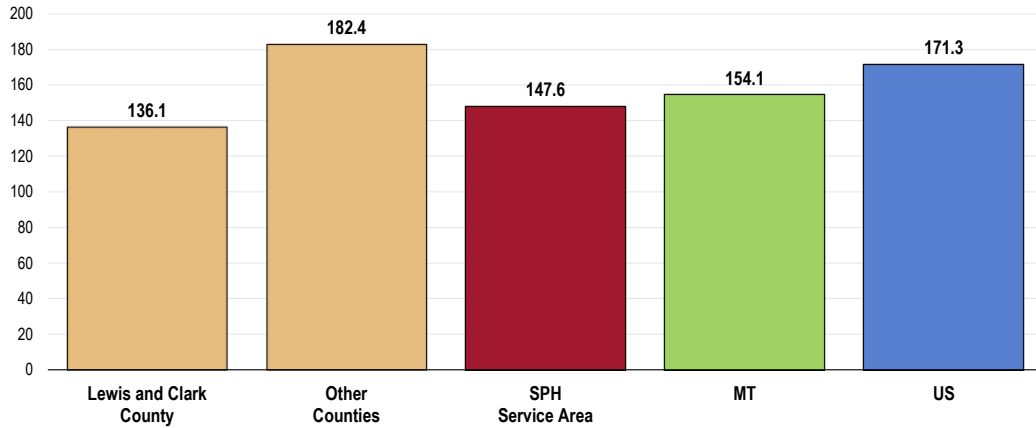
HEART DISEASE DEATHS

Between 2011 and 2013 there was an annual average age-adjusted heart disease mortality rate of 147.6 deaths per 100,000 population in the St. Peter's Hospital Service Area.

- Comparable to the statewide rate.
- Lower than the national rate.
- Satisfies the Healthy People 2020 target of 156.9 or lower (as adjusted to account for all diseases of the heart).
- Unfavorably high in the Other Counties.

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

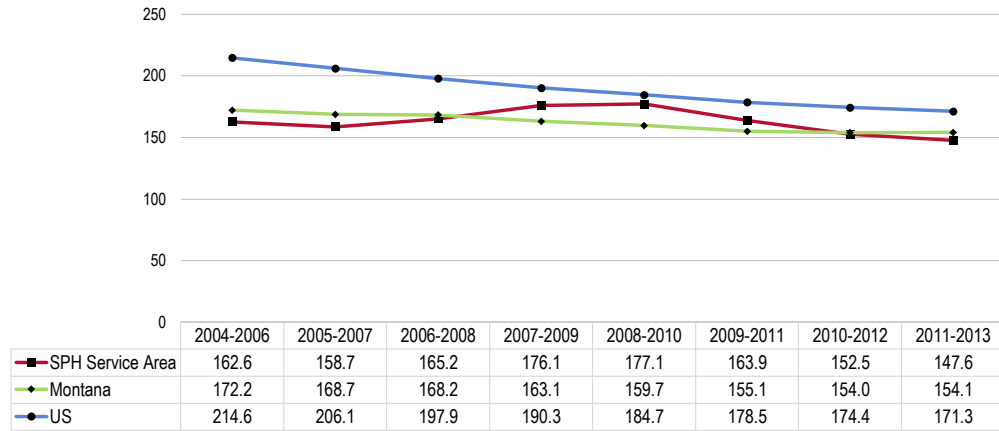
Heart Disease: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 156.9 or Lower (Adjusted)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.
 - "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

- **TREND:** The area heart disease mortality rate has declined in recent years, despite increases in the late 2000s.

Heart Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 156.9 or Lower (Adjusted)



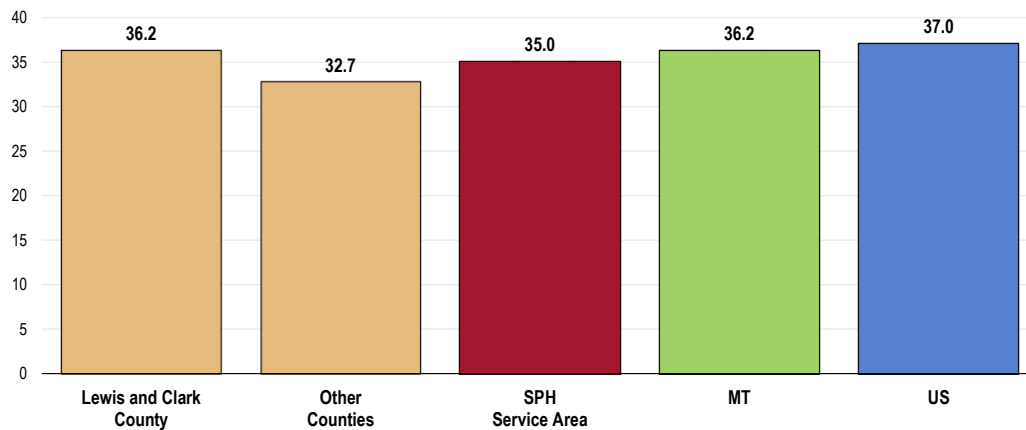
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

STROKE DEATHS

Between 2011 and 2013, there was an annual average age-adjusted stroke mortality rate of 35.0 deaths per 100,000 population in the St. Peter's Hospital Service Area.

- Similar to the Montana rate.
- More favorable than the national rate.
- Similar to the Healthy People 2020 target of 34.8 or lower.
- Favorably lower in the Other Counties.

Stroke: Age-Adjusted Mortality
 (2011-2013 Annual Average Deaths per 100,000 Population)
 Healthy People 2020 Target = 34.8 or Lower



Sources:

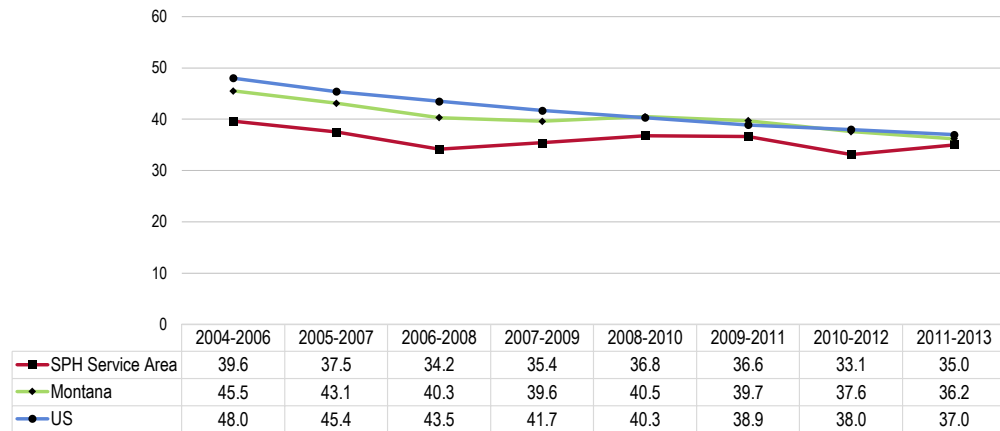
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]

 Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- *Other Counties* include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

- **TREND:** The stroke mortality rate has generally declined in the service area and has remained consistently below state and national rates over the past decade.

Stroke: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 34.8 or Lower



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]
 Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 ● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

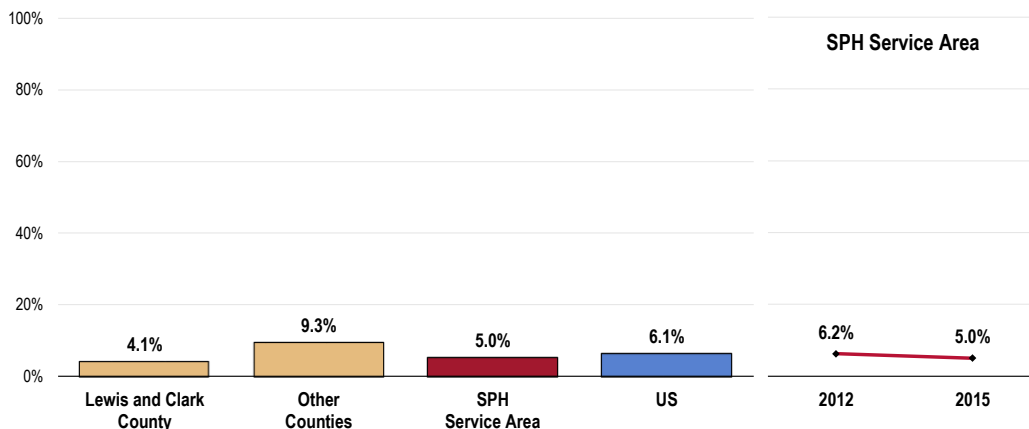
Prevalence of Heart Disease & Stroke

PREVALENCE OF HEART DISEASE

A total of 5.0% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

- Similar to the national prevalence.
- Similar findings by area.
- TREND: Statistically unchanged since 2012.

Prevalence of Heart Disease

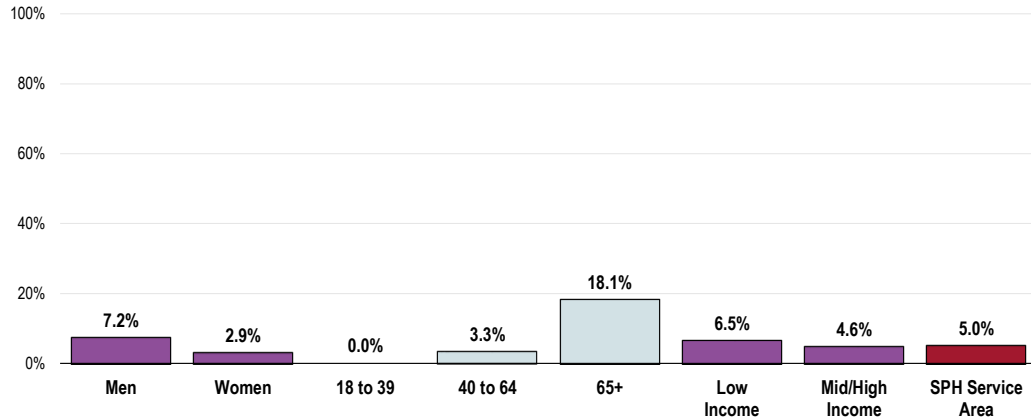


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 124]
 ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: ● Asked of all respondents.
 ● Includes diagnoses of heart attack, angina or coronary heart disease.
 ● "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

- Note the positive correlation between age and heart disease in the St. Peter's

Hospital Service Area.

Prevalence of Heart Disease
(St. Peter's Hospital Service Area, 2015)



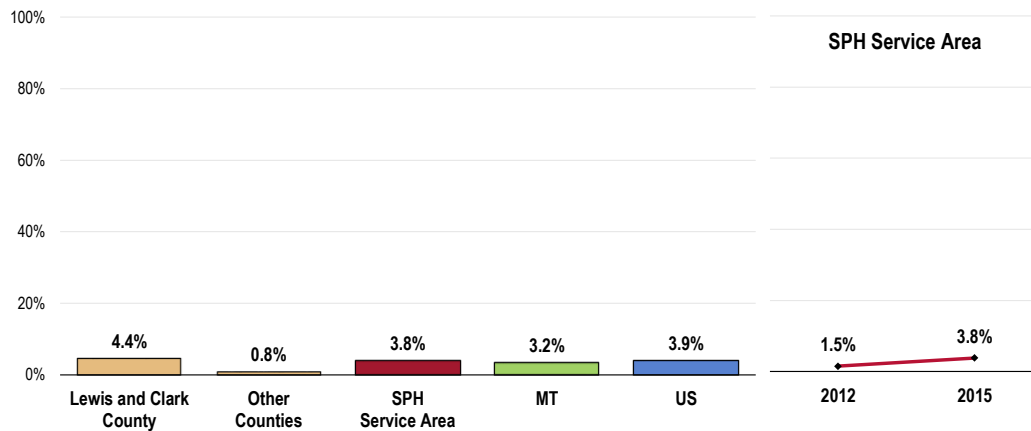
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]
 Notes: • Asked of all respondents.
 • Includes diagnoses of heart attack, angina or coronary heart disease.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (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 3.8% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Similar to statewide findings.
- Similar to national findings.
- Unfavorably high in Lewis and Clark County.
- TREND: Denotes a statistically significant increase in stroke prevalence since 2012.

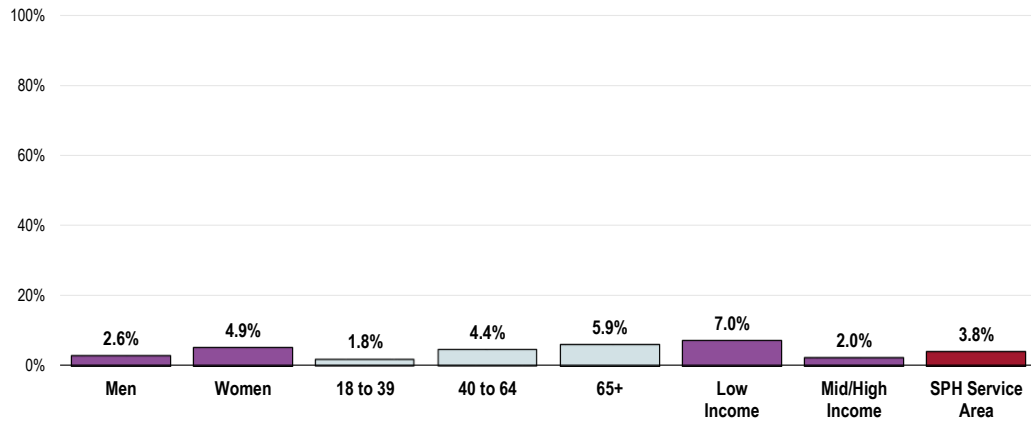
Prevalence of Stroke



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 36]
 • 2013 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); 2013 Montana data.
 Notes: • Asked of all respondents.
 • "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

No statistically significant differences in stroke prevalence when viewed by demographics.

Prevalence of Stroke (St. Peter's Hospital Service Area, 2015)



- Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 36]
- 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.

Cardiovascular Risk Factors

About Cardiovascular Risk

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)

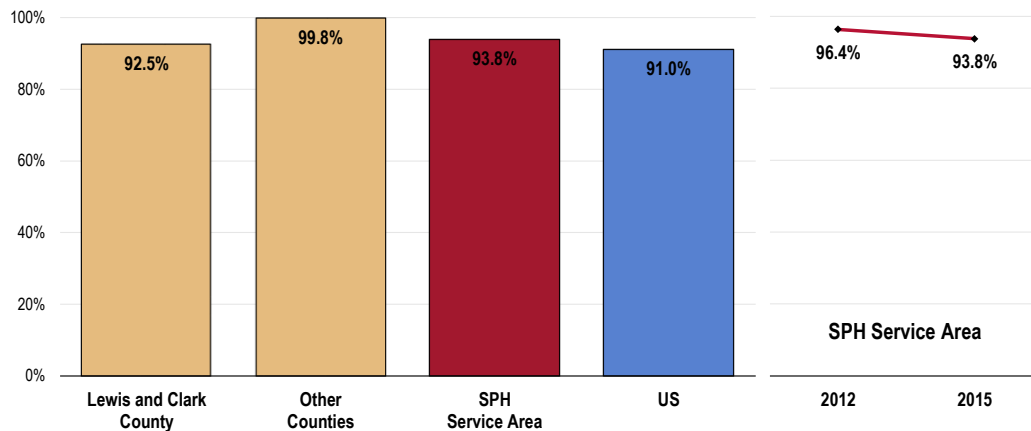
High Blood Pressure Testing

A total of 93.8% 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 (92.6% or higher).
- Favorably high in the Other Counties.
- TREND: Statistically unchanged since 2012.

Have Had Blood Pressure Checked in the Past Two Years

Healthy People 2020 Target = 92.6% or Higher



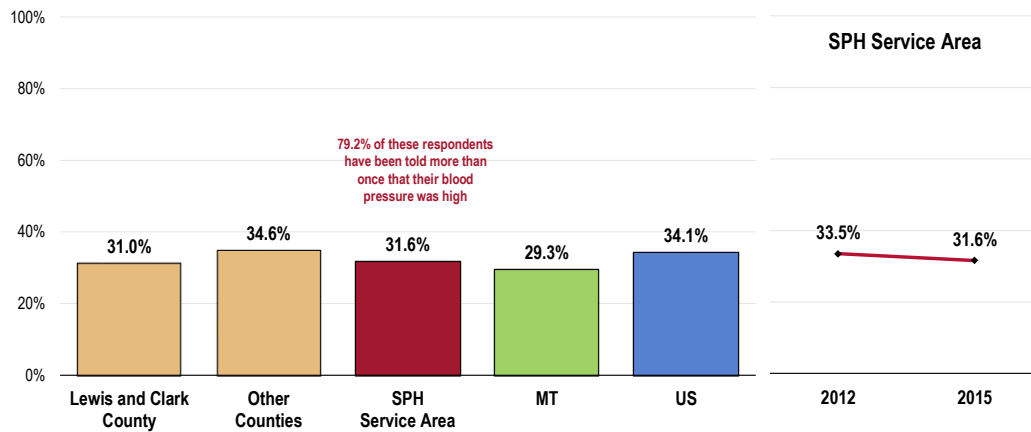
- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 45]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-4]
- Notes:
- Asked of all respondents.
 - "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

Prevalence of Hypertension

A total of 31.6% of adults have been told at some point that their blood pressure was high.

- Comparable to the Montana prevalence.
- Comparable to the national prevalence.
- Fails to satisfy the Healthy People 2020 target (26.9% or lower).
- Similar findings by area.
- TREND: Statistically unchanged since 2012.
- Among hypertensive adults, 79.2% have been diagnosed with high blood pressure more than once.

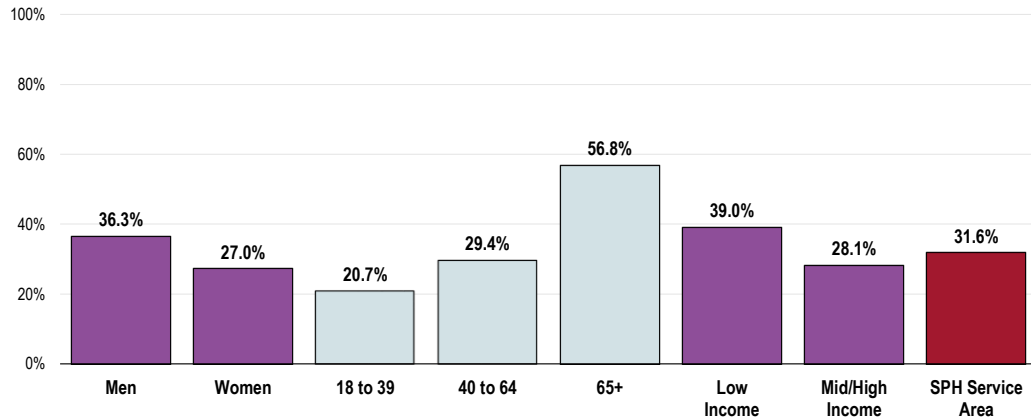
Prevalence of High Blood Pressure
 Healthy People 2020 Target = 26.9% or Lower



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 43, 125]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Montana data.
 • 2013 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.
 • "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

- Hypertension diagnoses are higher among adults age 40 and older, and especially those age 65+ (positive correlation with age).

Prevalence of High Blood Pressure (St. Peter's Hospital Service Area, 2015) Healthy People 2020 Target = 26.9% or Lower



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 125]
 • 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.
 • 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

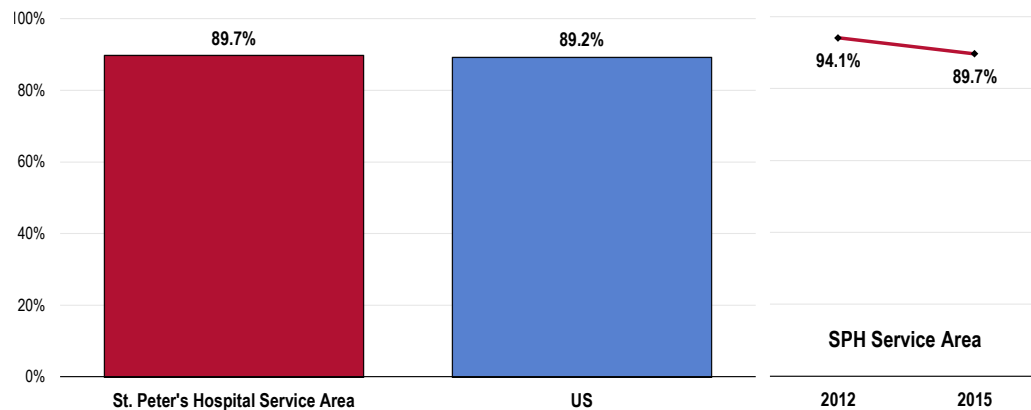
Among respondents who have been told that their blood pressure was high, 89.7% report that they are currently taking actions to control their condition.

- Similar to national findings.
- TREND: Statistically unchanged since 2012.

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?"

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



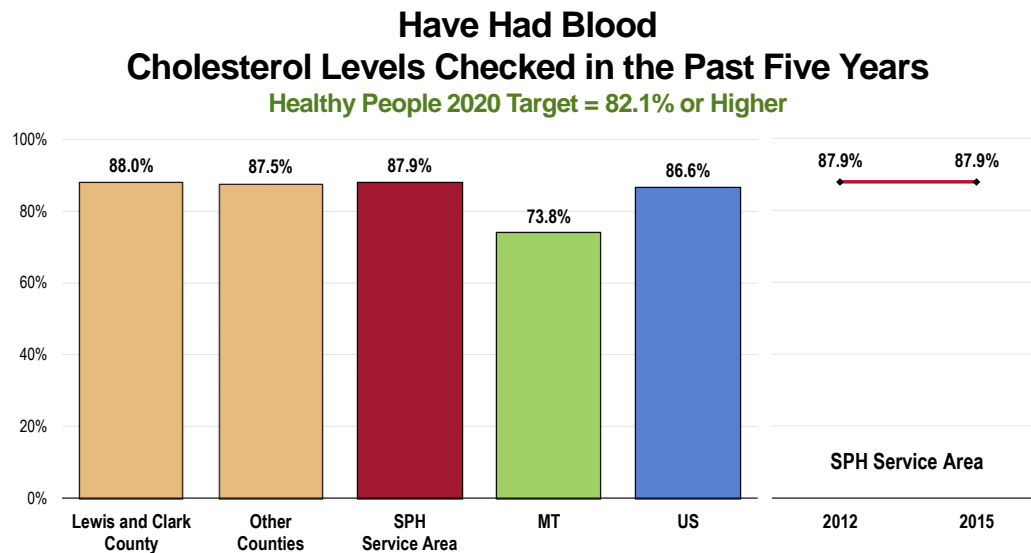
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 44]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents who have been diagnosed with high blood pressure.
 • In this case, the term "action" refers to medication, change in diet, and/or exercise.
 • "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

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).
- Similar findings by area.
- TREND: Statistically unchanged since 2012.



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 48]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Montana data.
- 2013 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.
- "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

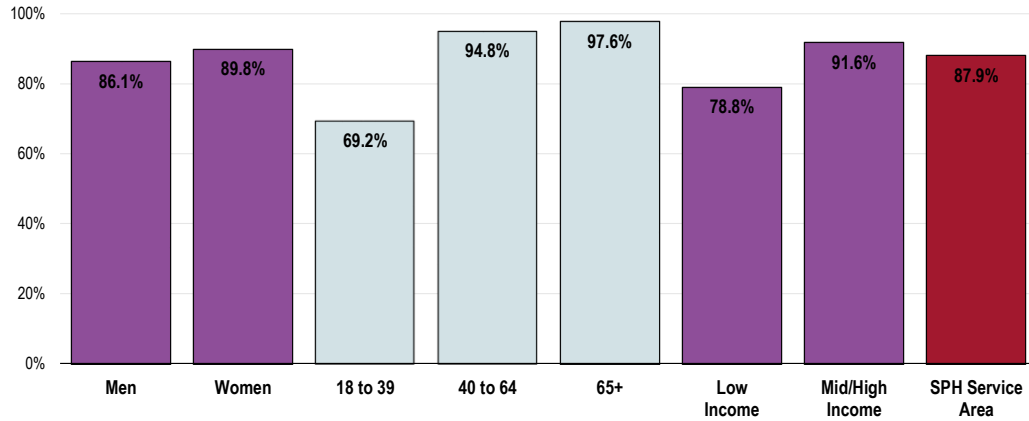
The following demographic segments report lower screening levels:

- Adults under age 65, and especially those under 40 (note the positive correlation with age).
- Residents with lower incomes.

Have Had Blood Cholesterol Levels Checked in the Past Five Years

(St. Peter's Hospital Service Area, 2015)

Healthy People 2020 Target = 82.1% or Higher



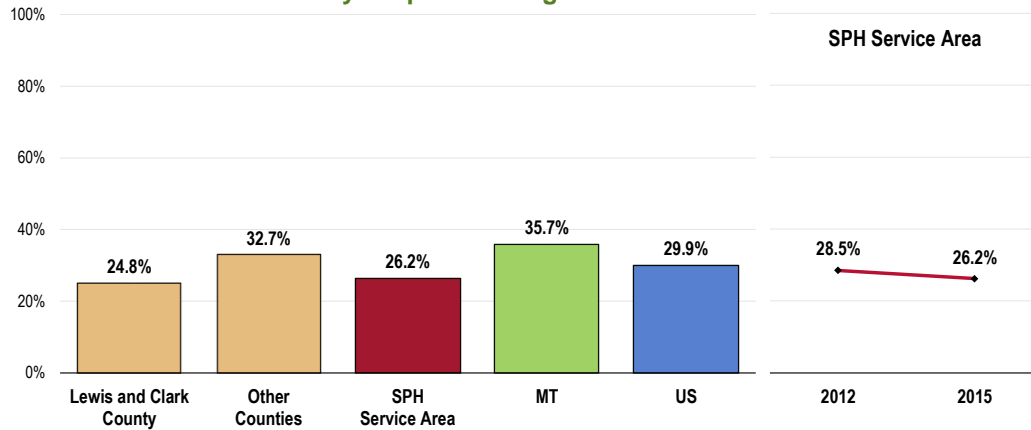
- Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-6]
- Notes:
- Asked of all respondents.
 - Income categories reflect respondent's 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 26.2% of adults have been told by a health professional that their cholesterol level was high.

- More favorable than the Montana findings.
- Similar to the national prevalence.
- Fails to satisfy the Healthy People 2020 target (13.5% or lower).
- Statistically similar by area.
- TREND: Statistically unchanged since 2012.

Prevalence of High Blood Cholesterol Healthy People 2020 Target = 13.5% or Lower

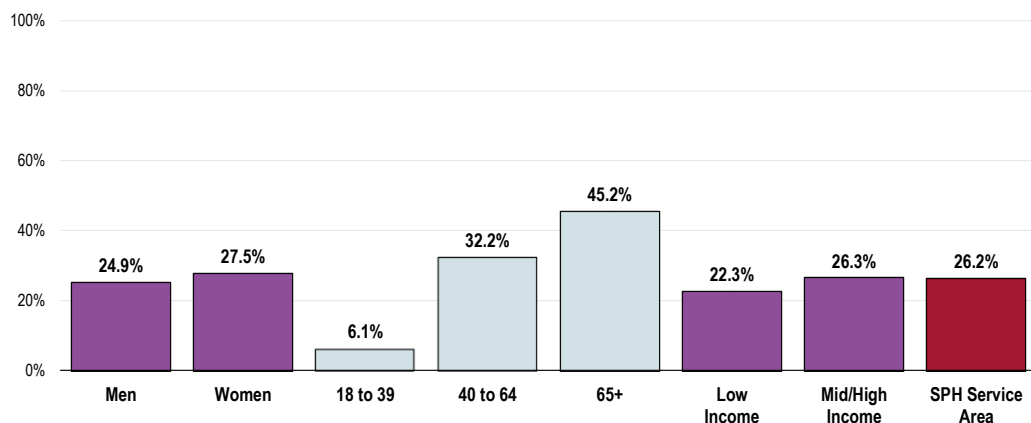


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 126]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Montana data.
 • 2013 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.
 • "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

Note that 17.5% 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. Further note the following:

- There is a positive correlation between age and high blood cholesterol.
- Keep in mind that “unknowns” are relatively high in young adults and lower-income residents.

Prevalence of High Blood Cholesterol (St. Peter’s Hospital Service Area, 2015) Healthy People 2020 Target = 13.5% or Lower



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 126]
 • 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

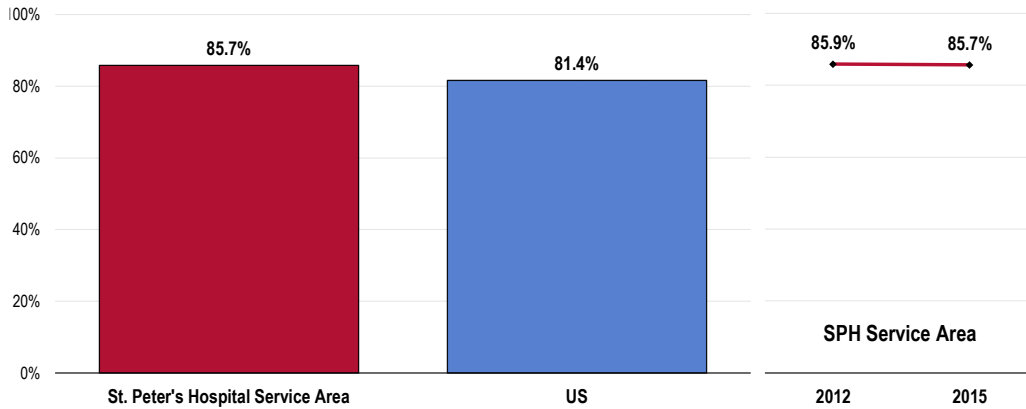
Respondents reporting high cholesterol were further asked:

“Are you currently taking any action to help control your high cholesterol, such as taking medication, changing your diet, or exercising?”

Among adults who have been told that their blood cholesterol was high, 85.7% report that they are currently taking actions to control their cholesterol levels.

- Comparable to that found nationwide.
- TREND: Statistically unchanged since 2012.

Taking Action to Control High Blood Cholesterol Levels
(Among Adults With High Cholesterol)



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 47]
 - 2013 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.

About 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

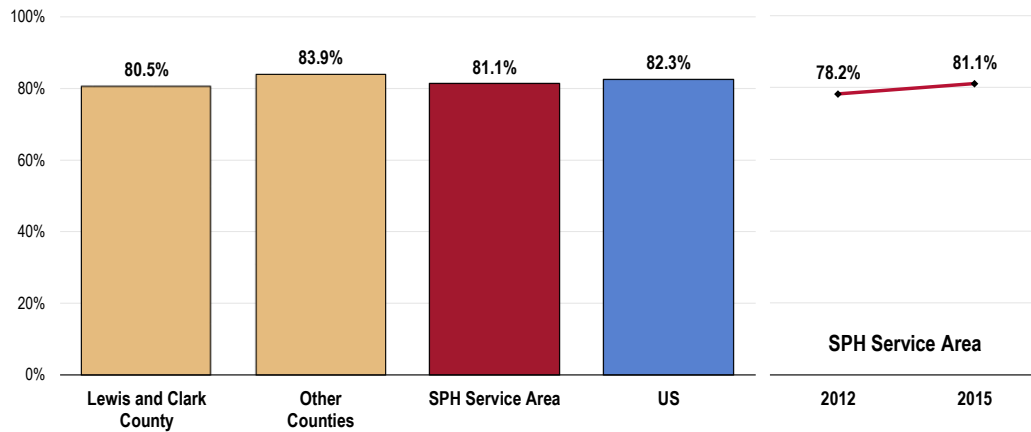
TOTAL CARDIOVASCULAR RISK

A total of 81.1% 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.

- Similar to national findings.
- Similar findings by area.
- TREND: Statistically similar to the 2012 findings.

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

Present One or More Cardiovascular Risks or Behaviors

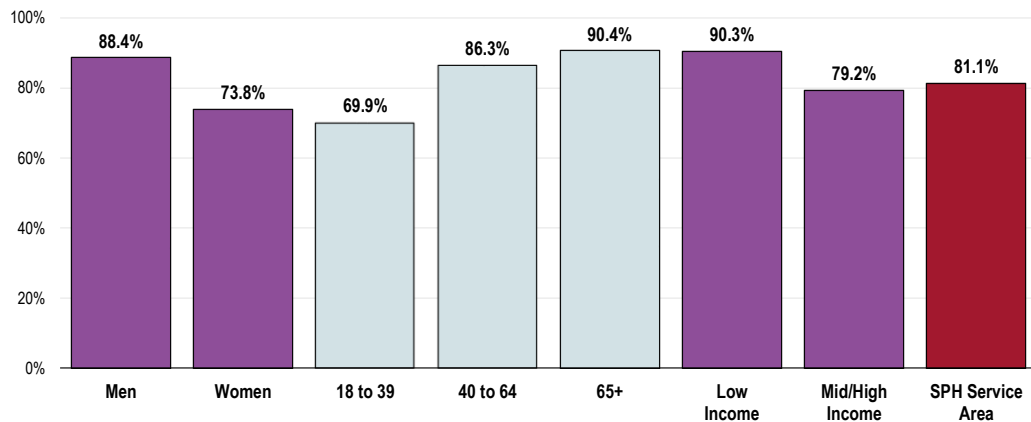


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 127]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.
 • "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

Adults more likely to exhibit cardiovascular risk factors include:

- Men.
- Adults age 40 and older, and especially seniors (positive correlation with age).
- Low-income residents.

Present One or More Cardiovascular Risks or Behaviors (St. Peter's Hospital Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]
 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.

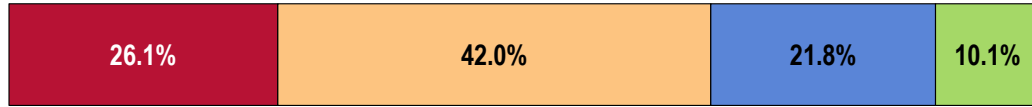
Key Informant Input: Heart Disease & Stroke

The greatest share of key informants taking part in an online survey characterized *Heart Disease & Stroke* as a "moderate problem" in the community.

Perceptions of Heart Disease and Stroke as a Problem in the Community

(Key Informants, 2014)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

TOP CONCERNS

Among those rating this issue as a “major problem,” reasons frequently related to the following:

Leading Cause of Death

I know there are many people who have never been diagnosed or given any tests for heart disease and have family history. Some of them have passed away and were found to have had problems prior to that. Doctors or caregivers tend not to ask questions about anything except what the pt. comes to see them about. They are afraid, think it isn't anything to bother about etc. I am familiar with several persons who have passed away too young in the past few years. – Community/Business Leader

It has affected several people I know and they didn't have an understanding or idea it was an issue. – Community/Business Leader

I have come across many individuals with heart disease while living in Helena. Too many people are affected by it at too young of an age. – Community/Business Leader

The data 331.7/100,000 v. similar county of 285.0. – Public Health

Because it is a very prevalent disease in our world. – Other Health

One of the number one causes of death in the county. – Public Health

Heart disease is the number one killer in Montana; stroke is number five. These are conditions often associated with aging, and our community's population is aging. – Public Health

Heart disease is the number one cause of death in the US and stroke is number three. It is also a significant source of disability. – Physician

As a leading cause of death I do not believe there is an adequate amount of education and preemptive diagnostic testing to determine current risk of heart attack or stroke. – Social Services

This is a problem across the nation. – Community/Business Leader

Many people in our community die from heart disease and stroke. Many who suffer from heart disease do not engage in health screening. They do not have appropriate diets or exercise. – Public Health

Risk Factors

Observationally it appears that a high percentage of Helena residents have risk factors for heart disease so I am assuming that HD rates are also high. Plus our population is older. – Public Health

So many CHF patients with little accountability for control. – Community/Business Leader

Many people go for years without have a physical and getting proper blood work done. These individuals often are faced with heart disease and stroke. – Social Services

Undiagnosed and untreated hypertension contribute to this problem. – Community/Business Leader

Risk factors not addressed in general population. – Other Health

Prevalence of obesity, hypertension, smoking and poor access to care. – Physician

Too many are overweight, access to affordable health care is inadequate. –

Community/Business Leader

Lack of knowledge, poor nutrition and lack of activity plus high rates of smoking. – Other Health

Aging Population

Aging population resulting in increased cases. – Community/Business Leader

Again, Helena has an aging population. With age and genetics comes heart disease and strokes. Sedentary lifestyles contribute. – Community/Business Leader

Of the clients of the Senior Companion Program, which is a good sampling of the elderly in the Helena area. Approximately 10% suffer from CHF and the after-effects of a stroke. – Other Health

Aging population and an out of shape and overweight community. – Community/Business Leader

A leading problem with the aging population and the incidence of heart disease and stroke affecting younger populations. – Community/Business Leader

Limited Resources

Many people have to be airlifted to Billings or Missoula for serious heart issues. Strokes seem to be more common among younger and younger people. – Community/Business Leader

Cancer

About 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)

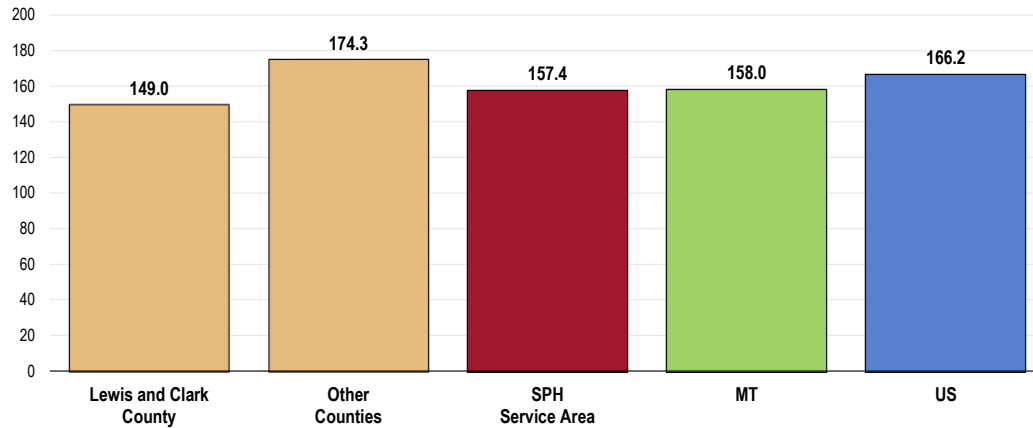
Age-Adjusted Cancer Deaths

ALL CANCER DEATHS

Between 2011 and 2013, there was an annual average age-adjusted cancer mortality rate of 157.4 deaths per 100,000 population in the St. Peter's Hospital Service Area.

- Similar to the statewide rate.
- More favorable than the national rate.
- Similar to the Healthy People 2020 target of 161.4 or lower.
- Unfavorably high in the Other Counties.

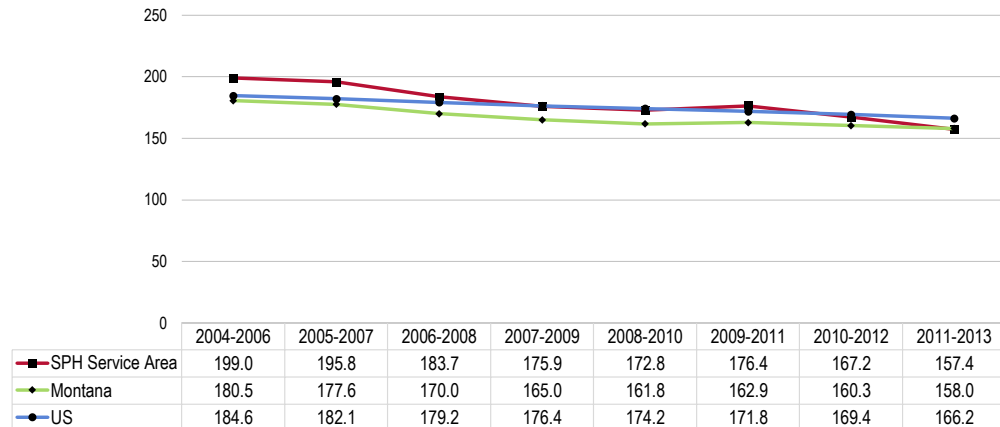
Cancer: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 161.4 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - *Other Counties* include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

- **TREND:** Cancer mortality has decreased over the past decade in the St. Peter's Hospital Service Area; the same trend is apparent both statewide and nationwide.

Cancer: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 161.4 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

CANCER DEATHS BY SITE

Lung cancer is by far the leading cause of cancer deaths in the St. Peter's Hospital Service Area.

Other leading sites include prostate cancer among men, breast cancer among women, and colorectal cancer (both genders).

As can be seen in the following chart (referencing 2011-2013 annual average age-adjusted death rates):

- The St. Peter's Hospital Service Area **lung** and **prostate cancer** death rates are worse than the state rates but similar to the national rates.
- The St. Peter's Hospital Service Area **female breast cancer** death rate is lower than both the Montana and US rates.
- The St. Peter's Hospital Service Area **colorectal cancer** death rate is similar to the Montana percentage but more favorable than the national rate.

Note that each of the St. Peter's Hospital Service Area cancer death rates detailed below is similar to or satisfies the related Healthy People 2020 target.

Age-Adjusted Cancer Death Rates by Site
(2011-2013 Annual Average Deaths per 100,000 Population)

	St. Peter's Hospital Service Area	Montana	US	HP2020
Lung Cancer	46.8	41.4	44.7	45.5
Prostate Cancer	21.5	20.4	21.3	21.8
Female Breast Cancer	18.8	19.8	19.8	20.7
Colorectal Cancer	13.1	13.2	14.9	14.5

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>

Cancer Incidence

Incidence rates reflect the number of newly diagnosed cases in a given population in a given year, regardless of outcome. Here, these rates are also age-adjusted.

“Incidence rate” or “case rate” is the number of new cases of a disease occurring during a given period of time.

It is usually expressed as cases per 100,000 population per year.

Between 2007 and 2011, St. Peter’s Hospital Service Area had an annual average age-adjusted incidence rate of prostate cancer of 119.6 cases per 100,000 population.

- Well below the statewide incidence rate.
- Well below the national incidence rate.

There was an annual average age-adjusted incidence rate of 117.4 female breast cancer cases per 100,000 in the service area during this time.

- Comparable to the statewide incidence rate.
- Worse than the national incidence rate.

The service area reported an annual average age-adjusted incidence rate of 67.9 lung cancer cases per 100,000.

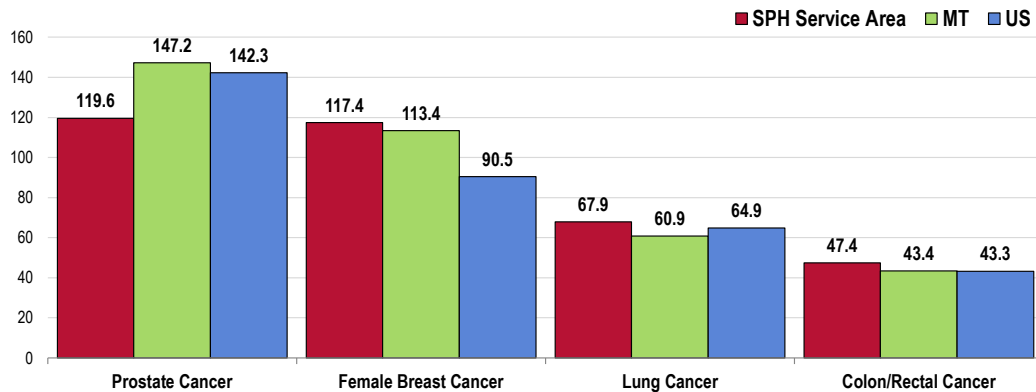
- Worse than the statewide incidence rate.
- Similar to the national incidence rate.

There was an annual average age-adjusted incidence rate of colorectal cancer of 47.4 cases per 100,000 in the St. Peter’s Hospital Service Area.

- Less favorable than the statewide incidence rate.
- Less favorable than the national incidence rate.

Cancer Incidence Rates by Site

(Annual Average Age-Adjusted Incidence per 100,000 Population, 2007-2011)



Sources: • State Cancer Profiles: 2007-11.
 • Retrieved August 2015 from Community Commons at <http://www.chna.org>.
 Notes: • This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

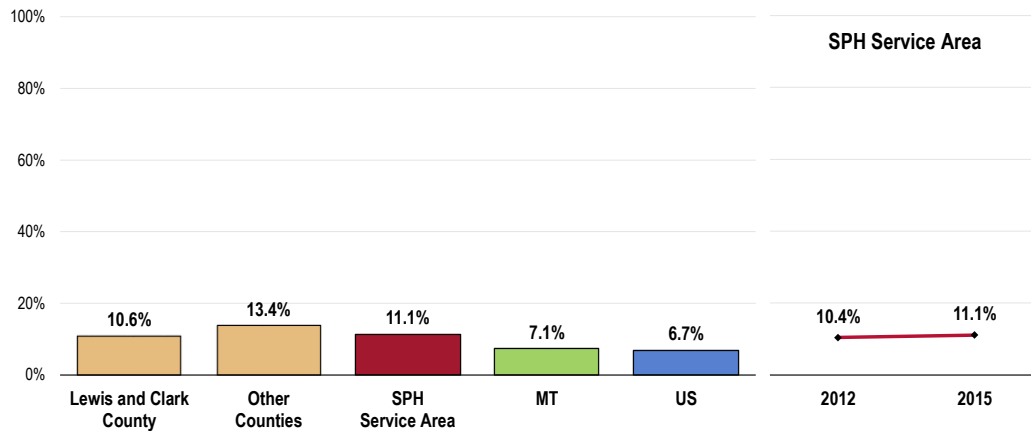
Prevalence of Cancer

SKIN CANCER

A total of 11.1% of surveyed St. Peter's Hospital Service Area adults report having been diagnosed with skin cancer.

- Worse than what is found statewide.
- Worse than the national average.
- Statistically similar by area.
- TREND: The prevalence of skin cancer has remained statistically unchanged since 2012.

Prevalence of Skin Cancer



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 31]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Montana data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

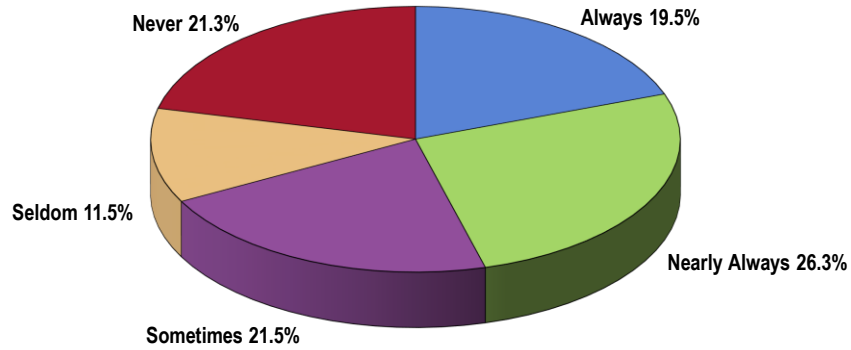
Notes: • Asked of all respondents.
 • "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

Sunscreen

Asked how often they wear sunscreen on a sunny day, 1 in 5 area adults (19.5%) gave "always" responses, and 26.3% "nearly always" wear sunscreen outside on a sunny day.

- On the other hand, 21.3% of survey respondents "never" wear sunscreen.

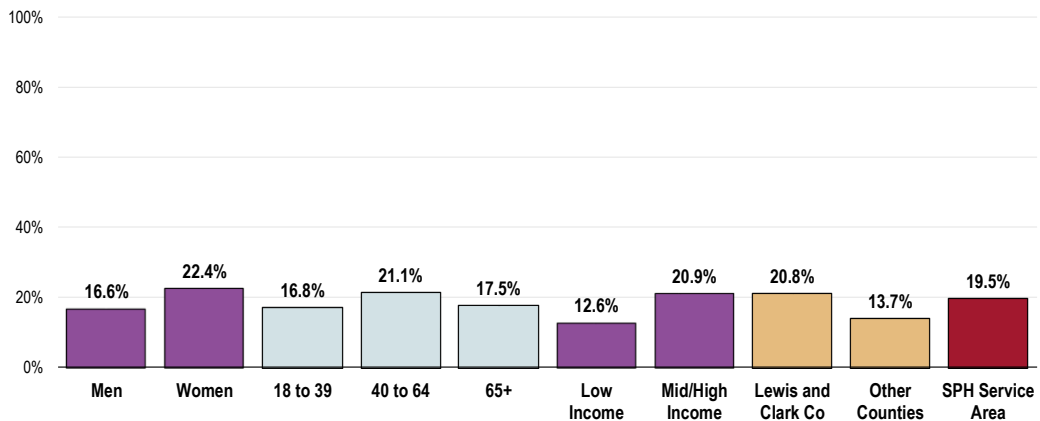
Frequency of Sunscreen Use on a Sunny Day (St. Peter's Hospital Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 301]
 Notes: • Asked of all respondents.

- The prevalence of area adults who “always” use sunscreen outside on a sunny day does not vary significantly by geographic area.
- No statistically significant differences by demographics.

“Always” Use Sunscreen Outside on a Sunny Day (St. Peter's Hospital Service Area, 2015)



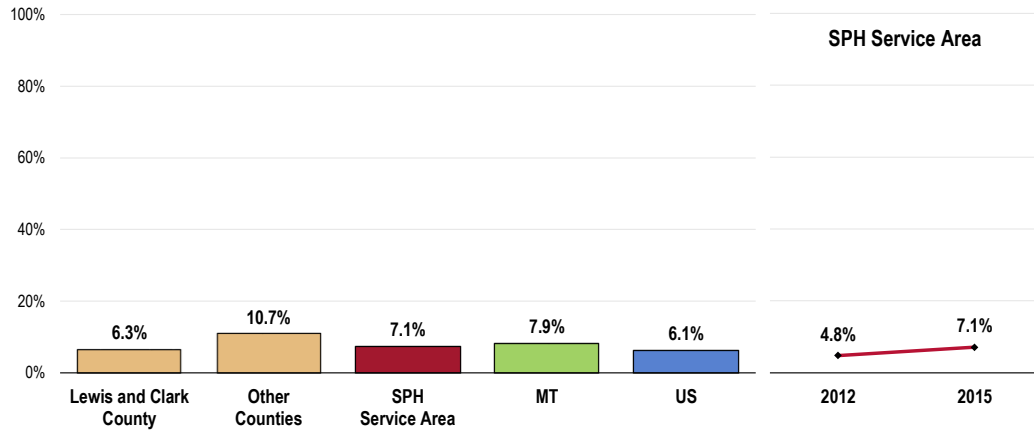
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 301]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with 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.

OTHER CANCER

A total of 7.1% of respondents have been diagnosed with some type of (non-skin) cancer.

- Similar to the statewide prevalence.
- Similar to the national prevalence.
- Statistically similar by area.
- TREND: The increase since 2012 is not statistically significant.

Prevalence of Cancer (Other Than Skin Cancer)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 30]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Montana data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
 • "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

Cancer Risk

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

About 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 three cancer sites: female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

FEMALE BREAST CANCER SCREENING

About Screening for Breast Cancer

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.

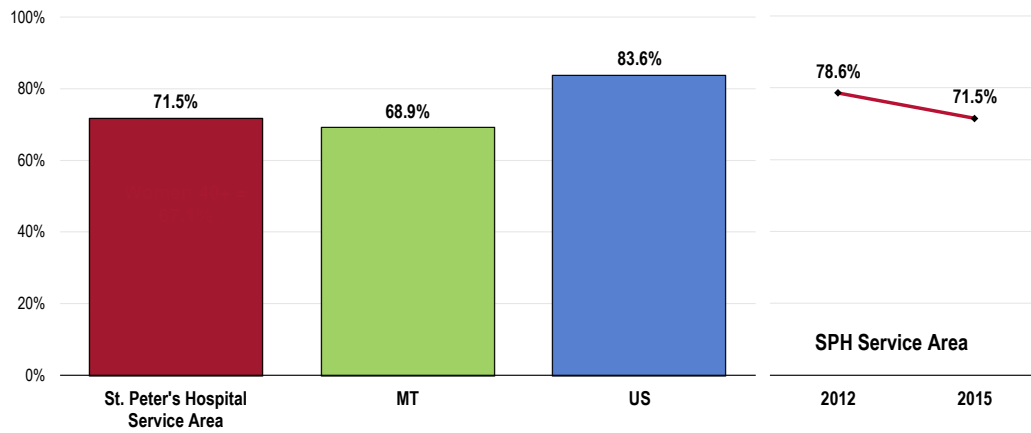
Mammography

Among women age 50–74, 71.5% have had a mammogram within the past two years.

- Similar to statewide findings (which represent all women 50+).
- Less favorable than national findings.
- Fails to satisfy the Healthy People 2020 target (81.1% or higher).
- TREND: Statistically unchanged since 2012.

Have Had a Mammogram in the Past Two Years (Among Women Age 50-74)

Healthy People 2020 Target = 81.1% or Higher



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 128-129]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2012 Montana data.
 - 2013 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 50-74.
 - *Note that state data reflects all women 50 and older (vs. women 50-74 in local, US and Healthy People data).
 - *Other Counties* include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

CERVICAL CANCER SCREENINGS

About Screening for Cervical Cancer

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.

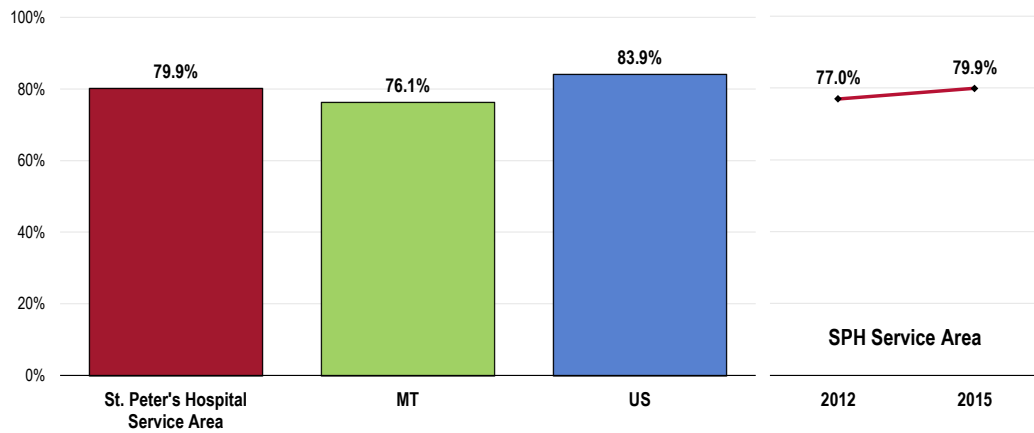
Pap Smear Testing

Among women age 21 to 65, 79.9% have had a Pap smear within the past three years.

- Comparable to Montana findings (which represents all women 18+).
- Comparable to national findings.
- Fails to satisfy the Healthy People 2020 target (93% or higher).
- TREND: Statistically unchanged since 2012.

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

Healthy People 2020 Target = 93.0% or Higher



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 130]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Montana data.
 - 2013 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 to 65.
 - *Note that the Montana percentage represents all women age 18 and older.
 - *Other Counties* include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

COLORECTAL CANCER SCREENINGS

About Screening for Colorectal Cancer

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.

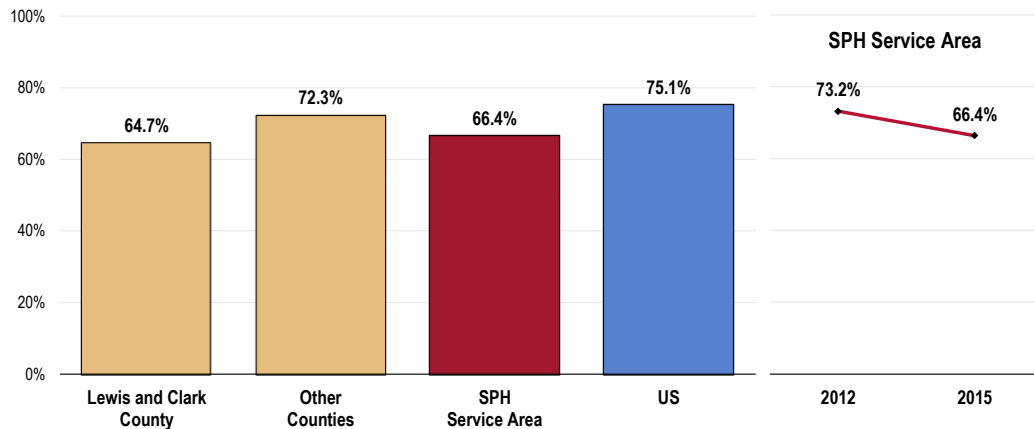
Colorectal Cancer Screening

Among adults age 50–75, 2 in 3 (66.4%) 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).

- Lower than the national proportion.
- Similar to the Healthy People 2020 target (70.5% or higher).
- Comparable findings by area.
- TREND: Statistically unchanged since 2012.

Have Had a Colorectal Cancer Screening (Among Adults Age 50-75)

Healthy People 2020 Target = 70.5% or Higher



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 133]
• 2013 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-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.

• "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

Lower Endoscopy

Among adults age 50 and older, 2 in 3 (66.2%) have had a lower endoscopy

(sigmoidoscopy or colonoscopy) at some point in their lives.

- Similar to Montana findings.
- Less favorable than national findings.

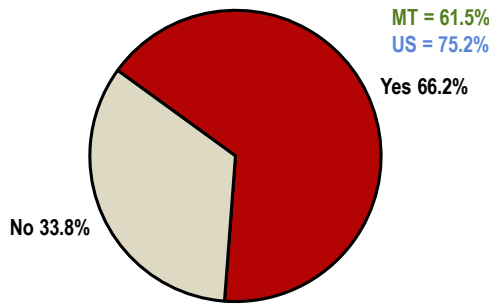
Blood Stool Testing

Among adults age 50 and older, 25.9% have had a blood stool test (aka “fecal occult blood test”) within the past two years.

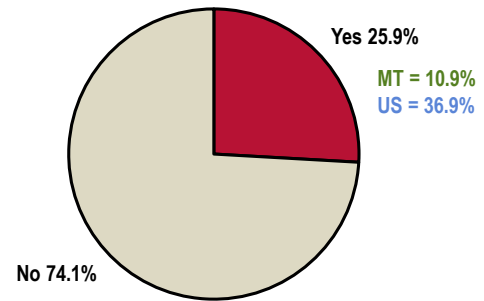
- Better than Montana findings.
- Worse than national findings.

Colorectal Cancer Screenings

(Among St. Peter's Hospital Service Area Adults Age 50 and Older, 2015)



Ever Had Lower Endoscopy



Blood Stool Test in Past 2 Years

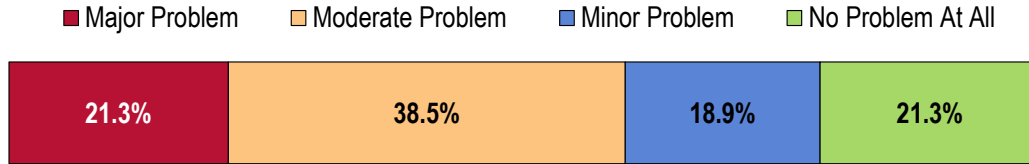
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 131-132]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Montana data.

Notes: • Asked of respondents age 50 and older.
 • Lower endoscopy includes either sigmoidoscopy or colonoscopy.
 • "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

Key Informant Input: Cancer

Most key informants taking part in an online survey characterized **Cancer** as a “moderate problem” in the community.

Perceptions of Cancer as a Problem in the Community (Key Informants, 2014)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

TOP CONCERNS

Among those rating this issue as a “major problem,” reasons frequently related to the following:

High Prevalence

- My 46-year-old son just completed five radiation treatments and four months of chemotherapy. The people I know who were receiving treatment in the Cancer Treatment Center surprised me. – Other Health*
- Dr. Weiner sees 80 patients a day at St. Peters. – Physician*
- Over 400 new cases per year. Limited radiation treatment options. Very limited access to clinical trials. – Community/Business Leader*
- High incidence. – Other Health*
- It appears to be becoming more common and that early detection is the key however we still have many people who do not see the need or do not have access to these services. – Community/Business Leader*
- The rates of breast cancer have been increasing. Skin cancer increasing. – Public Health*
- So many people have cancer, have died from cancer, are survivors of cancer. It seems more the “norm” than the exception. – Other Health*
- More people are afflicted with the disease. – Community/Business Leader*
- Many people have cancer and there are ways to prevent it and to treat it successfully if you catch it early. – Public Health*
- Certainly a major disease that needs to be addressed. Number of cancer cases will grow with an aging population. – Community/Business Leader*
- It seems like Helena must have some cancer clusters although the CDC has not identified them yet. I personally know six people who have died of cancer since March of this year and these are mostly people in their forties and fifties. – Community/Business Leader*
- Cancer data shows that we have a higher rate of all cancers in L&C county than the state and like-sized counties. Our rate is higher for lung and bronchus CA, Colorectal and very high for Melanoma. – Public Health*
- The numbers are obvious and despite chemo or any attempt to have some survive it for a time, it almost always seems to reoccur. – Community/Business Leader*
- More and more people are diagnosed with cancer each year and takes many lives. Care for Cancer patients has become an increasing large problem and resources for this care is difficult for families. – Social Services*

Cancer is the leading cause of death in the United States and the second leading cause of death in Montana. The prevalence of cancer also tends to rise with age, and the Helena area has an aging population. – Public Health

Nearly every family is affected. Cases on the rise and no let up in sight. We need both environmental and scientific advances to take place soon. – Community/Business Leader

It simply seems there are way more middle aged people with cancer now than ever before. I don't remember any of my parents friends having cancer when I was growing up, but our community has lost several middle-aged people to cancer. I don't have data to back it up, it's just my perception. – Other Health

The incidence of cancer is growing in the community and the world at large. This may be attributed to the impacts of our exposures to chemicals, nutritional and environmental. The medical care available in the community to treat the disease is very good. – Community/Business Leader

Access to Care

Lack of access to early prevention and screening. Currently my understanding is colorectal screening is a six month wait. – Other Health

Access to preventative health care solutions. – Social Services

We have excellent care here but not enough preventative care. As our population ages we will continue to have more cases so having enough providers may become an issue. Many of our youth continue risky health activities, so again more primary prevention programs needed. – Other Health

Many uninsured and underinsured people have cancer and have no way to pay for treatment. These same people do not have recommended screenings to detect cancer at an early stage. – Public Health

It affects people across all socio economic lines and there is inadequate access to affordable medical treatment for too many folks. – Community/Business Leader

Education

Risk factors not addressed by individuals in their self-care. – Other Health

Respiratory Disease

About Asthma & COPD

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.

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.]

Age-Adjusted Respiratory Disease Deaths

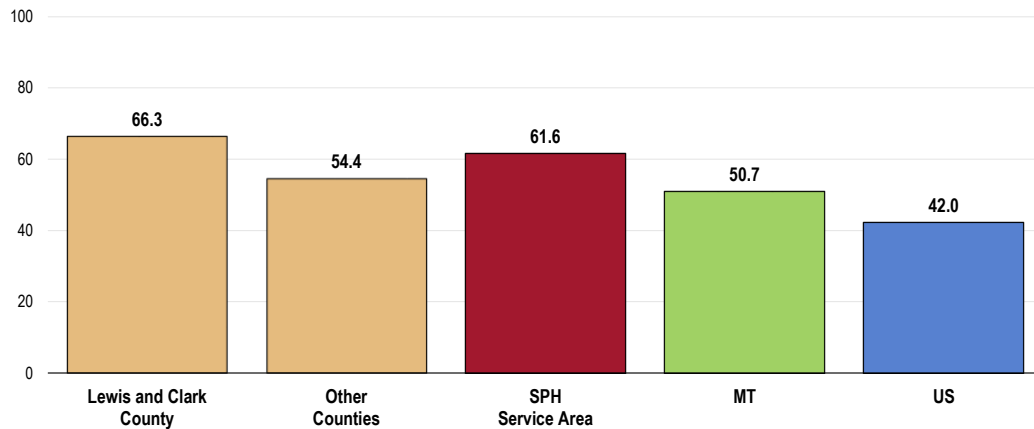
CHRONIC LOWER RESPIRATORY DISEASE DEATHS (CLRD)

Between 2011 and 2013, there was an annual average age-adjusted CLRD mortality rate of 61.6 deaths per 100,000 population in the St. Peter's Hospital Service Area.

Note: COPD was changed to chronic lower respiratory disease (CLRD) in 1999 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.

- Worse than found statewide.
- Worse than the national rate.
- Unfavorably high in Lewis and Clark County.

CLRD: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)

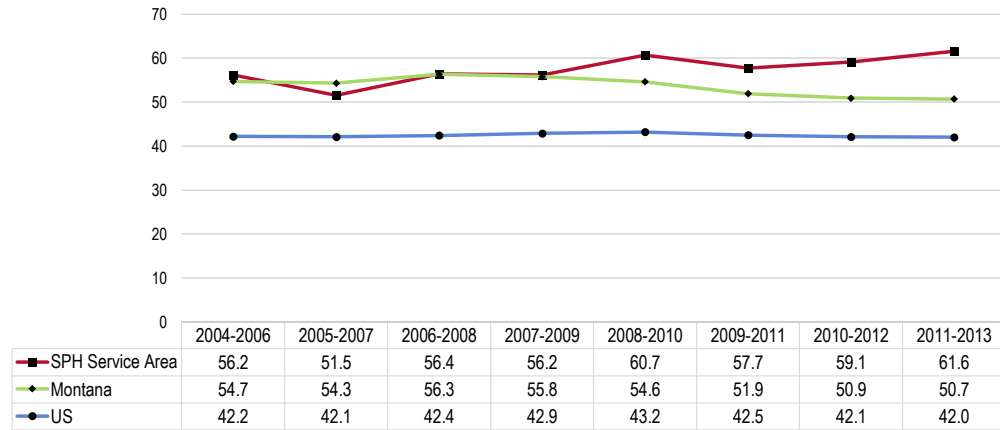


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.

- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - CLRD is chronic lower respiratory disease.
 - "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

- **TREND:** CLRD mortality in the St. Peter's Hospital Service Area has followed an upward trend over time.

CLRD: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
 Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 ● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 ● CLRD is chronic lower respiratory disease.

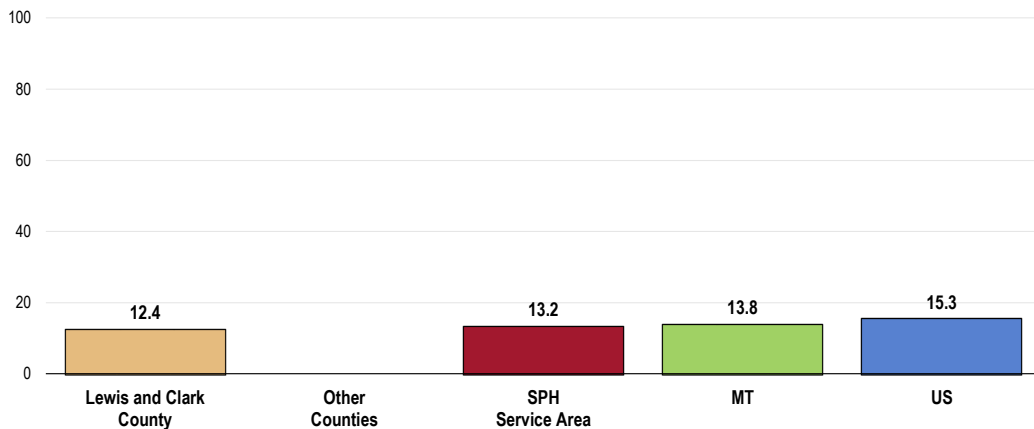
PNEUMONIA/INFLUENZA DEATHS

Between 2011 and 2013, there was an annual average age-adjusted pneumonia influenza mortality rate of 13.2 deaths per 100,000 population in the St. Peter’s Hospital Service Area.

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

- Similar to that found statewide.
- Lower than the national rate.
- Rate not available in the Other Counties.

Pneumonia/Influenza: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population)

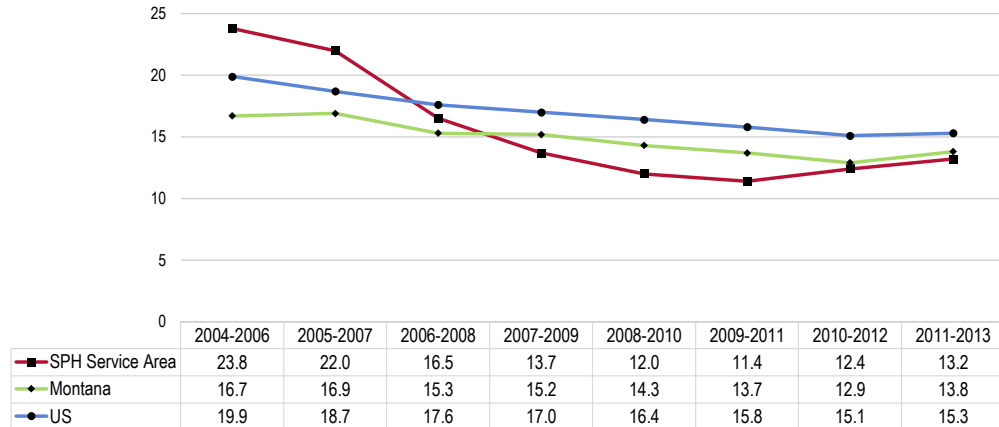


Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
 Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 ● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 ● “Other Counties” include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

- TREND: Note the decreasing mortality rate over time in the St. Peter’s Hospital

Service Area; Montana and the US also reported decreasing trends, albeit slower and more consistent.

Pneumonia/Influenza: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
 Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 ● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

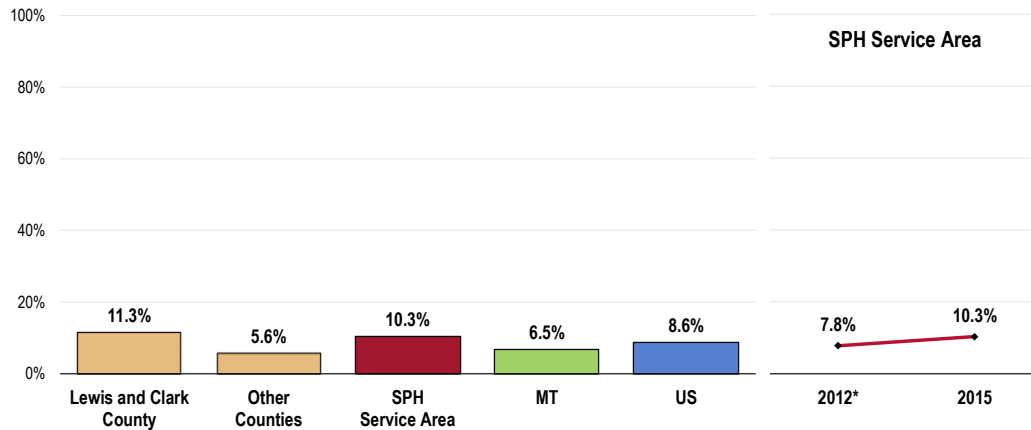
A total of 10.3% of St. Peter’s Hospital Service Area adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

Survey respondents were next asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma and COPD.

- Higher than the state prevalence.
- Similar to the national prevalence.
- Similar findings by area.
- NOTE: in prior data, this question was asked slightly differently; respondents in 2012 were asked if they had ever been diagnosed with “chronic lung disease, including bronchitis or emphysema,” rather than “COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema” as is asked currently.

TREND: In comparing to 2012 data, the change in prevalence is not statistically significant.

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 25]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Montana data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
 • Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.
 • *In prior data, the term "chronic lung disease" was used, which also included bronchitis or emphysema.
 • *Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

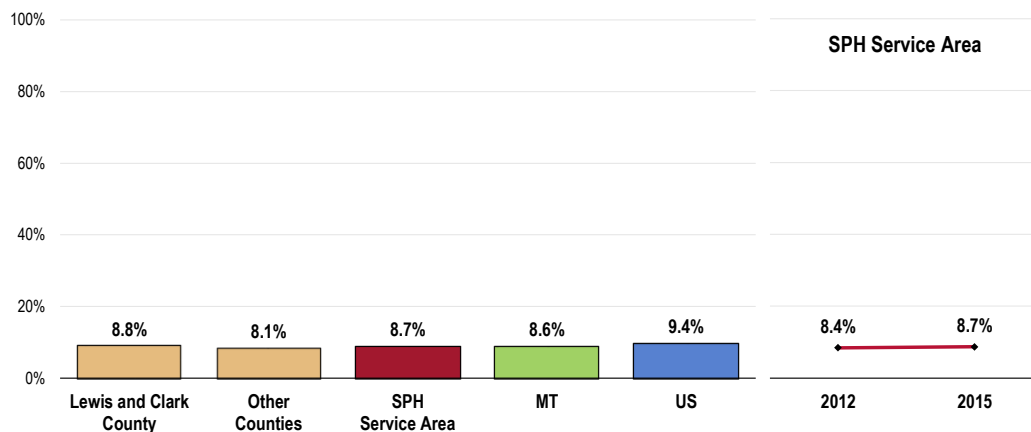
ASTHMA

Adults

A total of 8.7% of St. Peter’s Hospital Service Area adults currently suffer from asthma.

- Similar to the statewide prevalence.
- Similar to the national prevalence.
- Statistically similar by area.
- TREND: Statistically unchanged since 2012.

Adult Asthma: Current Prevalence

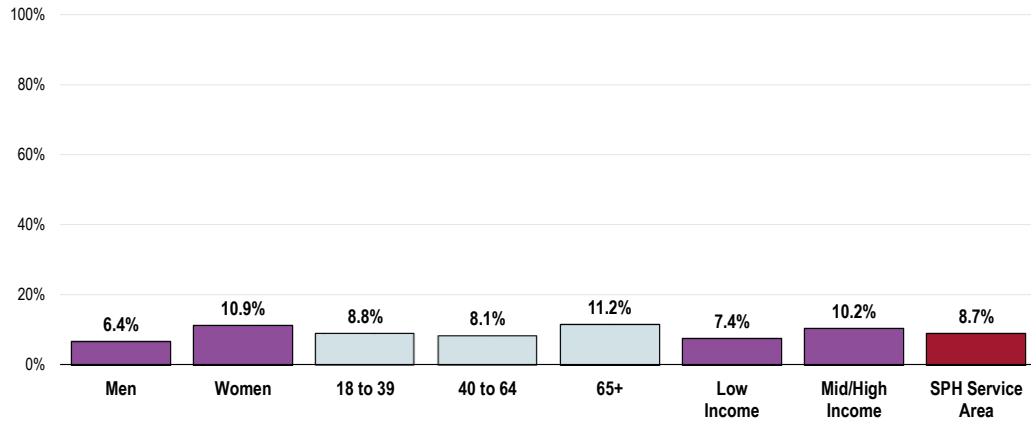


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 134]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Montana data.

Notes: • Asked of all respondents.
 • Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.
 • *Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

No statistically significant differences in asthma prevalence by demographic characteristics.

Currently Have Asthma (St. Peter's Hospital Service Area, 2015)



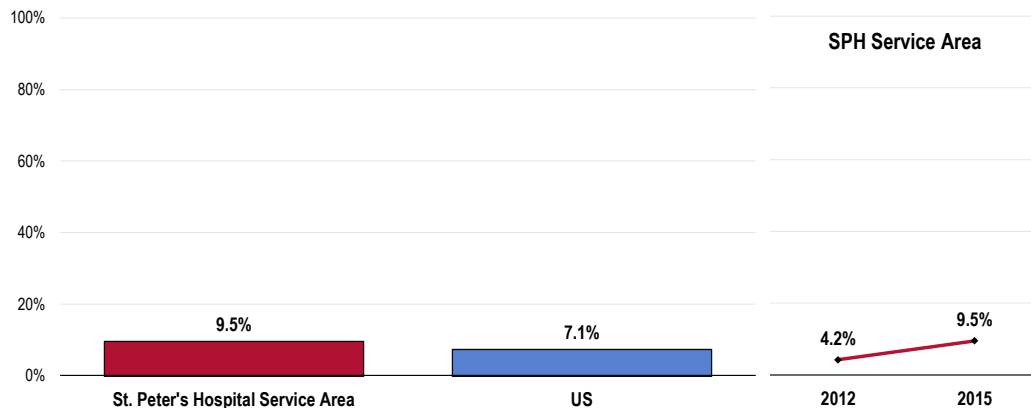
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 134]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with 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 St. Peter's Hospital Service Area children under age 18, 9.5% currently have asthma.

- Comparable to national findings.
- TREND: The prevalence of children with asthma has not changed significantly since 2012.

Childhood Asthma: Current Prevalence (Among Parents of Children Age 0-17)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 135]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.
 • Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.

WOOD-BURNING STOVES

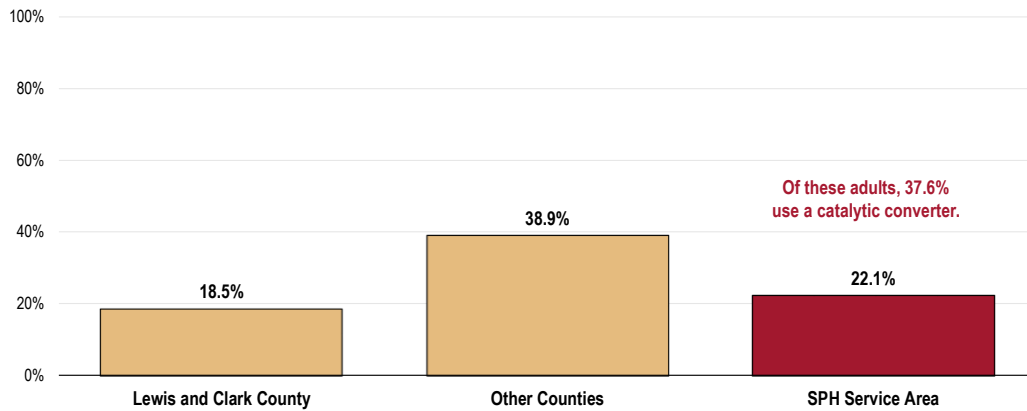
A total of 22.1% of service area adults use a wood-burning stove to heat their homes.

- The prevalence is much lower in Lewis and Clark County.
- Among those who use such stoves, 37.6% utilize a catalytic converter.

Wood smoke can affect everyone, but children, teenagers, older adults, people with lung disease, including asthma and COPD or people with heart diseases are the most vulnerable.

A major health threat from smoke comes from fine particles (also called particle pollution, particulate matter, or PM). These microscopic particles can get into your eyes and respiratory system, where they can cause health problems such as burning eyes, runny nose, and illnesses such as bronchitis. In addition to particle pollution, wood smoke contains several toxic harmful air pollutants including: benzene, formaldehyde, acrolein and methane (EPA).

Use a Wood-Burning Stove to Heat the Home



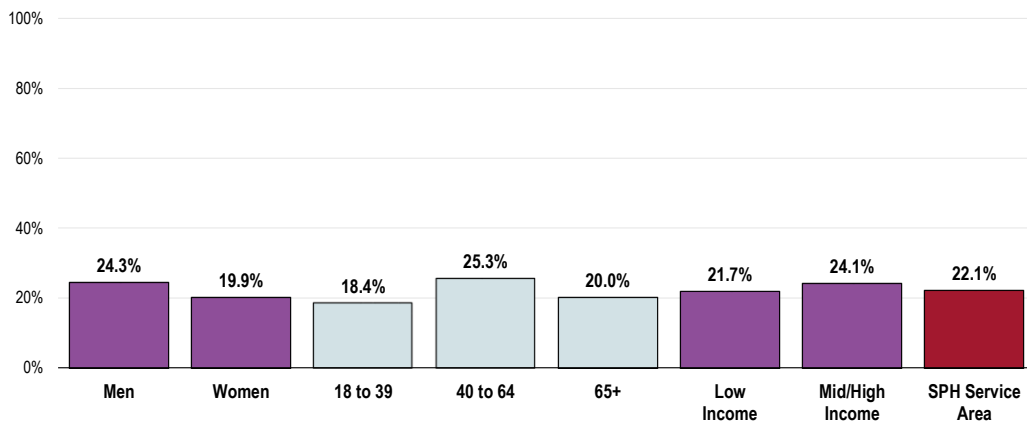
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 304-305]

Notes: • Asked of all respondents.

• "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

No statistically significant differences in use of wood-burning stoves by demographic characteristics.

Use a Wood-Burning Stove to Heat the Home (St. Peter's Hospital Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 304]

Notes: • Asked of all respondents.

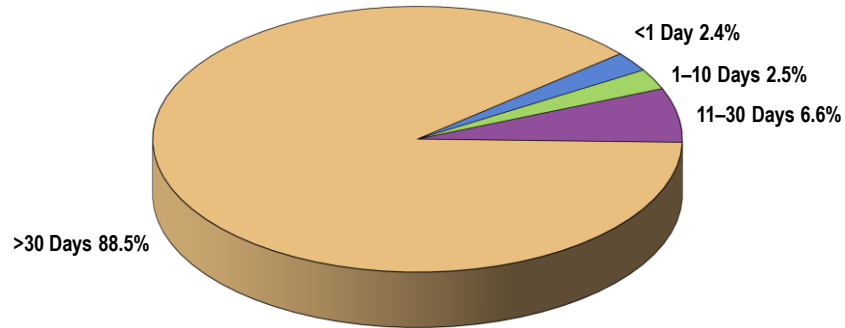
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty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

Stove Use

Among St. Peter's Hospital Service Area residents who use wood-burning stoves to heat their homes, the vast majority (88.5%) used the stove more than 30 days in the

past year.

Frequency of Wood-Burning Stove Use in the Past Year (SPH Service Area Respondents With Wood-Burning Stoves, 2015)



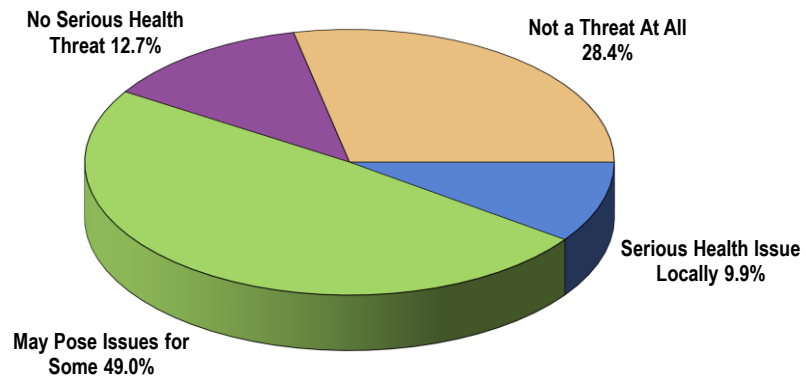
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 306]
Notes: • Asked of all respondents.

Perceptions of Wood Smoke

Among service area residents who use wood-burning stoves to heat their homes, 41.1% do not think the smoke poses a serious health issue to community members.

- On the other hand, 9.9% consider wood smoke to be a serious health issue locally.

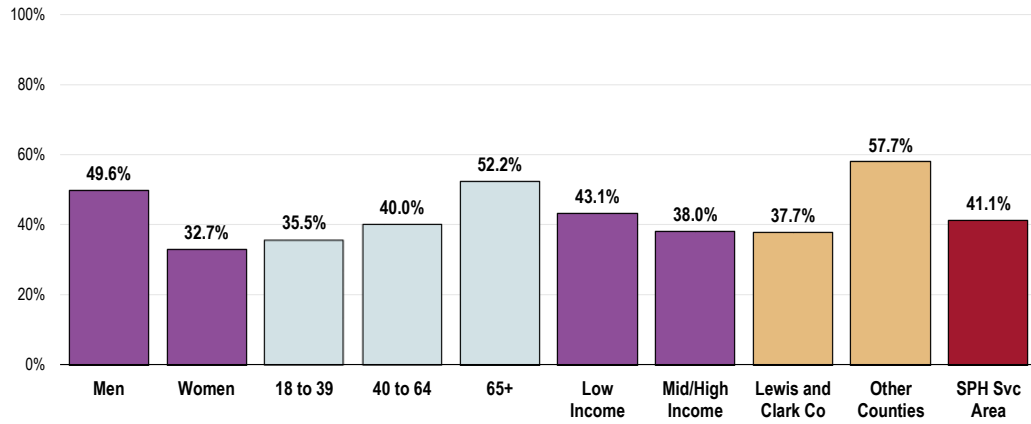
Opinion of Wood Smoke as a Serious Health Issue (St. Peter's Hospital Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 306]
Notes: • Asked of all respondents.

- Residents in the Other Counties are much more likely to consider wood smoke to be non-threatening to health in the community.
- Viewed by demographics, men and residents age 40 and older are more likely to be unconcerned.

“Wood smoke is not a threat to health in this area.”
(St. Peter’s Hospital Service Area, 2015)

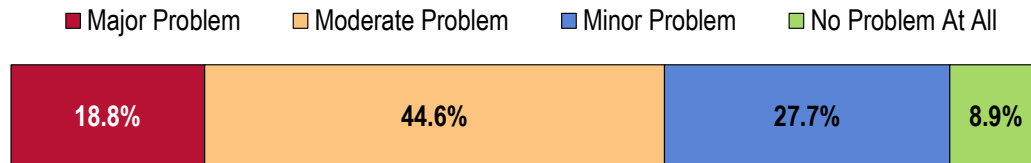


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 307]
 Notes: • Asked of all respondents.
 • Includes “Does not pose any serious health threat” and “Is not a threat to health in this area” responses.
 • Income categories reflect respondent’s household income 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.

Key Informant Input: Respiratory Disease

A plurality of key informants taking part in an online survey characterized *Respiratory Disease* as a “moderate problem” in the community.

Perceptions of Respiratory Diseases as a Problem in the Community
(Key Informants, 2014)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

TOP CONCERNS

Among those rating this issue as a “major problem,” reasons frequently related to the following:

High Prevalence

High rates of asthma, especially with children. High rates of COPD. – Public Health

Chronic obstructive pulmonary disease rate is 904.1/100,000 for L&C County versus 804.9 for Montana. Asthma rate is 295.9 L&C county versus 260 for MT. – Public Health

Allergies and asthma seem to be prevalent. Being in a rural community with farming close by, summer can be especially hard with those who have respiratory issues. In the winter there are many days that our air quality is an issue with wood-burning stoves and inversions. Although we have tobacco-free campuses, buildings, restaurants, parks, that doesn't stop some people from smoking in the car with their kids trapped inside. – Social Services

Observing the number of oxygen dependent residents in Helena seems to show a fairly significant issue with respiratory disease. – Other Health

Rates for asthma and chronic respiratory disease are higher in the county, as are emergency room admissions. These illnesses are a problem for the community because they result in less productive people who can't engage in healthy behavior. They increase medical costs from doctor's office visits, hospitalization and prescription medication costs. They can't live their lives because they can't breathe well. – Other Health

Air Quality

Air quality and inability to recruit and retain pulmonologists. – Community/Business Leader

Helena's air quality is often poor when temperature inversions occur: diesel fumes from the trains and the many diesel pickups around here just settle in to the valley and stay put. Problem also compounded by high volume of wood-burning fireplaces and stoves. – Other Health

Our community is close to non-attainment with EPA regulations related to particulate matter. In part this is due to wildfires in the summer months and the use of inefficient woodstoves in the winter. The incidence of asthma in adults, high school and middle school students is high in our community. – Public Health

Air quality and COPD are huge issues in the valley. – Community/Business Leader

The local air quality is sometimes pretty bad. The summer fires cause the air to be quite bad for weeks at a time. In the winter, colds and flu lead to acute bronchitis in some people. – Community/Business Leader

Access to Providers/Specialists

No specialist to manage these problems. – Public Health

No pulmonologist in Helena. – Physician

We have no Pulmonologist. – Physician

Lack of a medical specialist such as a Pulmonologist. High incidence of common allergy issues affecting breathing. Acute respiratory issues often left to be dealt with by Urgent Care or Emergency Room medical practitioners. – Social Services

Lots of allergies, forest fires in the area. When extremely ill and need to have bronchoscopy or be on ventilator. No specialist to perform/manage. – Physician

High Rate of Tobacco Use

Prevalence of smoking, mine workers, armed forces exposures. – Physician

There has been a high rate of tobacco use. – Public Health

Injury & Violence

About 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:

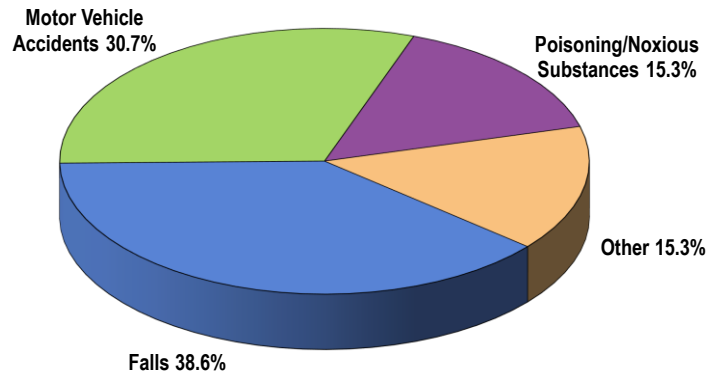
- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

• Healthy People 2020 (www.healthypeople.gov)

Leading Causes of Accidental Death

Falls, motor vehicle accidents, and poisoning (including accidental drug overdose) accounted for the majority of accidental deaths in the St. Peter’s Hospital Service Area between 2011 and 2013.

Leading Causes of Accidental Death (St. Peter's Hospital Service Area, 2011-2013)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

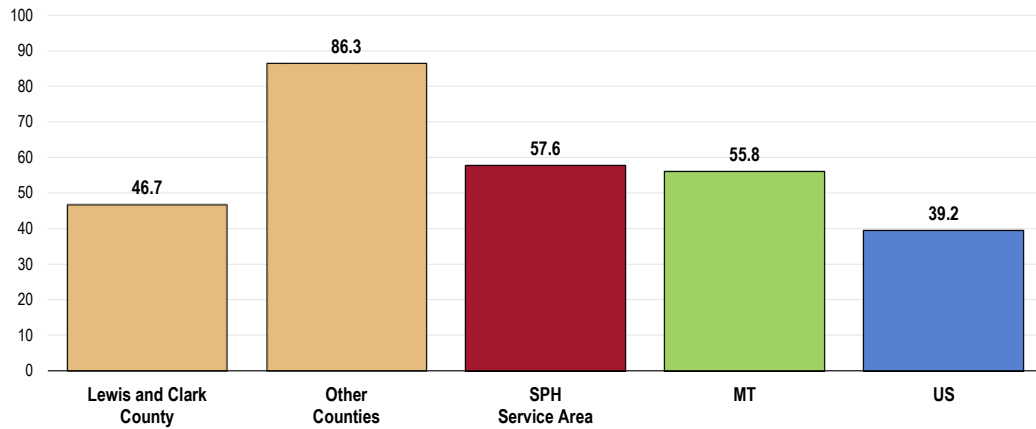
Unintentional Injury

AGE-ADJUSTED UNINTENTIONAL INJURY DEATHS

Between 2011 and 2013, there was an annual average age-adjusted unintentional injury mortality rate of 57.6 deaths per 100,000 population in the St. Peter's Hospital Service Area.

- Similar to the Montana rate.
- Less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target (36.4 or lower).
- Notably higher in the Other Counties.

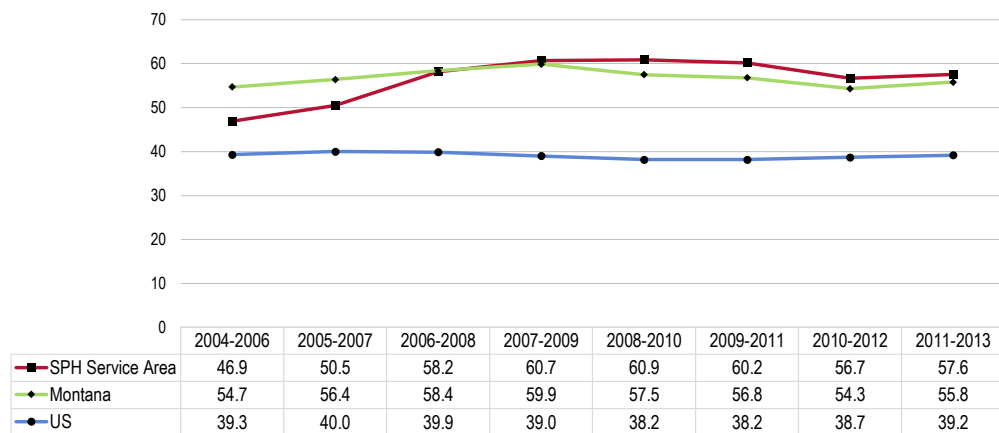
Unintentional Injuries: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 36.4 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - *Other Counties* include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

- **TREND:** There is an overall upward trend in the unintentional injury mortality rate in the St. Peter's Hospital Service Area; rates were more stable across Montana and the US overall.

Unintentional Injuries: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 36.4 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

MOTOR VEHICLE SAFETY

Age-Adjusted Motor-Vehicle Related Deaths

Between 2011 and 2013, there was an annual average age-adjusted motor vehicle crash

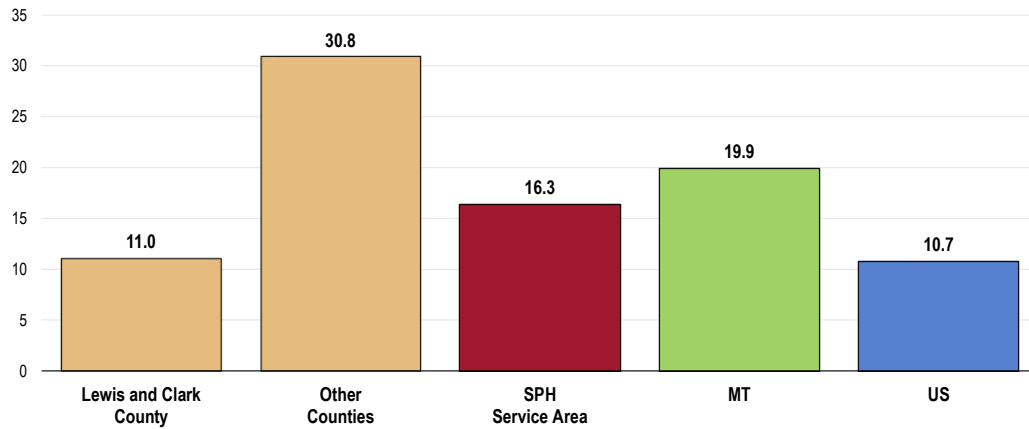
mortality rate of 16.3 deaths per 100,000 population in the St. Peter’s Hospital Service Area.

- Better than found statewide.
- Worse than found nationally.
- Fails to satisfy the Healthy People 2020 target (12.4 or lower).
- Unfavorably high in the Other Counties.

Motor Vehicle Crashes: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 12.4 or Lower

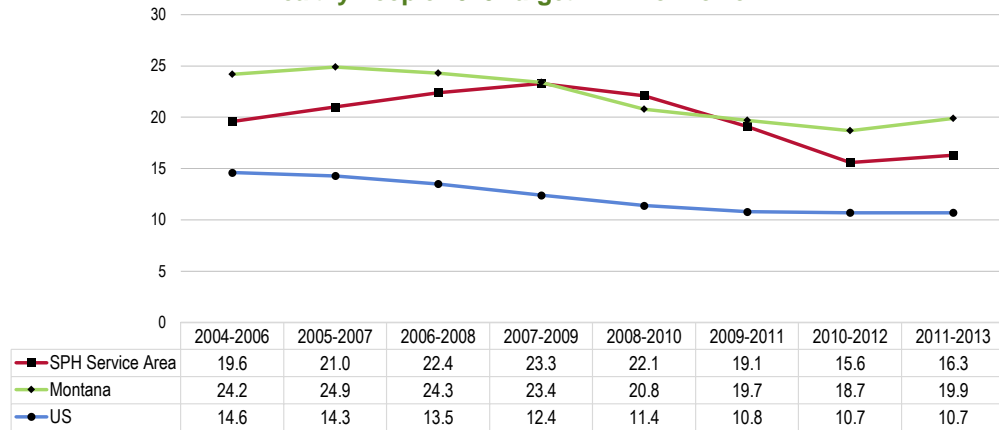


- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-13.1]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

- **TREND:** Note that the service area mortality rate has dropped sharply in recent years.

Motor Vehicle Crashes: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 12.4 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-13.1]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

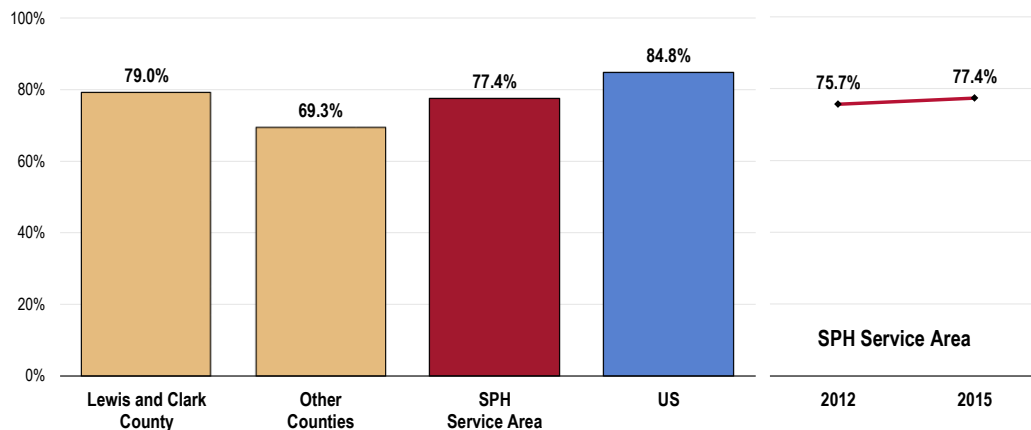
Seat Belt Usage - Adults

Most St. Peter’s Hospital Service Area adults (77.4%) report “always” wearing a seat belt when driving or riding in a vehicle.

- Less favorable than the percentage found nationally.
- Fails to satisfy the Healthy People 2020 target of 92.0% or higher.
- Statistically comparable findings by area.
- TREND: No significant change since 2012.

“Always” Wear a Seat Belt When Driving or Riding in a Vehicle

Healthy People 2020 Target = 92.0% or Higher

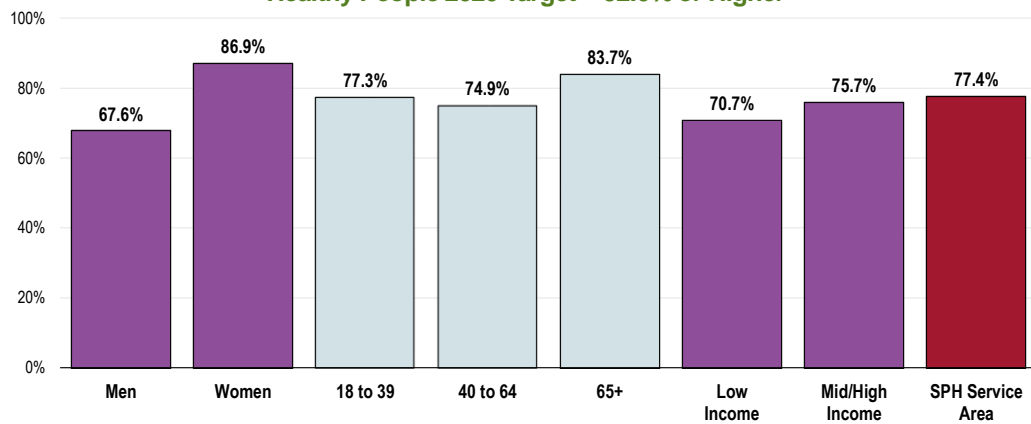


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 49]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-15]
 Notes: • Asked of all respondents.
 • “Other Counties” include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

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

- Men.
- Adults age 40 to 64.

**“Always” Wear a Seat Belt
When Driving or Riding in a Vehicle**
(St. Peter’s Hospital Service Area, 2015)
Healthy People 2020 Target = 92.0% or Higher



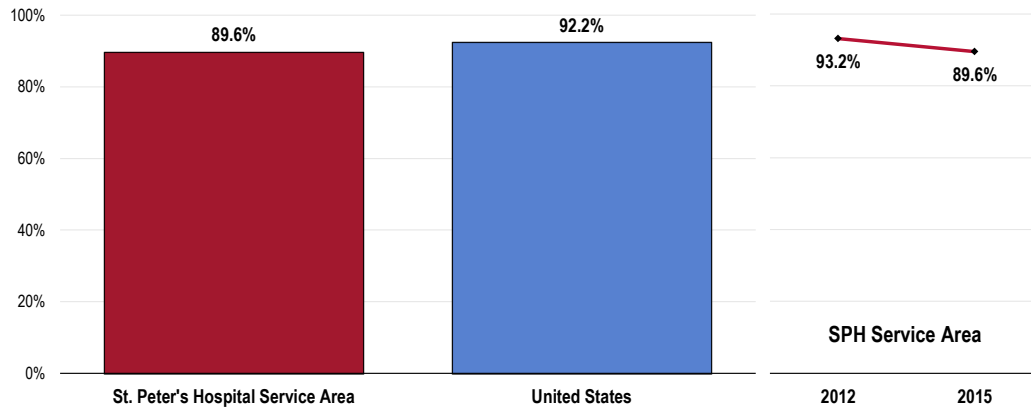
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-15]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent’s 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.

Seat Belt Usage - Children

A full 89.6% 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.
- TREND: Statistically unchanged since 2012.

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



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 122]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.

HELMET USE

Adults

Among respondents who rode a motorcycle in the past year, 56.3% “always” wore a helmet when doing so, and 9.4% “nearly always” did so.

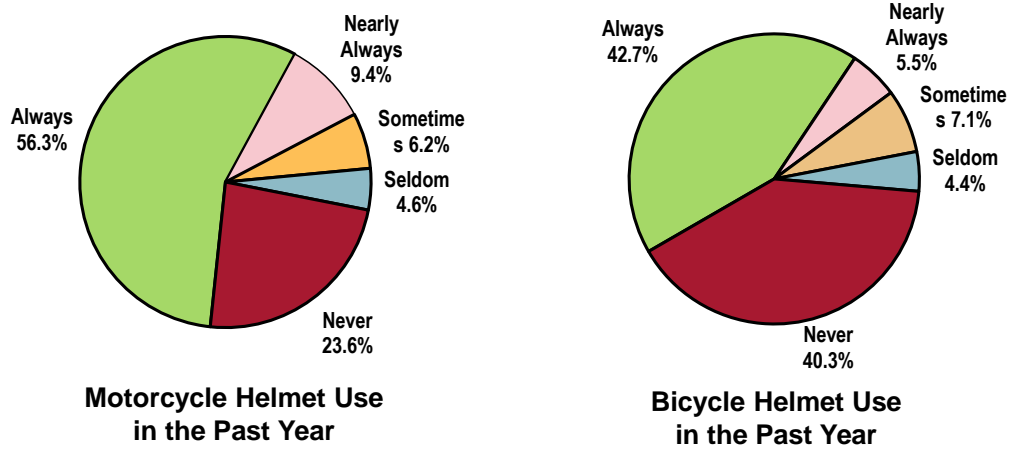
- In contrast, 23.6% of service area motorcycle riders “never” wore a helmet when riding a motorcycle in the past year.

Of area adults who rode a bicycle in the past year, 42.7% “always” wore a helmet when doing so, and 5.5% “nearly always” did so.

- On the other hand, 4 in 10 service area bike riders (40.3%) “never” wore a helmet when riding a bicycle in the past year.

Helmet Use

(Among St. Peter's Hospital Service Area, 2015)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 302-303]
 Notes: • Asked of those respondents who ride bicycles and/or motorcycles.

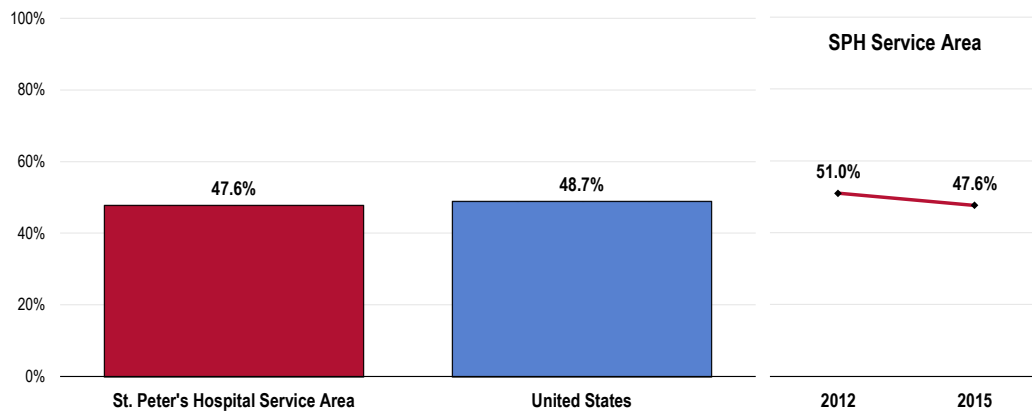
Children

Just less than half of service area children age 5 to 17 (47.6%) are reported to “always” wear a helmet when riding a bicycle.

- Similar to the national prevalence.
- TREND: Statistically unchanged since 2012.

Child “Always” Wears a Helmet When Riding a Bicycle

(Among Parents of Children Age 5-17)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 121]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children age 5 to 17 at home.

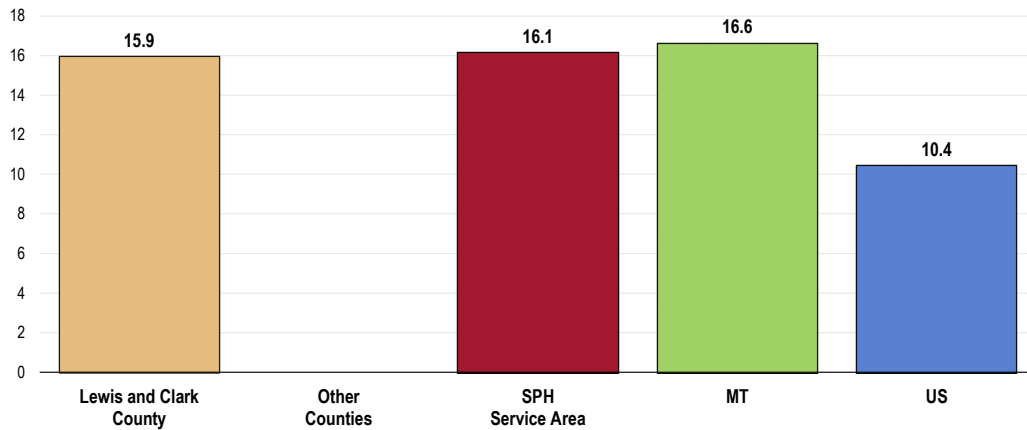
FIREARM SAFETY

Age-Adjusted Firearm-Related Deaths

Between 2011 and 2013, there was an annual average age-adjusted rate of 16.1 deaths per 100,000 population due to firearms in the St. Peter’s Hospital Service Area.

- Similar to that found statewide.
- Higher than found nationally.
- Fails to satisfy the Healthy People 2020 objective (9.3 or lower).
- *Rate not available for the Other Counties.*

Firearms-Related Deaths: Age-Adjusted Mortality
 (2011-2013 Annual Average Deaths per 100,000 Population)
 Healthy People 2020 Target = 9.3 or Lower

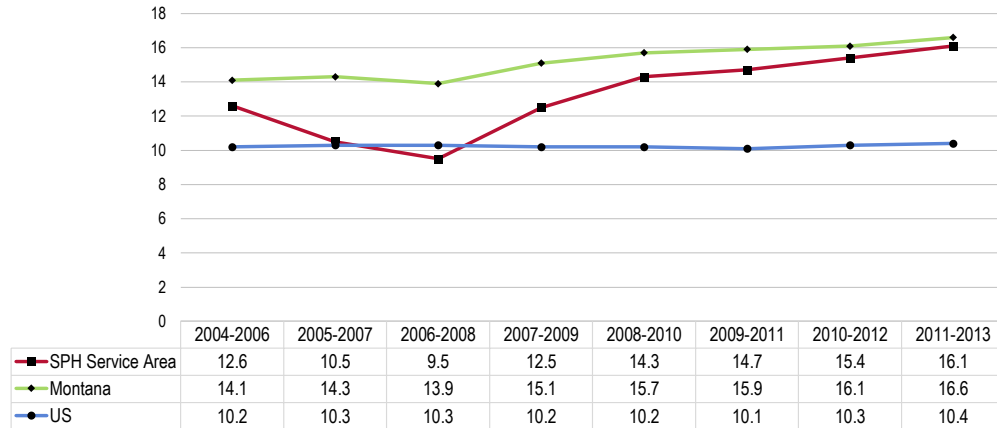


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-30]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 • "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

- **TREND:** Firearm-related mortality has risen sharply in recent years in the St. Peter's Hospital Service Area.

Firearms-Related Deaths: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 9.3 or Lower



Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-30]

Notes:

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

Presence of Firearms in Homes

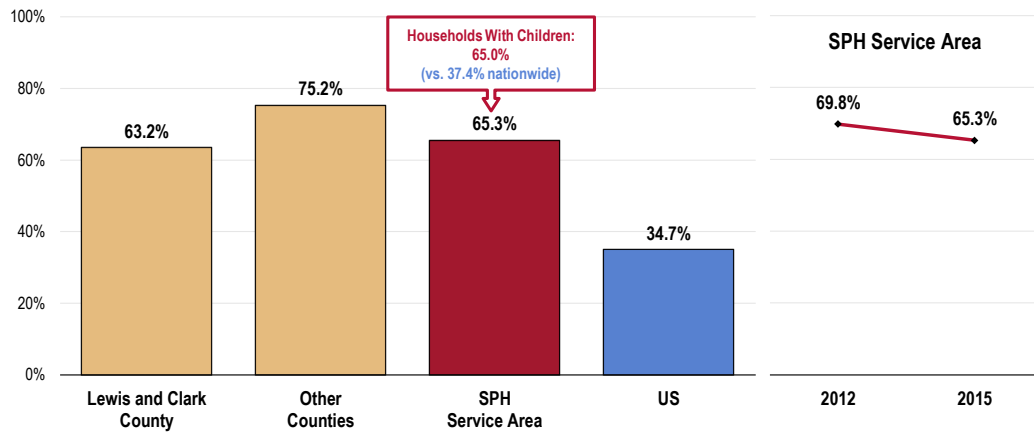
Overall, nearly 2 in 3 St. Peter’s Hospital Service Area adults (65.3%) have a firearm kept in or around their home.

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.”

- Much higher than the national prevalence.
- Much higher in the Other Counties when compared with Lewis and Clark County.
- TREND: Similar to that reported in 2012.
- Among St. Peter’s Hospital Service Area households with children, 65.0% have a firearm kept in or around the house (much higher than reported nationally).
- TREND: The prevalence of firearms in households with children has decreased significantly since 2012 (not shown).

Have a Firearm Kept in or Around the Home



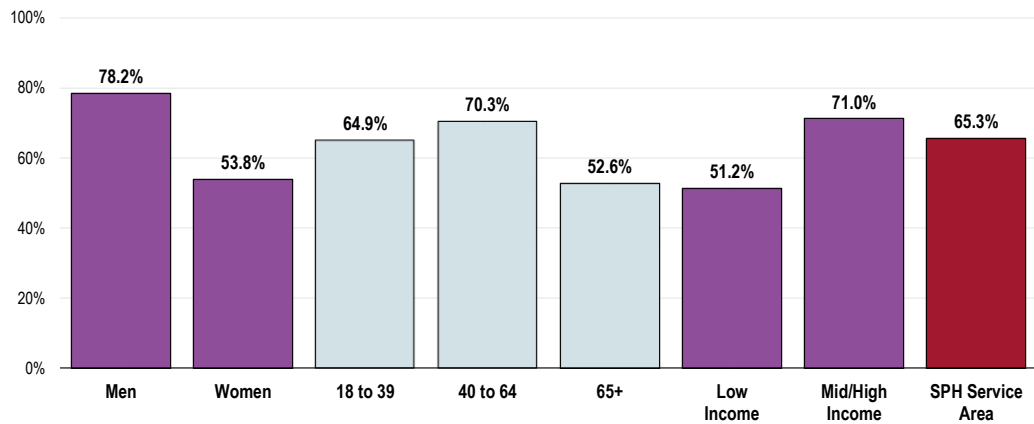
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 52, 137]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.
 • "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

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

- Men.
- Adults under age 65.
- Higher-income households.

Have a Firearm Kept in or Around the House

(St. Peter's Hospital Service Area, 2015)

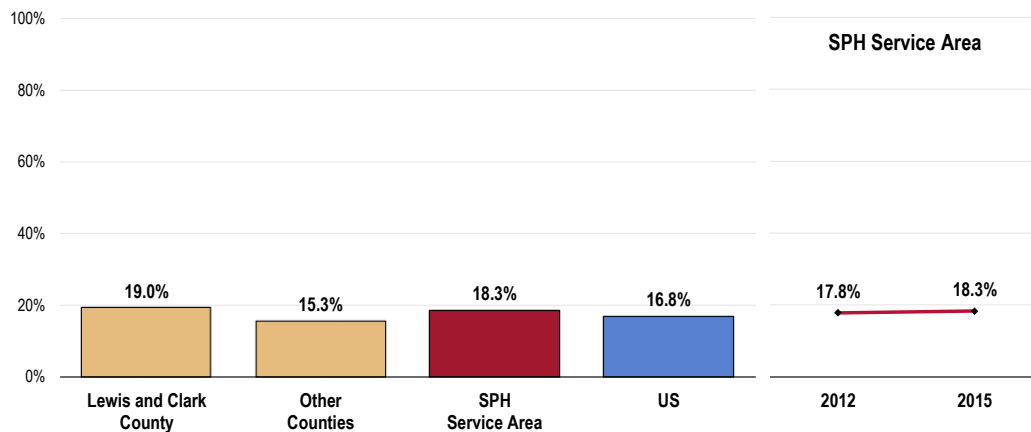


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]
 Notes: • Asked of all respondents.
 • In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.
 • Income 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, 18.3% report that there is at least one weapon that is kept unlocked and loaded.

- Statistically similar to that found nationally.
- Similar findings by area.
- TREND: Statistically similar to that reported in 2012.

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



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 138]
 • 2013 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.
 • "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

Intentional Injury (Violence)

AGE-ADJUSTED HOMICIDE DEATHS

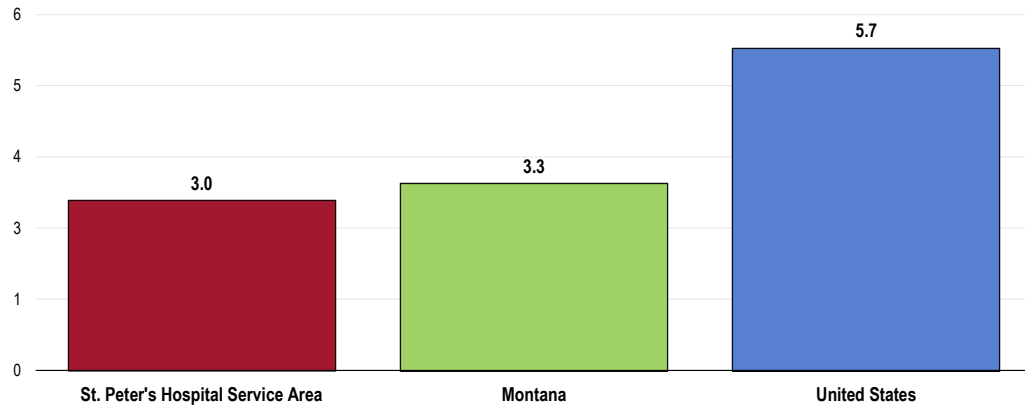
Between 2011 and 2013, there was an annual average age-adjusted homicide rate of 3.0 deaths per 100,000 population in the St. Peter’s Hospital Service Area.

- More favorable than the rate found statewide.
- More favorable than the national rate.
- Satisfies the Healthy People 2020 target of 5.5 or lower.

RELATED ISSUE:

See also *Suicide* in the **Mental Health** section of this report.

Homicide: Age-Adjusted Mortality (2004-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 5.5 or Lower



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-29]

Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 ● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 ● "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

VIOLENT CRIME

Violent Crime Rates

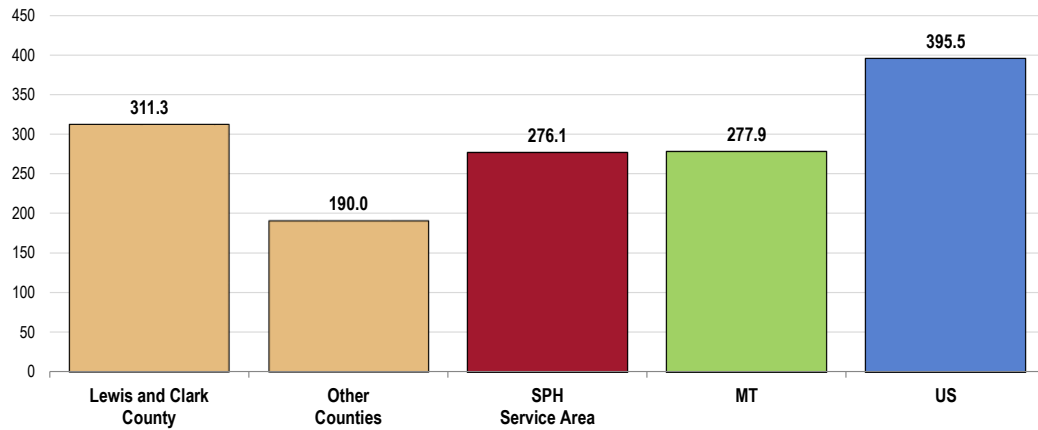
Between 2010 and 2012, there were a reported 276.1 violent crimes per 100,000 population in the St. Peter's Hospital Service Area.

- Similar to the Montana rate for the same period.
- Well below the national rate.
- Unfavorably high in Lewis and Clark County.

Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

Violent Crime (Rate per 100,000 Population, 2010-2012)



Sources:

- Federal Bureau of Investigation, FBI Uniform Crime Reports: 2012.
- Retrieved August 2015 from Community Commons at <http://www.chna.org>.

Notes:

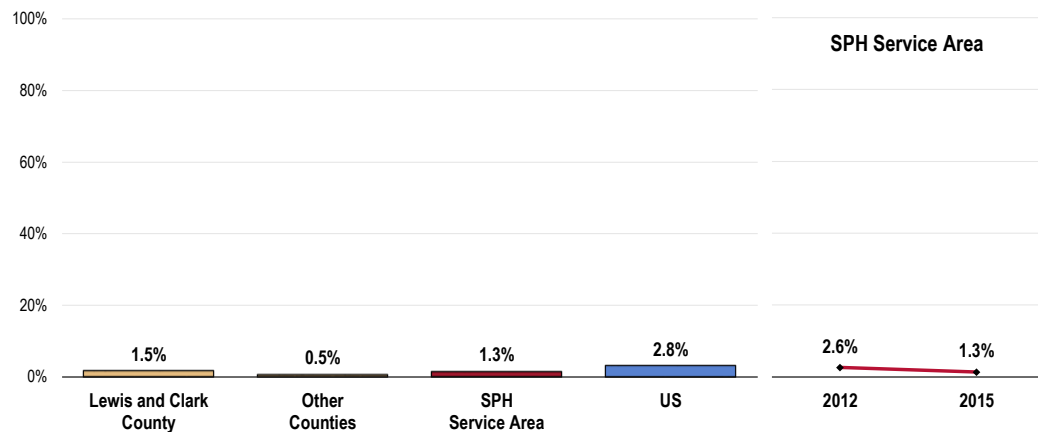
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
- Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics, but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.
- "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

Self-Reported Violence

A total of 1.3% of St. Peter's Hospital Service Area adults acknowledge being the victim of a violent crime in the past five years.

- Half the national proportion.
- Statistically similar by area.
- TREND: Statistically unchanged since 2012.

Victim of a Violent Crime in the Past Five Years



Sources:

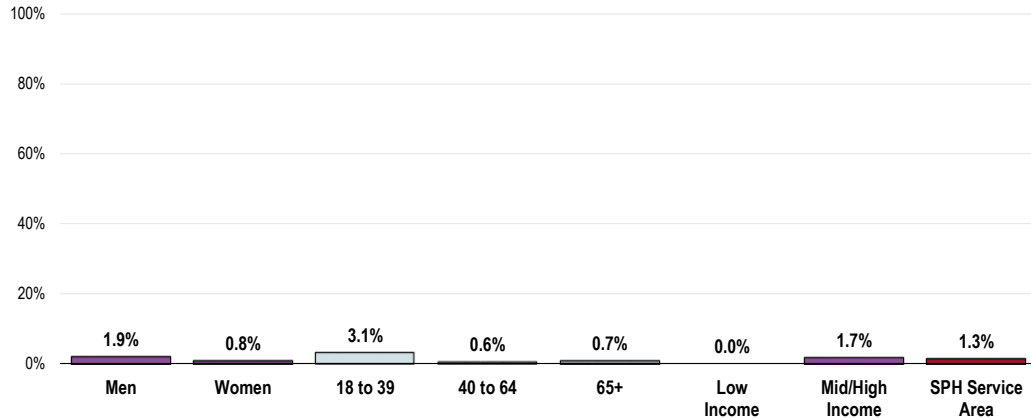
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 50]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

- Asked of all respondents.
- "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

- Reports of violence are notably higher among residents living in the upper income category.

Victim of a Violent Crime in the Past Five Years (St. Peter's Hospital Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 50]
 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 Family Violence

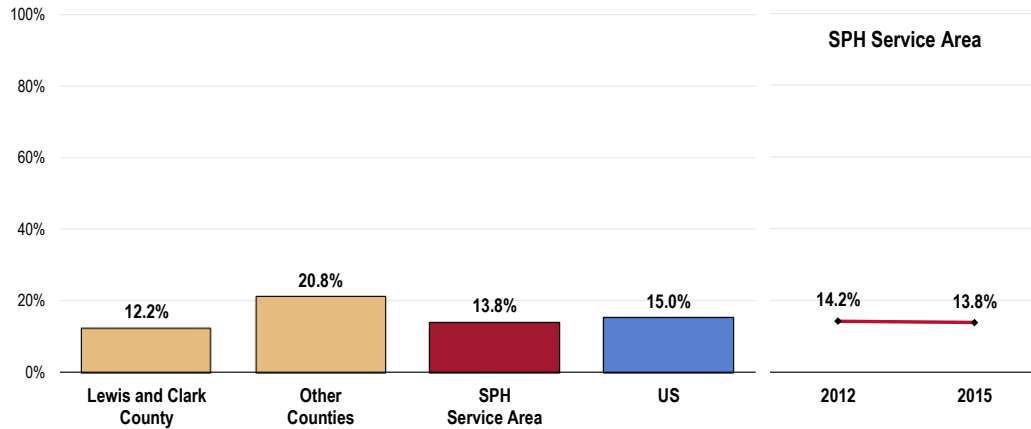
A total of 13.8% of respondents acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

Respondents were told:

"By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner."

- Comparable to national findings.
- Statistically comparable by area.
- TREND: Statistically unchanged since 2012.

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



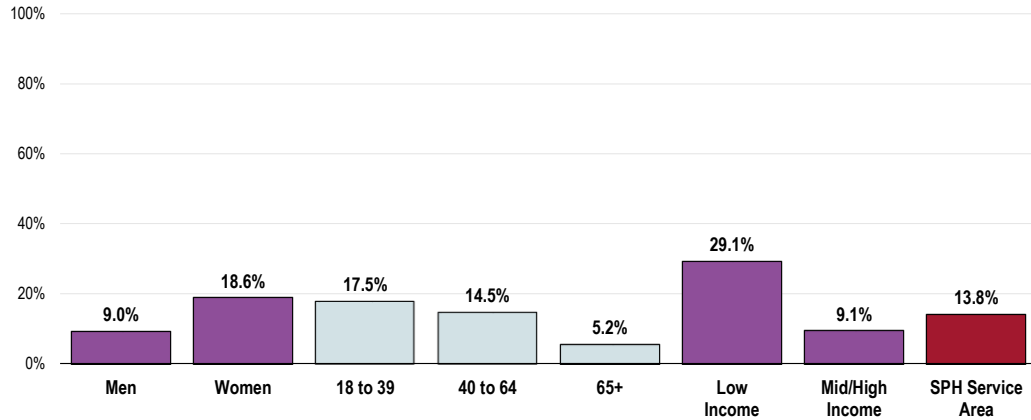
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 51]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

Reports of domestic violence are also notably higher among:

- Women.

- Adults under 65 (negative correlation with age).
- Those with lower incomes.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner (St. Peter's Hospital Service Area, 2015)

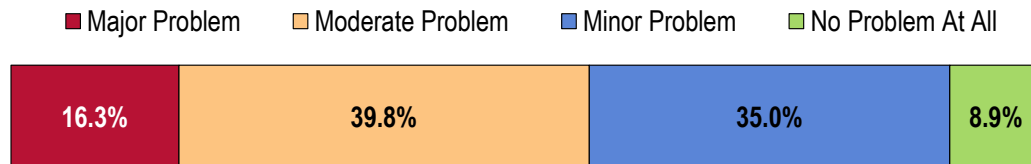


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 51]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Injury & Violence

The largest share of key informants taking part in an online survey characterized *Injury & Violence* as a "moderate problem" in the community.

Perceptions of Injury and Violence as a Problem in the Community (Key Informants, 2014)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

TOP CONCERNS

Among those rating this issue as a "major problem," reasons frequently related to the following:

Contributing Factors

- Substance abuse, poverty, lack of resources. – Other Health
- It is a typical community only with more alcohol and better access to guns. – Public Health

I believe there is a misconception regarding violence and the contributing factors. The majority of service providers have misconceptions regarding the causes of violence we often treat the outcome when we should be looking at the reason for the behavior which is often trauma and a resulting mental health problem. – Social Services

Economic stress on families; unemployed or underemployed. Poor parenting skills, drugs and alcohol abuse. – Community/Business Leader

Children are at risk for violence and injury in the home. Their parents lack affordable, quality child care that is reliable, and many parents must leave their children with questionable care givers so that they can work and meet direct-service program requirements. Youth lack resources to deal with bullying in school and the intimate violence they might experience at home. Adults themselves face stress from low incomes and lack of resources. Many people in the community face poverty and homelessness; stress from these situations is itself a source of injury and violence, but these situations also beget violence with few outlets for victims and few counseling and "retraining" resources to help perpetrators break the cycle they are in. – Social Services

I still read the newspaper and every day you hear about accidents, domestic violence, and horrible crimes against children. It could be these are sensational articles but it seems people don't have the tools to handle stressful situations and they act out in violent ways. We don't have drive-by shootings or road rage like large communities but we still have violence in our community and it seems acceptable for some people to solve problems using violence. – Other Health

Domestic Violence and Child Abuse

Helena has had two cases of shaken baby syndrome in four months. That is only the identified cases. How many more children are being abused? There is not a big enough effort aimed at adults to help with anger management, mental disorders and life skills. Rape is another issue that must be better addressed giving women more support to report and testify against rapist. – Other Health

Domestic and sexual violence prevention in our community deserves more attention. Domestic violence is one of the chief causes of injury for women. Whole families and the community are affected by this violence. A recent case, this month, is the murder of a small child in Helena by her mother's boyfriend. – Public Health

Violence is a problem in Helena. Domestic Violence. Violence resulting from meth. – Other Health

Domestic violence, gun violence, lack of seatbelt use, and violence due to alcohol consumption are all problems in rural communities. – Public Health

Domestic violence in our community is a major issue. Violence among family members seems rampant. Far too many children and adults live in circumstances where they are at risk for injury. – Public Health

Data on DV/IPV in MT show that about 1/4 of people in relationships are experiencing this issue in some form. – Public Health

High Rate of Crime

Injuries and deaths due to nonuse of seat belts is routinely cited in newspaper reports of car crashes. Personal attacks on persons resulting in injuries are also reported. – Other Health

We have highways and alcohol. Stupid question. – Physician

Car crashes and suicides rates are too high. – Public Health

It seems like we are seeing more crimes related to physical violence in the community. – Public Health

Diabetes

About 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.

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.

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.

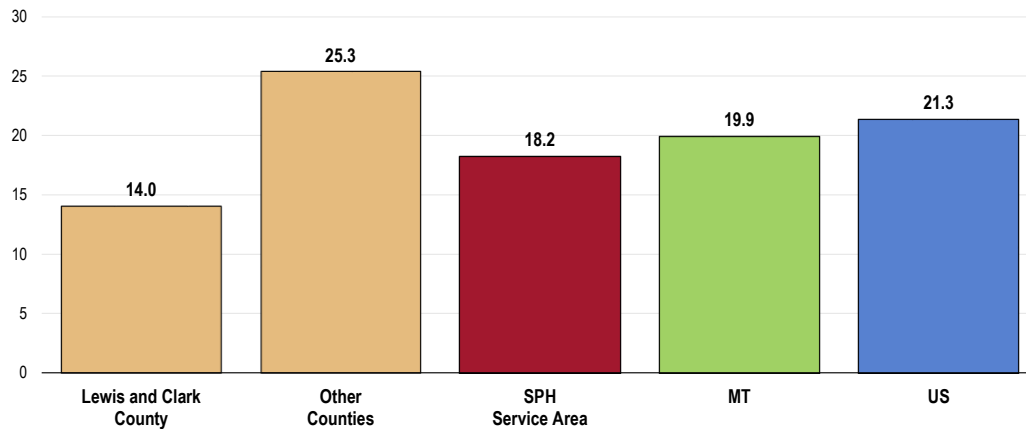
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Diabetes Deaths

Between 2011 and 2013, there was an annual average age-adjusted diabetes mortality rate of 18.2 deaths per 100,000 population in the St. Peter's Hospital Service Area.

- More favorable than that found statewide.
- More favorable than the national rate.
- Satisfies the Healthy People 2020 target (20.5 or lower, adjusted to account for diabetes mellitus-coded deaths).
- Favorably low in Lewis and Clark County.

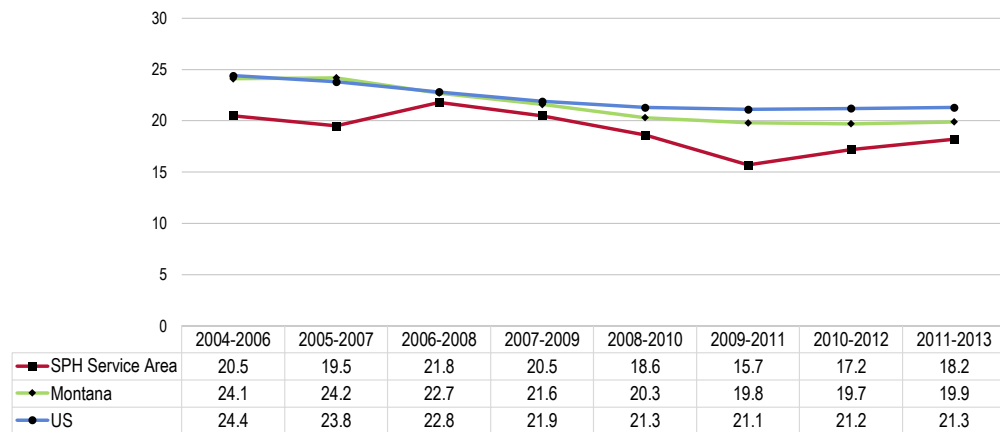
Diabetes: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 20.5 or Lower (Adjusted)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.
 - *Other Counties* include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

- **TREND:** The area diabetes mortality rate has shown general decline over the past decade and has remained consistently below state and national rates.

Diabetes: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 20.5 or Lower (Adjusted)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

Prevalence of Diabetes

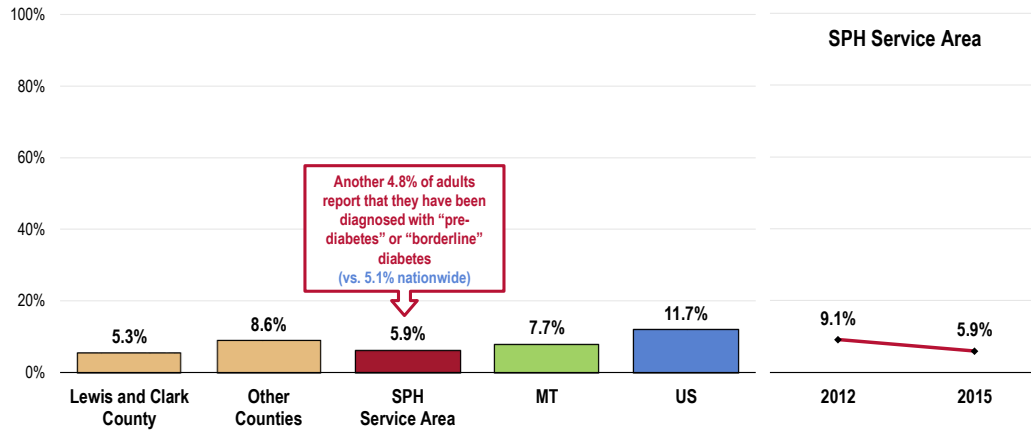
A total of 5.9% of St. Peter’s Hospital Service Area adults report having been diagnosed with diabetes.

- Similar to the statewide proportion.
- Better than the national proportion.
- Statistically similar by area.
- TREND: Statistically unchanged since 2012.

In addition to the prevalence of diagnosed diabetes referenced above, another 4.8% of St. Peter’s Hospital Service Area adults report that they have “pre-diabetes” or “borderline diabetes.”

- Comparable to the US prevalence.
- Unfavorably high in the Other Counties (not shown).

Prevalence of Diabetes

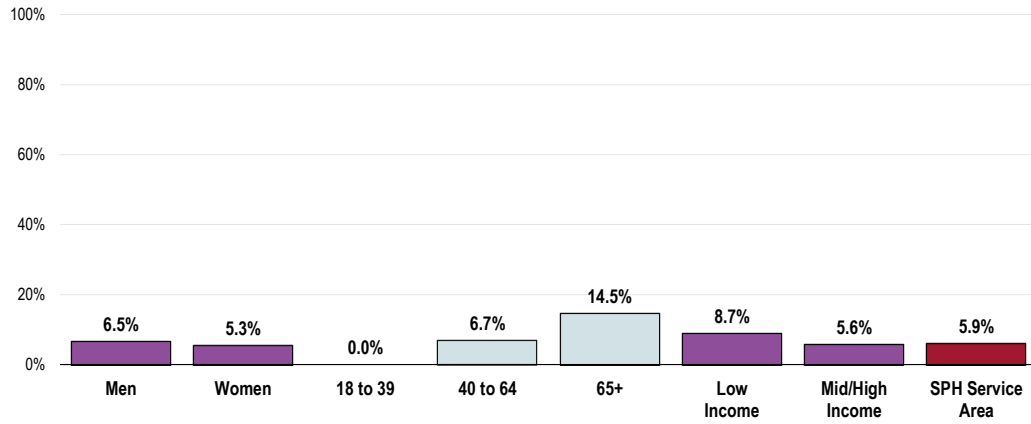


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 136]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Montana data.

Notes: • Asked of all respondents.
 • Local and national data exclude gestation diabetes (occurring only during pregnancy).
 • "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

- Note the strong positive correlation between diabetes and age, with 14.5% of service area seniors with diabetes.

Prevalence of Diabetes (St. Peter's Hospital Service Area, 2015)



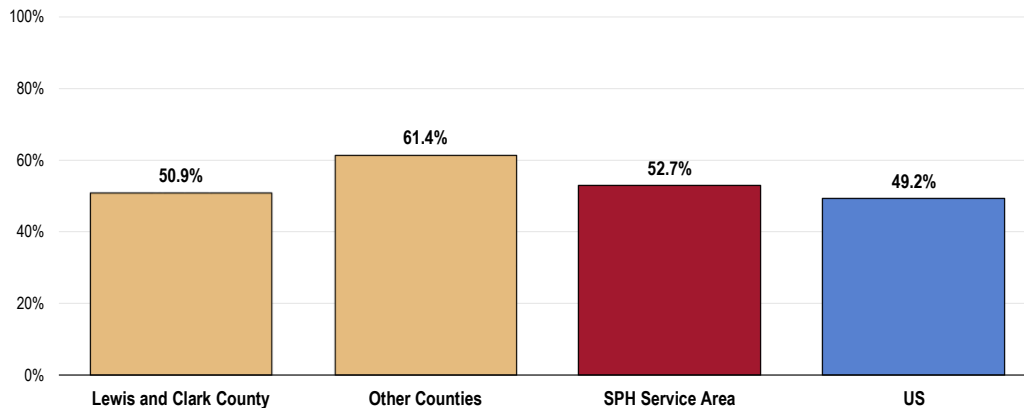
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 136]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with 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 TESTING

Of St. Peter's Hospital Service Area adults who have not been diagnosed with diabetes, 52.7% report having had their blood sugar level tested within the past three years.

- Similar to the national proportion.
- Statistically similar by area.

Have Had Blood Sugar Tested in the Past Three Years (Among Non-Diabetics)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 40]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of respondents who have not been diagnosed with diabetes.
 • "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

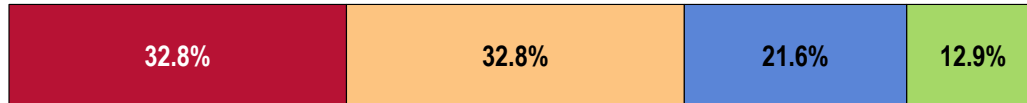
Key Informant Input: Diabetes

Nearly one-third of key informants taking part in an online survey characterized

Diabetes as a “major problem” in the community, and an identical proportion characterized *Diabetes* as a “moderate problem” in the community.

Perceptions of Diabetes as a Problem in the Community (Key Informants, 2014)

■ Major Problem
 ■ Moderate Problem
 ■ Minor Problem
 ■ No Problem At All



Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: ● Asked of all respondents.

CHALLENGES

Among those rating this issue as a “major problem,” the biggest challenges for people with diabetes are seen as:

Lack of Education

Knowing how to take care of the disease, weight control and exercise needs as well as teaching. – Community/Business Leader

Education. What they do not know are big contributors to getting diabetes. One session about these is not enough. They need to be followed up by a physician or someone that can help them be more consistently accountable. – Community/Business Leader

Lack of understanding and acceptance. – Community/Business Leader

Education. St. Peter's Hospital does a wonderful job with community education, but the rise of instances of diabetes in our community continues to be a health concern. – Community/Business Leader

Self-care. People with diabetes need to understand how to live with the disease in the best way possible. They need to care for themselves appropriately. Support systems need to be in place to make this realistic. Treatment and disease monitoring needs to be affordable. – Public Health

Being undiagnosed, pre-diabetic, and then it becomes much more serious to treat and live with when it does get diagnosed. – Community/Business Leader

Too many unengaged diabetics not managing their own health. – Community/Business Leader

They need nutritional counseling to better control blood sugars. – Public Health

Poor nutritional education. Many living at or below poverty level. – Community/Business Leader

Most important to try to prevent it as much as possible. – Public Health

Putting knowledge to work, think preventative health. Understanding the risk factors and taking action. – Social Services

Ability to manage sliding scale insulin. – Public Health

Poor understanding of the risks of diabetes which leads to poor compliance with healthcare recommendations. – Physician

Access to Care

Access to Health Care Providers and lack of knowledge regarding their care. – Other Health

Access to endocrinologists for both the adult and pediatric populations. More community awareness of self-management programs available in non-traditional venues. Health clubs, schools and churches. – Public Health

This should be less of a problem now that there is an Endocrinologist here. – Physician

Many people have diabetes but it can be very preventable with the right support services. – Public Health

Poor access to care has resulted in many patients with poorly controlled diabetes and secondary effects of the disease including vascular and vision related consequences. – Physician

Access to affordable treatment. – Community/Business Leader

Care of children with diabetes. Cost of supplies and medication. – Other Health

To get advice and care in a timely manner. – Social Services

Accessing prevention/reduction strategies and having the long-term ability to implement them in their lives. – Social Services

Behavioral Risk

The lack of healthy lifestyles in the community has led to increases in adult and child diabetes. – Community/Business Leader

With the growing trend of sedentary lifestyles and obesity, diabetes becomes more prevalent and a higher risk for people. – Other Health

Developing a new lifestyle that is healthier and reachable goals. Affordable Medication and/or ability to get prescriptions prescribed for those who are beyond the ability to change their lifestyle. If you don't have the insurance that covers the doctor visit and labs. It's difficult to get the prescription to get the medications. – Community/Business Leader

Overweight and out of shape community. We have an aging population. – Community/Business Leader

Obesity and poor dietary choices represent the probability of diabetes becoming an increasing problem. – Community/Business Leader

Sticking to a long term plan and making life time lifestyle modifications. – Physician

High Prevalence

The number of school age children in the schools with type I diabetes is almost double the national average. In addition type II diabetes is increasing across the country due to diet and obesity. – Community/Business Leader

Disease prevalence, smoking prevalence. – Physician

The primary issue is many residents are at high risk for developing Type 2 diabetes. – Public Health

I just think diabetes is more common than many people believe. – Other Health

Affordable Fresh/Healthy Foods

Cost of fresh food and understanding how to fix healthy meals on a budget. Lack of a support system for beginning to exercise. A walking club that starts at a very low effort so people can join but not be left behind. – Other Health

Easy and inexpensive access to healthy foods. Conversely, a plethora of unhealthy foods.

Fast food places, bakeries, etc. – Public Health

Alzheimer's Disease

About Dementia

Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—to such an extent that it interferes with a person's daily life. Dementia is not a disease itself, but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean a person has dementia. Alzheimer's disease is the most common cause of dementia, accounting for the majority of all diagnosed cases.

Alzheimer's disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer's disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat and prevent Alzheimer's disease are found.

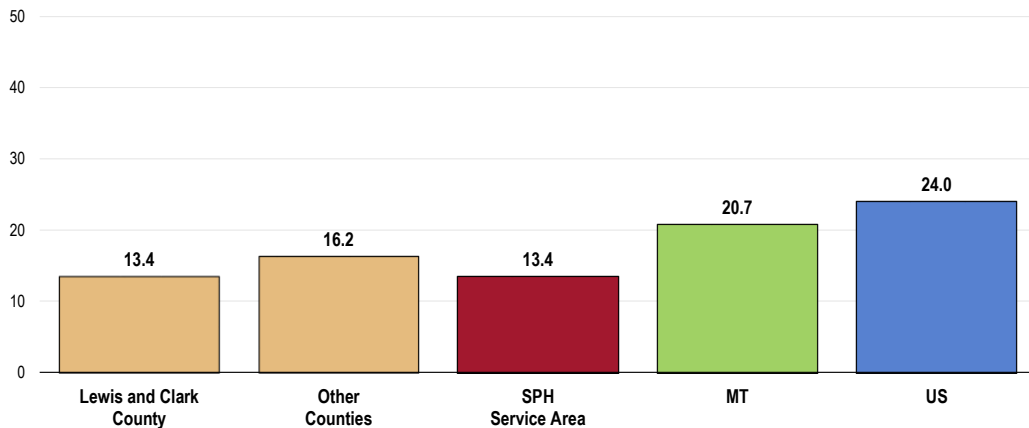
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Alzheimer's Disease Deaths

Between 2011 and 2013, there was an annual average age-adjusted Alzheimer's disease mortality rate of 13.4 deaths per 100,000 population in the St. Peter's Hospital Service Area.

- More favorable than the statewide rate.
- More favorable than the national rate.
- Higher in the Other Counties.

Alzheimer's Disease: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)

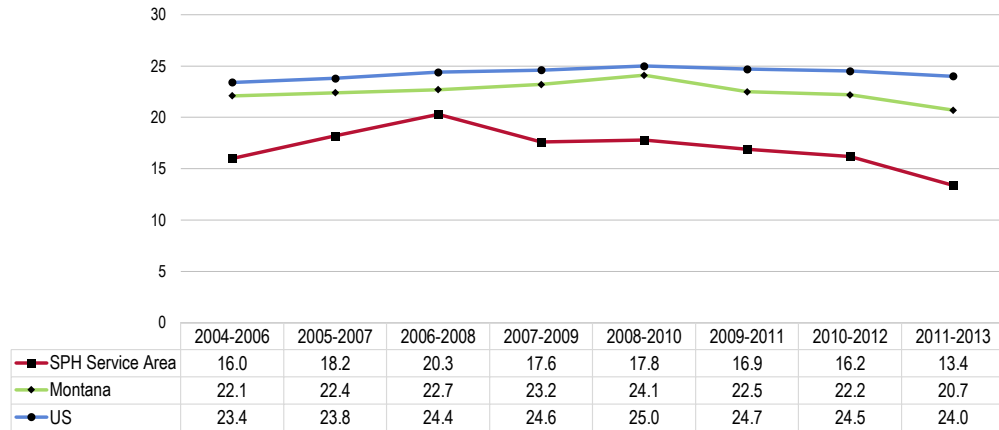


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
• "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

- **TREND:** Alzheimer's disease mortality in the area has experienced a notable decline in more recent data reporting years.

Alzheimer's Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



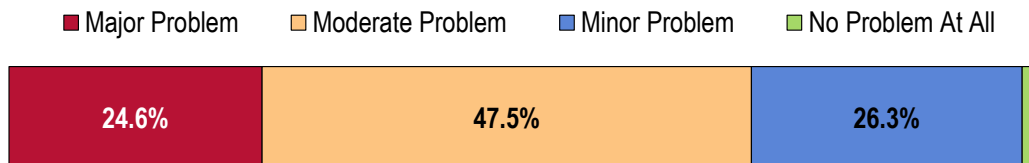
Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics.
Data extracted August 2015.

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

Key Informant Input: Dementias, Including Alzheimer's Disease

Key informants taking part in an online survey are most likely to consider *Dementias, Including Alzheimer's Disease* as a “moderate problem” in the community.

Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community (Key Informants, 2014)



Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

TOP CONCERNS

Among those rating this issue as a “major problem,” reasons frequently related to the following:

High Rate/Aging Population

Aging population will result in growth of number of individuals with the disease. – Community/Business Leader

Helena has a large percentage of our population that is aging and nearing or over retirement age. With this sector of the population growing, so is the number of citizens experiencing this disease themselves or with parents/family. – Community/Business Leader

Like everywhere else, we have an aging population and I do not believe that the Helena area has the facilities and enough medical staff with training to meet what may be a growing

problem. – Community/Business Leader

Aging of the population and lack of resources to treat patient and support family. – Physician

Numbers are increasing with the aging of the population. – Public Health

Aging population and substandard local care facilities. – Community/Business Leader

We have an aging population in Helena. – Other Health

The number of people living with dementia/Alzheimer's disease in this community is overwhelming. – Other Health

The number of referrals for respite or assisted living or nursing home due to dementia. – Public Health

Aging population. – Community/Business Leader

Access to Resources

Progressively older population with dementia and families which have difficulty providing care as they are working. – Public Health

Lack of resources in Helena to guide families advocating for their loved ones with dementia/Alzheimer's. – Social Services

Supporting the family of patients with dementia is a need. – Community/Business Leader

Access and cost. – Public Health

Care and treatment. – Community/Business Leader

Requires intensive management by a multidisciplinary group coordinated by a primary care provider. Access to PCP who can coordinate these services is not available. – Physician

We only have one neurologist and have trouble accessing neurological care for help with management of these patients. – Physician

Options for affordable long term care are very limited. Few family practice and internists are currently accepting new Medicare patients, and there is a very high turnover of primary care providers in general. It is difficult for families to establish continuity of care. – Physician

Care is expensive and family members wear themselves out trying to care for loved ones with dementia. – Public Health

Lack of Education

I think that many people need more education. Signs and symptoms to watch for, a doctor that is able to diagnose and help them to know and understand what options they have and more follow-up to help. – Community/Business Leader

Because it is difficult to diagnose and many primary care physicians don't want to be this bearer of bad news. Because there is a shortage of in-home care providers for on-going service or respite services. St. Peter's Hospital does not support financially or with expertise ongoing Alzheimer's support groups. Because Nursing Home care is mostly inadequate and of poor quality so families don't want to send their family members there. – Social Services

I think it is a misunderstood disease and the distinction between Alzheimer's and dementia isn't well understood and there may be different ways to approach clients who have dementia vs.

Alzheimer's vs. other disease that may have systems similar to those two. –

Community/Business Leader

Alzheimer's affects approximately 10% of my program's clients and this issue is a difficult need to address. I feel that more research and more resources are necessary to address this major health concern. – Other Health

Kidney Disease

About Chronic Kidney Disease

Chronic kidney disease and end-stage renal disease are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are responsible for premature death and exact a high economic price from both the private and public sectors. Nearly 25% of the Medicare budget is used to treat people with chronic kidney disease and end-stage renal disease.

Genetic determinants have a large influence on the development and progression of chronic kidney disease. It is not possible to alter a person's biology and genetic determinants; however, environmental influences and individual behaviors also have a significant influence on the development and progression of chronic kidney disease. As a result, some populations are disproportionately affected. Successful behavior modification is expected to have a positive influence on the disease.

Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the national Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes in persons at risk.

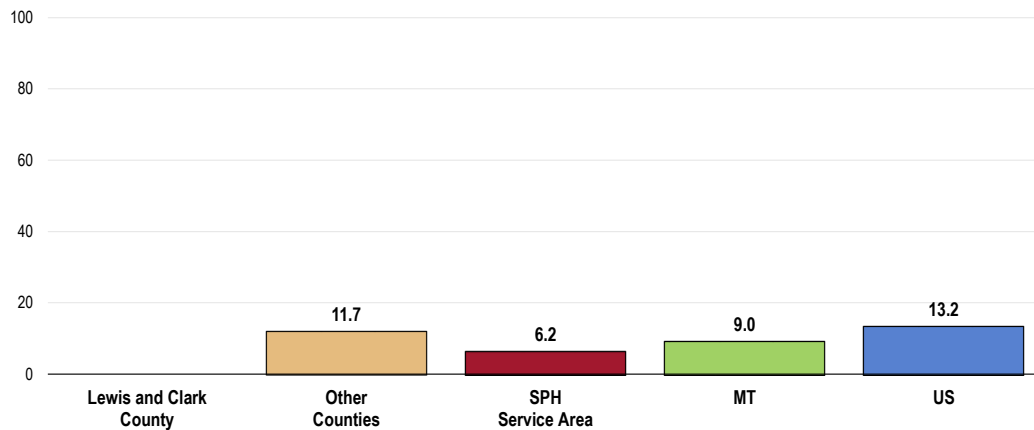
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Kidney Disease Deaths

Between 2011 and 2013 there was an annual average age-adjusted kidney disease mortality rate of 6.2 deaths per 100,000 population in the St. Peter's Hospital Service Area.

- More favorable than the rate found statewide.
- More favorable than the national rate.
- The rate is higher in the Other Counties.

Kidney Disease: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population)

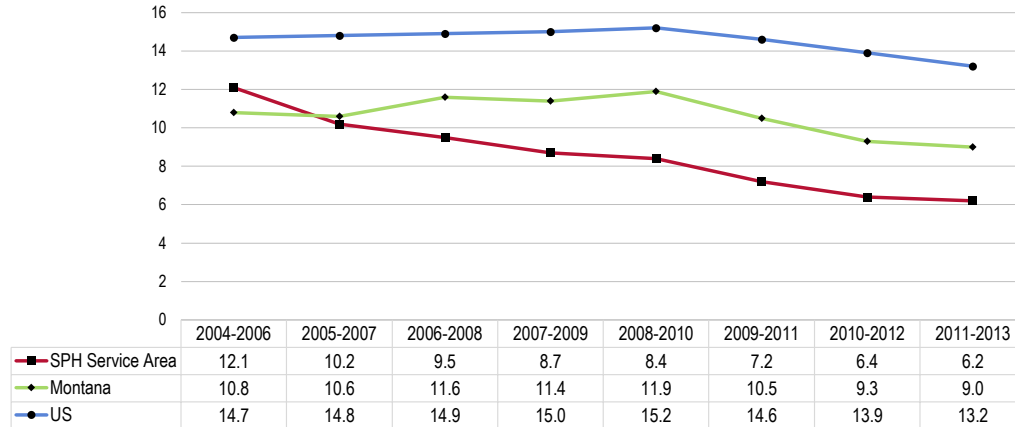


- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

- **TREND:** The death rate has decreased consistently and rather sharply over the past decade in the St. Peter's Hospital Service Area.

Kidney Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



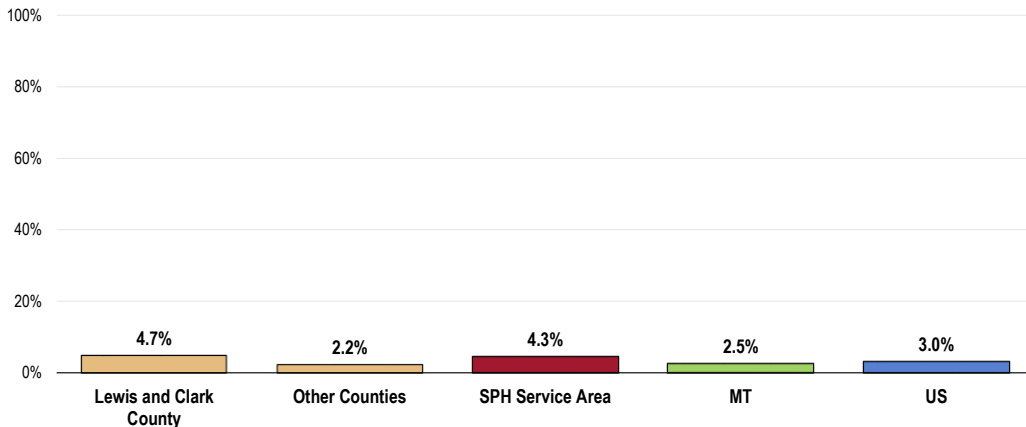
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Kidney Disease

A total of 4.3% of survey respondents have been diagnosed with kidney disease.

- Similar to the national proportion.
- Similar to the state proportion.
- Statistically similar by area.

Prevalence of Kidney Disease

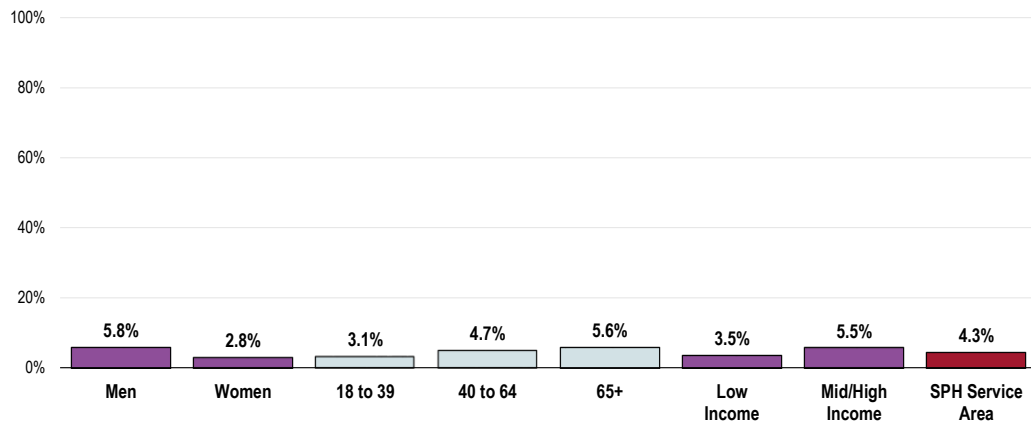


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Montana data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

- No significant difference in kidney disease when viewed by respondent

demographics.

Prevalence of Kidney Disease (St. Peter's Hospital Service Area, 2015)

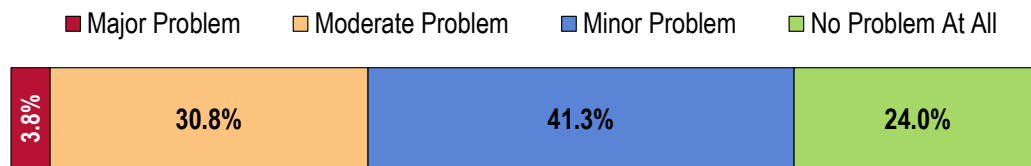


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Chronic Kidney Disease

Key informants taking part in an online survey generally characterized *Chronic Kidney Disease* as a "minor problem" in the community.

Perceptions of Chronic Kidney Disease as a Problem in the Community (Key Informants, 2014)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

TOP CONCERNS

Among those rating this issue as a “major problem,” reasons frequently related to the following:

High Rate/Aging Population

Aging population increasing. Increasing number of diabetes clients. Our dialysis center is already very busy. – Other Health

Constant full census in dialysis unit. – Community/Business Leader

Access to Care

Access to in-network dialysis treatment is a challenge throughout the state of Montana as there just isn't the competition that would help drive competitive pricing and the need to contract with health insurers. – Community/Business Leader

Co-occurring Morbidities

Chronic kidney disease related to diabetes is difficult and expensive to treat. Many individuals with this health problem do not take care of themselves. – Public Health

Potentially Disabling Conditions

About Arthritis, Osteoporosis & Chronic Back 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 Back Conditions

PREVALENCE OF ARTHRITIS/RHEUMATISM

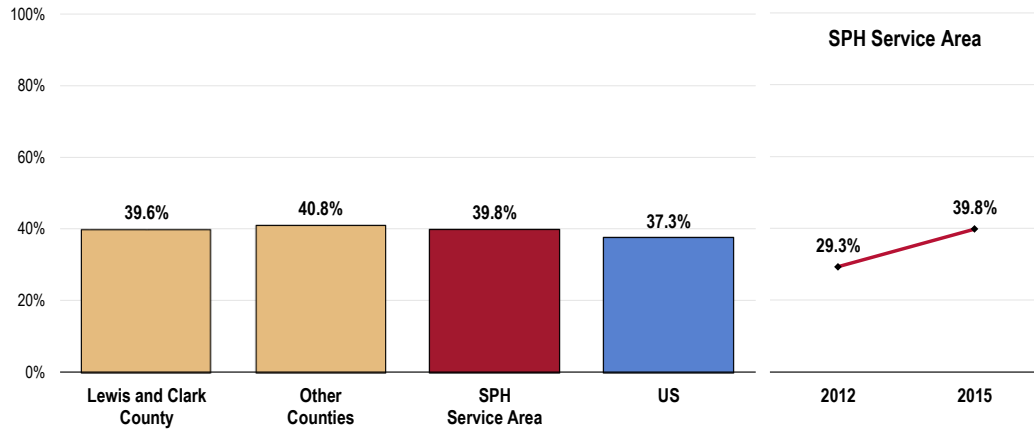
A total of 4 in 10 St. Peter's Hospital Service Area adults age 50 and older (39.8%) report suffering from arthritis or rheumatism.

- Similar to that found nationwide.
- Similar findings by area.
- TREND: The prevalence of arthritis/rheumatism has increased significantly since 2012.

RELATED ISSUE:

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

Prevalence of Arthritis/Rheumatism (Among Adults Age 50 and Older)



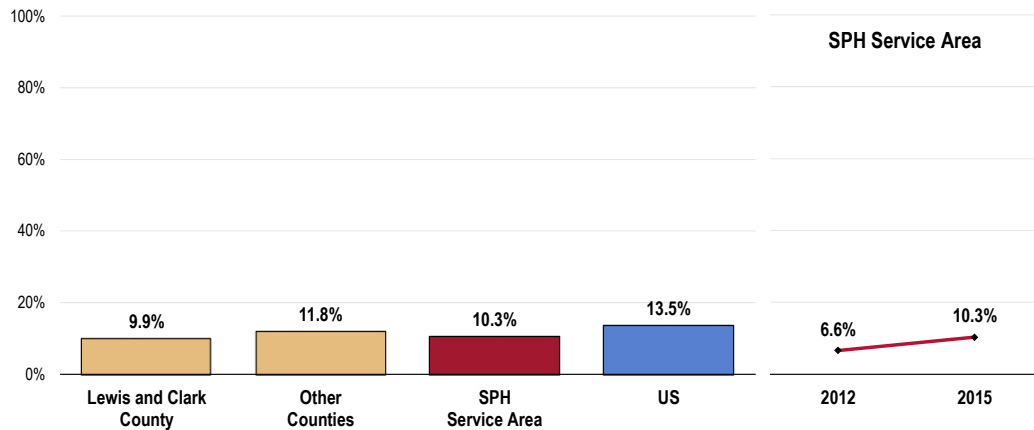
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 139]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Reflects respondents age 50 and older.
 • "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

PREVALENCE OF OSTEOPOROSIS

A total of 10.3% of survey respondents age 50 and older have osteoporosis.

- Similar to that found nationwide.
- Fails to satisfy the Healthy People 2020 target of 5.3% or lower.
- No significant differences by area.
- TREND: Statistically unchanged since 2012.

Prevalence of Osteoporosis (Among Adults Age 50 and Older) Healthy People 2020 Target = 5.3% or Lower



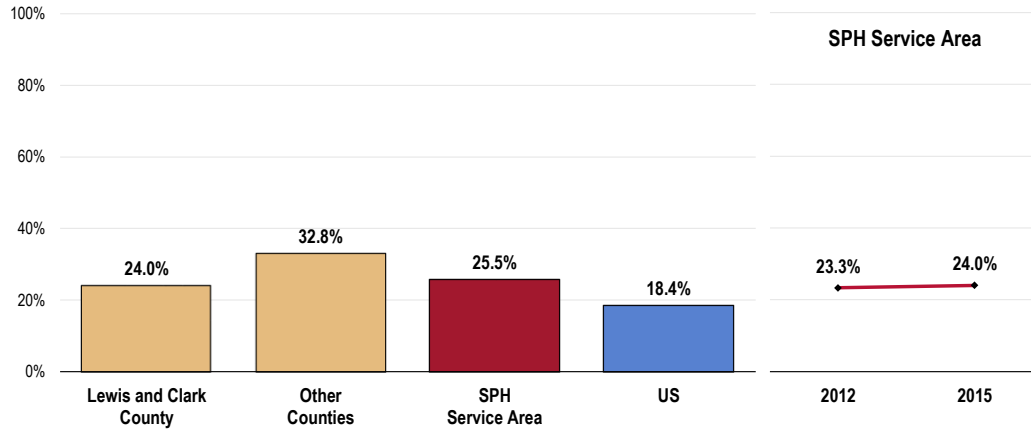
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 140]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AOCBC-10]
 Notes: • Reflects respondents age 50 and older.
 • "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

PREVALENCE OF SCIATICA/CHRONIC BACK PAIN

A total of 25.5% of survey respondents suffer from chronic back pain or sciatica.

- Less favorable than that found nationwide.
- The difference by area is not statistically significant.
- TREND: Statistically unchanged since 2012.

Prevalence of Sciatica/Chronic Back Pain



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 29]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions

The largest share of key informants taking part in an online survey characterized *Arthritis, Osteoporosis & Chronic Back Conditions* as a "moderate problem" in the community.

Perceptions of Arthritis/Osteoporosis/Back Conditions as a Problem in the Community

(Key Informants, 2014)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

TOP CONCERNS

Among those rating this issue as a “major problem,” reasons frequently related to the following:

Access to Resources

We only have two rheumatologists. One doesn't take new patients and the other doesn't take all insurance. – Physician

We only have one rheumatologist taking new patients. – Physician

I believe that there are only Rheumatologists in Helena. One of them is a mediocre provider and the other one is supposedly very good but it is impossible for new patients to get in to see her. Most people I know who are dealing with this issue have to go out of town to see a provider. Many people who have seen the mediocre provider will not go back to see him. – Social Services

Few providers of care with a large and needy population. – Public Health

Dr. Coyle is not taking any new patients and people are having to leave the community to seek medical care for arthritis care. – Community/Business Leader

I do not believe the community has the specialists to address the conditions. – Social Services

Long wait times to see a back specialist. – Physician

We have only one rheumatologist who is unable to see new patients currently. We have lots of back patients and chronic pain patients who need a comprehensive pain management program. – Physician

High Rate/Aging Population

I know several persons who suffer from arthritis and have a difficult time finding a doctor that can follow them regularly. Their medications change often and they do not understand why. I also am familiar with persons who have osteoporosis and have personally experienced every medication there is available. The one I am on now is not covered financially and is very costly as several others have also indicated. Working in a situation with both young persons, athletics in particular, as well as adults. Some of them have had back problems for a while and now are getting worse. They are given different opinions and are in a dilemma as to what they should do because the doctors do not seem consistent in their ideas and/or do not explain things well enough for them to feel confident about their decision. – Community/Business Leader

Many patients with complaints. – Physician

I work with primarily senior citizens and this health issue affects approximately three in five of my employees or clients. – Other Health

People are living longer. Now that I have arthritis, I have become very aware of others who deal with mobility problems. – Other Health

Elderly population. Farmers/ranchers that develop early arthritis. Need more rheumatologists. – Physician

Vision & Hearing Impairment

About Vision

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

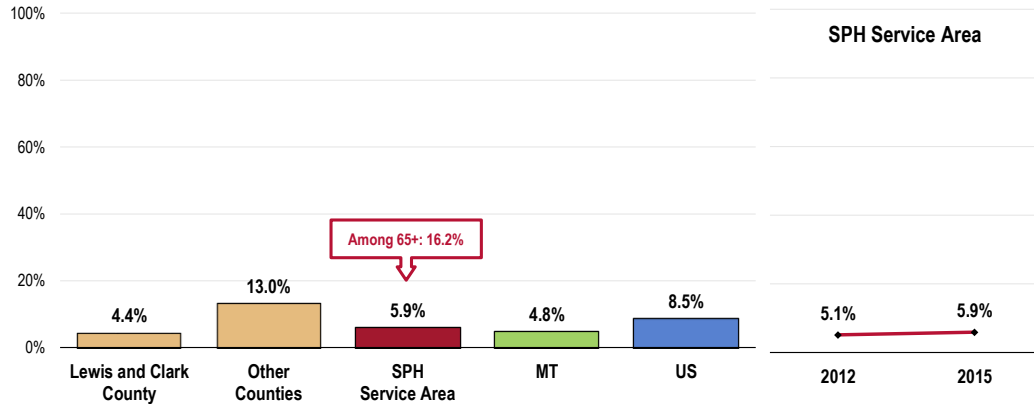
A total of 5.9% of St. Peter's Hospital Service Area adults are blind or have trouble seeing even when wearing corrective lenses.

- Similar to the statewide prevalence.
- Similar to that found nationwide.
- Unfavorably high in the Other Counties.
- TREND: Statistically unchanged since 2012.
- Among St. Peter's Hospital Service Area adults age 65 and older, 16.2% 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: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 26]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Montana data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
 • "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

HEARING TROUBLE

About Hearing & Other Sensory or Communication Disorders

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.

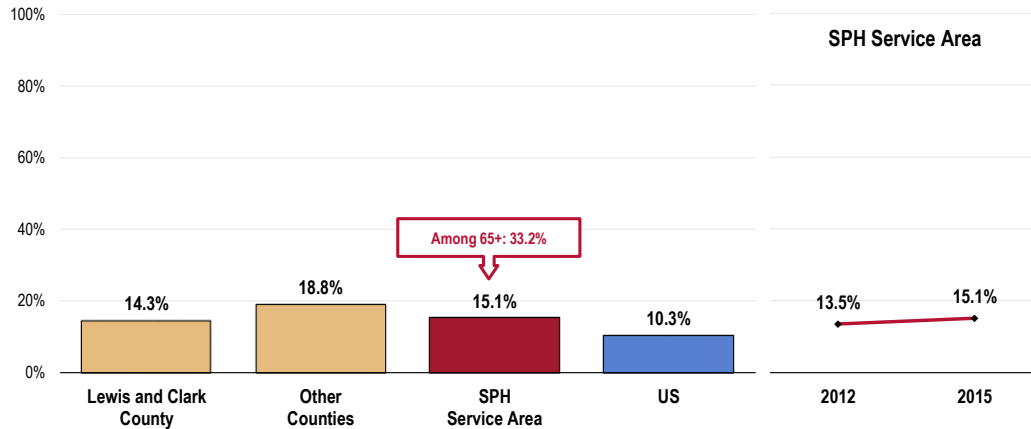
As the nation's population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

• Healthy People 2020 (www.healthypeople.gov)

In all, 15.1% of St. Peter's Hospital Service Area adults report being deaf or having difficulty hearing.

- Less favorable than that found nationwide.
- Similar findings by area.
- TREND: Statistically unchanged since 2012.
- Among St. Peter's Hospital Service Area adults age 65 and older, 1 in 3 (33.2%) has partial or complete hearing loss.

Prevalence of Deafness/Trouble Hearing

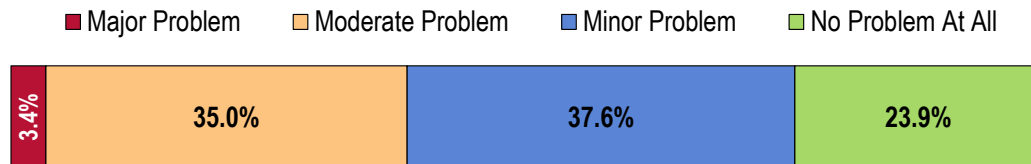


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 27]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

Key Informant Input: Vision & Hearing

The greatest share of key informants taking part in an online survey characterized *Vision & Hearing* as a “minor problem” in the community.

Perceptions of Hearing and Vision as a Problem in the Community (Key Informants, 2014)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

TOP CONCERNS

Among those rating this issue as a “major problem,” reasons frequently related to the following:

High Rate

Many patients have these problems. – Physician
I am the senior companion program coordinator in the southwestern part of Montana, and approximately 85% of the programs clients have hearing or vision problems, the most common issue is macular degeneration. – Other Health

Limited Resources

People with limited resources have difficulty accessing care. – Social Services

Infectious Disease



Professional Research Consultants, Inc.

Influenza & Pneumonia Vaccination

About Influenza & Pneumonia

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

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

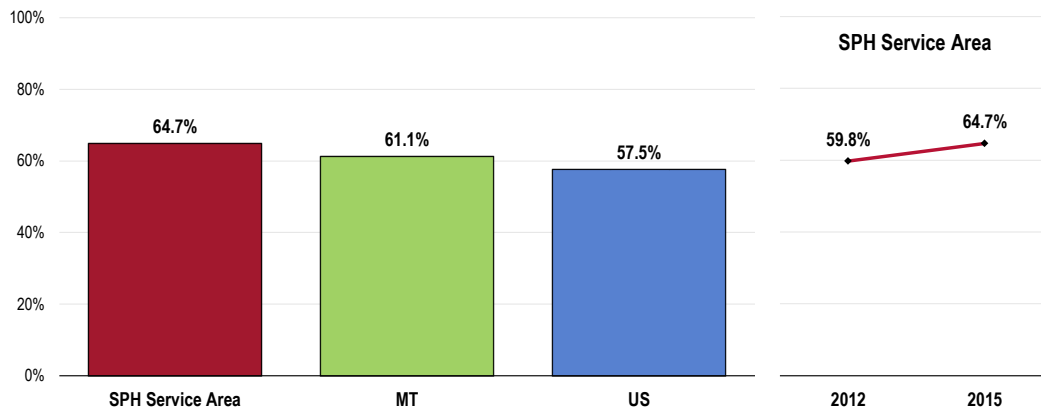
Among St. Peter’s Hospital Service Area seniors, 64.7% received a flu shot (or FluMist®) within the past year.

- Similar to the Montana finding.
- Similar to the national finding.
- Similar to the Healthy People 2020 target (70% or higher).
- TREND: Statistically unchanged since 2012.

Older Adults: Have Had a Flu Vaccination in the Past Year

(Among Adults Age 65+)

Healthy People 2020 Target = 70.0% or Higher



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 141]
 - 2013 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); 2013 Montana data.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-12.12]
- Notes:
- Reflects respondents 65 and older.
 - Includes FluMist as a form of vaccination.
 - *Other Counties* include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

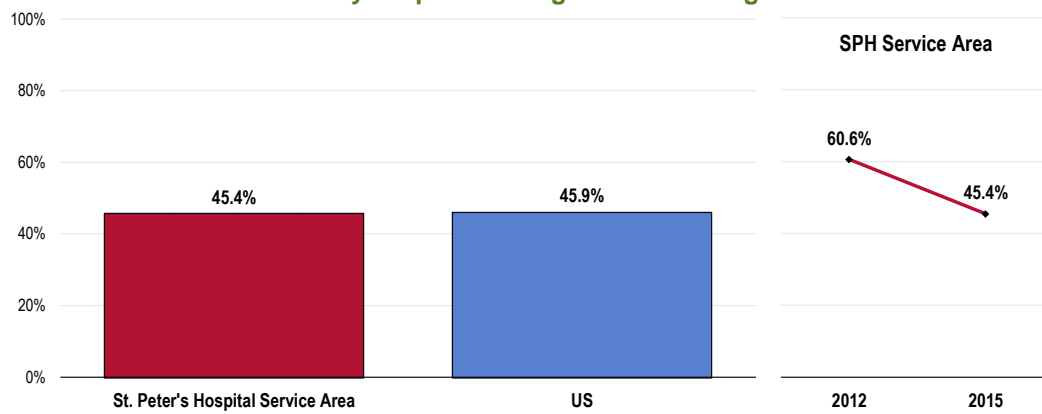
HIGH-RISK ADULTS

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

A total of 45.4% of high-risk adults age 18 to 64 received a flu vaccination (flu shot or FluMist®) within the past year.

- Almost identical to national findings.
- Fails to satisfy the Healthy People 2020 target (70% or higher).
- TREND: The decrease since 2012 is not statistically significant.

High-Risk Adults: Have Had a Flu Vaccination in the Past Year (Among High-Risk Adults Age 18-64) Healthy People 2020 Target = 70.0% or Higher



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 142]
 - 2013 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-12.12]
- Notes:
- Reflects high-risk respondents age 18-64.
 - “High-Risk” includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.
 - Includes FluMist as a form of vaccination.
 - “Other Counties” include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

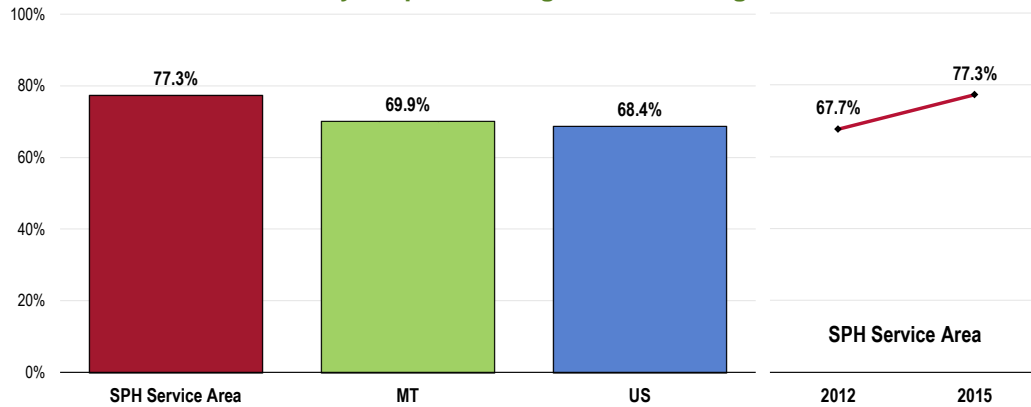
Pneumonia Vaccination

Among adults age 65 and older, 77.3% have received a pneumonia vaccination at some point in their lives.

- More favorable than the Montana finding.
- More favorable than the US proportion.
- Fails to satisfy the Healthy People 2020 target of 90% or higher.
- TREND: Statistically unchanged since 2012.

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

Healthy People 2020 Target = 90.0% or Higher



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 143]
 ● 2013 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); 2013 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.
 ● *Other Counties* include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

HIGH-RISK ADULTS

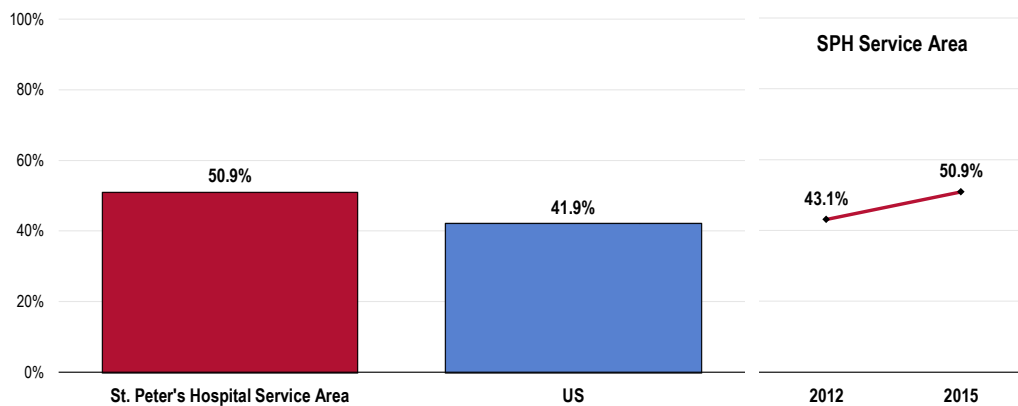
"High-risk" includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

One-half of high-risk adults age 18 to 64 (50.9%) has received a pneumonia vaccination.

- Comparable to national findings.
- Comparable to the Healthy People 2020 target (60% or higher).
- TREND: Statistically unchanged since 2012.

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

Healthy People 2020 Target = 60.0% or Higher



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 144]
 ● 2013 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.
 ● *Other Counties* include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

HIV

About 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.

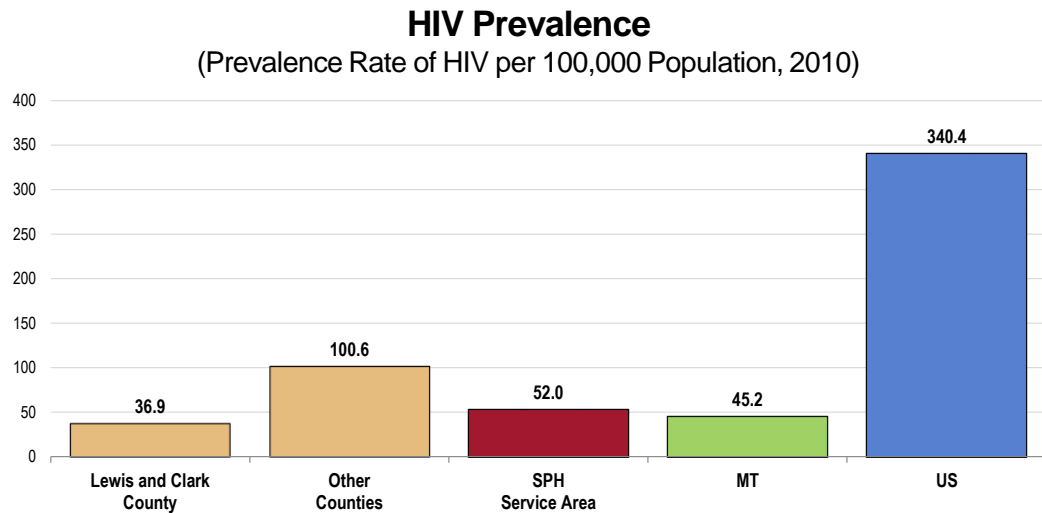
Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions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

- Healthy People 2020 (www.healthypeople.gov)

HIV Prevalence

The service area reported a 2010 prevalence of 52.0 HIV cases per 100,000 population.

- Less favorable than the statewide prevalence.
- Much more favorable than the national prevalence.
- Unfavorably high in the Other Counties.



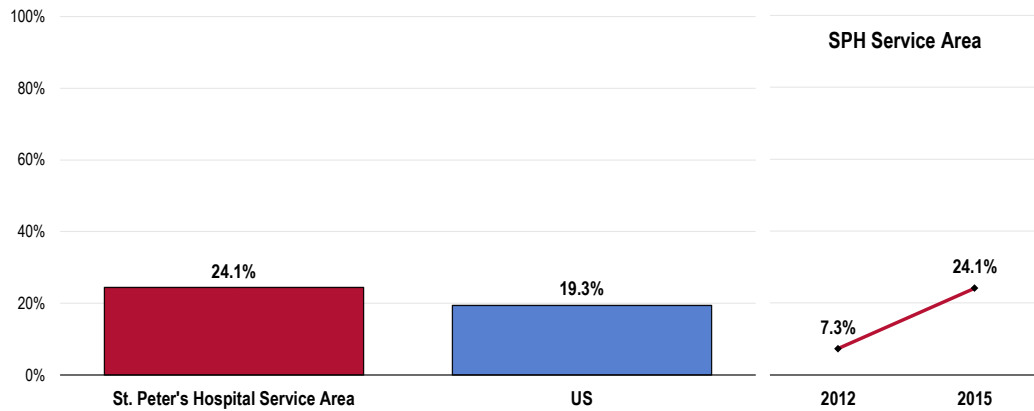
- Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2010.
 - Retrieved August 2015 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.
 - "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

HIV Testing

Among St. Peter's Hospital Service Area adults age 18-44, 24.1% report that they have been tested for human immunodeficiency virus (HIV) in the past year.

- Similar to the proportion found nationwide.
- TREND: Marks a statistically significant increase in testing prevalence since 2012.

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

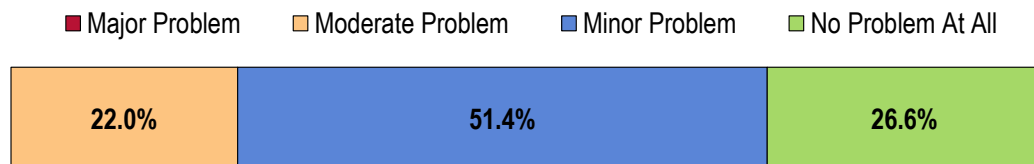


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 145]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Reflects respondents age 18 to 44.

Key Informant Input: HIV/AIDS

Just over one-half of key informants taking part in an online survey characterized HIV/AIDS as a “minor problem” in the community.

Perceptions of HIV/AIDS as a Problem in the Community (Key Informants, 2014)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Sexually Transmitted Diseases

About 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.

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. 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; poverty and marginalization; access to healthcare; substance abuse; sexuality and secrecy (stigma and discomfort discussing sex); and sexual networks (persons “linked” by sequential or concurrent sexual partners).

- Healthy People 2020 (www.healthypeople.gov)

Chlamydia & Gonorrhea

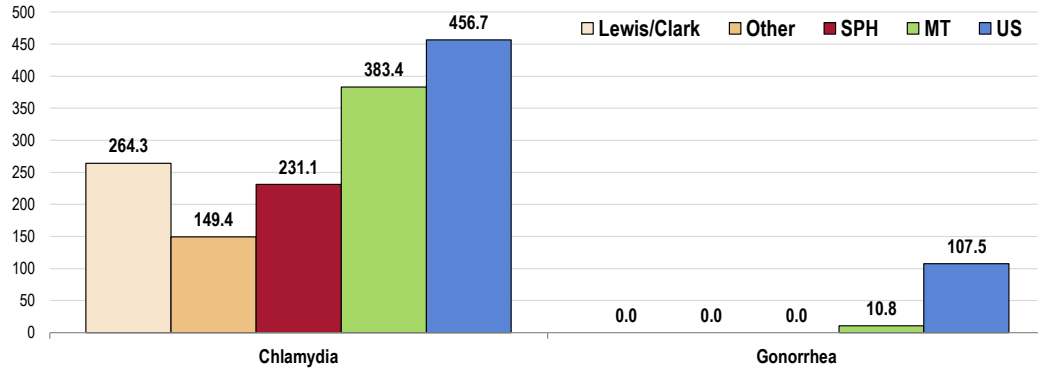
In 2012, the chlamydia incidence rate in the St. Peter’s Hospital Service Area was 231.1 cases per 100,000 population.

- Notably lower than the Montana incidence rate.
- Notably lower than the national incidence rate.
- Unfavorably high in Lewis and Clark County.

No cases of gonorrhea were reported in the service area in 2012.

- Well below the Montana incidence rate.
- Notably lower than the national incidence rate.

Chlamydia & Gonorrhea Incidence (Incidence Rate per 100,000 Population, 2012)



Sources:

- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2011.
- Retrieved August 2015 from Community Commons at <http://www.chna.org>.

Notes:

- This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

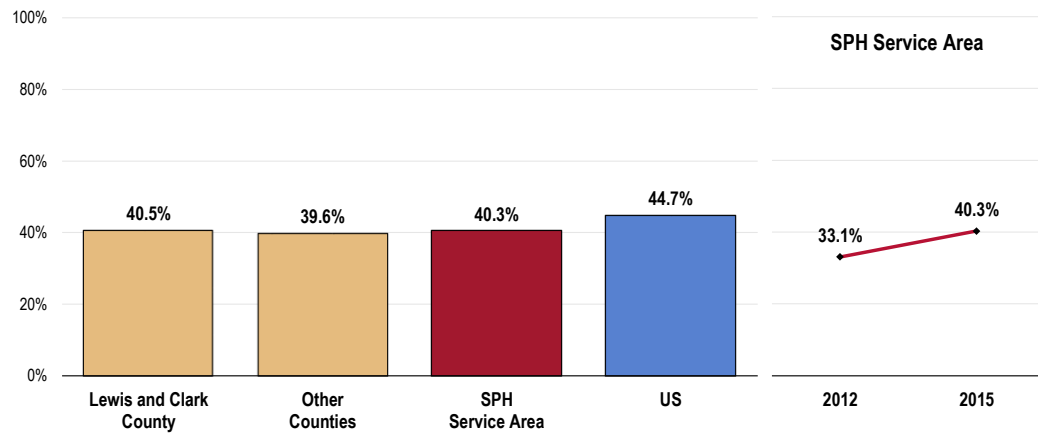
Hepatitis B Vaccination

Based on survey data, 4 in 10 St. Peter's Hospital Service Area adults (40.3%) report having received the hepatitis B vaccination series.

Respondents were told that, to be vaccinated against hepatitis B, a series of three shots must be administered, usually at least one month between shots. They were then asked if they had completed this vaccination series.

- Similar to what is reported nationwide.
- Similar findings by area.
- TREND: Since 2012, note the statistically significant increase in testing prevalence.

Have Completed the Hepatitis B Vaccination Series



Sources:

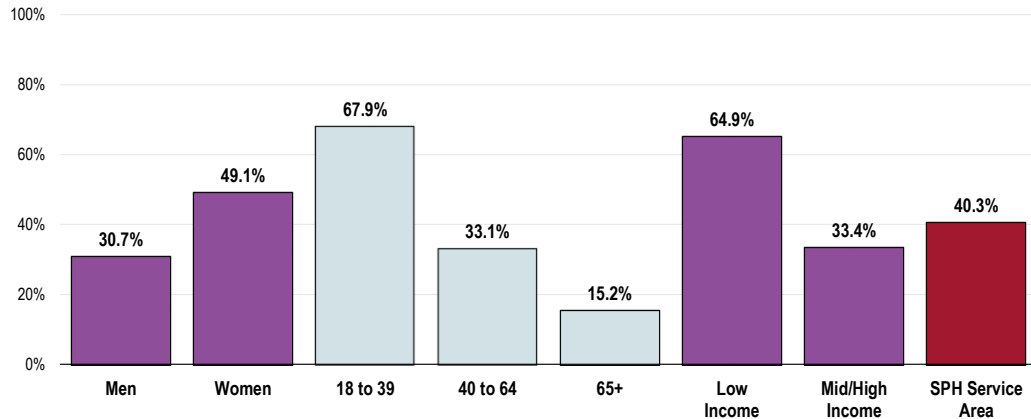
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 70]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

- Asked of all respondents.
- Includes a series of three shots, usually administered at least one month between shots
- "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

- Note the negative correlation between age and hepatitis B vaccination.
- In addition, men and residents living at higher incomes are much less likely to have received the hepatitis B vaccine.

Have Completed the Hepatitis B Vaccination Series (St. Peter's Hospital Service Area, 2015)



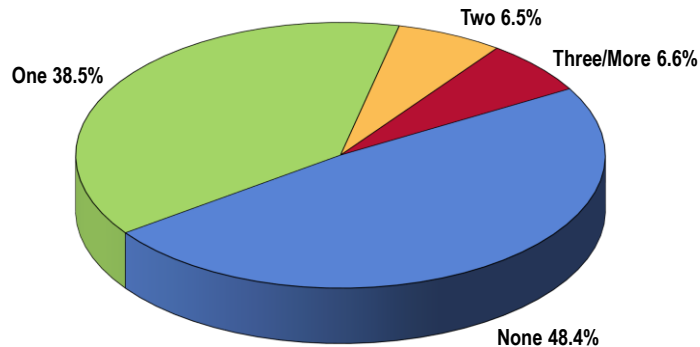
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 70]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes 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 (38.5%) or no (48.4%) sexual partners in the past 12 months.

Number of Sexual Partners in Past 12 Months (Among Unmarried Adults Age 18-64; St. Peter's Hospital Service Area, 2015)

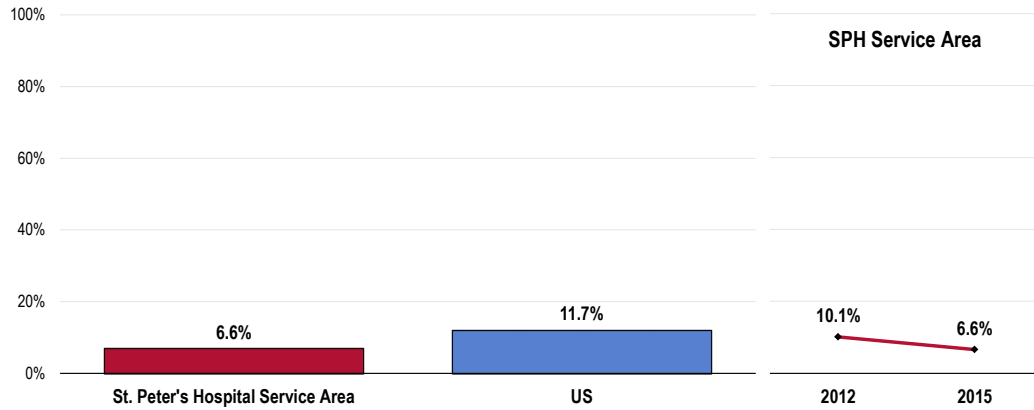


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]
 Notes: • Asked of all unmarried respondents under the age of 65.

However, 6.6% report three or more sexual partners in the past year.

- Comparable to that reported nationally.
- TREND: Statistically unchanged since 2012.

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



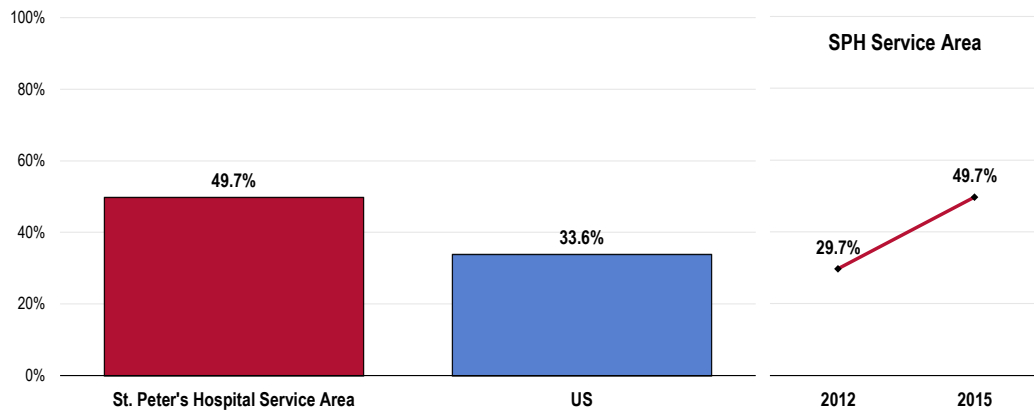
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 86]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all unmarried respondents under the age of 65.

CONDOM USE

Among St. Peter's Hospital Service Area adults who are under age 65 and unmarried, one-half (49.7%) reports that a condom was used during their last sexual intercourse.

- Well above the national findings.
- TREND: Marks a statistically significant increase since 2012.

Condom Was Used During Last Sexual Intercourse (Among Unmarried Adults Age 18-64)



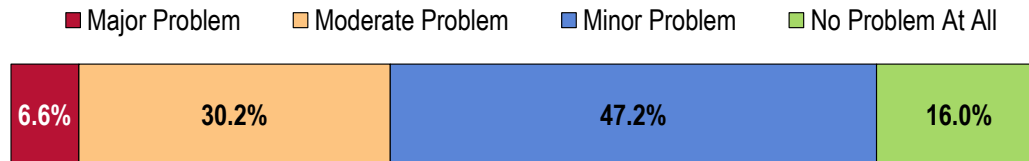
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 87]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all unmarried respondents under the age of 65.

Key Informant Input: Sexually Transmitted Diseases

The greatest share of key informants taking part in an online survey characterized *Sexually Transmitted Diseases* as a “minor problem” in the community.

Perceptions of Sexually Transmitted Diseases as a Problem in the Community

(Key Informants, 2014)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

TOP CONCERNS

Among those rating this issue as a “major problem,” reasons frequently related to the following:

High Prevalence

I have seen the numbers go up continually especially this past couple of years. People in general are reluctant to talk about having sex so they do not share whether or not they were ever exposed to an STD through a previous relationship, nor do some even know. They use no protection and they "tolerate" the symptoms until they can't stand them anymore. With Gardasil being available many are misinformed about how important it is to get it, through conservative parents, families, etc. and yet, they may be having unprotected sex with someone that they know nothing about. – Community/Business Leader

Sexually transmitted diseases are increasing and education about them seems to be lagging behind. People have a false sense of security about partners. It still seems to be a topic that is not routinely addressed in schools, pediatric visits for older children or OB/GYN visits. – Other Health

Chlamydia rates in our community are high. – Public Health

Public Perception

I think this community is resistant to and even hostile toward family planning providers, such as Planned Parenthood. There is the perception that such resources exist solely for abortion provision. I also think there's active hostility among many community members around women and men taking proactive responsibility for regulating their reproductively and sexual behaviors in general. STDs/STIs are viewed through the lens of stigma and embarrassment and not given adequate attention through educational programming. I believe middle-school and high-school students have limited understanding of reproductive health, healthy relationships and sex positivity, and the methods that are available to them to prevent STD/STIs and pregnancy. – Social Services

Negative community response to health education in general and sex education in particular. – Other Health

Immunization & Infectious Diseases

Key Informant Input: Immunization & Infectious Diseases

Nearly 4 in 10 key informants taking part in an online survey characterized *Immunization & Infectious Diseases* as a “minor problem” in the community.

Perceptions of Immunization and Infectious Diseases as a Problem in the Community

(Key Informants, 2014)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: ● Asked of all respondents.

TOP CONCERNS

Among those rating this issue as a “major problem,” reasons frequently related to the following:

Many Families Opting Out of Childhood Immunizations

There is a growing population of people who do not feel it is necessary to vaccinate their children and are claiming religious or other exemptions. Vaccinations are proven effective against infectious diseases. I think Lewis and Clark County had the highest rate of whooping cough cases in our state this year. – Other Health

A lot of people are not getting their children immunized, which exposes people with weakened immune systems to the risk of disease. – Community/Business Leader

I believe more otherwise well-educated adults are becoming hostile to the idea of vaccinating their kids. Concurrently, many lower-income adults may not have the resources to access immunizations. I do, however, think that awareness campaigns and school enrollment requirements can offset some ignorance or reluctance around the issue. – Social Services

Too many families opt out of immunizations, thereby endangering the most vulnerable in our community. Our immunization rates need to be higher. – Public Health

According to a recent article in the Independent Record. One in eight Montana elementary schools have vaccination rates so low they can't ensure immunity from whooping cough. Also, measles is a vaccine preventable disease that is reemerging because of low vaccination rates. Helena is frequently hit by whooping cough and it is a matter of time until measles appears. Sickness from these diseases can cause serious health problems or even death and their treatment can be expensive. – Other Health

As a school nurse, I find that many states where students come from, parents and caregivers are pretty lax about having students immunized. They seem to be convinced that their child will get autism, that they are getting to many shots and might have a reaction or that their kids are afraid of needles and they don't want them scared or to be hurt. Their education about diseases has been detrimental in some cases and some just don't want to hear about it. – Community/Business Leader

Ignorance and fear of connection to autism. Parental neglect. – Community/Business Leader

Lack of Education

Some infectious diseases, such as flu, pneumonia, shingles are all avoidable with annual

vaccines. Even though often available with little or no cost to the patient the public frequently doesn't care or does not believe the vaccines will help. – Social Services

There is an increase of childhood diseases that are prevented through immunizations. Some of these are in our county such as pertussis and chicken pox. Some are just a plane ride away, such as measles. – Public Health

It always appears to be coming up as an issue when various infectious issues come to light. – Community/Business Leader

Lack of understanding of the importance of immunizations, fear of immunizations and perceived implications of immunizations, non-licensed child care providers who don't require immunizations as a condition of providing services. – Social Services

Births



Professional Research Consultants, Inc.

Birth Outcomes & Risks

Low-Weight Births

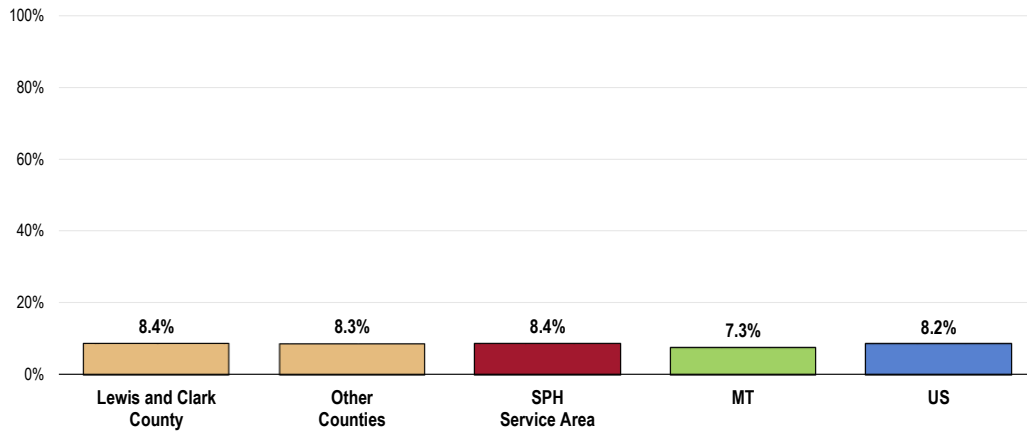
Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

A total of 8.4% of 2006-2012 service area births were low-weight.

- Worse than the Montana proportion.
- Similar to the national proportion.
- Fails to satisfy the Healthy People 2020 target (7.8% or lower).
- Similar findings by area.

Low-Weight Births
(Percent of Live Births, 2006-2012)
Healthy People 2020 Target = 7.8% or Lower



Sources: • Centers for Disease Control and Prevention, National Vital Statistics System: 2006-12. Accessed using CDC WONDER.
• Retrieved August 2015 from Community Commons at <http://www.chna.org>.

Note: • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-8.1]
• This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.
• "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

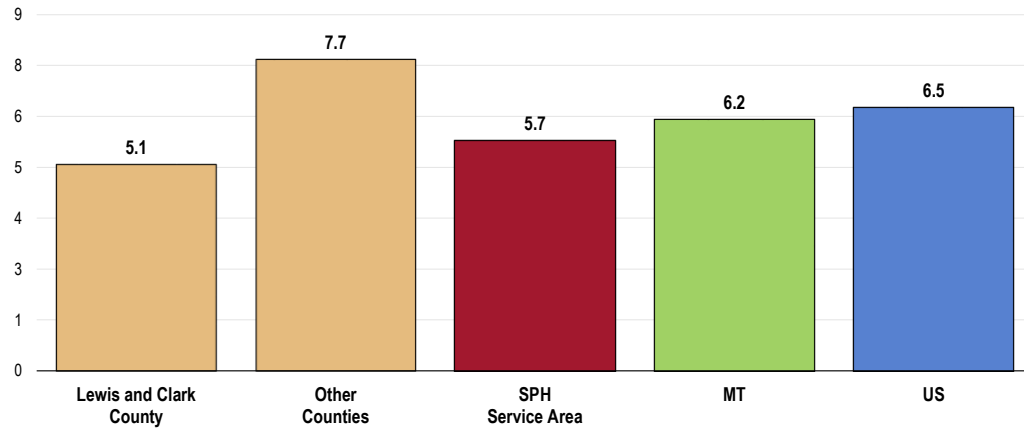
Infant Mortality

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

Between 2006 and 2010, there was an annual average of 5.7 infant deaths per 1,000 live births.

- More favorable than the Montana rate.
- More favorable than the national rate.
- Satisfies the Healthy People 2020 target of 6.0 per 1,000 live births.
- Unfavorably high in the Other Counties.

Infant Mortality Rate (Annual Average Infant Deaths per 1,000 Live Births, 2006-2010) Healthy People 2020 Target = 6.0 or Lower



Sources:

- Centers for Disease Control and Prevention, National Vital Statistics System: 2006-10. Accessed using CDC WONDER.
- Retrieved August 2015 from Community Commons at <http://www.chna.org>.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]

 Notes:

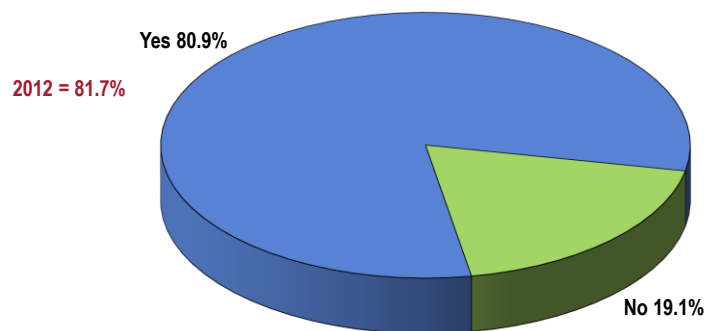
- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.
- *Other Counties* include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

Breastfeeding

According to survey data, 80.9% of service area children were breastfed or fed breastmilk as infants.

- TREND: Statistically unchanged since 2012.

Child Was Breastfed or Fed Breastmilk as an Infant (St. Peter's Hospital Service Area Parents, 2015)



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 312]

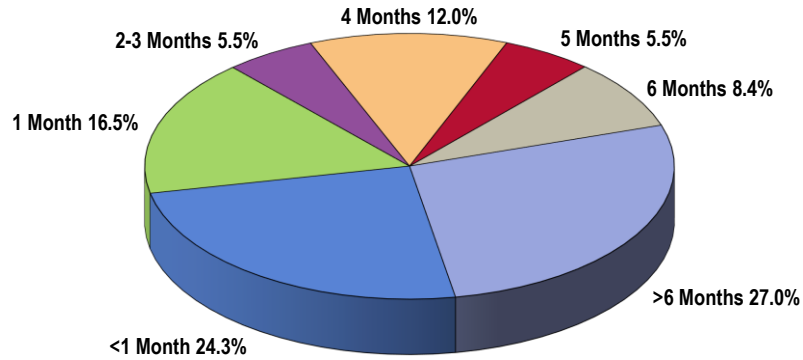
 Notes:

- Asked of all respondents with children under 18 at home.

Asked at what age their breastfed child was first fed solid food, nearly half (46.3%) of these area parents indicated that it was during the first 3 months of life.

- In contrast, 27.0% of parents with breastfed children waited at least 6 months before feeding the child solid food.

Age at Which Child Was First Fed Solid Food (SPH Service Area Parents Whose Child Was Fed Breastmilk, 2015)



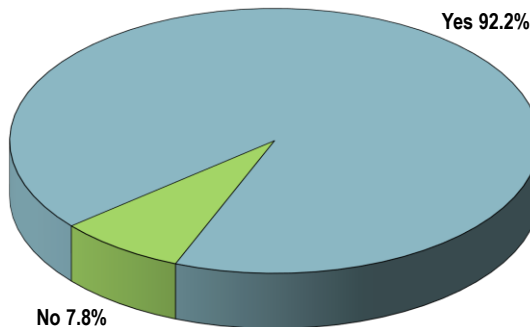
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 313]
Notes: • Asked of all parents of children who were fed breastmilk as an infant.

Childhood Vaccinations

The vast majority of surveyed parents (92.2%) would want a newborn to receive all recommended vaccinations.

- Parents who would not want a newborn to receive all recommended vaccinations cited the *safety* and *effectiveness* of vaccinations; others feel they are *unnecessary*.

Would Want Newborn to Receive All Recommended Vaccines (St. Peter's Hospital Service Area Parents, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 316]
Notes: • Asked of all respondents with children under 18 at home.

Service area parents were asked:

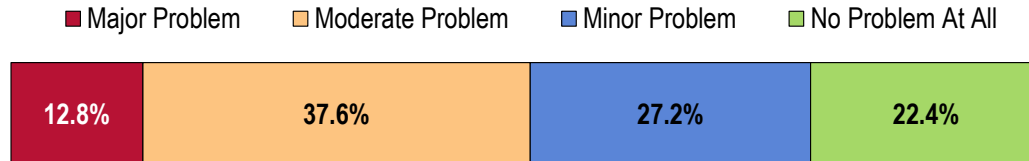
"If you had a new baby, would you want to get ALL of the recommended vaccines?"

Key Informant Input: Infant & Child Health

Key informants taking part in an online survey generally characterized *Infant & Child Health* as a “moderate problem” in the community.

Perceptions of Infant and Child Health as a Problem in the Community

(Key Informants, 2014)



Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

TOP CONCERNS

Among those rating this issue as a “major problem,” reasons frequently related to the following:

Home Environment

In the area in which I work, I see parents in need of support to parent safely. I see parents struggling with being healthy themselves, often due to lack of insurance and inability to pay to see healthcare providers. I think parents need to be healthy to pass good health practices down to their children. I've seen a lot of things recently in the news about children being harmed because caregivers are using illegal drugs. Parents and children need services, including in-home services, to make this a safer place for children to grow up. – Public Health

As the ACES study showed, experiences in early childhood can have a significant impact on lifelong health. The Helena area also has a somewhat higher infant death rate than the state and nation, and too many pregnant women take up or continue to smoke. – Public Health

A great many parents and parents to be do not have access to physically, emotionally, mentally, or socially healthy spaces or relationships. These adult problems translate to poor health for their children. Abuse of various sorts and neglect are more prevalent than I think many people in Helena would like to admit, and our community circle of compassion only opens to embrace people who are not perceived as “at fault” for their own circumstances. – Social Services

Montana has ranked dead last in the nation in child health, KidsCount three years in a row. Children's mental health, exposure to tobacco in utero and in homes/cars, lack of quality drop-in/respite care. Lack of home visiting staff to meet the need, sky-rocketing developmental delays, suicides/attempts, etc. It is time we prioritize child health as #1 for our future community's health. – Public Health

Too many children live in families that are unsafe and otherwise unhealthy. Children suffer from neglect, poor nutrition, lack of exercise as well as exposure to violence and substance abuse. – Public Health

Access to Providers/Specialists

Access to primary health is limited for this age group. Families aren't often able to schedule appointments with pediatricians within a day so often end up going to Emergency or Urgent care. This does not keep healthcare cost down for all and basic care of children is not an education service that is widely available unless family is enrolled in more intensive services. – Social Services

Again, access to affordable services is a great need. – Other Health

The children of the poor have limited resources to care for children's health and government agencies experience cutbacks that further limit these resources. – Community/Business Leader
Many low income and 'working poor' families don't have access or can't afford. – Other Health
Shortage of child care specialists means families often use urgent care or emergency care as primary care. Lack of insurance coverage or lack of awareness of publically funded insurance coverage for all children often mean families believe they cannot afford primary care for their children. – Social Services

Low Birthweight

The rate of low birthweight babies is higher in the county than it is nationally or in Montana. Infant death rates are over six per 1000, high school graduation rates are below 90% making our youth less well informed about health. Drug and alcohol use are unacceptably high. – Other Health

Low birth weight is higher in our county than in most counties in MT. – Public Health

Contributing Factors

20% high school dropout rate. Often have a generational jail population. Increased rate of homeless and poor population. – Community/Business Leader

Low socioeconomic status. – Public Health

Family Planning

Births to Teen Mothers

About Teen Births

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately \$3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

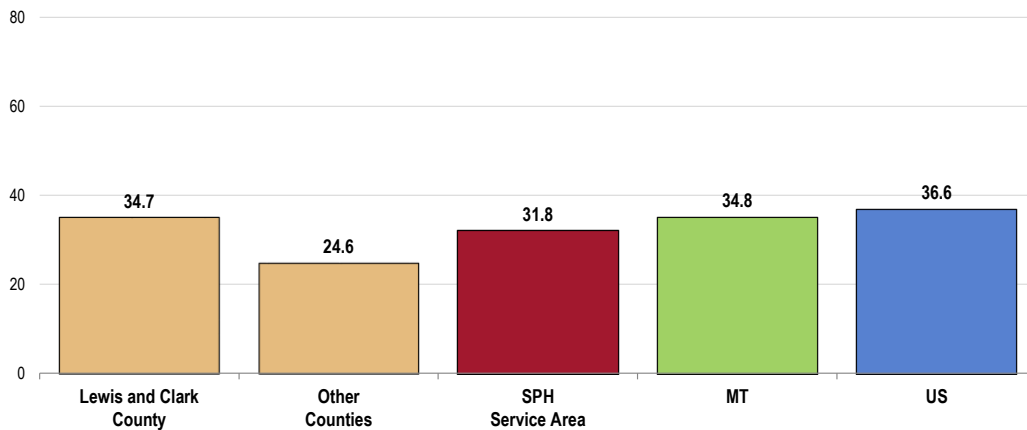
- Healthy People 2020 (www.healthypeople.gov)

Between 2006 and 2012, there was an annual average of 31.8 births to women age 15-19 per 1,000 population in that age group.

- Below the Montana proportion.
- Below the national proportion.
- Unfavorably high in Lewis and Clark County.

Teen Birth Rate

(Births to Women Age 15-19 Per 1,000 Female Population Age 15-19, 2006-2012)

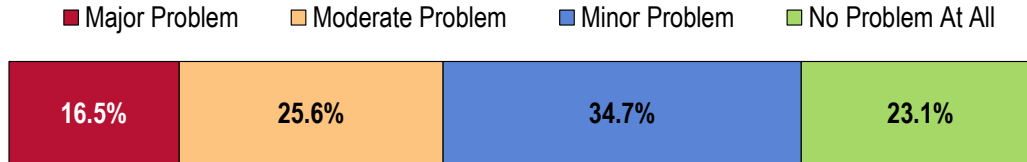


- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2006-2012. Accessed using CDC WONDER.
 - Retrieved August 2015 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator reports the rate of total births to women under the age of 15 - 19 per 1,000 female population age 15 - 19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.
 - "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

Key Informant Input: Family Planning

Key informants taking part in an online survey largely characterized *Family Planning* as a “minor problem” in the community.

Perceptions of Family Planning as a Problem in the Community (Key Informants, 2014)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

TOP CONCERNS

Among those rating this issue as a “major problem,” reasons frequently related to the following:

Access to Resources

Access to free or low-cost family planning, stigma attached to family planning. – Social Services

Not enough access to services on a regular basis. Planned Parenthood only has limited hours, etc. – Social Services

Many young individuals lack the resources for proper family planning and many of the children are being put into foster care or with other family members each year for their care. – Social Services

Access to affordable family planning is a great need. – Other Health

High Rate of Teen Pregnancy

We still have teens having unintended babies and we are not effectively teaching prevention methods. Abstinence is only one method and kids need much more education on real life situations. – Other Health

Lack of knowledge and education about family planning for young teens and adults. – Other Health

There are too many unplanned pregnancies and abortions. In addition, too many children are born into families that aren't prepared to be parents. – Community/Business Leader

There is simply too much teen pregnancy. – Physician

Public Perception

There is pushback related to family planning efforts in the community. Failure to provide family planning will result in more unintended pregnancies and STD's, especially among teenagers. – Community/Business Leader

I think this community is resistant to and even hostile toward family planning providers, such as Planned Parenthood. There is the perception that such resources exist solely for abortion provision. I also think there's active hostility among many community members around women and men taking proactive responsibility for regulating their reproductively and sexual behaviors in general. Finally, I believe middle school and high school students have limited understanding of reproductive health, healthy relationships and sex positivity, and the methods that are available to them to prevent STD/STIs and pregnancy. – Social Services

Socioeconomic Factors

Many instances of child abuse especially with low income families. – Community/Business Leader

In my line of work I see many families where the parents are very young and have not established themselves professionally or financially yet they have multiple children. These families have a trouble providing even basic needs such as food, clothing, and a safe and secure environment where children are able to thrive. Families are living paycheck to paycheck and moving constantly and children are not able to learn. Birth control is expensive and when there are barriers to accessing healthcare providers, young people cannot access family planning. – Other Health

Most of the individuals I work with are struggling to meet the daily demands. Lack of time and energy to focus on family planning is what seems to be the case. People are too busy jumping from one duty to another duty to family to other unexpected things. – Community/Business Leader

Lack of Education

People are making the necessary plans for end of life decisions. The conversations need to happen sooner. – Community/Business Leader

Modifiable Health Risks



Professional Research Consultants, Inc.

Actual Causes of Death

About Contributors to Mortality

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.

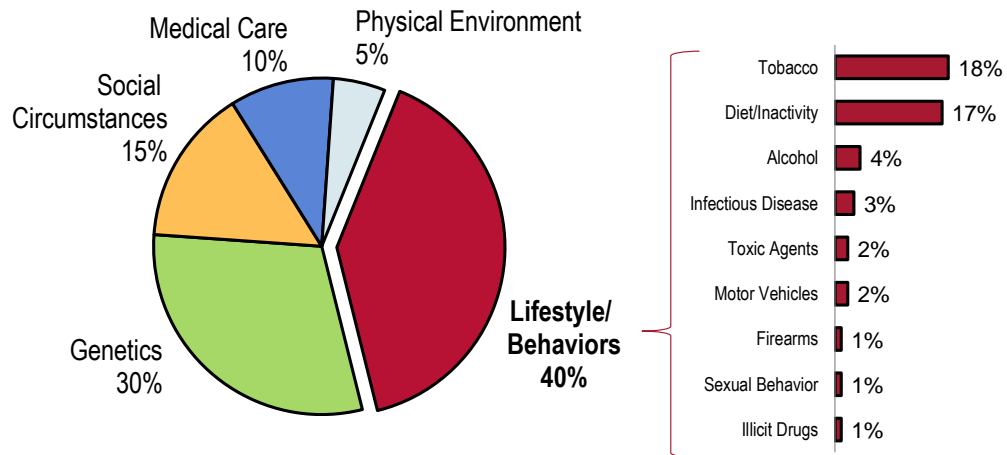
The most prominent contributors to mortality in the United States in 2000 were **tobacco** (an estimated 435,000 deaths), **diet and activity** patterns (400,000), **alcohol** (85,000), **microbial agents** (75,000), **toxic agents** (55,000), **motor vehicles** (43,000), **firearms** (29,000), **sexual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

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.

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. 32. 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.

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

Nutrition

About Healthful Diet & Healthy Weight

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)

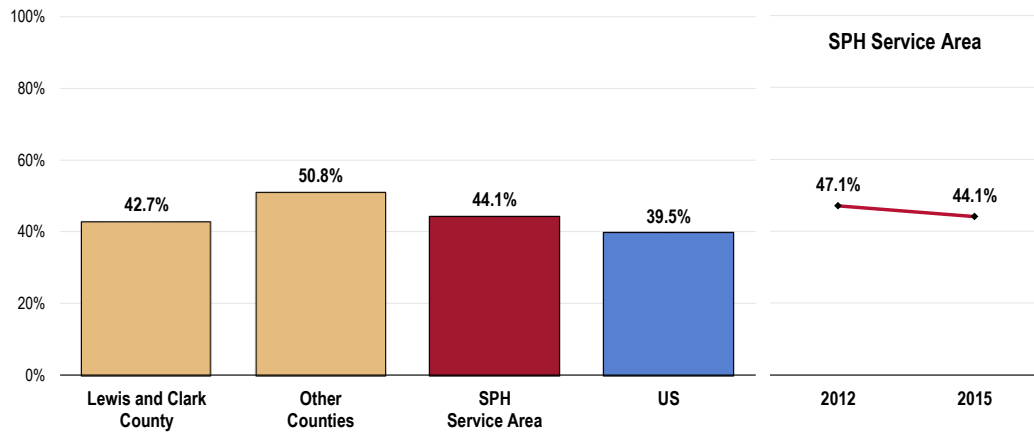
Daily Recommendation of Fruits/Vegetables

A total of 44.1% of St. Peter’s Hospital Service Area adults report eating five or more servings of fruits and/or vegetables per day.

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.

- Comparable to national findings.
- Comparable findings by area.
- TREND: Fruit/vegetable consumption has not changed significantly since 2012.

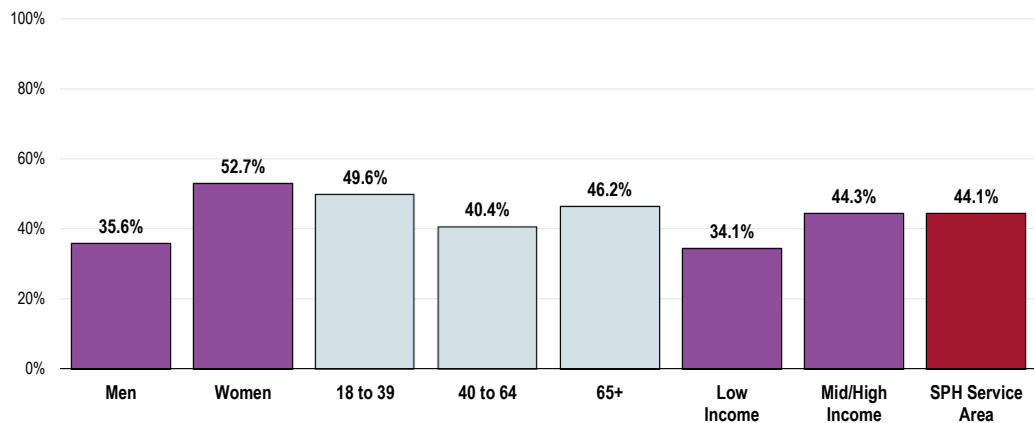
Consume Five or More Servings of Fruits/Vegetables Per Day



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 146]
 • 2013 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.
 • "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

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

Consume Five or More Servings of Fruits/Vegetables Per Day (St. Peter's Hospital Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 146]
 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.

Access to Fresh Produce

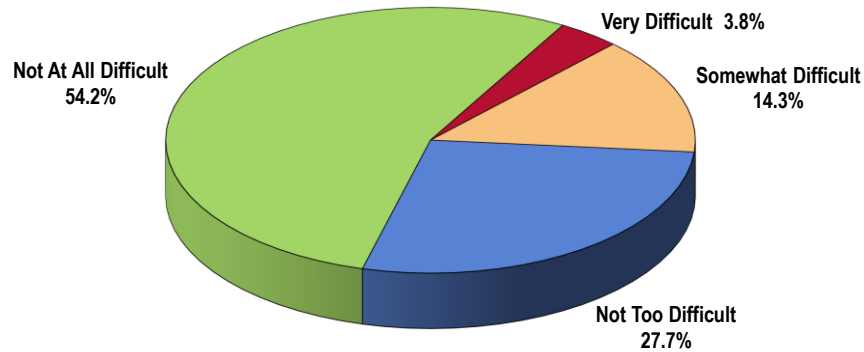
DIFFICULTY ACCESSING FRESH PRODUCE

While most report little or no difficulty, 18.1% of St. Peter's Hospital Service Area adults report that it is "very" or "somewhat" difficult for them to access affordable, fresh fruits and vegetables.

Respondents were asked:

"How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say: Very Difficult, Somewhat Difficult, Not Too Difficult, or Not At All Difficult?"

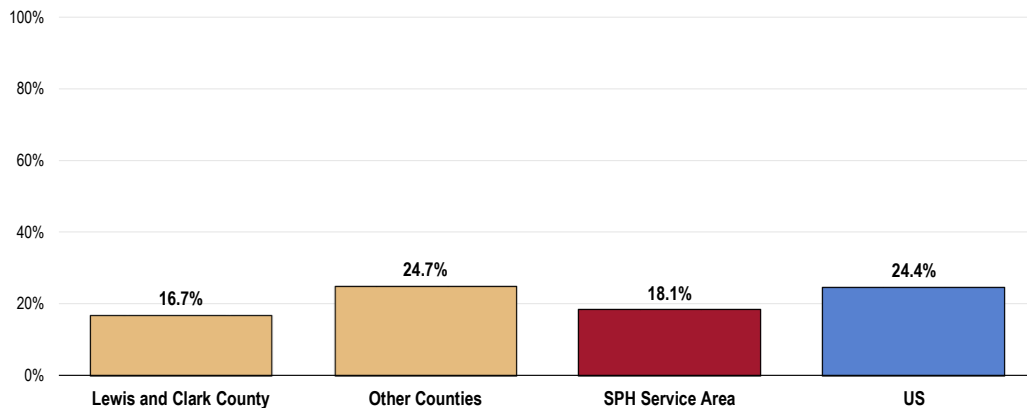
Level of Difficulty Finding Fresh Produce at an Affordable Price (St. Peter's Hospital Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 91]
Notes: • Asked of all respondents.

- More favorable than national findings.
- Similar findings by area.

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce

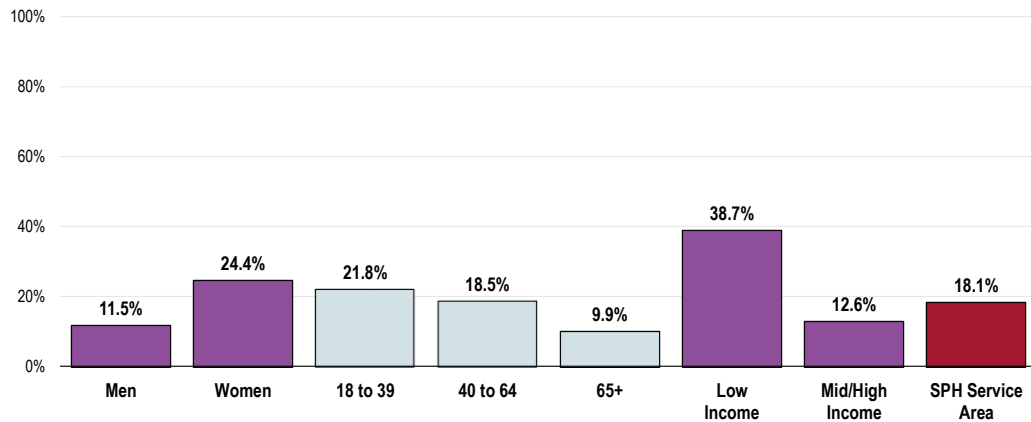


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 91]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
• "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

Those more likely to report difficulty getting fresh fruits and vegetables include:

- Women.
- Adults under age 65 (negative correlation with age).
- Lower-income residents.

**Find It “Very” or “Somewhat”
Difficult to Buy Affordable Fresh Produce**
(St. Peter’s Hospital Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 91]
 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.

LOW FOOD ACCESS (FOOD DESERTS)

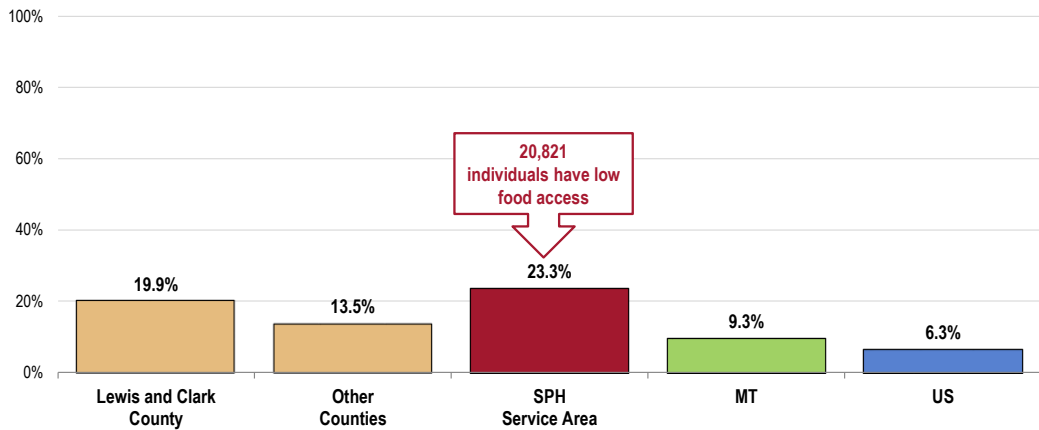
A food desert is defined as a low-income area where a significant number or share of residents is far from a supermarket, where “far” is more than 1 mile in urban areas and more than 10 miles in rural areas.

US Department of Agriculture data show that 23.3% of the service area population (representing over 20,000 residents) have low food access or live in a “food desert,” meaning that they do not live near a supermarket or large grocery store.

- Less favorable than statewide findings.
- Less favorable than national findings.
- Unfavorably high in Lewis and Clark County.

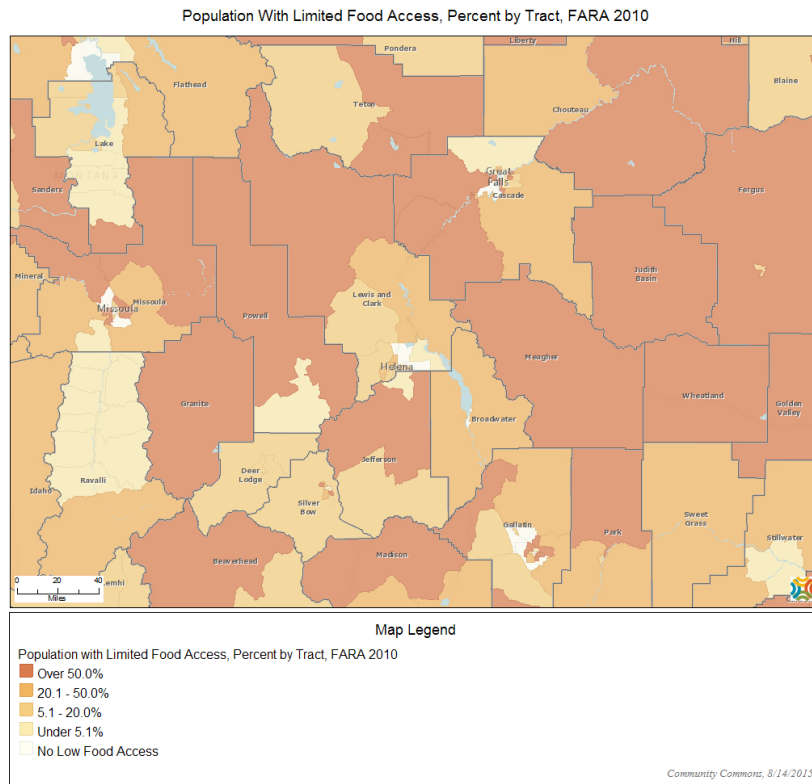
Population With Low Food Access

(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2010)



- Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA): 2010.
 - Retrieved August 2015 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as low-income areas where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas. This indicator is relevant because it highlights populations and geographies facing food insecurity.
 - "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

- The following map provides an illustration of food deserts by census tract.

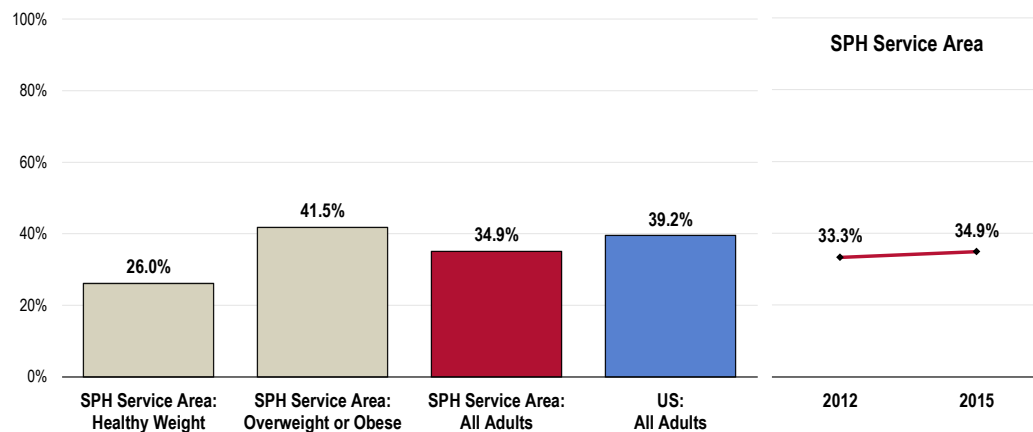


Health Advice About Diet & Nutrition

A total of 34.9% of survey respondents acknowledge that a physician counseled them about diet and nutrition in the past year.

- Comparable to national findings.
- Comparable findings by area.
- TREND: Statistically unchanged since 2012.
- Note: Among overweight/obese respondents, 41.5% report receiving diet/nutrition advice (meaning that nearly 6 in 10 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: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 18]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Physical Activity

About 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); and 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); and 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)

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.

Leisure-Time Physical Activity

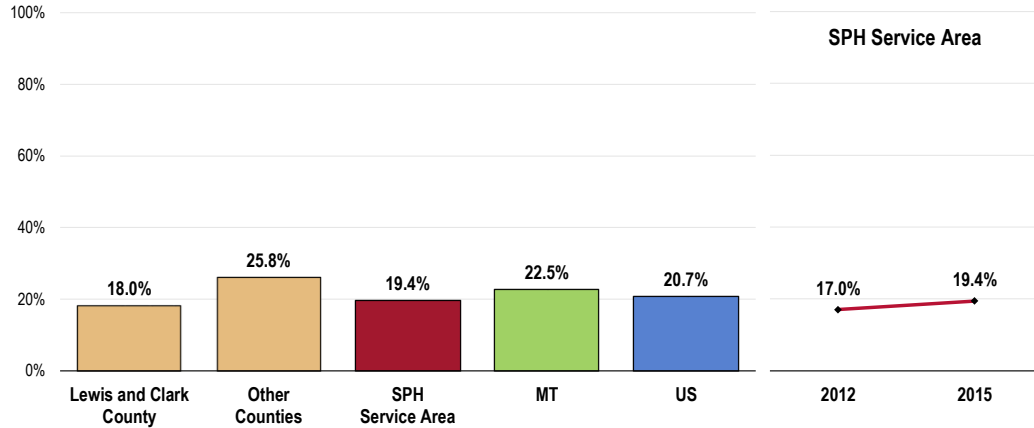
A total of 19.4% of St. Peter's Hospital Service Area adults report no leisure-time physical activity in the past month.

- Similar to statewide findings.
- Similar to national findings.

- Satisfies the Healthy People 2020 target (32.6% or lower).
- Similar findings by area.
- TREND: Statistically unchanged since 2012.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 Target = 32.6% or Lower



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 92]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Montana data.
 • 2013 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.
 • "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

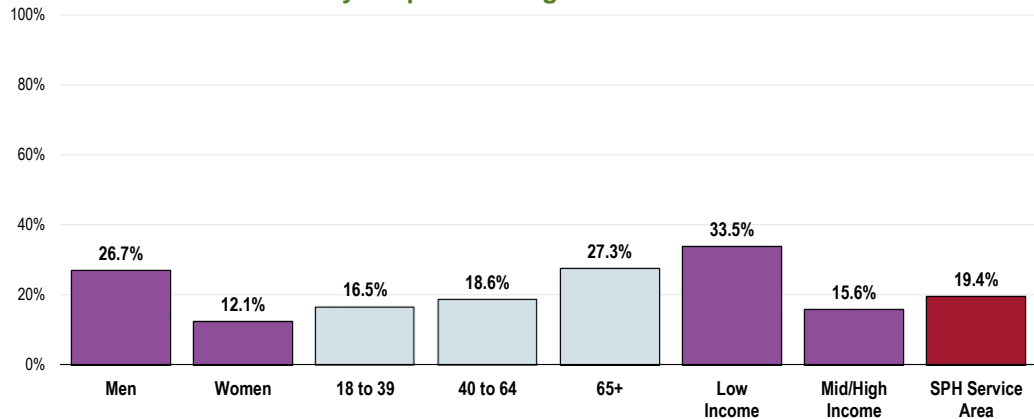
Lack of leisure-time physical activity in the area is higher among:

- Men.
- Lower-income residents.

No Leisure-Time Physical Activity in the Past Month

(St. Peter's Hospital Service Area, 2015)

Healthy People 2020 Target = 32.6% or Lower



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 92]
 • 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

Recommended Levels of Physical Activity

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.

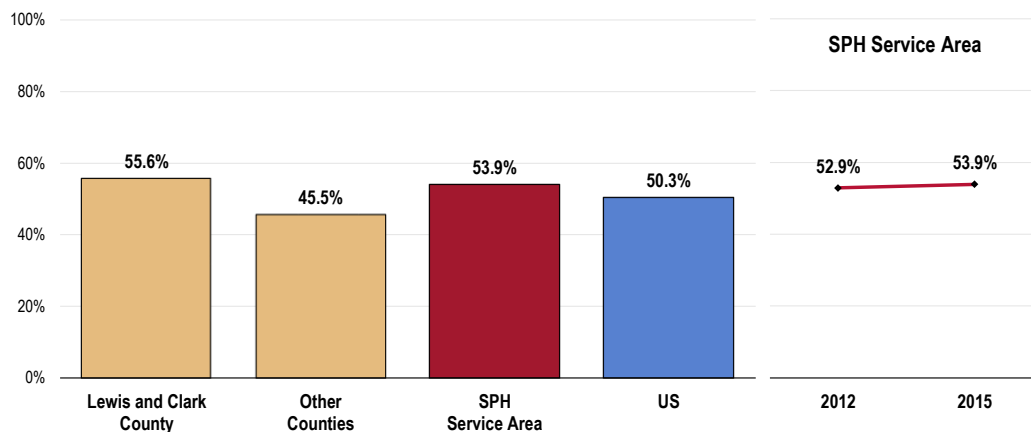
- 2008 Physical Activity Guidelines for Americans, U.S. Department of Health and Human Services. www.health.gov/PAGuidelines

RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

A total of 53.9% of service area adults participate in regular, sustained moderate or vigorous physical activity (meeting physical activity recommendations).

- Comparable to national findings.
- Comparable findings by area.
- TREND: Statistically unchanged since 2012.

Meets Physical Activity Recommendations



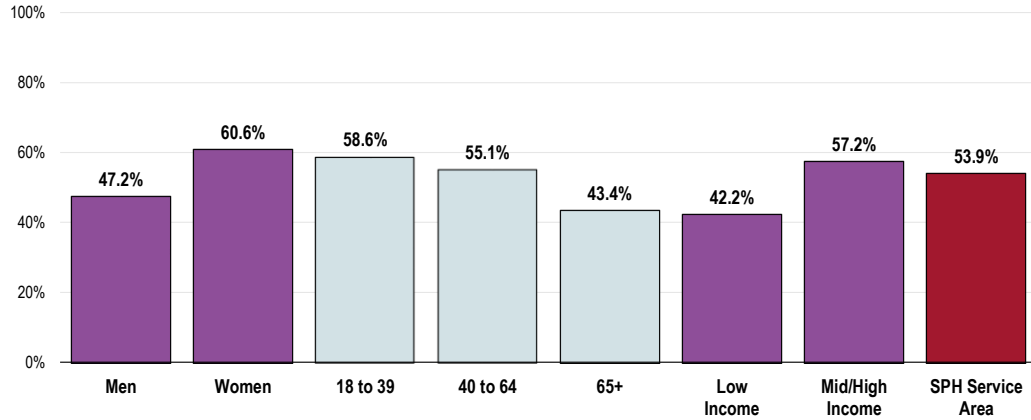
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 147]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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.
 • "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

Those less likely to meet physical activity requirements include:

- Men.
- Seniors (negative correlation with age).
- Low-income residents.

Meets Physical Activity Recommendations (St. Peter's Hospital Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 147]
 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

In the past month:

A total of 37.2% of adults participated in moderate physical activity (5 times a week, 30 minutes at a time).

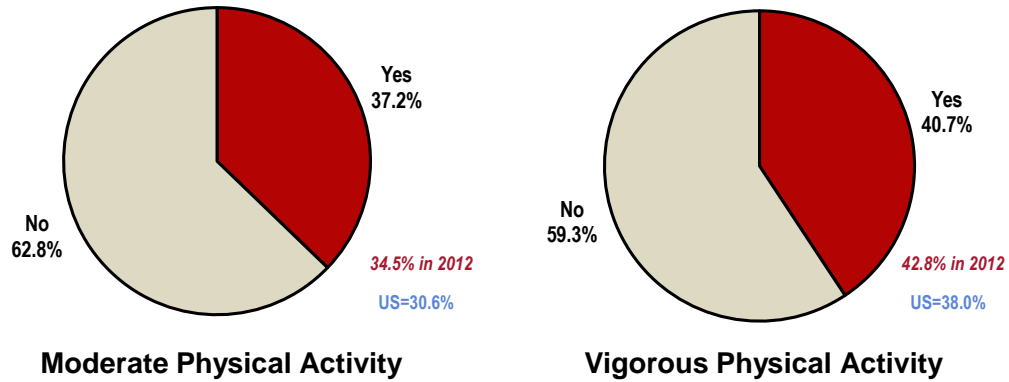
- More favorable than the national level.
- TREND: Statistically unchanged since 2012.

A total of 40.7% participated in vigorous physical activity (3 times a week, 20 minutes at a time).

- Similar to the nationwide figure.
- TREND: Statistically similar to 2012 findings.

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

Moderate & Vigorous Physical Activity (St. Peter's Hospital Service Area, 2015)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 148-149]
 • 2013 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.

Access to Physical Activity

ACCESS TO RECREATION & FITNESS FACILITIES

In 2013, the area reported 12.3 recreation/fitness facilities for every 100,000 residents.

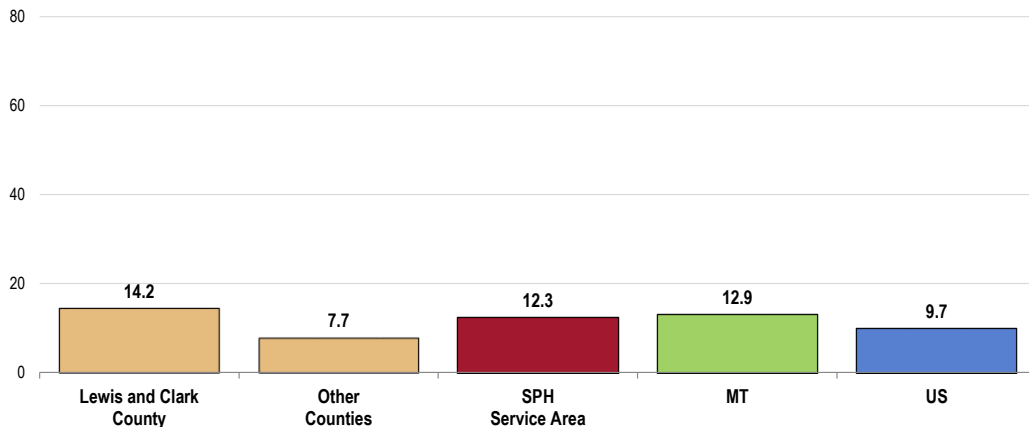
- Comparable to what is found statewide.
- Above what is found nationally.
- More favorable in Lewis and Clark County.

Here, recreation/fitness facilities include establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities."

Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.

Population With Recreation & Fitness Facility Access

(Number of Recreation & Fitness Facilities per 100,000 Population, 2013)



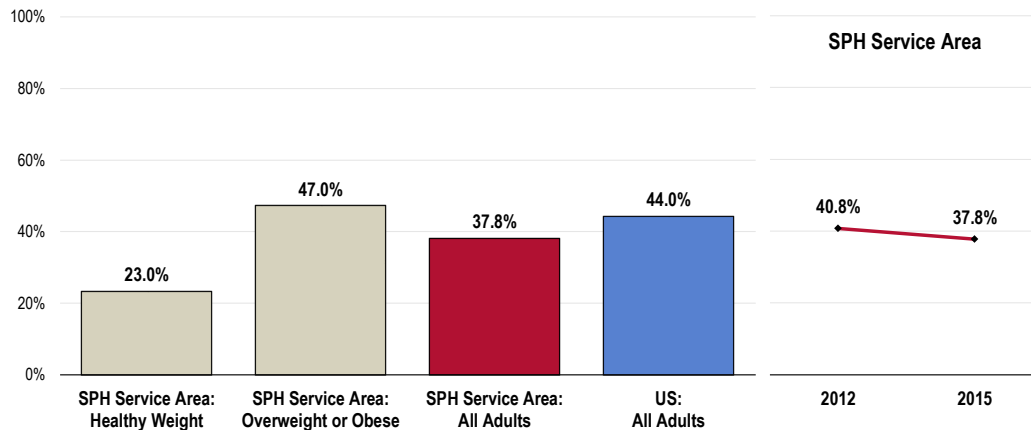
Sources: • US Census Bureau, County Business Patterns: 2013. Additional data analysis by CARES.
 • Retrieved August 2015 from Community Commons at <http://www.chna.org>.
 Notes: • Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940, which include Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities". Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.
 • "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

Health Advice About Physical Activity & Exercise

A total of 37.8% 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.
- Similar by area (not shown).
- TREND: Similar to 2012 survey findings.
- Note: 47.0% of overweight/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)



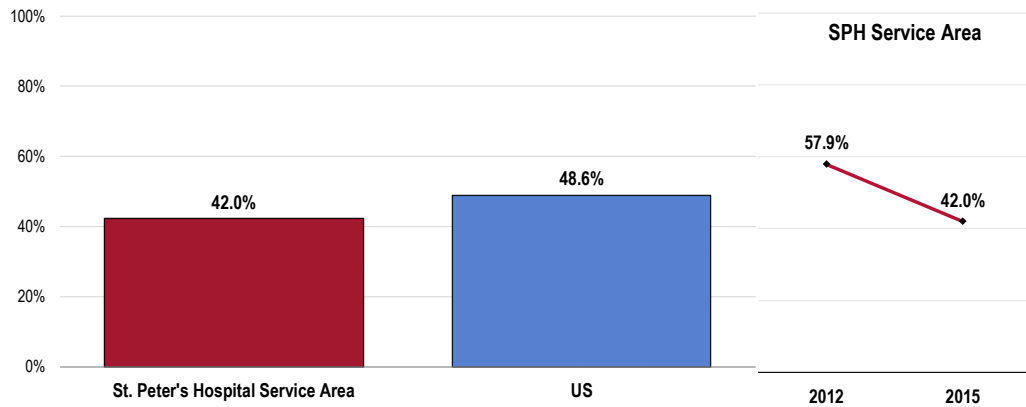
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 19]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Children’s Physical Activity

Among St. Peter’s Hospital Service Area children age 2 to 17, 42.0% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

- Statistically comparable to that found nationally.
- TREND: Marks a statistically significant decrease from the 2012 survey findings.

Child Is Physically Active for One or More Hours per Day (Among Children Age 2-17)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 117]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children age 2-17 at home.
 • Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

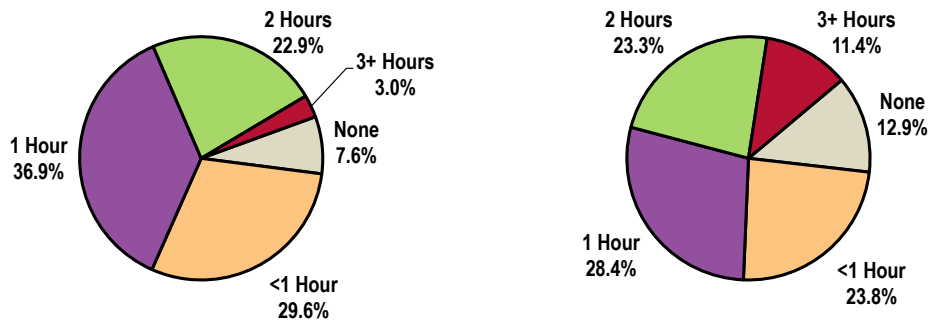
TELEVISION WATCHING & OTHER SCREEN TIME

Among children aged 5 through 17, 3.0% are reported to watch three or more hours of television per day; 11.4% are reported to spend three or more hours on other types of screen time for entertainment (video games, Internet, etc.).

- TREND: Both proportions are statistically unchanged since 2012 (not shown).

Children's Screen Time

(Among Parents of Children Age 5-17; St. Peter's Hospital Service Area, 2015)



Hours per Day of Television

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

Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 314-315, 319-320]
 Notes: • Asked of respondents with a child aged 5 to 17 in the household.

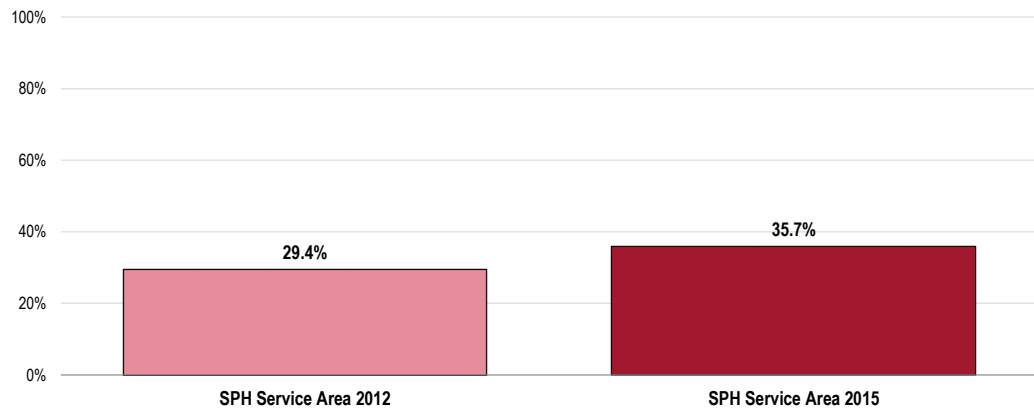
TOTAL SCREEN TIME

When combined, 35.7% 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.

- **TREND:** Statistically unchanged from the 2012 survey findings.

**Children With Three or More Hours per School Day of Total Screen Time [TV, Computer, Video Games, Etc. for Entertainment]
(Among Parents of Children Age 5-17)**



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 321]

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.

Weight Status

About Overweight & Obesity

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: $[\text{weight (pounds)}/\text{height squared (inches}^2)] \times 703$.

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

Based on self-reported heights and weights, 35.6% of service area adults are at a healthy weight.

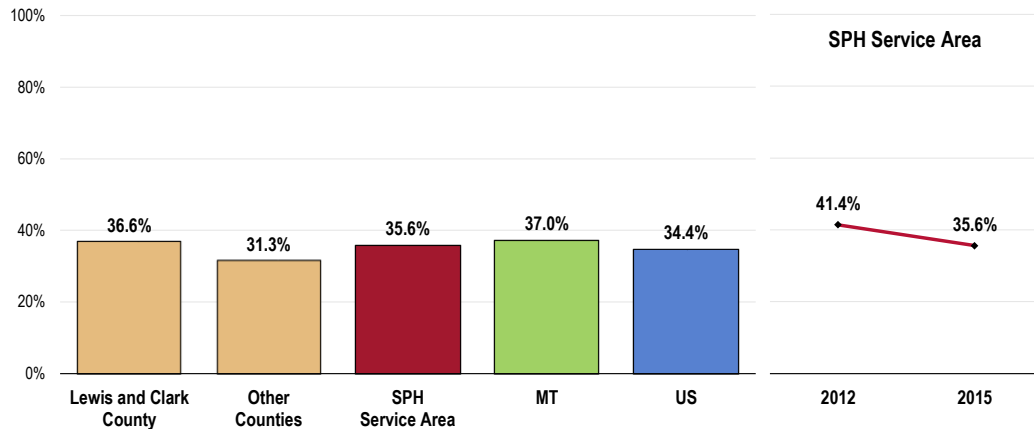
“Healthy weight” means neither underweight, nor overweight (BMI = 18.5-24.9).

- Similar to the state proportion.
- Similar to the national proportion.
- Similar to the Healthy People 2020 target (33.9% or higher).
- Similar findings by area.
- TREND: Statistically unchanged since 2012.

Healthy Weight

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

Healthy People 2020 Target = 33.9% or Higher



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]
 - 2013 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); 2013 Montana data.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-8]
- Notes:
- Based on reported heights and weights, asked of all respondents.
 - The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.
 - “Other Counties” include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

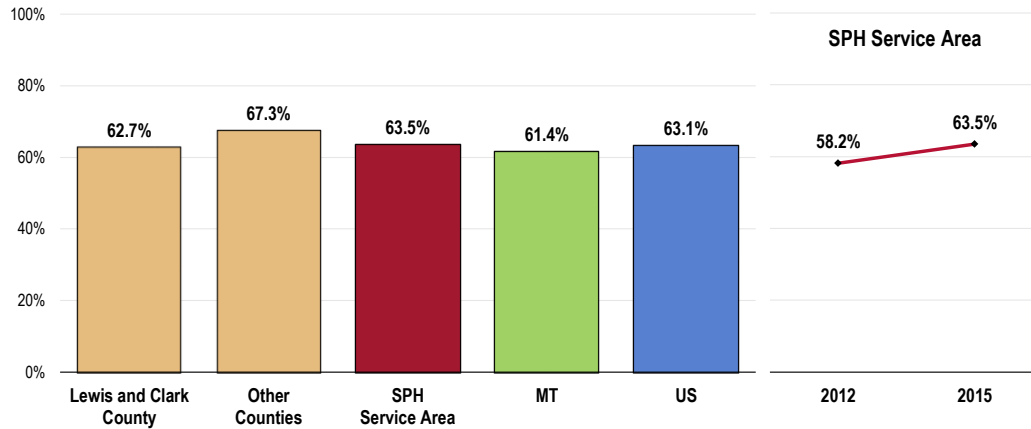
OVERWEIGHT STATUS

A total of 63.5% of area adults are overweight.

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

- Comparable to the Montana prevalence.
- Comparable to the US overweight prevalence.
- Comparable findings by area.
- TREND: Statistically unchanged since 2012.

Prevalence of Total Overweight (Percent of Adults With a Body Mass Index of 25.0 or Higher)



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]
- 2013 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); 2013 Montana data.

Notes:

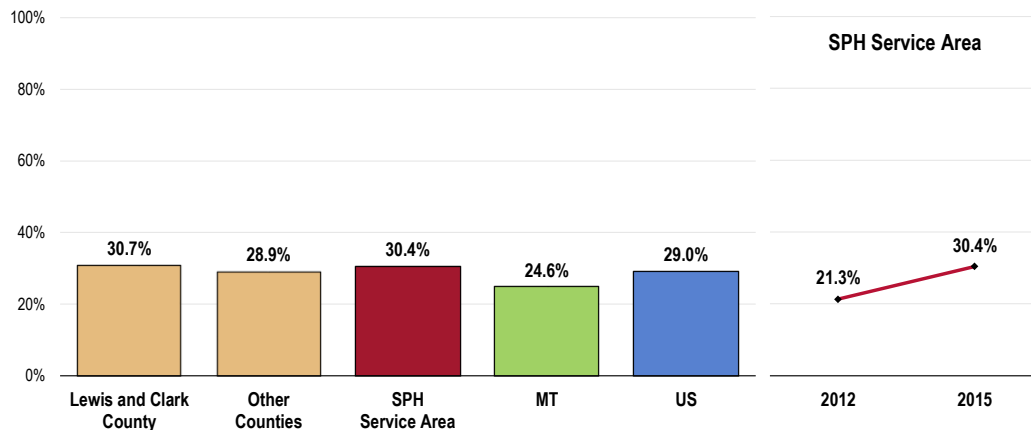
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.
- "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

Further, 30.4% of St. Peter’s Hospital Service Area adults are obese.

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

- Less favorable than Montana findings.
- Similar to US findings.
- Similar to the Healthy People 2020 target (30.5% or lower).
- Similar findings by area.
- TREND: Denotes a statistically significant increase in obesity since 2012.

Prevalence of Obesity (Percent of Adults With a Body Mass Index of 30.0 or Higher) Healthy People 2020 Target = 30.5% or Lower



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]
- 2013 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); 2013 Montana data.

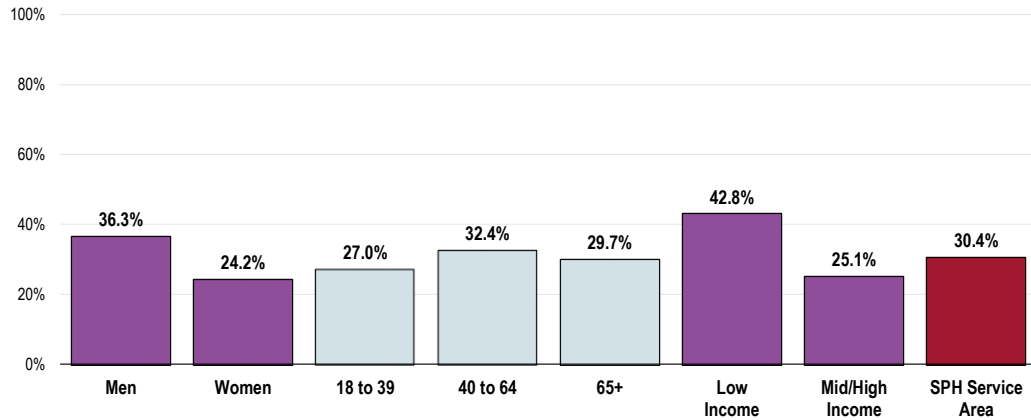
Notes:

- 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.
- "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

Obesity is notably more prevalent among:

- Men.
- Respondents with lower incomes.

Prevalence of Obesity
(Percent of Adults With a BMI of 30.0 or Higher; SPH Service Area, 2015)
Healthy People 2020 Target = 30.5% or Lower



Sources:

- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]

 Notes:

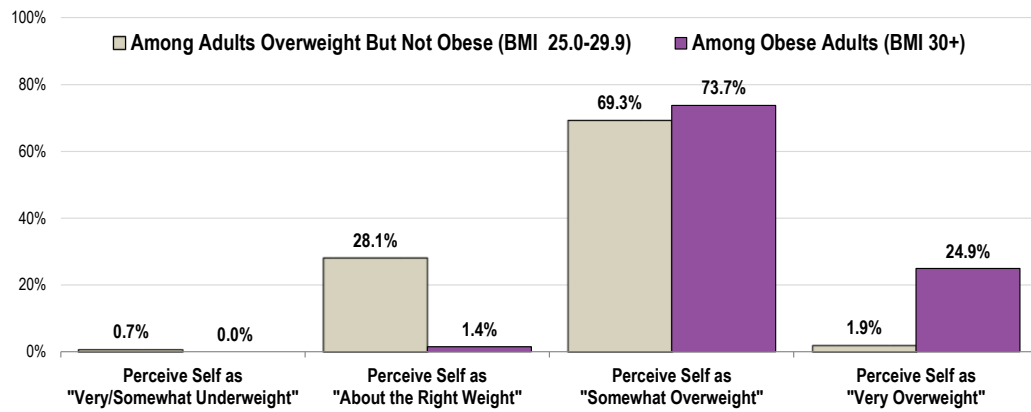
- Based on reported heights and weights, asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" 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 1.4% of obese adults and 28.1% of overweight (but not obese) adults feel that their current weight is "about right."

- 69.3% of overweight (but not obese) adults see themselves as "somewhat overweight."
- 24.9% of obese adults see themselves as "very overweight."

Actual vs. Perceived Weight Status (Among Overweight/Obese Adults Based on BMI; SPH Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
 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.

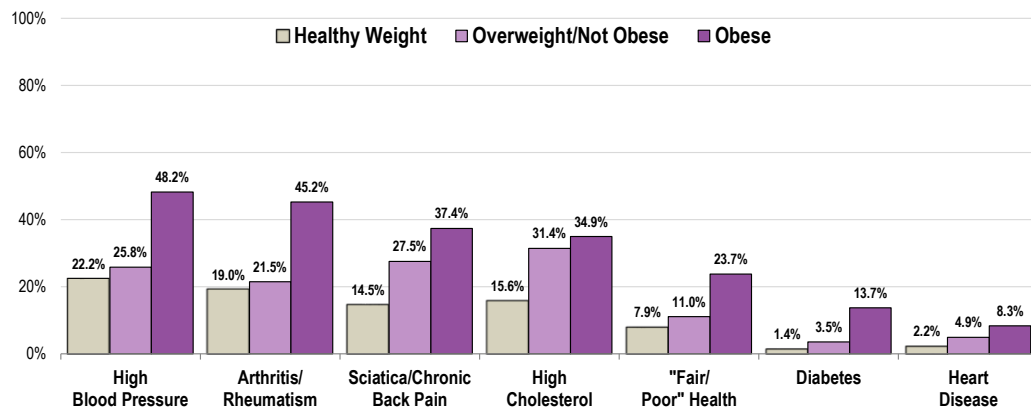
RELATIONSHIP OF OVERWEIGHT WITH OTHER HEALTH ISSUES

Overweight and obese adults are more likely to report a number of adverse health conditions:

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

- Hypertension (high blood pressure).
- Arthritis/rheumatism.
- Sciatica/chronic back pain.
- High cholesterol.
- "Fair" or "poor" physical health.
- Diabetes.
- Heart disease.

Relationship of Overweight With Other Health Issues (By Weight Classification; St. Peter's Hospital Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 5, 28, 29, 124, 125, 126, 136]
 Notes: • Based on reported heights and weights, asked of all respondents.

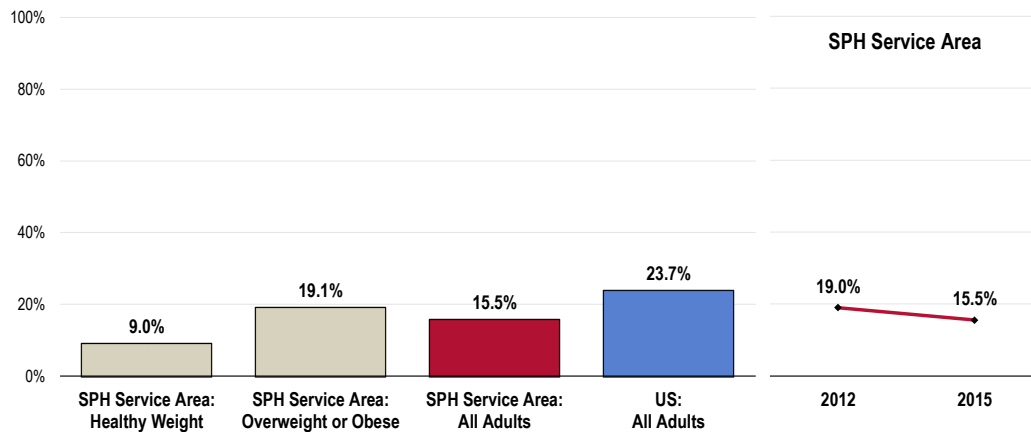
Weight Management

HEALTH ADVICE

A total of 15.5% of adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

- Well below the national findings.
- Unfavorably low in Lewis and Clark County (not shown).
- TREND: Statistically unchanged from that reported in 2012.
- Note that 19.1% of overweight/obese adults have been given advice about their weight by a health professional in the past year (while 8 in 10 have not).

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



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 98]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

WEIGHT CONTROL

About Maintaining a Healthy Weight

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.

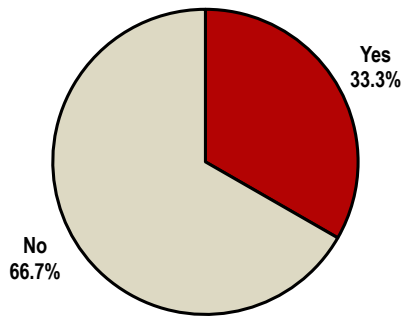
All Americans should avoid unhealthy weight gain, and those whose weight is too high may also need to lose weight.

- Healthy People 2020 (www.healthypeople.gov)

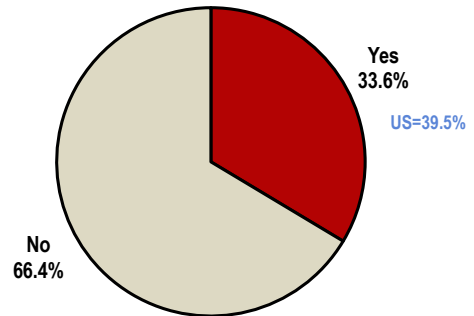
A total of 33.6% of St. Peter’s Hospital Service Area adults who are overweight say that they are both modifying their diet and increasing their physical activity to try to lose weight.

- Similar to national findings.
- TREND: Statistically similar to that reported among overweight adults in 2012.

**Trying to Lose Weight by Both
Modifying Diet and Increasing Physical Activity**
(Among Overweight or Obese Respondents)



SPH Service Area 2012



SPH Service Area 2015

Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 152]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Reflects respondents who are overweight or obese based on reported heights and weights.

Childhood Overweight & Obesity

About Weight Status in Children & Teens

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:

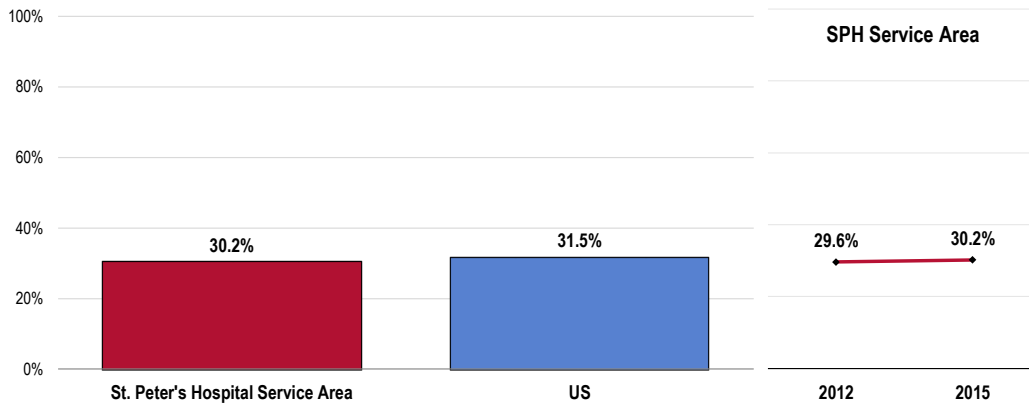
- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

• Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 30.2% of St. Peter's Hospital Service Area children age 5 to 17 are overweight or obese (≥85th percentile).

- Comparable to the national proportion.
- TREND: Statistically unchanged since 2012.

Child Total Overweight Prevalence (Percent of Children Age 5-17 Who Are Overweight/Obese; Body Mass Index in the 85th Percentile or Higher)



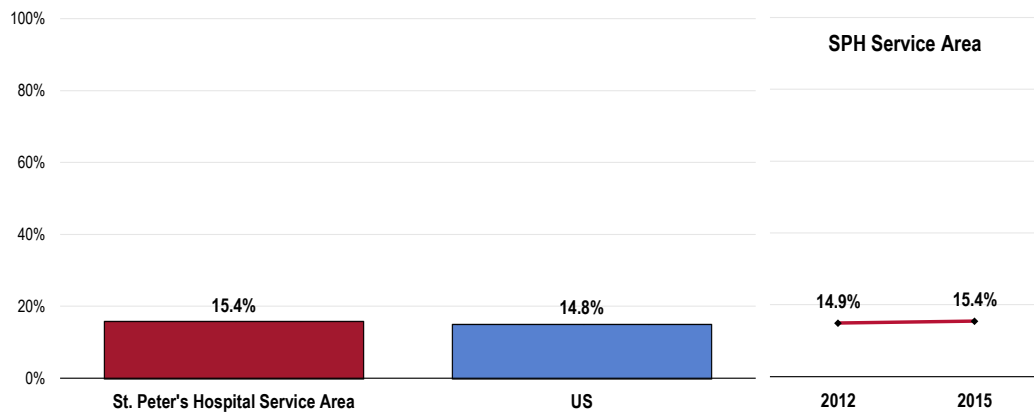
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 155]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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

Further, 15.4% of St. Peter’s Hospital Service Area children age 5 to 17 are obese (≥95th percentile).

- Comparable to the national percentage.
- Comparable to the Healthy People 2020 target (14.5% or lower for children age 2-19).
- TREND: Statistically unchanged since 2012.

Child Obesity Prevalence
 (Percent of Children Age 5-17 Who Are Obese;
 Body Mass Index in the 95th Percentile or Higher)
 Healthy People 2020 Target = 14.5% or Lower

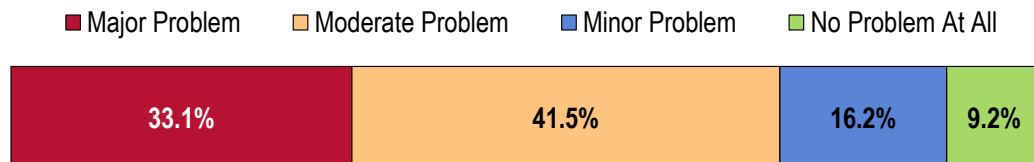


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 155]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-10.4]
 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.

Key Informant Input: Nutrition, Physical Activity & Weight

A large share of key informants taking part in an online survey characterized *Nutrition, Physical Activity & Weight* as a “moderate problem” in the community.

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community
 (Key Informants, 2014)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

TOP CONCERNS

Among those rating this issue as a “major problem,” reasons frequently related to the following:

Affordable Fresh/Healthy Foods

Lower income families cannot afford fresh produce. Many people are overweight, particularly in lower income families. – Social Services

There are plenty of access points through private health clubs and walking/hiking areas. Discounted memberships based on income at the YMCA. It's societal issues. Bad food is cheaper; and personal choices, not exercising is easier. Maybe take some workouts to the people, in the 6th Ward and North Valley. Employers offering incentives to lose weight, stop smoking, lower cholesterol, get regular screenings. – Other Health

Good, quality food, i.e. fresh, unprocessed fruits, vegetables, etc. is more expensive and takes longer to prepare than processed junk. So many in our community eat unhealthful products because it is cheaper and easier. Montanans in general are more active than people in many other states, but we still need to do better in Helena to ensure that our community members are getting adequate activity. This connects to city planning. We need to be designing and building our community in ways that make it walkable and bike friendly. Not sprawling and hostile to walkers and bikers. Nutrition and physical activity are two of the most important things people can do to maintain and improve their health, and we need and can to do more the promote those. – Community/Business Leader

Poverty. Cost of healthier food options. – Public Health

Some of the biggest challenges include ready access to healthy foods, knowledge of healthy food choices, attractive/safe infrastructure that encourages and supports active transportation. – Other Health

Those most at risk are concerned about just eating and looking for low cost. – Other Health

Good food is expensive and most people are eating highly processed, sugary foods with little nutritional value. There are people living in food deserts where the closest food available to them comes from a convenience store or fast food chain. Also, people working two or three jobs don't have time to shop and/or cook their meals so they opt for the easiest choice, which might be a drive-thru. Bike lanes in Helena are virtually non-existent and commuting to work or school on a bike is a dangerous activity, especially for kids. Some neighborhoods do not have sidewalks and are so far away from anything there is no point in walking anyway. All of these things contribute to poor nutrition and decreased physical activity. Helena has a great trail system, but trails are not accessed by everyone either by choice or because people do not live close to the trails. Also, crossing some of Helena's busiest streets either by foot or bicycle is terrifying. – Other Health

Behavioral Risk

Obesity is a huge problem in our community borne out by stats from the YRBS and the BRFSS. It is associated with chronic disease and is preventable. Creating environments that are more conducive to active living versus sedentary lifestyle is essential. Increasing access to healthy nutrition for people of all incomes tops the list. – Public Health

There is tremendous obesity in Helena. – Community/Business Leader

We are a fat community, have poor nutrition, and lack physical activity. – Community/Business Leader

The lack of physical activity, overeating, more nutrition including too much fast food all leading to a community of overweight and obese people. – Community/Business Leader

Lack of proper nutrition for many people. Lack of physical activity, especially children. – Community/Business Leader

Our environment is not designed to support individuals making healthy choices. Unhealthy foods are the least expensive. Time constraints and access prevent individuals from getting enough physical activity. It is easier to make unhealthy choices. – Community/Business Leader

Our community is growing larger by the year, physically. – Other Health

Opportunities for physical activity abound in our community, yet obesity is a growing problem. I think this may partly be due to the aging population. But I also think ready availability of fast food and empty calories (including alcoholic beverages) plays a role. – Public Health

We smoke, chew, and eat way too much here. Little personal accountability for health. I overheard people at a restaurant the other day, all smokers, all morbidly obese say that they are sick of people telling them they need to lose weight and stop smoking. Their opinion was it was none of anyone's business and how healthy they were had no impact on anyone else.
Ugh. – Community/Business Leader

High percentage of overweight people in MT. – Other Health

It is an American epidemic. – Community/Business Leader

The biggest challenge is changing the culture and habits for people to embark on a new/changed lifestyle which will incorporate more physical activity. Also, the built environment does not always make it easy for people to make the choice to bike or walk as modes of transportation or in lieu of driving their car. This is a limiting factor to incorporating physical activity into one's daily lifestyle. – Other Health

Lifestyle plays an active role here. The personal decisions community inhabitants make can enhance or diminish their nutrition, physical activity and weight. – Community/Business Leader
American lifestyle. – Physician

Chronic obesity. Low income parents not dedicated to child welfare. General ignorance of health implications. – Community/Business Leader

Prevalence of overweight and obese adults and children. – Physician

Nutrition Education

A lack of knowledge about what is a nutritious diet and the importance of exercise and maintaining a proper weight. Making nutritious foods more available and more affordable. Fast food is cheaper and more easily attained. Working people sometimes do not have the time or energy to prepare good meals for themselves and their children after working all day. – Community/Business Leader

Low income parents lack awareness, knowledge and financial resources to purchase healthy food and the time and/or inclination to keep their children physically active. 7 of our 11 elementary schools are Title One. In school, kids say the lunch time is too short for them to select and finish their food. Without Food Share back packs, many of these kids would have little or no access to food on weekends. – Community/Business Leader

People don't know how to cook or shop for healthy foods. More education needs to be done in the schools at a younger age. Kids need to be taught simple skills like how to make a healthy sandwich. There's not much of a challenge for physical activity. Most people can walk somewhere, but we also have great hiking trails and downtown is very walkable. A lot of areas don't have sidewalks, however. Weight issues come from lack of exercise and eating too much or poorly. A lot of lessons in school may focus on the right foods, but I highly doubt they're taught portion control. In the winter it's harder to get fresh food. There is no farmer's market or gardens. I think there's too much access to pop. There shouldn't be vending machines in schools, even for the teachers. We all need to be role models. A lot of empty calories are from pop. – Social Services

Obesity and the ability to find affordable programs to help them. People on assistance get high caloric food and no help with nutrition. Not enough programs to help people eat healthier, manage their weight, and learn to exercise effectively. Restaurants need healthier options. Sedentary lifestyles. Many jobs involve sitting at desks eight hours a day. Programs for businesses to help employees be healthier. – Community/Business Leader

Creating reachable goals and plans. There is so much money driven information out there that it's hard to figure out what actually works and can be developed into a reachable goal. – Community/Business Leader

Poor education with many obese and not having access to healthy, nutritious foods or knowledge about how to cook and importance of daily exercise. – Public Health

Nutrition education as well as education about physical activity are needed with our citizenry. The importance of early childhood nutrition and activity are not well understood. Affordability of nutritious food is another issue. – Public Health

Public education and promotion for the average citizen and for the general public. – Community/Business Leader

Education and awareness of the danger of obesity. – Community/Business Leader

Access to Care

Affordable, accessible, and fun resources to empower people to make change. – Community/Business Leader

Programs such as Meals on Wheels have very limited funding and are unable to meet the need of the Helena area. – Other Health

Free access to all families. Families with money have access to gyms, camps for children, sports, and healthy foods. This is not readily available to low income families. Where do families go to learn about free/reduced activities in Helena and how to serve nutritious foods on a budget. – Social Services

Community Focus

Lack of strong community focus on the importance of these issues. – Community/Business Leader

Infrastructure

No sidewalks or bike lanes. Helena promotes driving everywhere. – Public Health

Substance Abuse

About Substance Abuse

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

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.

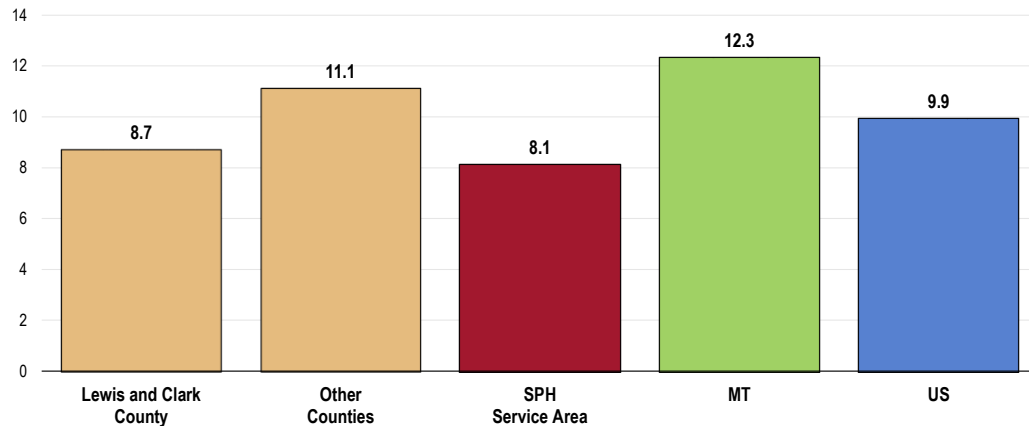
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cirrhosis/Liver Disease Deaths

Between 2011 and 2013, there was an annual average age-adjusted cirrhosis/liver disease mortality rate of 8.1 deaths per 100,000 population in the St. Peter's Hospital Service Area.

- Better than the statewide rate.
- Better than the national rate.
- Similar to the Healthy People 2020 target (8.2 or lower).
- Unfavorably high in the Other Counties.

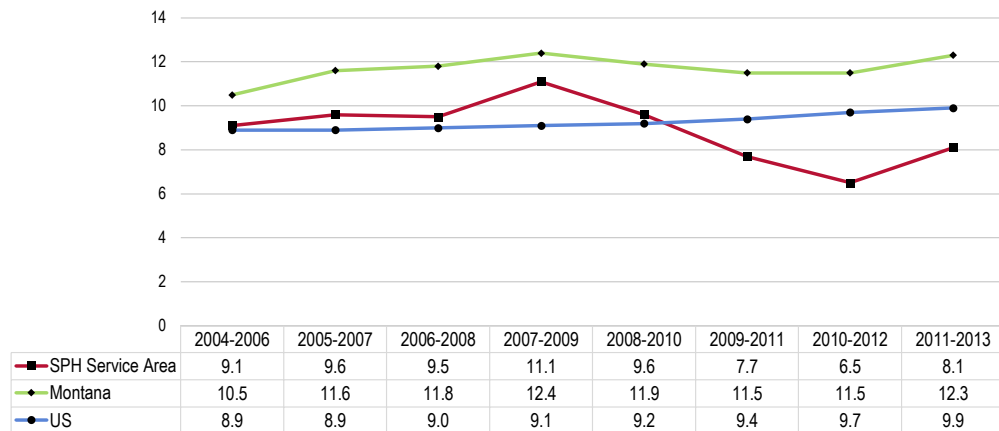
Cirrhosis/Liver Disease: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 8.2 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-11]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - *Other Counties* include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

- **TREND:** The mortality rate has fluctuated widely in the region, showing no clear trend; note that the recent rate is below the benchmark findings.

Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 8.2 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-11]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

“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

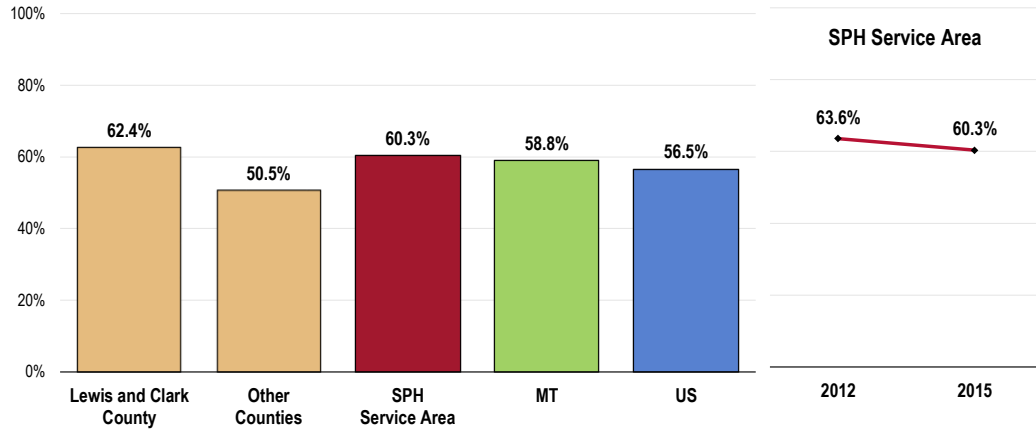
High-Risk Alcohol Use

CURRENT DRINKING

A total of 60.3% of area adults had at least one drink of alcohol in the past month (current drinkers).

- Similar to the statewide proportion.
- Similar to the national proportion.
- Unfavorably high in Lewis and Clark County.
- TREND: Statistically unchanged since 2012.

Current Drinkers

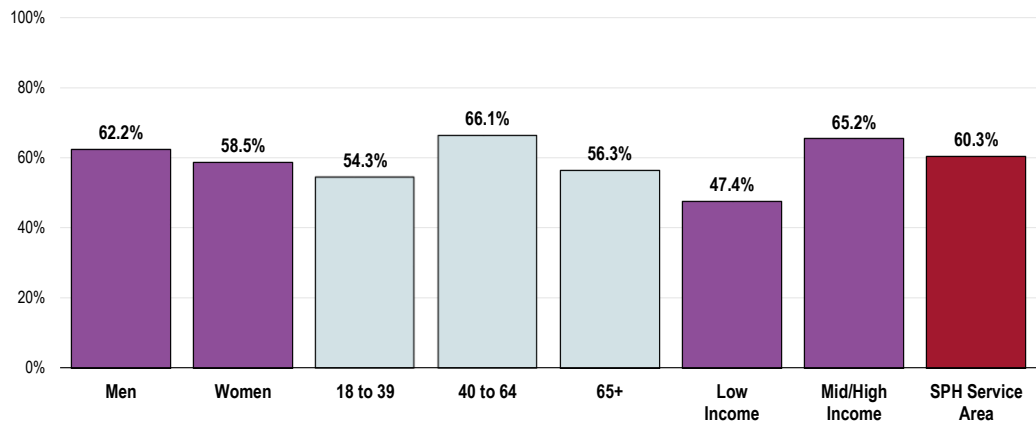


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 160]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Montana data.
 • 2013 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.
 • "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

- Current drinking is more prevalent among residents age 40 to 64 and those in upper-income households.

Current Drinkers (St. Peter's Hospital Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 160]

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.
 • Current drinkers had at least one alcoholic drink in the past month.

EXCESSIVE DRINKING

A total of 18.5% of area adults are excessive drinkers (heavy and/or binge drinkers).

- More favorable than the national proportion.
- Similar by area.
- Satisfies the Healthy People 2020 target (25.4% or lower).
- TREND: Statistically unchanged since 2012.

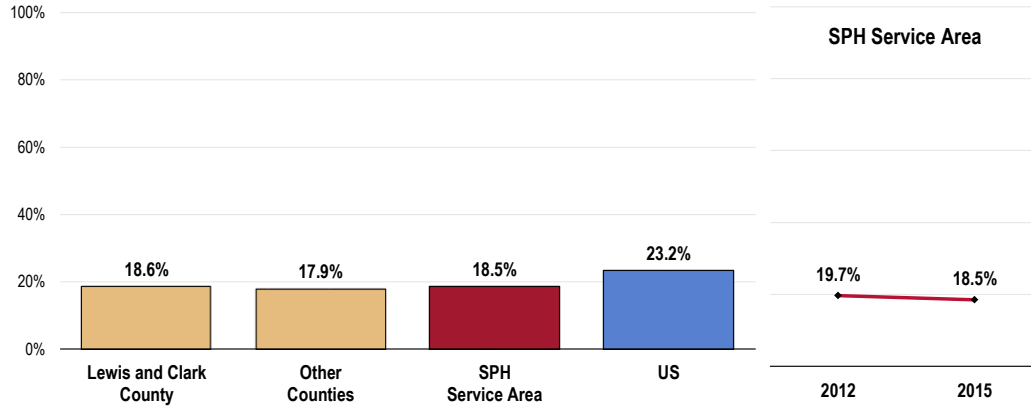
"Excessive drinking" includes heavy and/or binge drinkers:

Heavy drinkers include men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview; and

Binge drinkers include men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

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

Excessive Drinkers Healthy People 2020 Target = 25.4% or Lower



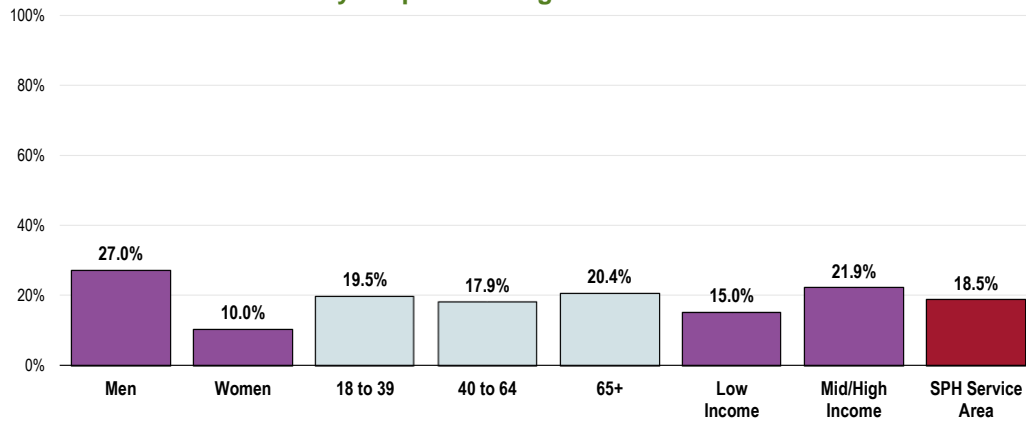
- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 164]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-15]
- Notes:
- Asked of all respondents.
 - Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.
 - "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

- Excessive drinking is more prevalent among men in the service area.

Excessive Drinkers

(Total Area, 2015)

Healthy People 2020 Target = 25.4% or Lower



- Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 164]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-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. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

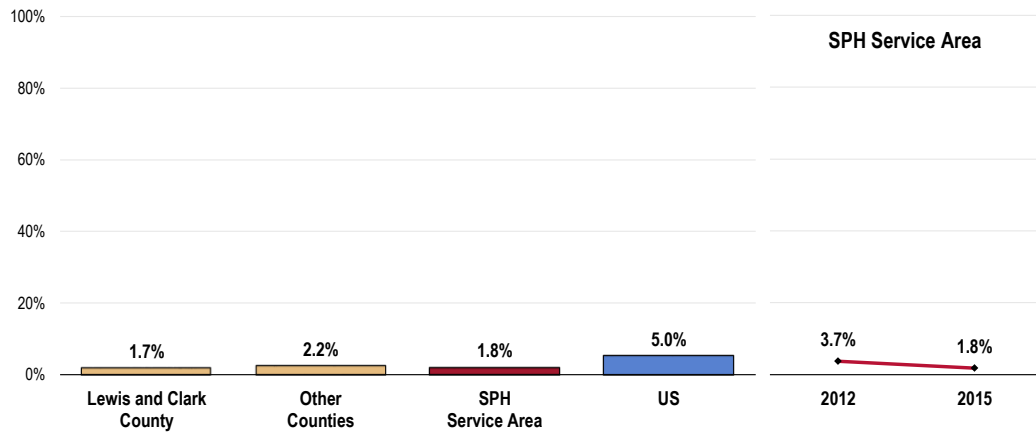
DRINKING & DRIVING

A total of 1.8% 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.

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.

- Well below the national findings.
- Comparable findings by area.
- TREND: The drinking and driving prevalence has not changed significantly since 2012.

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

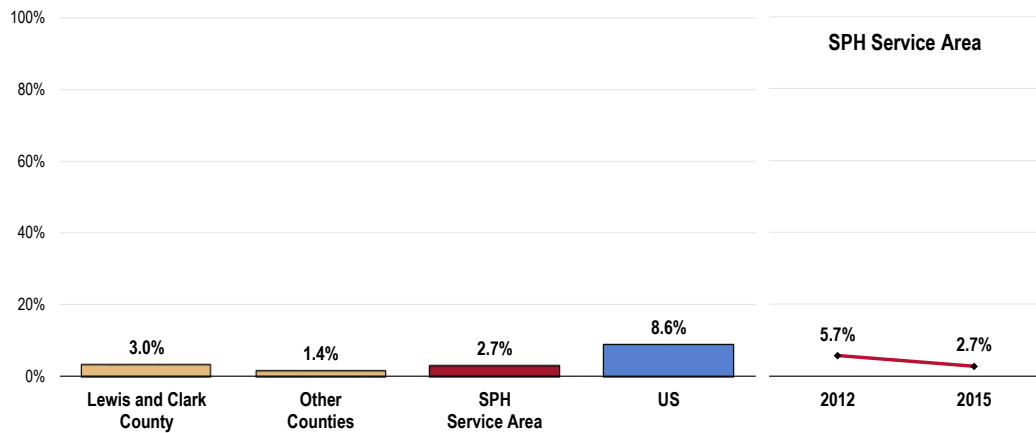


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 65]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

A total of 2.7% of St. Peter’s Hospital Service Area adults acknowledge either drinking and driving or riding with a drunk driver in the past month.

- More favorable than the national findings.
- Similar findings by area.
- TREND: Statistically unchanged since 2012.

Have Ridden With a Drunk Driver in the Past Month



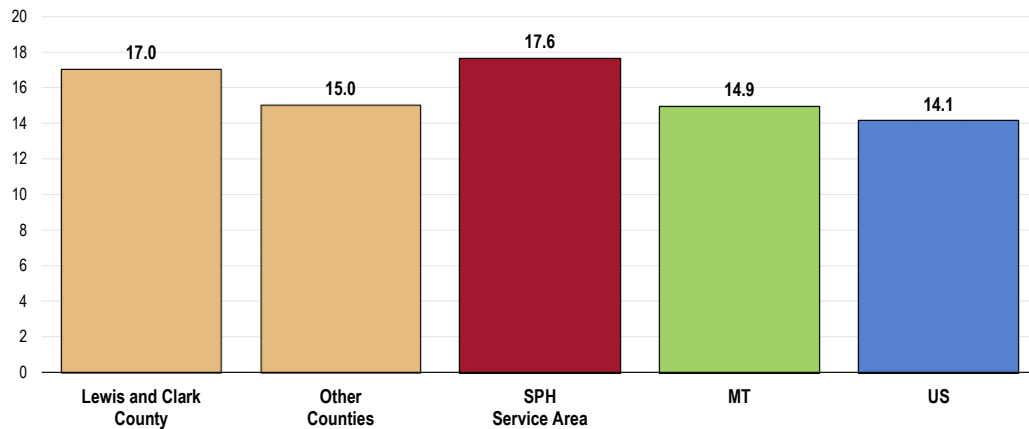
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 65]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

Age-Adjusted Drug-Induced Deaths

Between 2011 and 2013, there was an annual average age-adjusted drug-induced mortality rate of 17.6 deaths per 100,000 population in the St. Peter's Hospital Service Area.

- Worse than the statewide rate.
- Worse than the national rate.
- Fails to satisfy the Healthy People 2020 target (11.3 or lower).
- Higher in Lewis and Clark County.

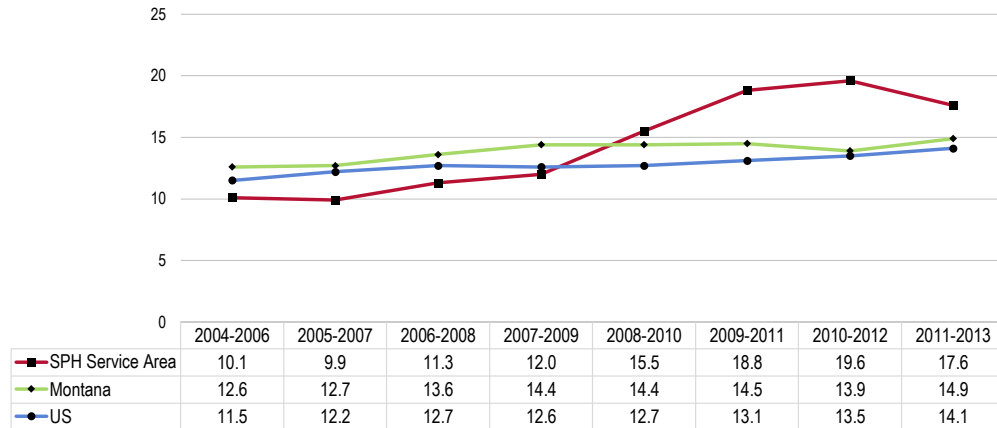
Drug-Induced Deaths: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 11.3 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-12]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

- **TREND:** The mortality rate has increased rather dramatically in the past several years, surpassing state and national rates.

Drug-Induced Deaths: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 11.3 or Lower



Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- UD Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-12].

Notes:

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

Illicit Drug Use

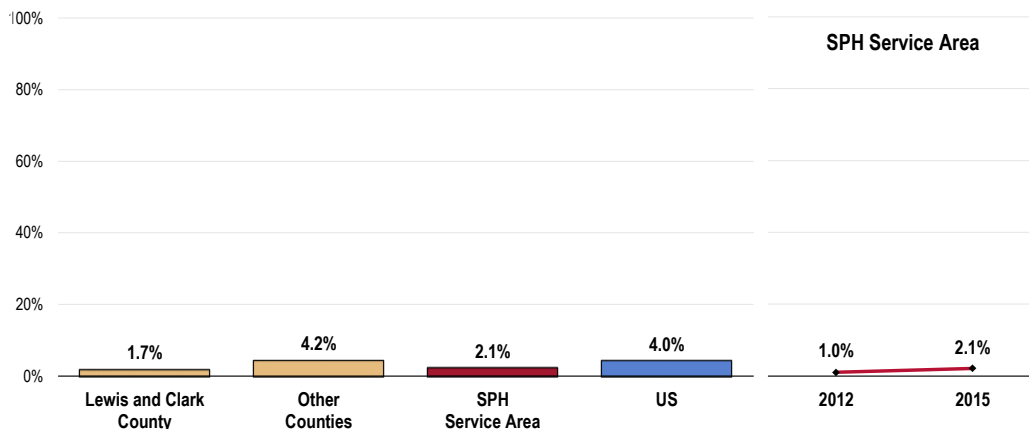
A total of 2.1% of St. Peter's Hospital Service Area adults acknowledge using an illicit drug in the past month.

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

- Better than the proportion found nationally.
- Easily satisfies the Healthy People 2020 target of 7.1% or lower.
- Statistically similar by area.
- TREND: Statistically unchanged since 2012.

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.

Illicit Drug Use in the Past Month Healthy People 2020 Target = 7.1% or Lower



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 66]
- 2013 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:

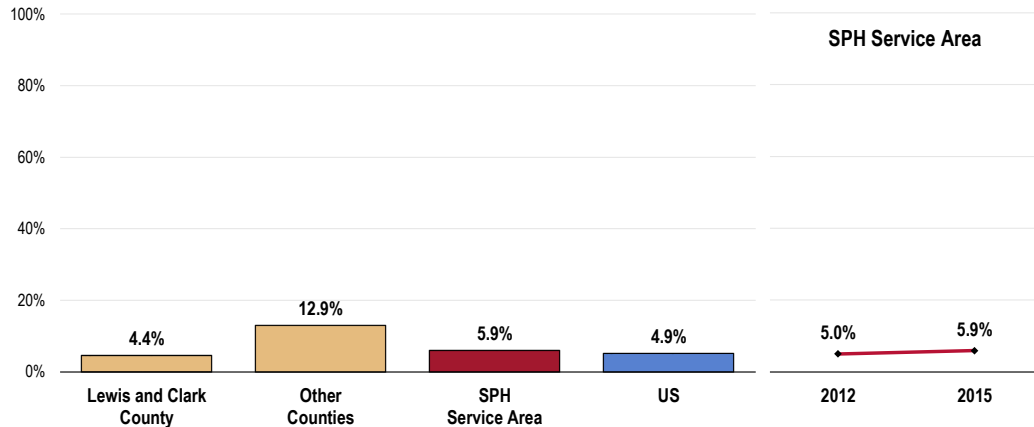
- Asked of all respondents.
- "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

Alcohol & Drug Treatment

A total of 5.9% 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.
- Much higher in the Other Counties.
- TREND: Statistically unchanged since 2012.

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

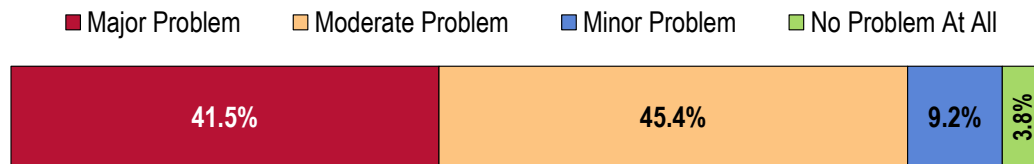


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 67]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

Key Informant Input: Substance Abuse

The greatest share of key informants taking part in an online survey characterized *Substance Abuse* as a “moderate problem” in the community.

Perceptions of Substance Abuse as a Problem in the Community (Key Informants, 2014)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

BARRIERS TO TREATMENT

Among those rating this issue as a “major problem,” the greatest barriers to accessing substance abuse treatment are viewed as:

Motivation/Acknowledgment

Patient willingness to identify with problem and access for rehabilitation based upon cost. – Physician

Like any other addition, a person has to want to quit. – Social Services

The desire to find help or realization/recognition that they need help. Using drugs to deal with life issues. Lack of jobs, lack of money, family issues. Cost to get treatment even for those with jobs/income is extremely costly. Need more promotions like the Mt. Meth project to work on preventing them from starting to take drugs. – Community/Business Leader

Lack of desire to quit using on the patient's part. In addition, it is difficult to get inpatient substance abuse care when needed and when a patient is discharged directly from the hospital. – Physician

Some people do not want treatment. Some people lack insurance coverage to help pay for the treatment. Substance abuse treatment is not readily available in this community. – Public Health

Personal knowledge deficit. Cultural and family use. Denial. – Other Health

People with substance abuse issues too often do not wish to change. Once they decide to try to change, it is not easy to figure out how to access help. – Public Health

Personal reluctance and lack of timely and affordable treatment. – Public Health

Access to Care

Cost. – Community/Business Leader

Cost and availability. – Social Services

Cost. A desire to seek treatment, incarceration, addiction is hard to overcome. – Social Services

Insurance often does not cover treatment such as addiction counselors, methadone clinics and in patient clinics and it is very expensive. There continue to be physicians who over prescribe and prescribe inappropriately in this community and there is no accountability. – Physician

Insurance, stigma, time. Insurance is number one. – Public Health

Insurance coverage and appropriate collaboration with mental health providers. Substance abuse is correlated with mental health needs of some sort. – Social Services

Access to treatment in Montana is extremely limited. Also, the existing programs and insurance plans don't keep people in long enough for the treatment to really 'take,' resulting in high rate of recurrence. – Other Health

Nobody prescribes suboxone. – Physician

A lack of support and understanding regarding treatment and the need for treatment. Once committed to treatment, transportation can be a barrier to access. – Social Services

Unless you are committed to the Department of Corrections, treatment is almost impossible to access. – Social Services

Lack of providers for counseling, lack of desire for treatment, lack of knowledge of long-term effects of use. – Other Health

Limited resources. – Community/Business Leader

Lack of providers. – Physician

Money and lack of insurance play a big role in preventing access to substance abuse treatment. It is also hard to get into in-patient treatment and then have the money to pay for in-patient treatment. – Public Health

Medicaid/Insurance access to treat co-occurring disorders. Not helping these folks feel valuable and important in society and giving them a job/role. New research show that is a very powerful key to choosing not to use. – Public Health

Access to providers. – Public Health

Cost of programs. – Social Services

Cost and placement options. There is a waiting list for detox programs. Trying to do it alone raises often raises other health concerns. In-patient facilities that are not expensive are needed. Better insurance coverage for treatment and relapse would improve the opportunity for many. – Other Health

Stigma

Stigma. Not knowing how/where to go. Difficulty maintaining job, home life, along with working through a program. – Social Services

The stigma of rehab. A lack of resources in the area. – Community/Business Leader

Stigma, lack of available resources, lack of desire to quit using alcohol, meth, and other addictive compounds. Drinking is pretty much a way of life here in Montana. Making meth seems to be a good source of income for some people. Using meth seems to be like falling down a cliff into an exit less chasm. Admitting addiction is admitting weakness. Seeking help and changing one's life is difficult leaving a cultural context and friends that provide a sense of identity and security, for example and frightening. So many issues here. – Social Services

Denial and money. The lack of educated providers and the lack of understanding between the correlation of substance abuse and mental illnesses. – Other Health

Denial of their problem. Perceived cost and stigma. – Other Health

Denial, stigma, a drinking culture, ready access to illicit substances, inadequate availability of substance abuse programs. – Public Health

Embarrassment or denial that they have a problem. High cost of treatment. Unwillingness to join free but religiously oriented 12-step programs. – Other Health

Stigma, inadequate funding. – Community/Business Leader

High Prevalence

Youth Connections looked at the MT Prevention Needs Assessment which shows dramatic stats on substance abuse in our youth. – Public Health

I don't know exactly what the problems are surrounding a person being able to accessing treatment or not. I was thinking that substance abuse is very high in Helena. And it's a major factor in mental illness issues for many. – Community/Business Leader

I think there is more substance abuse than what we really know. Some students have abused for so long that it is a daily habit and some can get by looking like they are doing just fine, while it is catching up with others. We do talk about it, symptoms, what it does to ones body etc. in time, but I am not sure some are that interested because they know they can use the substances that are not real evident in one's behavior at this point. – Community/Business Leader

Daily newspaper notice of arrests for substance abusers, especially meth and alcohol. – Community/Business Leader

Way too many problems related to substance abuse, violence, jail bed days, healthcare costs. Cost is largest barrier to accesses to treatment. – Community/Business Leader

Alcohol and drugs continue to be prevalent in our schools and community. Similar to mental health, it's availability and affordability. – Community/Business Leader

Co-occurring Conditions

According to the Helena Police Department and area service providers, substance abuse is on the rise. Especially meth use. – Other Health

Prescription drug abuse by both the patient or others who have access to the drugs is becoming a problem. – Community/Business Leader

Substance abuse can lead to suicide, depression, violence, drunk driving accidents, and injury. – Public Health

I see mental health and homelessness related to substance abuse. The fact that our jail is overcrowded with repeat DUI offenders is an indication of substance abuse issues. – Community/Business Leader

Loss of Project Success Counselors in the Schools

The loss of the Project SUCCESS counselors in the school was a huge loss for kids needing treatment/counseling. School administration doesn't seem to understand kids who are struggling with abuse can't be successful in school. Allowing those kids to seek counseling during the school day at the school would make them more effective. Space is an issue as is lack of priority. Finances are another barrier. It's expensive and insurance may/may not cover all of it. Even so, there may be a hefty co-pay that parents can't afford. Lack of beds for in-patient is a huge barrier. Oftentimes kids have to be sent out of state, which is an additional financial hardship. If parents are users, they're not going to be open to getting help for their

MOST PROBLEMATIC SUBSTANCES

Key informants (who rated this as a “major problem”) most often identified alcohol, methamphetamine, prescription medications, and marijuana as the most problematic substances abused in the community.

Most Problematic Substances Abused in the Community (Among Key Informants Rating Substance Abuse as a "Major Problem," 2015)

	Most Problematic	Second-Most Problematic	Third-Most Problematic	Total Mentions
Alcohol	61.2%	12.8%	13.0%	42
Methamphetamines or Other Amphetamines	24.5%	31.9%	19.6%	36
Prescription Medications	12.2%	34.0%	30.4%	36
Marijuana	2.0%	12.8%	13.0%	13
Heroin or Other Opioids	0.0%	2.1%	8.7%	5
Over-The-Counter Medications	0.0%	2.1%	6.5%	4
Synthetic Drugs (e.g. Bath Salts, K2/Spice)	0.0%	2.1%	4.3%	3
Club Drugs (e.g. MDMA, GHB, Ecstasy, Molly)	0.0%	0.0%	4.3%	2
Cocaine or Crack	0.0%	2.1%	0.0%	1

Tobacco Use

About Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. 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.

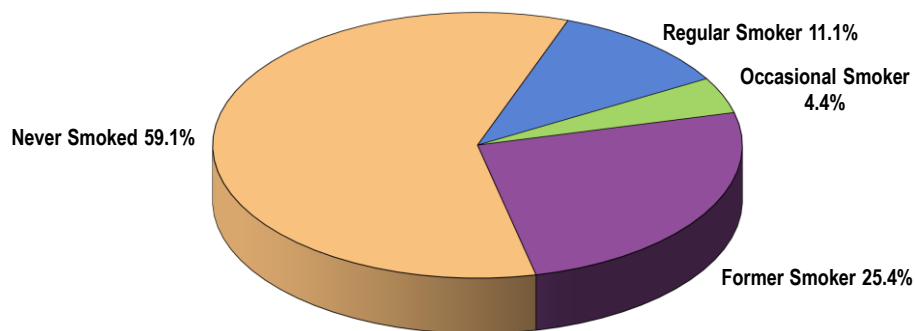
- Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

CIGARETTE SMOKING PREVALENCE

A total of 15.5% of St. Peter's Hospital Service Area adults currently smoke cigarettes, either regularly (11.1% every day) or occasionally (4.4% on some days).

Cigarette Smoking Prevalence (St. Peter's Hospital Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]

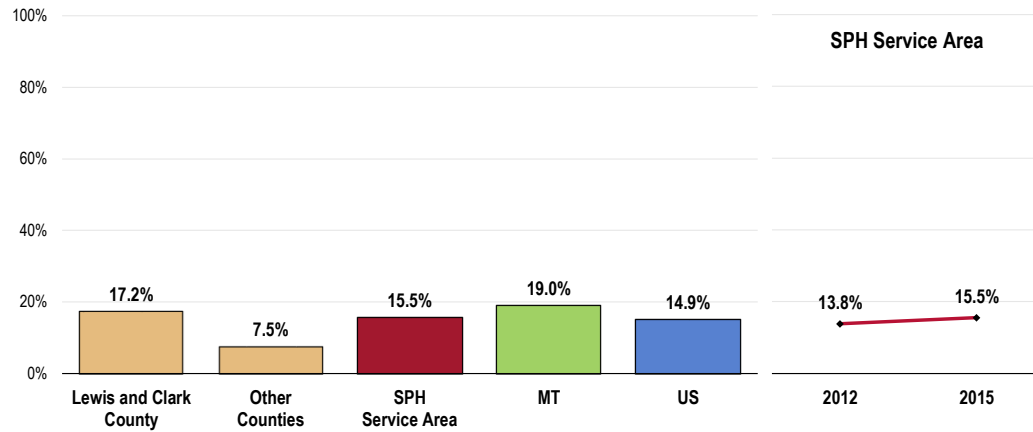
Notes: • Asked of all respondents.

- Similar to statewide findings.
- Similar to national findings.
- Similar to the Healthy People 2020 target (12% or lower).
- Unfavorably high in Lewis and Clark County.

- TREND: The current smoking percentage is statistically unchanged since 2012.

Current Smokers

Healthy People 2020 Target = 12.0% or Lower



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 156]
- 2013 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); 2013 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 (those who smoke cigarettes everyday or on some days).
- "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

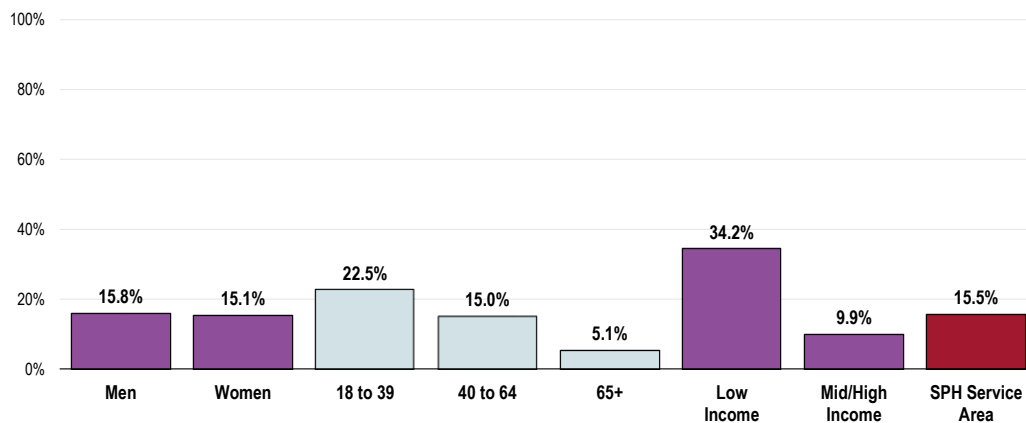
Cigarette smoking is more prevalent among:

- Adults under 65 (negative correlation with age).
- Lower-income residents.

Current Smokers

(St. Peter's Hospital Service Area, 2015)

Healthy People 2020 Target = 12.0% or Lower



Sources:

- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]

 Notes:

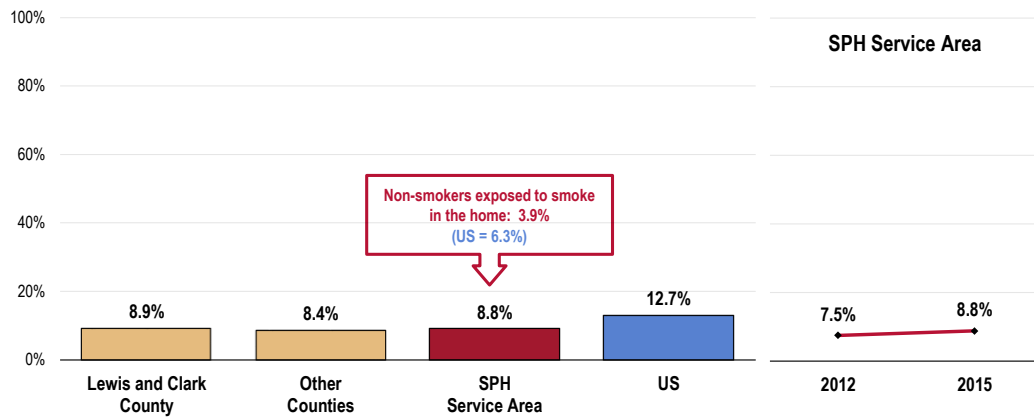
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200%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

ENVIRONMENTAL TOBACCO SMOKE

A total of 8.8% of 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.
- Similar by area.
- TREND: Statistically unchanged since 2012.
- Note that 3.9% of St. Peter’s Hospital Service Area non-smokers are exposed to cigarette smoke at home, similar to what is found nationally.

Member of Household Smokes at Home

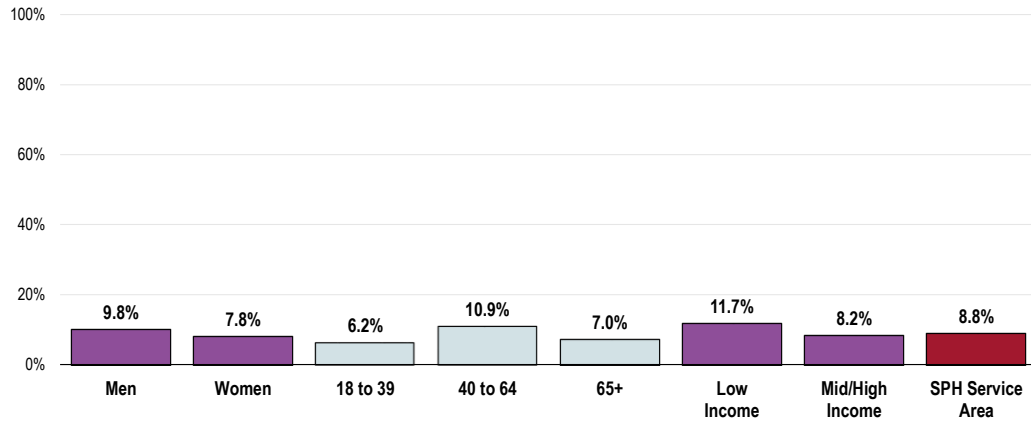


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 59, 158]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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.
 • "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

- No significant differences by demographic characteristics.

Member of Household Smokes At Home (St. Peter's Hospital Service Area, 2015)

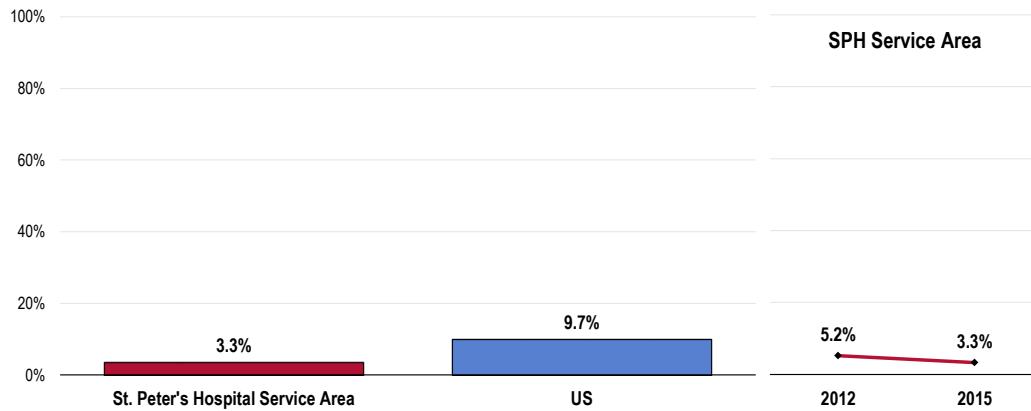


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes 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, 3.3% have someone who smokes cigarettes in the home.

- More favorable than national findings.
- TREND: Statistically unchanged since 2012.

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



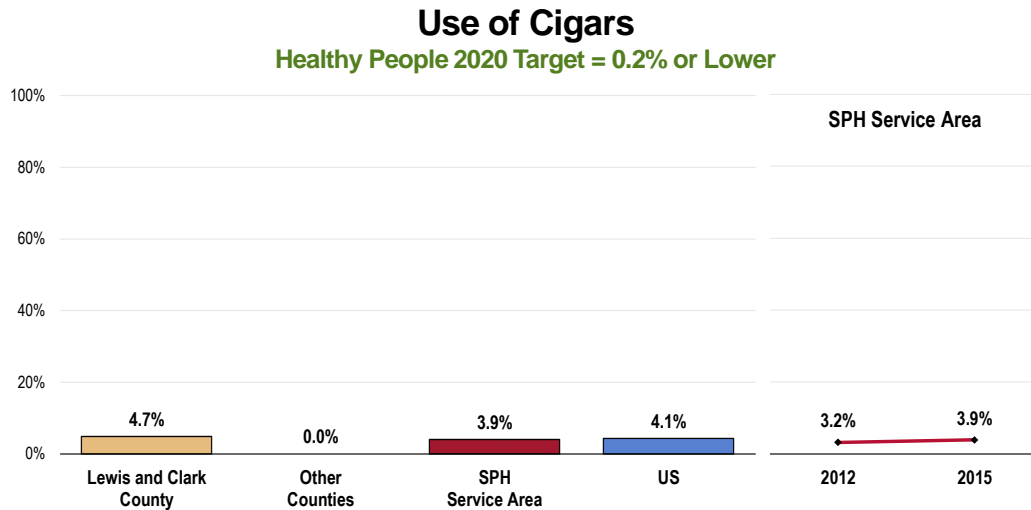
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 159]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Reflects respondents with children 0 to 17 in the household.
 • "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.
 • "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

Other Tobacco Use

CIGARS

A total of 3.9% 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).
- Cigar use was only reported among respondents from Lewis and Clark County.
- TREND: No statistically significant change since 2012.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 61]
 • 2013 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.
 • "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

SMOKELESS TOBACCO

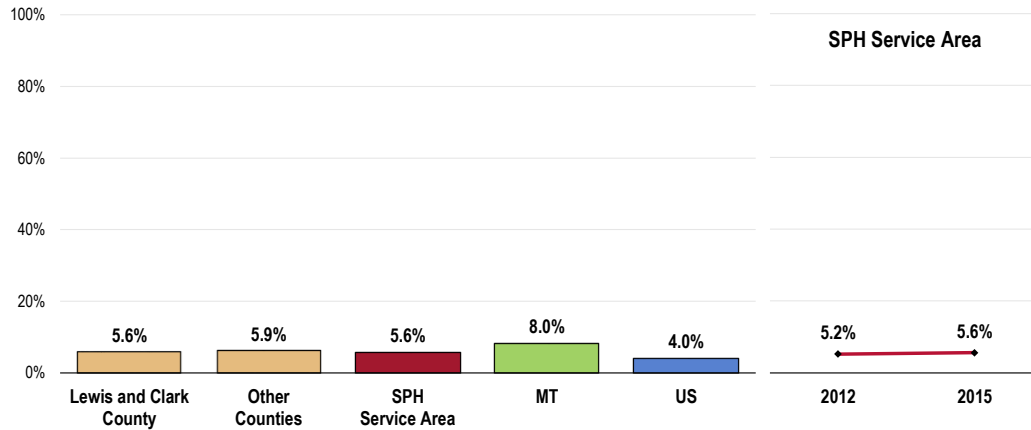
A total of 5.6% of St. Peter's Hospital Service Area adults use some type of smokeless tobacco every day or on some days.

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

- More favorable than the state percentage.
- Comparable to the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.3% or lower).
- Comparable findings by area.
- TREND: Similar to 2012 findings.

Use of Smokeless Tobacco

Healthy People 2020 Target = 0.3% or Lower



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 60]
- 2013 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); 2013 Montana data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.2]

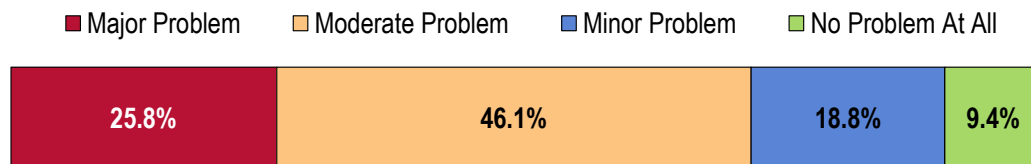
 Notes:

- Asked of all respondents.
- Smokeless tobacco includes chewing tobacco or snuff.
- "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

Key Informant Input: Tobacco Use

The greatest share of key informants taking part in an online survey characterized **Tobacco Use** as a “moderate problem” in the community.

Perceptions of Tobacco Use as a Problem in the Community (Key Informants, 2014)



Sources:

- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

 Notes:

- Asked of all respondents.

TOP CONCERNS

Among those rating this issue as a “major problem,” reasons frequently related to the following:

High Prevalence

I am not originally from Montana. I was very surprised when I moved here six years ago by the number of people that smoke. I work with a lot of clients who smoke. I understand that it is in part due to past traumas/family experiences/coping, but it is concerning. – Public Health

High prevalence rates of use among youth. New nicotine delivery products are out. – Public Health

Tobacco use is a major problem in all segments of our community, youth, pregnant women, women, men, adults. Few take advantage of available programs and incentives offered. – Public Health

More use of e-cigarettes and other smokeless tobacco. Tobacco use is related to lung cancer, heart disease and other cancers. – Public Health

Tobacco use by young as well as older, includes many parents of children. This is high amongst pregnant women too. Education is out there but this addiction is very difficult to kick. Connection to Quitline program. – Social Services

Tobacco kills and we still haven't demonstrated to people that it is worth giving up. As long as people smoke it will be a community problem, causing horrible health effects for users and overall increases in healthcare costs for the community. – Other Health

Everywhere I go people are smoking. Walking mall, satire parking lots, outside businesses, fair, parks, all over downtown. – Public Health

Very prevalent, unknown why. – Physician

The western mentality makes chew more appealing to some and accepted as part of the culture. There has been a huge rise in e-cigarette use by kids, namely because of the flavors marketed to them, bubble gum, cotton candy, gummy bear, etc. Kids don't know how much tobacco is in the vapes they use. In addition, tobacco seems to be more accepted by native Americans. Parents who smoke are more likely to have kids who smoke. – Social Services

Any use of tobacco, or nicotine products, whether by smoking, chewing or e-cigarettes is a problem. It still seems common for young people to start smoking. Many senior citizens have had a lifetime of smoking and cannot quit. – Social Services

This is a problem everywhere. In the West there is a lot of use of snuff and chewing tobacco, as well as cigarettes. – Community/Business Leader

On October 1, 2009 Montana adopted the Montana Clean Indoor Act. Personally, I saw a decrease in smoking, however many individuals continue to use smokeless tobacco and now they use smokeless tobacco devices, which still contain tobacco. – Social Services

We are above the state average for smoking in pregnancy. – Public Health

Highest rate of pregnant women smoking in MT. Also, feedback that Quit Line is not helpful. People say they wish they had people they understood on the other end of the Quit Line. Think it would be helpful to have Quit Line be Montana based. More access to quit products for non-pregnant people. – Public Health

Very high rates of tobacco use in low income and mentally ill patients. – Public Health

I see more and more people smoking in their cars and city parks. – Community/Business Leader

Too many still use. – Community/Business Leader

Easy Access for Youth

Easy access to tobacco products for youth. Lack of knowledge of long-term effects of tobacco use. – Other Health

Macho culture, too many youth using. – Community/Business Leader

Increased use of pot and cigarettes in youth; smokeless tobacco use continues. – Other Health

Republican efforts to defund anti-smoking campaigns that have been shown to be effective in curtailing youth smoking. – Community/Business Leader

We are so lucky to have clean indoor air in our state but tobacco use is still a problem. I work in an area where I see young people smoking and littering every day, despite the fact that there is a city ordinance against smoking in city parks. – Other Health

Difficult Habit to Break

A hard habit to kick, despite associated stigma and banishment of smokers to the outside of buildings. Still seen as badass and sexy by some. Alternatives such as vapes and e-cigs present their own problems and don't deal with underlying issues of addiction and expense. Chew is as integral to Western Cowboy Imagery and identity as Wranglers and long days in dusty fields. Results in serious cancers of the mouth, throat, lungs (directly) plus colorectal and other less directly related cancers. Gag me. – Social Services

People have a difficult time stopping smoking and the number of people diagnoses with COPD. – Community/Business Leader

Access to Health Services



Professional Research Consultants, Inc.

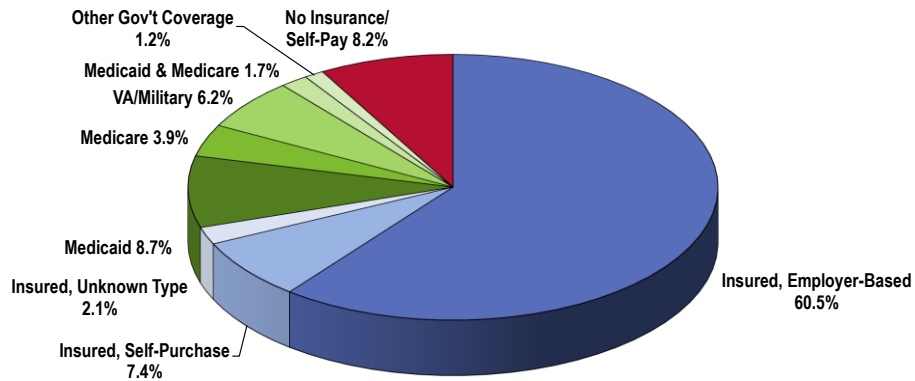
Health Insurance Coverage

Type of Healthcare Coverage

A total of 70.0% of St. Peter’s Hospital Service Area adults age 18 to 64 report having healthcare coverage through private insurance. Another 21.7% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

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

Healthcare Insurance Coverage
(Among Adults Age 18-64; St. Peter's Hospital Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 165]
Notes: • Reflects respondents age 18 to 64.

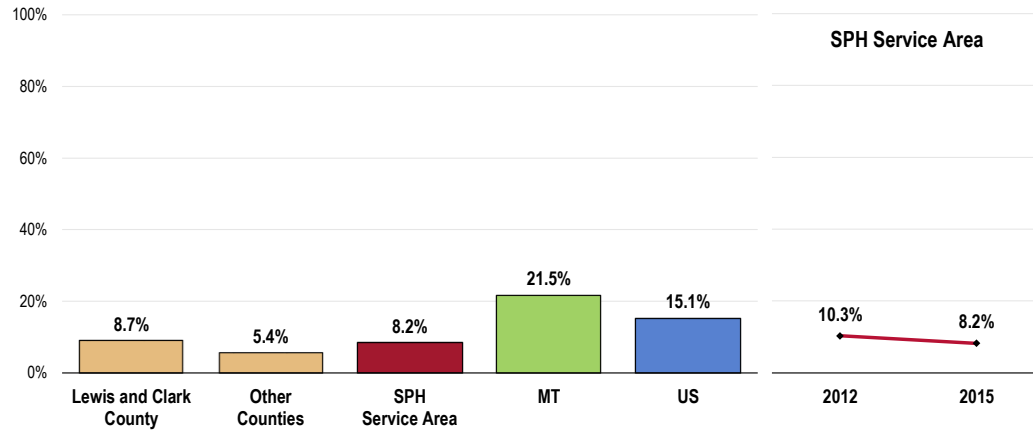
Lack of Health Insurance Coverage

Among adults age 18 to 64, 8.2% report having no insurance coverage for healthcare expenses.

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).

- Well below the state finding.
- Well below the national finding.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- Statistically similar by area.
- TREND: Statistically similar to 2012 findings.

Lack of Healthcare Insurance Coverage (Among Adults Age 18-64) Healthy People 2020 Target = 0.0% (Universal Coverage)



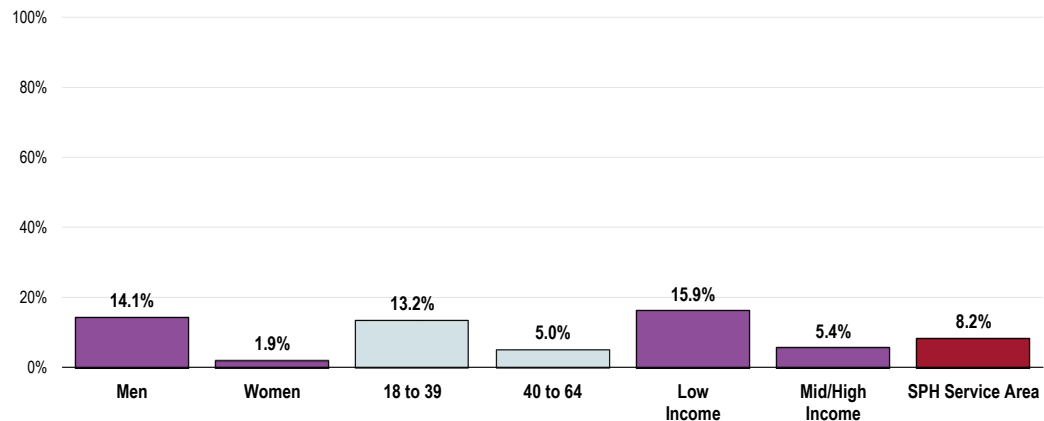
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 165]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Montana data.
 • 2013 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.
 • "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

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

- Men.
- Young adults.
- Residents living at lower incomes.

Lack of Healthcare Insurance Coverage (Among Adults Age 18-64; St. Peter's Hospital Service Area, 2015) Healthy People 2020 Target = 0.0% (Universal Coverage)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 165]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]

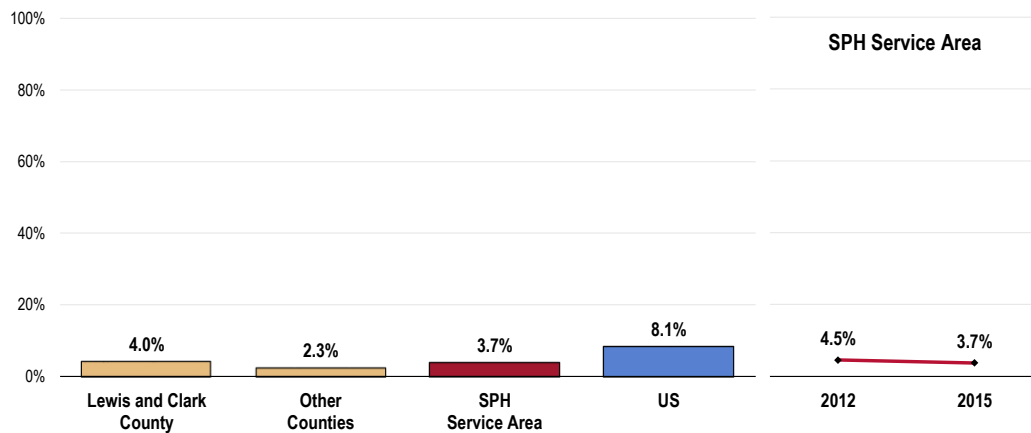
Notes: • Asked of all respondents under the age of 65.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

RECENT LACK OF COVERAGE

Among currently insured adults in the St. Peter’s Hospital Service Area, 3.7% report that they were without healthcare coverage at some point in the past year.

- More favorable than US findings.
- Statistically similar by area.
- TREND: Statistically unchanged since 2012.

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

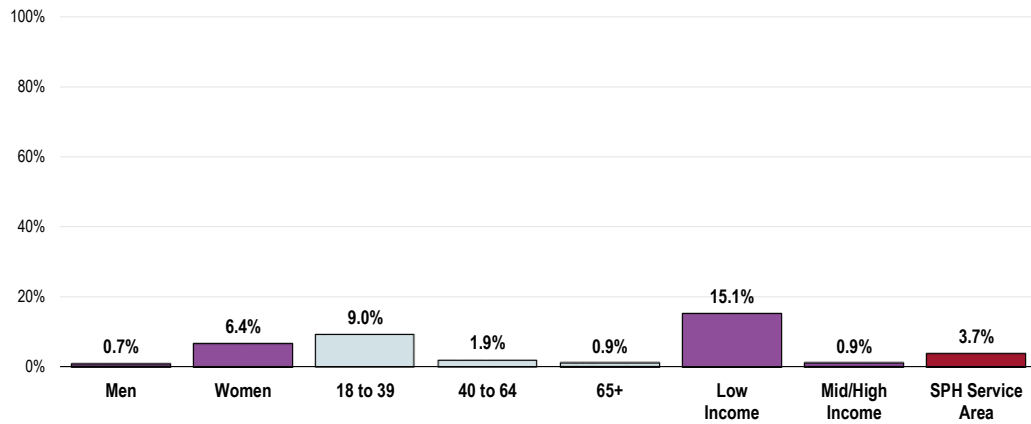


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 79]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all insured respondents.
 • "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

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

- Women.
- Adults under age 40 (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 Hospital Service Area, 2015)



Sources:

- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 79]

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

About Access to 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)

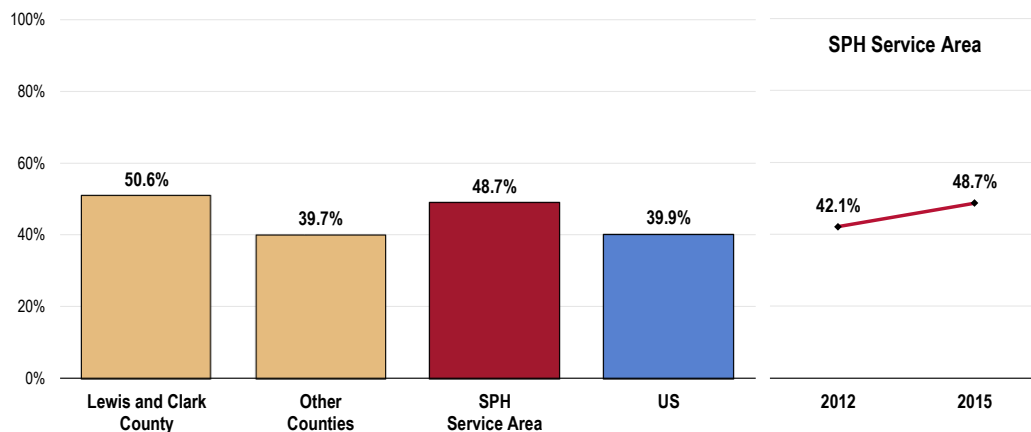
Difficulties Accessing Services

A total of 48.7% of St. Peter’s Hospital Service Area adults report some type of difficulty or delay in obtaining healthcare services in the past year.

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.

- Less favorable than national findings.
- Statistically similar by area.
- TREND: Similar to the percentage reported in 2012.

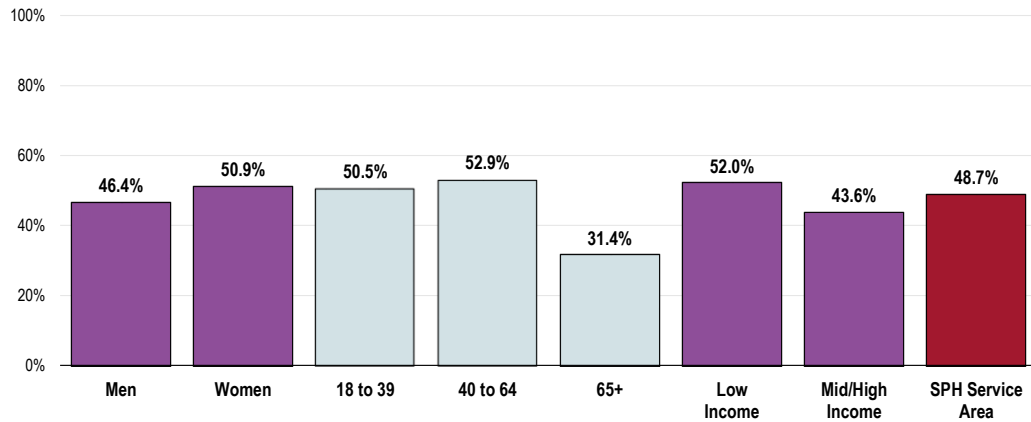
Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 169]
 - 2013 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.
 - "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

- Adults under the age of 65 more often report difficulties accessing healthcare services.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year (St. Peter's Hospital Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
 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

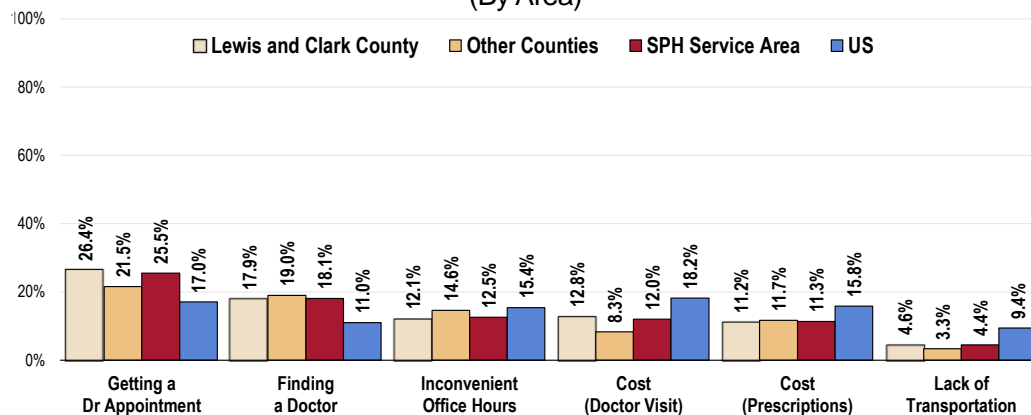
Of the tested barriers, getting a doctor's appointment impacted the greatest share of area adults (25.5% say they had difficulty obtaining a medical appointment in the past year).

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.

- The proportion of area adults impacted was statistically worse than that found nationwide for the barriers of finding a physician and obtaining an appointment.
- Statistically similar by area for each barrier tested.

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

Barriers to Access Have Prevented Medical Care in the Past Year (By Area)

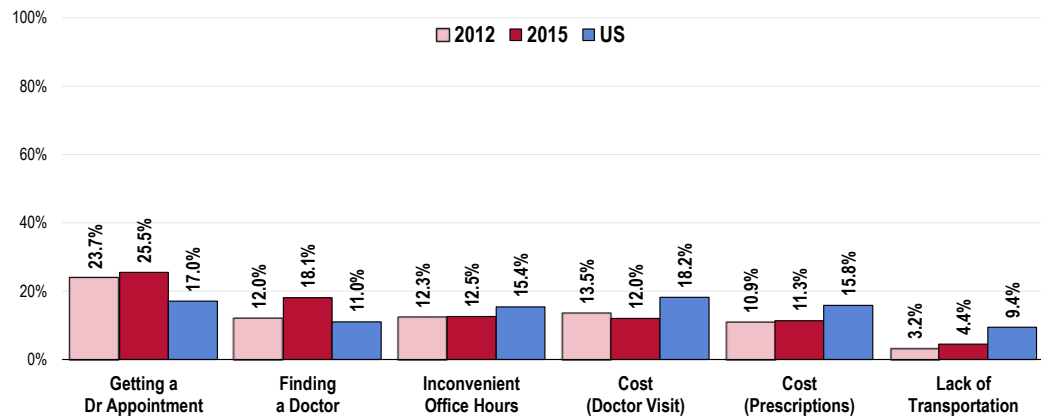


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 7-12]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

- TREND: Compared to baseline 2012 data, service area results did not change

significantly with regard to the barriers tested, with the exception of difficulty **finding a physician** (note the statistically significant increase in problems with this barrier in 2015).

Barriers to Access Have Prevented Medical Care in the Past Year



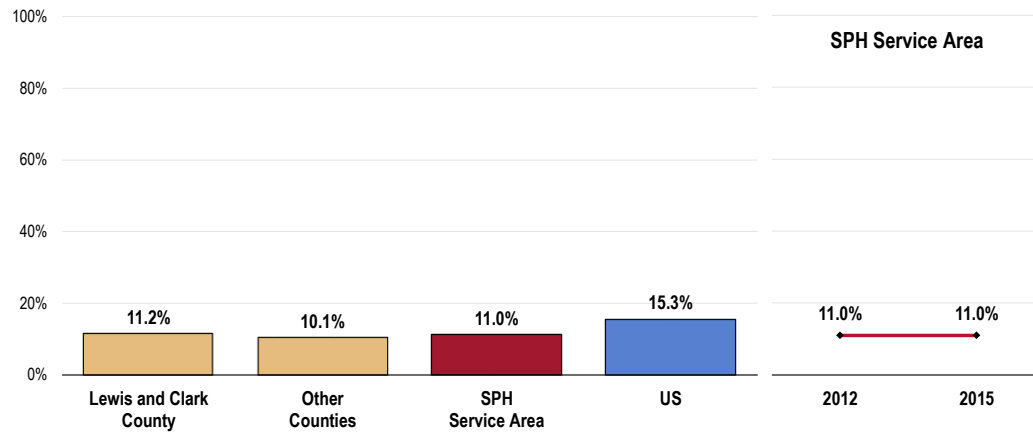
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 7-12]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

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.
- Similar by area.
- TREND: Statistically similar to 2012 findings.

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

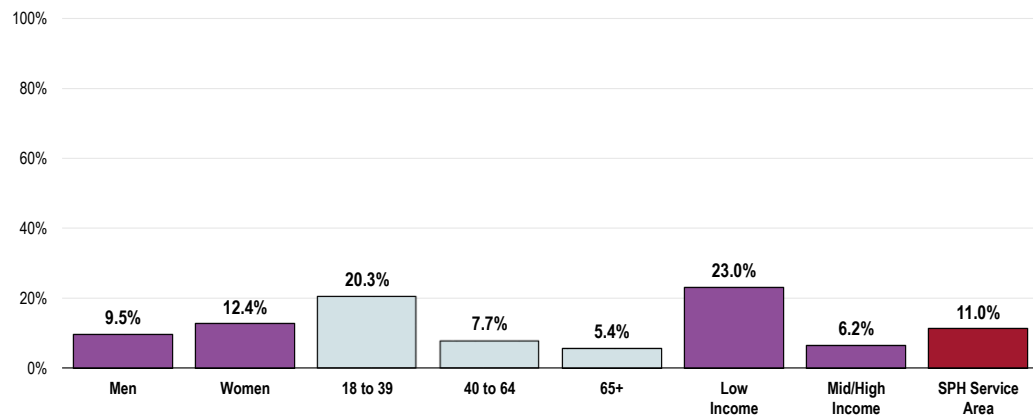


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 13]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

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

- Those under age 65 (negative correlation with age).
- Respondents with lower incomes.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money (St. Peter's Hospital Service Area, 2015)



Sources: • 2015 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.

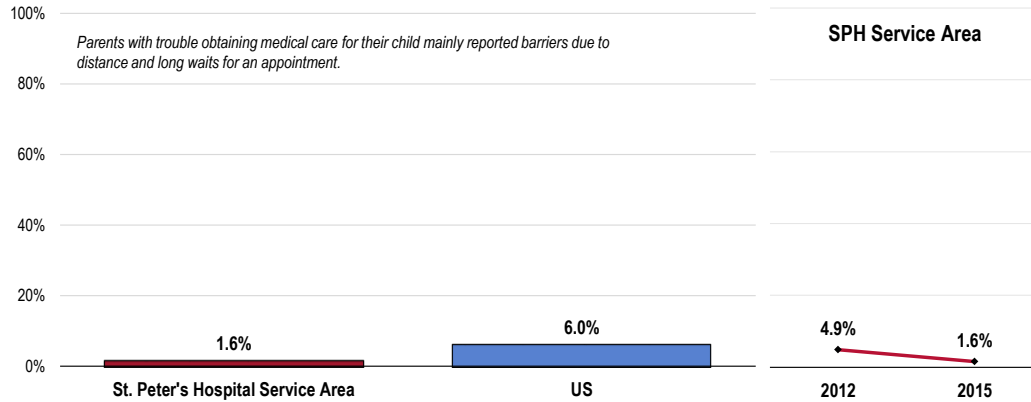
Accessing Healthcare for Children

A total of 1.6% 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.

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.

- Below what is reported nationwide.
- TREND: Statistically unchanged since 2012.

Had Trouble Obtaining Medical Care for Child in the Past Year (Among Parents of Children 0-17)



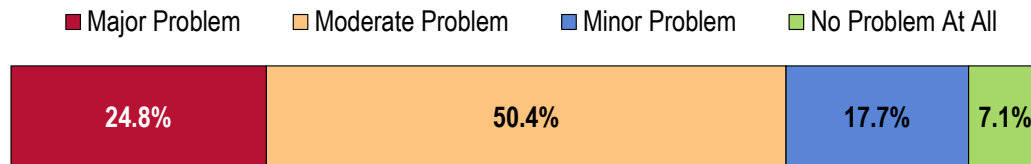
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 111-112]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.

Among the parents experiencing difficulties, the majority cited **distance** as the primary reason; others cited long waits for appointments.

Key Informant Input: Access to Healthcare Services

One-half of key informants taking part in an online survey most often characterized **Access to Healthcare Services** as a “moderate problem” in the community.

Perceptions of Access to Healthcare Services as a Problem in the Community (Key Informants, 2014)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

TOP CONCERNS

Among those rating this issue as a “major problem,” reasons frequently related to the

following:

Lack of Providers

A shortage of general practitioners to the population in the community. Lack of education on wellness services as prevention, such as annual visits to a doctor for a physical, etc. – Social Services

Not enough primary care providers and especially internists or geriatricians to help care for complicated elderly patients. – Physician

There is a shortage of primary care physicians and, in particular, an even greater shortage of providers who will accept Medicaid and Medicare patients. – Social Services

Insufficient number of primary care providers, especially that accept Medicare. Lack of some key specialty physician coverage. – Physician

Shortage of primary care doctors, especially those accepting Medicare. Certain subspecialties quite underrepresented. – Physician

We need healthcare for all and we need more primary care doctors. – Public Health

Retaining primary care providers. – Physician

Not enough Primary Care Physicians to care for the community, and significant shortages in some of the specialty areas. – Physician

One of the biggest challenges that I often see is limited access to primary care providers in the Helena Community. A lot of primary care providers have left St. Peter's to go work at the VA hospital, have retired, or have moved. St. Peter's has tried to actively recruit physicians, but there is a big gap in the continuum of care, especially for individuals whose provider has left. – Other Health

We do not have enough providers. – Physician

Availability of primary care doctors. – Physician

Lack of physicians and/or healthcare providers. Our community seems to be lacking providers which causes lack in preventative healthcare and delays in establishing medical homes. The turnover in physicians/healthcare providers is high. Health insurance and transportation also affect access to healthcare services. – Social Services

I feel there is a shortage of providers in this community. Cost may also be a factor. – Other Health

Insufficient number of physicians. – Physician

Lack of primary care providers. – Physician

For those individuals that don't have private insurance, Medicaid, Medicare, no insurance. There are few providers that will accept them as patients which causes those providers that do a long wait. Time in scheduling an appointment which then affects the Emergency Room. The Emergency Room is being used for primary/chronic health needs instead of emergent health needs. – Other Health

Lack of primary care availability for Medicare patients. – Physician

Patients who have government insurance can only choose providers employed by the hospital as the private practices have all stopped taking these insurances. This translates into long waits for appointments for patient and burn out for those few overworked physicians. – Physician

Long waits for primary care, poor access for people over 65 and for low income. – Public Health

There is no really good healthcare in our community. St. Peter's is a below-average hospital that has an Emergency Room that is overwhelmed and unprofessional. – Community/Business Leader

For senior citizens there are no Geriatricians or other specialties like Geriatric Nurse Practitioners to count on for services specific to aging. Lack of door to door or home to provider office transportation for frail elderly. Especially for people getting ongoing treatments such as dialysis or cancer care. Excessive time lag in getting services. A physician may prescribe one medical test that may lead to another. Time lag between tests could be many days or weeks. Many primary care physicians do not want to take new Medicare or Medicaid patients. Extreme shortage of home healthcare workers such as Personal Care Attendants or home chore workers. Great difficulty for lower income people to access mental healthcare,

dental care, vision care and hearing aids. Extreme difficulty for frail Nursing Home residents to access good dental care. – Social Services

Specialists are difficult to come by, especially rheumatology, GI, nephrology, neurology. – Physician

Lack of comprehensive healthcare services. Lack of confidence in the regional hospital. Difficulty obtaining appointments for primary care. Difficulty obtaining appointments for specialty care. – Physician

Transportation to providers and a lack of providers in general plus those that accept Medicaid and Medicare. – Other Health

Primary Care/Internal Medicine Availability. Especially for Medicare Patients. – Community/Business Leader

Cost of Care/Lack of Coverage

The lack of health insurance for some individuals who cannot afford it and can/don't know how to access affordable healthcare. Health care issues for those who want to age in place. Programs to encourage walking/biking for the average non user to better educate and encourage the more casual user to become more active. Recognition of some of the mental health and associated issues in our teen /your adult community as well as the elderly who may not know how to access these issues. – Community/Business Leader

We have too many citizens who have no insurance and who avoid seeking care because they have no means to pay. We have too many citizens with high deductible plans who also avoid seeking care at the right time. When people do not understand their healthcare coverage, they avoid care. Too many people do not know that many preventative types of care are covered by their health plans. – Public Health

For people without health insurance, there is very limited access to healthcare services. Once the Medicaid gap is closed, this should improve, but there will remain people without insurance coverage who have very limited access. Even when people do have insurance, it can be difficult to get in to see a provider. Wait times can be months, and some providers aren't taking new patients. The consolidation of so much of our community's healthcare under St Pete's has created access problems. Access alone is not enough, either. It needs to be quality care, and the factory line rapid fire treatment many patients report at St Pete's, driven by doctors trying to meet their required quota, is unacceptable and does not provide meaningful access. – Community/Business Leader

A number of people live in poverty or close to the poverty line in Lewis and Clark County. Montana ranks below average in median income. Folks can't make ends meet on minimum wage or not much more. People face a choice between paying for gas in the car to get to work or paying for healthcare. They choose food on the table. That's so wrong that there has to be a choice. These are folks who work hard and should not be living paycheck to paycheck and making choices between food on the table and wellness. Thank you. – Community/Business Leader

Lack of coverage for healthcare services for those individuals who do not have health insurance. There is a lack of confidence in some of the healthcare services provided by St. Peters Hospital and the limited access to local specialists which results in community members seeking healthcare in other Montana cities. A lack of crisis and ongoing mental health services in the community and at the VA hospital. – Social Services

Lack of Education

People in our community do not seem to understand that there are options when it comes to healthcare in our community. There seems to still be an over utilization of emergency services, particularly emergency room use vs. urgent care. Additionally, older folks without transportation have a difficult time getting to their appointments. The bus service in our community is confusing and takes a long time to get somebody from point A to point B. I think there are vouchers for taxi service but I am not aware of how one takes advantage of this service or how I would help a community member access this service. – Other Health

TYPE OF CARE MOST DIFFICULT TO ACCESS

Key informants (who rated this as a “major problem”) most often identified mental health services, primary care, chronic disease care, and specialty care as the most difficult to access in the community.

	Most Difficult to Access	Second-Most Difficult to Access	Third-Most Difficult to Access	Total Mentions
Mental Health Care	41.9%	6.5%	16.1%	20
Primary Care	12.9%	32.3%	9.7%	17
Chronic Disease Care	12.9%	22.6%	3.2%	12
Specialty Care	6.5%	16.1%	16.1%	12
Substance Abuse Treatment	6.5%	0.0%	19.4%	8
Pain Management	3.2%	9.7%	12.9%	8
Dental Care	6.5%	3.2%	12.9%	7
Elder Care	6.5%	6.5%	6.5%	6
Palliative Care	3.2%	0.0%	0.0%	1
Urgent Care	0.0%	3.2%	0.0%	1
Developmental and Intellectual Disabilities	0.0%	0.0%	3.2%	1

Primary Care Services

About Primary Care

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

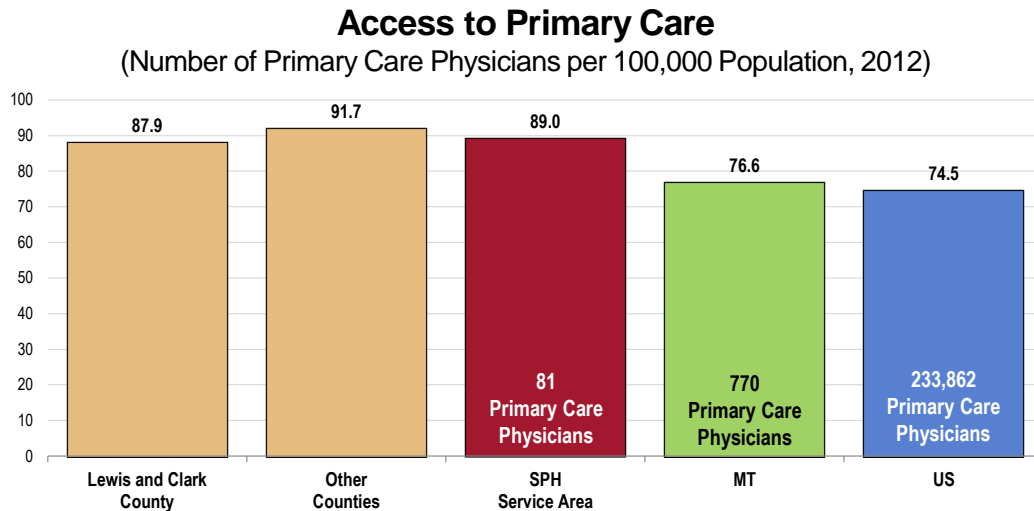
Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease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

- Healthy People 2020 (www.healthypeople.gov)

Access to Primary Care

In St. Peter’s Hospital Service Area in 2012, there were 81 primary care physicians, translating to a rate of 89.0 primary care physicians per 100,000 population.

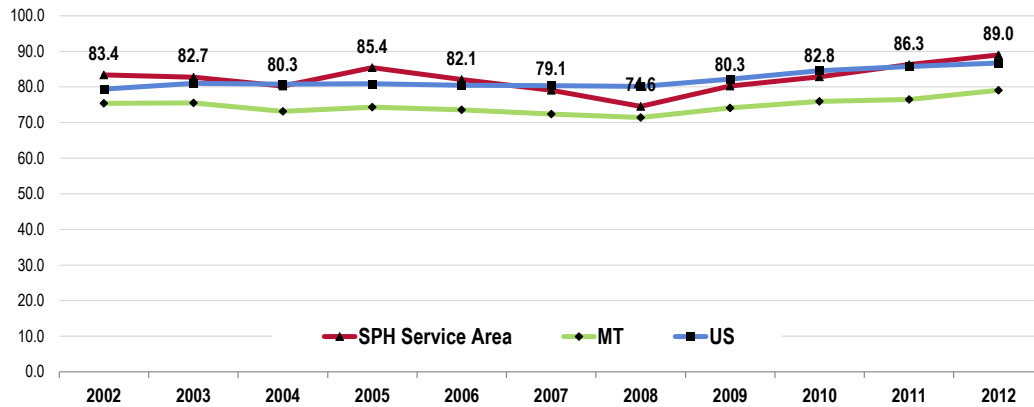
- Above the primary care physician-to-population ratio found statewide.
- Above the ratio found nationally.
- Similar ratios by area.



- Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File: 2011.
 - Retrieved August 2015 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.
 - *Other Counties* include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

- TREND: Access to primary care (in terms of the ratio of primary care physicians to population) has improved over the past several years in the St. Peter’s Hospital Service Area.

Trends in Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population)



Sources: • Retrieved August 2015 from Community Commons at <http://www.chna.org>.
 Notes: • This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.
 • These figures represent all primary care physicians practicing patient care, including hospital residents. In counties with teaching hospitals, this figure may differ from the rate reported in the previous chart.

Specific Source of Ongoing Care

A total of 70.7% of St. Peter’s Hospital Service Area adults were determined to have a specific source of ongoing medical care.

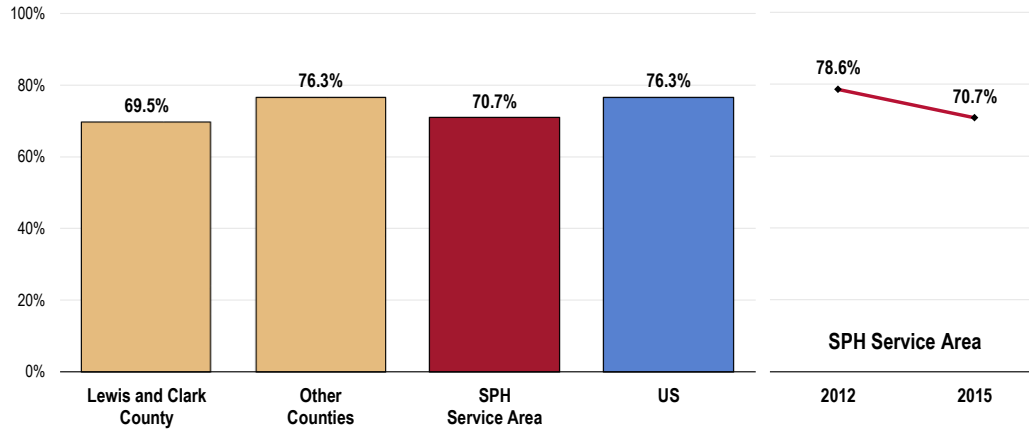
- Less favorable than national findings.
- Fails to satisfy the Healthy People 2020 objective (95% or higher).
- Comparable findings by area.
- TREND: Marks a statistically significant decrease since 2012.

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 crucial to the concept of “patient-centered medical homes” (PCMH).

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

Have a Specific Source of Ongoing Medical Care

Healthy People 2020 Target = 95.0% or Higher [All Ages]



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 166]
 • 2013 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]

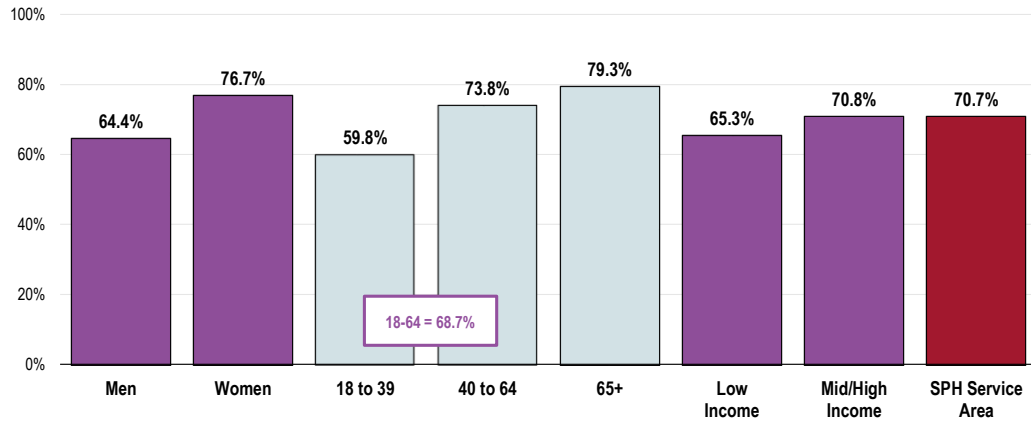
Notes: • Asked of all respondents.
 • "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

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

- Men.
- Adults under age 65 (positive correlation with age).
- Among adults age 18-64, 68.7% have a specific source for ongoing medical care, less favorable than national findings.
 - Fails to satisfy the Healthy People 2020 target for this age group (89.4% or higher).
- Among adults 65+, 79.3% 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 Hospital Service Area, 2015)

Healthy People 2020 Target = 95.0% or Higher [All Ages]; ≥89.4% [18-64]; 100% [65+]



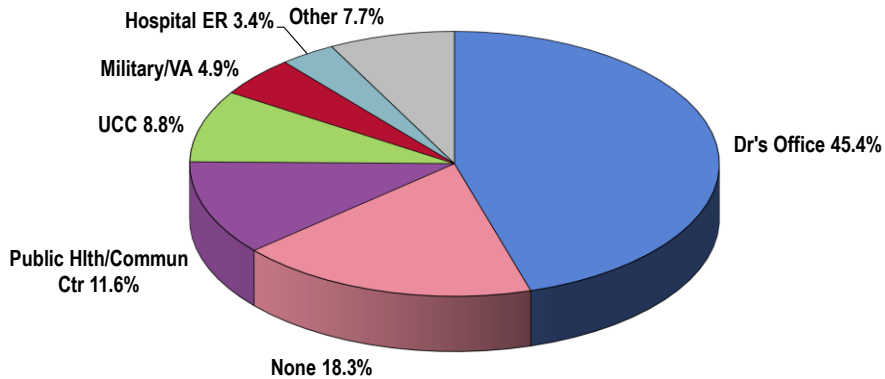
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 166-168]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives AHS-5.1, 5.3, 5.4]
 Notes: • Asked of all respondents.
 • Income categories 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 (45.4%) identified a particular doctor's office, followed by references to public or community health centers (mentioned by 11.6%) and urgent-care centers (8.8%).

Note that 4.9% of respondents rely on some type of military/VA facility, and 3.4% use a hospital emergency room for their medical care.

Particular Place Utilized for Medical Care (St. Peter's Hospital Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 15-16]
 Notes: • Asked of all respondents.

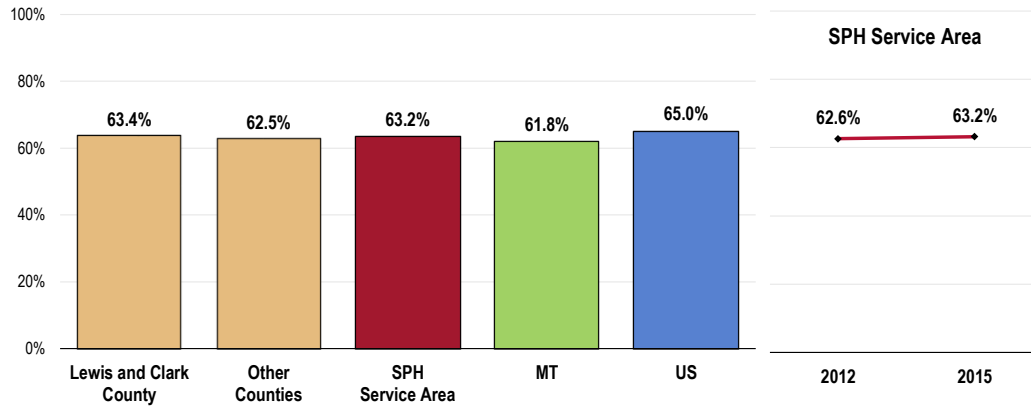
Utilization of Primary Care Services

ADULTS

Over 6 in 10 adults (63.2%) visited a physician for a routine checkup in the past year.

- Comparable to state findings.
- Comparable to national findings.
- Comparable by area.
- TREND: Statistically similar to 2012 findings.

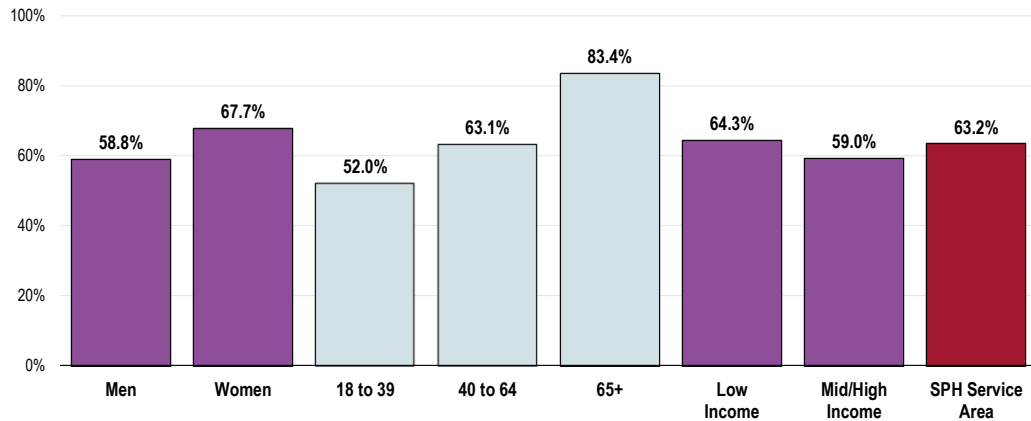
Have Visited a Physician for a Checkup in the Past Year



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 17]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Montana data.
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
 - "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

- Adults under age 65 are less likely to have received routine care in the past year (note the positive correlation with age).

Have Visited a Physician for a Checkup in the Past Year (St. Peter's Hospital Service Area, 2015)



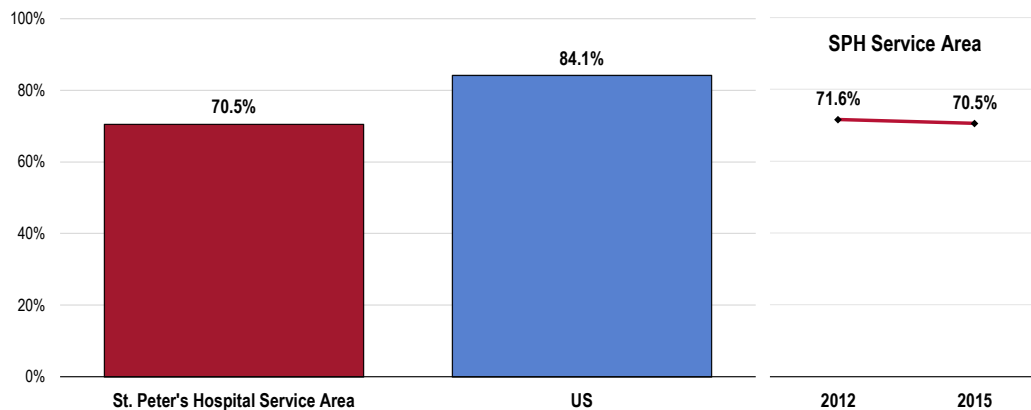
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 17]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes 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, 70.5% say their child had a routine checkup in the past year.

- Less favorable than national findings.
- TREND: Statistically similar to 2012 findings.

Child Has Visited a Physician for a Routine Checkup in the Past Year (Among Parents of Children 0-17)



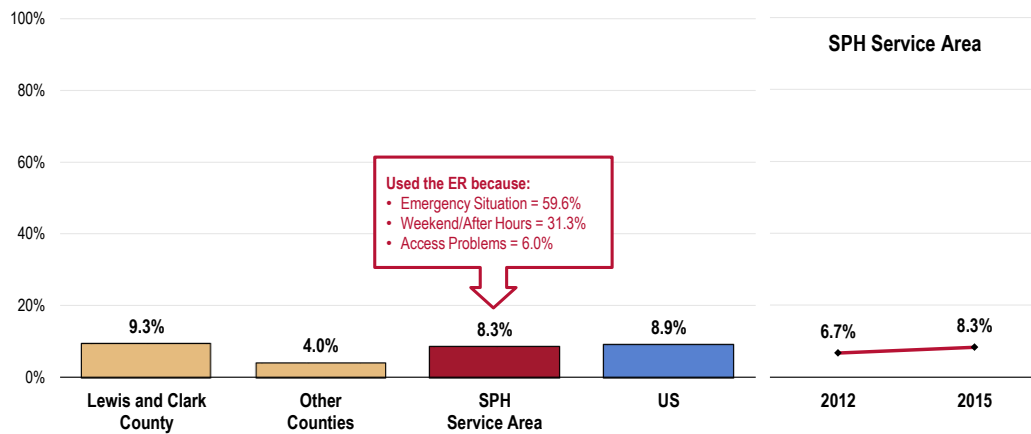
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 113]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.

Emergency Room Utilization

A total of 8.3% 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.

- Comparable to the US proportion.
- Unfavorably high in Lewis and Clark County.
- TREND: Statistically unchanged since 2012.

Have Used a Hospital Emergency Room More Than Once in the Past Year

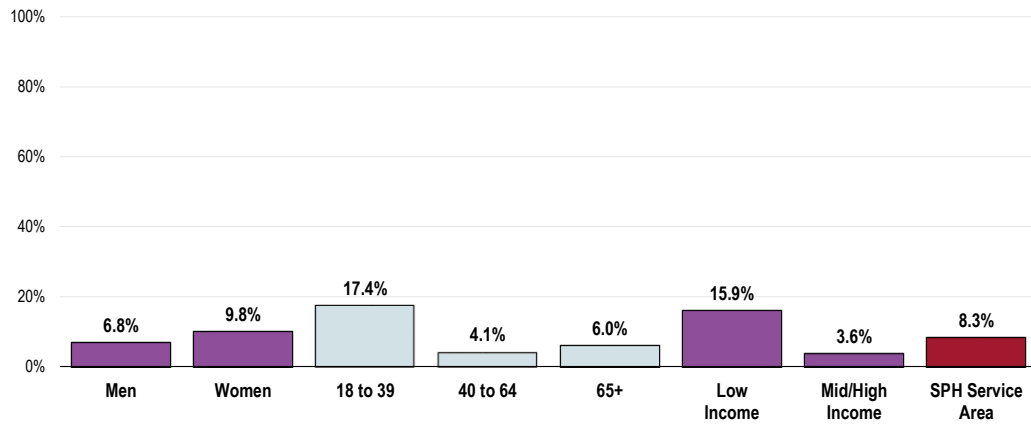


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 23-24]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

Of those using a hospital ER, 59.6% say this was due to an **emergency or life-threatening situation**, while 31.3% indicated that the visit was during **after-hours or on the weekend**. A total of 6.0% cited **difficulties accessing primary care** for various reasons.

- ER use is higher among young adults and those living in lower-income households.

Have Used a Hospital Emergency Room More Than Once in the Past Year (St. Peter's Hospital Service Area, 2015)



- Sources:
- 2015 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

About Oral Health

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**; and **poor dietary choices**.

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.

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; and 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.

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)

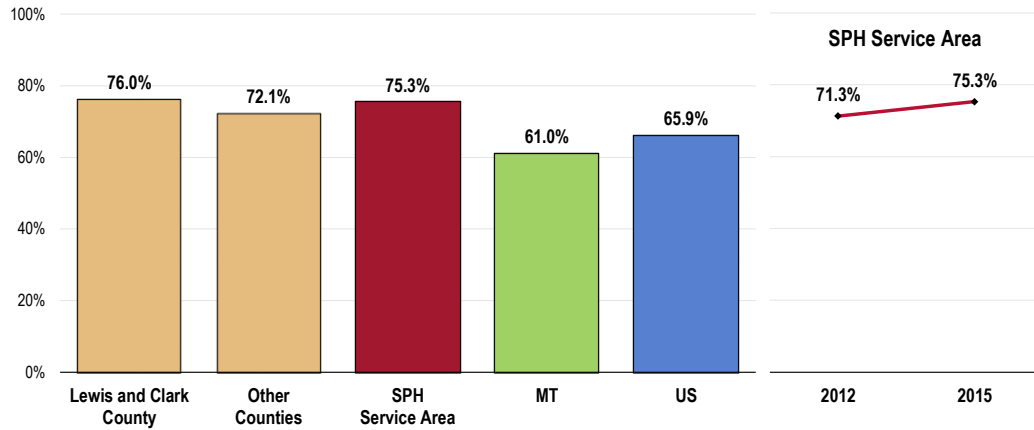
Dental Care

ADULTS

A total of 75.3% of St. Peter's Hospital Service Area adults have visited a dentist or dental clinic (for any reason) in the past year.

- More favorable than statewide findings.
- More favorable than national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- Similar findings by area.
- TREND: Statistically unchanged since 2012.

Have Visited a Dentist or Dental Clinic Within the Past Year Healthy People 2020 Target = 49.0% or Higher



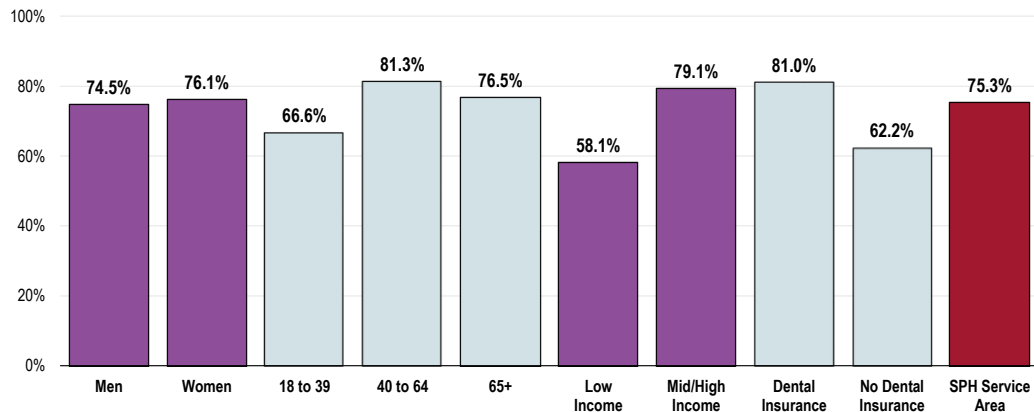
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 21]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2012 Montana data.

Notes: • Asked of all respondents.
 • "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

Note the following:

- Persons living in the higher income categories report much higher utilization of oral health services.
- 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 Hospital Service Area, 2015) Healthy People 2020 Target = 49.0% or Higher



Sources: • 2015 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]

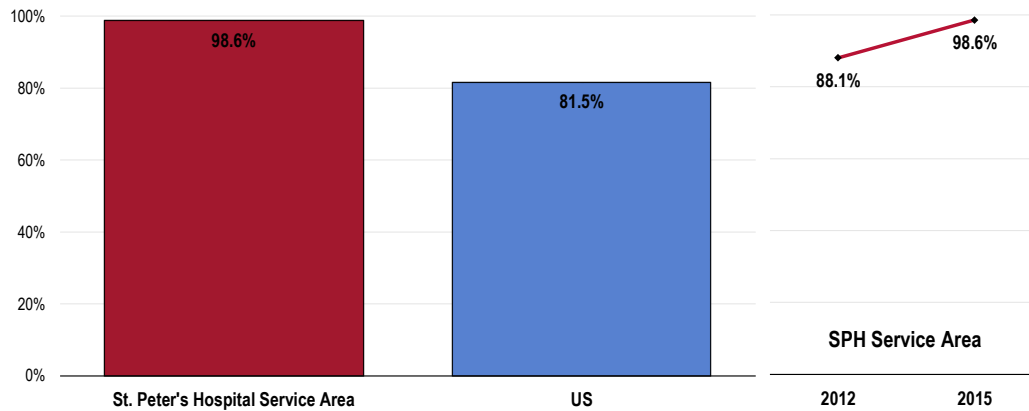
Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes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

CHILDREN

Nearly all surveyed parents (98.6%) report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- Well above the national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- TREND: Marks a statistically significant increase in children's dental care since 2012.

Child Has Visited a Dentist or Dental Clinic Within the Past Year (Among Parents of Children Age 2-17) Healthy People 2020 Target = 49.0% or Higher



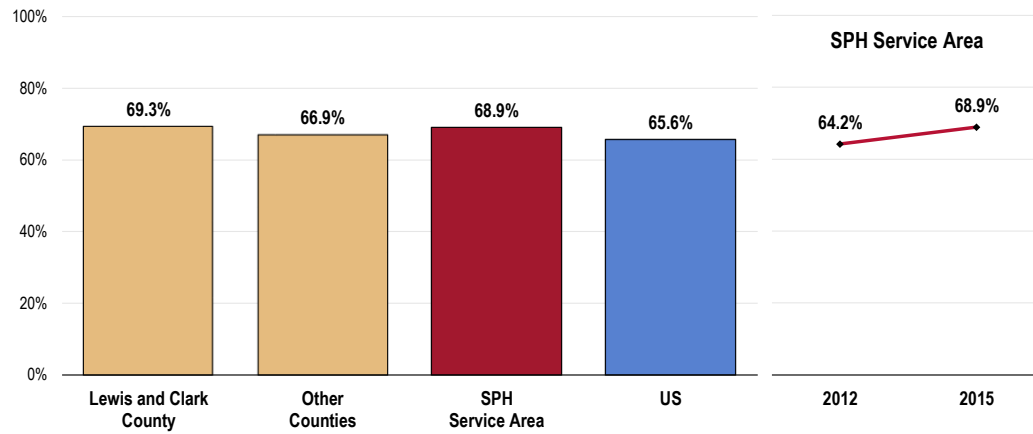
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 116]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
 Notes: • Asked of all respondents with children age 2 through 17.

Dental Insurance

Over two-thirds of St. Peter's Hospital Service Area adults (68.9%) have dental insurance that covers all or part of their dental care costs.

- Similar to the national finding.
- Similar findings by area.
- TREND: Statistically unchanged since 2012.

Have Insurance Coverage That Pays All or Part of Dental Care Costs

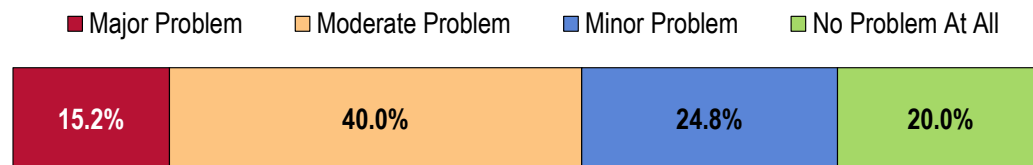


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 22]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

Key Informant Input: Oral Health

Key informants taking part in an online survey largely characterized *Oral Health* as a "moderate problem" in the community.

Perceptions of Oral Health as a Problem in the Community (Key Informants, 2014)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

TOP CONCERNS

Among those rating this issue as a “major problem,” reasons frequently related to the following:

Access to Care

The problem is access for people without dental insurance, the cost of dental care is usually prohibitive. Even for those with dental insurance, coverage is often limited, and again they can't get the care they need because of the cost. Members of our community can't get jobs because they don't have teeth or their teeth are in really bad shape and employers won't hire them. – Community/Business Leader

Access to dental care is limited due individuals being poor and/or not insured. – Social Services

For those in poverty, oral healthcare is often last on the list. Poor oral healthcare leads to overall poor health. – Other Health

Lack of dental coverage for adults which causes them to not seek treatment, cost of dental care. Lack of providers who accept Medicaid, lack of free or low-cost dental care. – Social Services

Lack of available affordable services. – Social Services

If people do not have dental insurance or money to pay for dental care, it is almost impossible to get their problems addressed. This leads to infections and poor quality of life and hospitalizations due to dental abscesses, etc. – Physician

Lack of availability of affordable oral/dental care. – Community/Business Leader

I see many inpatients with terrible dentition and no knowledge of or access to care. – Public Health

I work with a lot of people who have serious dental care problems resulting from never having received consistent dental care from an early age. Pureview's Dental Clinic helps a lot, but there are still gaps in services when it comes to easy to access dentures. – Public Health

Access for those very low income who do not have insurance is reasonable at PureView dental, but those above the poverty level without insurance have minimal options. – Physician

We do not have enough access for those that do not have resources. Parody for dental health and physical health. – Community/Business Leader

Looking at the senior population, many insurances do not cover dental care leaving those in need without the resources to care for their oral health. – Other Health

Family oral healthcare practices and access to care are lacking, primarily in families living in poverty. – Other Health

Prevalence of chewing tobacco use. Poor access to dentist particularly in the working poor. – Physician

The Cooperative Health Center Dental Clinic, which has a sliding fee scale, has a wait time of weeks. – Public Health

Most free or low cost services only will deal with an acute issue. They may pull a bad tooth but do little to help with dentures. Fillings, crowns or gum care is often unavailable. – Social Services

Vision Care

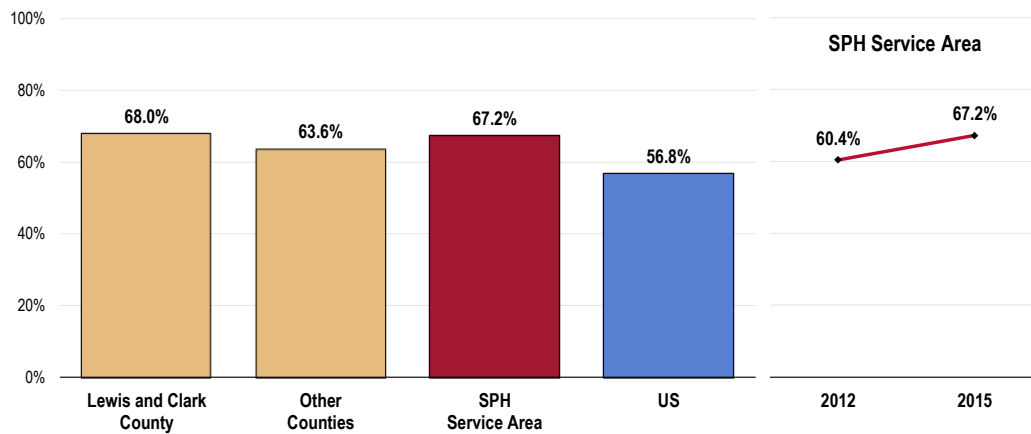
A total of 67.2% of residents had an eye exam in the past two years during which their pupils were dilated.

RELATED ISSUE:

See also [Vision & Hearing](#) in the **Death, Disease & Chronic Conditions** section of this report.

- More favorable than national findings.
- Comparable findings by area.
- TREND: Denotes a statistically significant increase since 2012.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated

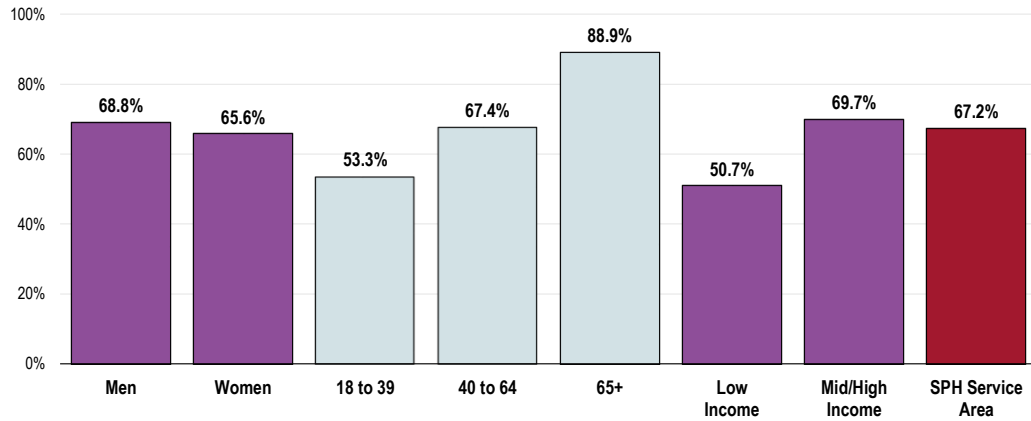


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 20]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • "Other Counties" include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

Recent vision care in the St. Peter's Hospital Service Area is more often reported among:

- Residents with higher incomes.
- Note also the positive correlation between age and recent eye exams.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated (St. Peter's Hospital Service Area, 2015)



Sources: • 2015 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

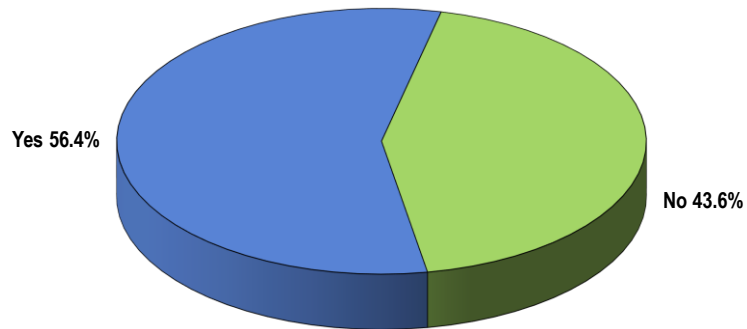


Professional Research Consultants, Inc.

Workplace Wellness Programs

Among employed survey respondents, 56.4% report that their employer offers a workplace wellness program.

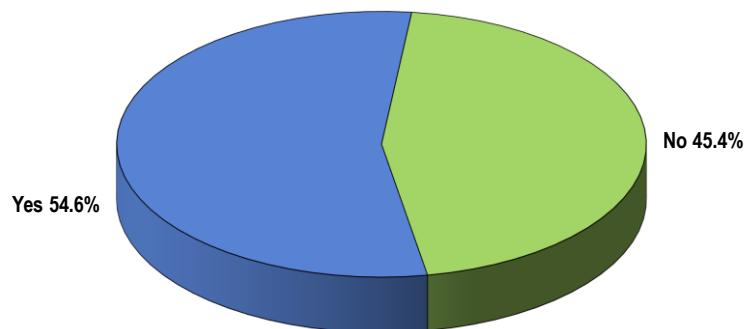
Employer Offers a Workplace Wellness Program (St. Peter's Hospital Service Area Employed Residents, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 310]
 Notes: • Asked of all employed respondents.

Of the employed survey respondents whose employer offers workplace wellness events, 54.6% participated in such an event at least once in the past year.

Participated in a Workplace Wellness Event in the Past Year (SPH Service Area Employees Whose Employer Offers a Wellness Event, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 311]
 Notes: • Asked of all employed respondents whose employer offers a wellness event.

Local Resources



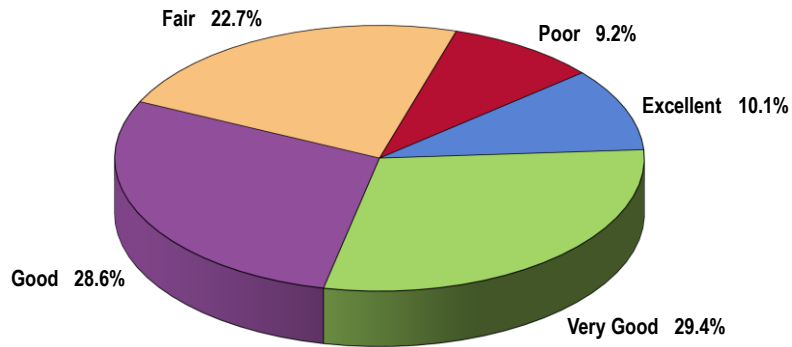
Professional Research Consultants, Inc.

Perceptions of Local Healthcare Services

A total of 4 in 10 St. Peter’s Hospital Service Area adults (39.5%) rate the overall healthcare services available in their community as “excellent” or “very good.”

- Another 28.6% gave “good” ratings.

Rating of Overall Healthcare Services Available in the Community
(St. Peter's Hospital Service Area, 2015)

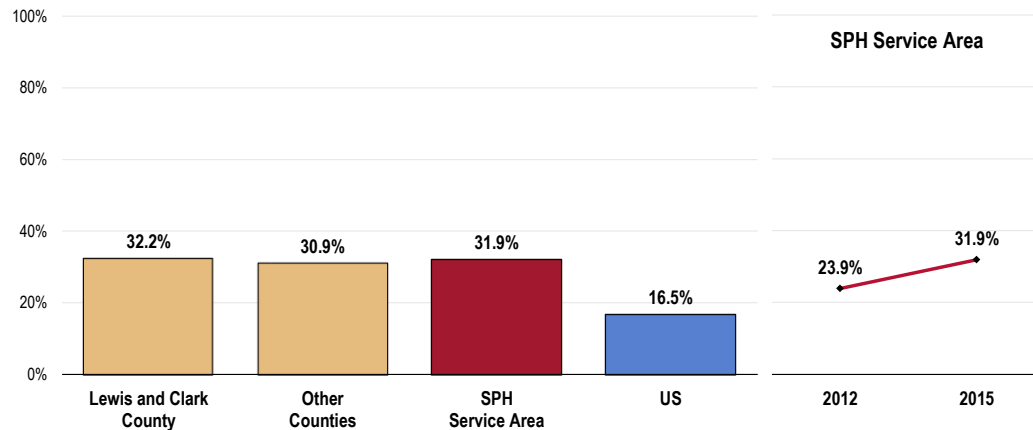


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: • Asked of all respondents.

However, 31.9% of residents characterize local healthcare services as “fair” or “poor.”

- Twice the proportion reported nationally.
- Comparable findings by area.
- TREND: Marks a statistically significant increase in low ratings.

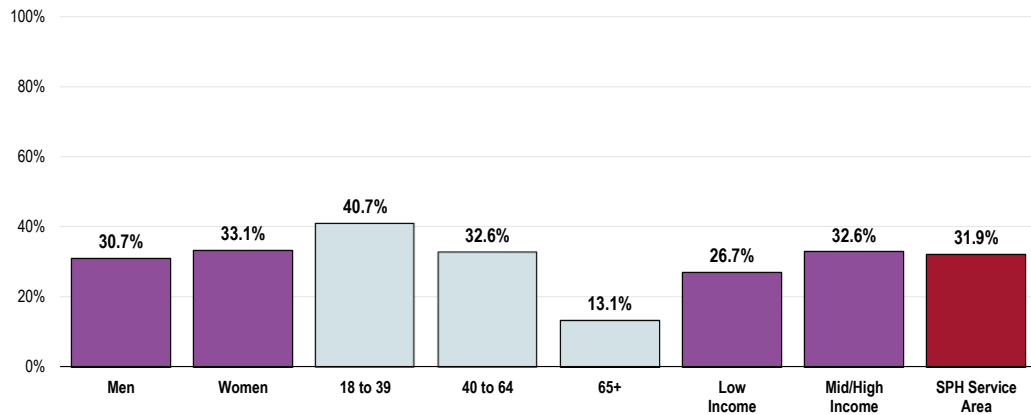
Perceive Local Healthcare Services as “Fair/Poor”



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 6]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
• “Other Counties” include Broadwater, Jefferson, Meagher, and Powell counties in Montana.

- Adults under age 65 are more critical of local healthcare services (note the negative correlation with age).

Perceive Local Healthcare Services as “Fair/Poor”
(St. Peter's Hospital Service Area, 2015)

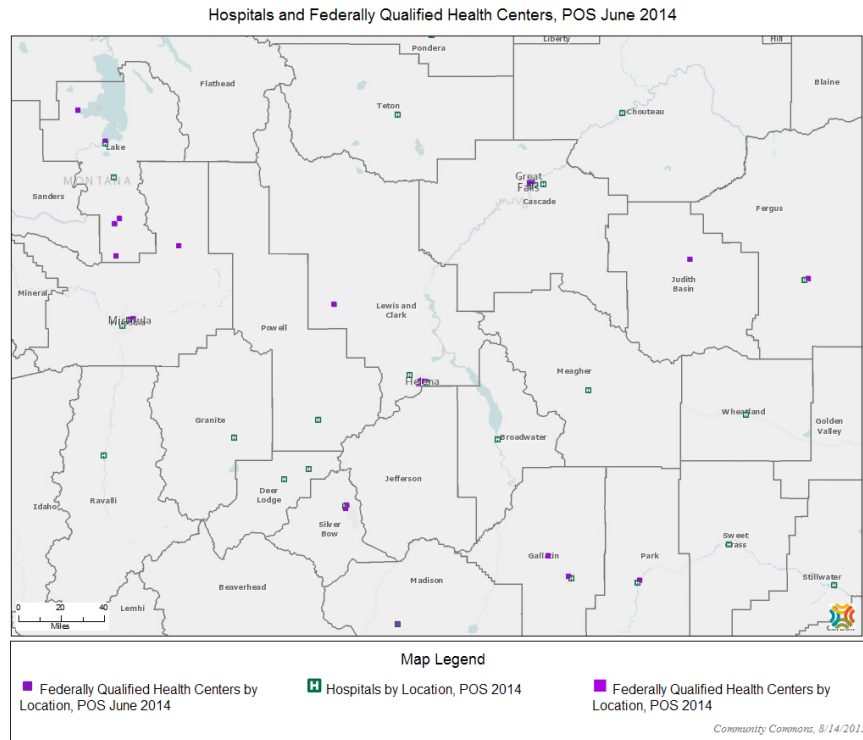


- Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
- Notes:
- Asked of all respondents.
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with 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.

Healthcare Resources & Facilities

Hospitals & Federally Qualified Health Centers (FQHCs)

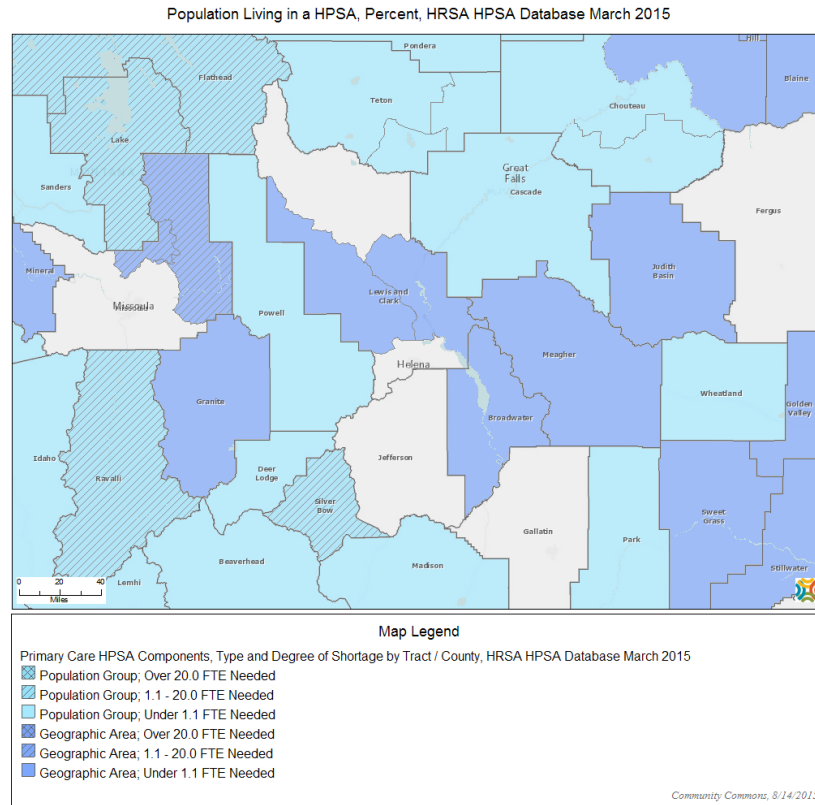
The following map provides an illustration of the hospitals and federally qualified health centers (FQHCs) in the service area as of June 2014.



Health Professional Shortage Areas (HPSAs)

Note the designation of service area counties by the US Department of Health and Human Services as a health professional shortage area (HPSA).

A "health professional shortage area" (HPSA) is defined as having a shortage of primary medical care, dental or mental health professionals.



Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) available to address the significant health needs identified in this report. This list is not exhaustive, but rather outlines those resources identified in the course of conducting this Community Health Needs Assessment.

Access to Healthcare Services

- Attending Physicians*
- Blue Cross/Blue Shield*
- Capital Transit/HATS*
- CareHere*
- Carroll College*
- Center for Mental Health*
- City and State Agencies*
- Clinics*
- Community Charities*
- Community Education*
- Community Federally Qualified Medical Clinic*
- Community Health Center*
- Community Hospital*
- Consented Referral System*
- Cooperative Health Center*
- County Health Department*
- Elder Care*
- Family Network*
- Federal Programs*
- Fort Harrison*
- FQHC*
- God's Love Health Clinic*
- Healthcare for the Homeless*
- Healthcare Marketplace*
- Helena Indian Alliance*
- Hospital*
- Leo Pocha Health Clinic*
- Lewis and Clark Public Health*
- Medicaid*
- Planned Parenthood*
- Primary Care Physicians*
- Private Providers/Groups*
- PureView Community Health Center*
- Rocky Mountain Development Council*
- School System*
- St. Peter's Hospital*
- St. Peter's Medical Group*
- State Programs*
- Taxi Service*

*Urgent Care Facilities
VA Hospital*

Arthritis, Osteoporosis & Chronic Back Conditions

*Arthritis Foundation
Helena Orthopedics
Hospital
Orthopedic Associates
Physical Trainers and Physical Therapists
Primary Care Physicians
Private Providers/Groups
St. Peter's Hospital
St. Peter's Medical Group*

Cancer

*Affordable Care Act
American Cancer Society
Breast and Cervical Health Program at Health Department
Cancer Support Network
Cancer Treatment Centers
Clinics
Community Education
Cooperative Health Center
County Sponsored Breast/Cervical Cancer Screenings
DPHHS—Department of Public Health and Human Services
Employee Wellness Programs
Family Network
FQHC
Free/Low Cost Mammograms
Home Health Agencies
Hospice
Hospital
Imaging Center
Leo Pocha Health Clinic
Lewis and Clark Public Health
Lewis and Clark Public Health Cancer Screening
Local and State Public Health
Maria Dean Cancer Center
Medicaid
Montana University System
Planned Parenthood
Primary Care Physicians
Private Providers/Groups
Public Service Announcements
PureView Community Health Center
Quality Cancer Treatment Staff
St. Peter's Hospital
St. Peter's Medical Group
State Programs*

Susan G. Komen Foundation

Chronic Kidney Disease

*CMS
Cooperative Health Center
Health Insurance Providers
Hospital
National Kidney Programs
Private Providers/Groups
SPH Dialysis Center
St. Peter's Hospital
Transportation Services*

Dementias, Including Alzheimer's Disease

*Alzheimer Support Group
Alzheimer's Counseling
Area Agency on Aging
Assisted Living
Community Education
Dementia Support Groups
Doctors and Nurses
DPPHHS-Department of Public Health and Human Services
Elder Care
Family Network
Home and Community Based Services
Hospital
Medicaid
Nursing Homes
Personal Assistance Programs
Primary Care Physicians
Private Providers/Groups
Recruit Another Neurologist
Renaissance Senior Care
Rosetta Assisted Living
Senior Center
Senior Companion Program
Social Workers and Counselors
St. Peter's Hospital
St. Peter's Medical Group
Support Groups
The Shelby House
Touchmark Memory Care Unit
Touchmark Senior Living*

Diabetes

*American Diabetes Association
Assisted Living
Attending Physicians
Big Sky Care*

Child and Family Outreach
Clinics
Community Groups
Cooperative Health Center
Cooperative Health Center
County Health Department
Diabetes Education Program Through New West
Doctors and Nurses
DPHHS–Department of Public Health and Human Services
Educational Programs
Emergency Room
Employee Wellness Programs
Family Network
Fitness Centers/Gyms
Fuel Fitness
Grocers
Health Clubs
Helena Indian Alliance
Helena School District
Home Health Agencies
Hospital
Inch by Inch
Leo Pocha Health Clinic
Lewis and Clark Chronic Disease Program
Lewis and Clark Public Health
Local and State Public Health
Nursing Homes
Nutrition Programs
Online Medical Information
Primary Care Physicians
Private Providers/Groups
School Nurses
Social Workers and Counselors
St. Paul's Church
St. Peter's Hospital
St. Peter's Medical Group
VA Hospital
YMCA
YWCA

Family Planning

Advocacy Organizations
Cooperative Health Center
Florence Crittenton Home
Healthy Mothers Healthy Babies
Lewis & Clark Public Hlth Maternal Child Home Visiting
Lewis and Clark Community Health
Lewis and Clark Public Health
Options Women's Clinic

Planned Parenthood
Primary Care Physicians
Private Providers/Groups
Professional Medical Care
PureView Community Health Center
Religious Community
School System
St. Peter's Hospital

Heart Disease & Stroke

American Heart Association
American Red Cross
Bike Walk Montana, Helena
Cardiovascular Health Program
Center for Disease Control and Prevention
Clinics
Community Education
Community Groups
Cooperative Health Center
Cooperative Health Center and St. Peter's Hospital
County Health Department
CPR
DPPHHS-Department of Public Health and Human Services
Educational Programs
Federal Programs
Health Clubs
Health Fairs
Healthy Communities Coalition
Hospital
Inch by Inch
International Heart Institute of Montana
Lewis and Clark Chronic Disease Program
Lewis and Clark Environmental Division
Lewis and Clark Public Health
Local and State Public Health
Meet Up Groups
Montana Department of Health and Human Services
More Physical Therapists for Post Therapy
Non-Motorized Travel Advisory Council
Nutrition Programs
Primary Care Physicians
Private Providers/Groups
RMDC Stepping on Program
St. Peter's Hospital
St. Peter's Medical Group
State Programs
State Wellness Programs
Support Groups
VA Hospital

*Wellness Programs**YMCA**YWCA****Immunization & Infectious Diseases****Carroll College**Cooperative Health Center**County Health Department**Day Care**DPPHHS-Department of Public Health and Human Services**Educational Programs**Free Immunization Clinics**Health Insurance Providers**Lewis and Clark Public Health**Local and State Public Health**Montana Qual Assurance Division, Child Care Licensing**Partners in Pediatrics**Pediatricians**Pharmacies**Primary Care Physicians**Private Providers/Groups**Readily Available Vaccinations**Rocky Mountain Development Council**School System**St. Peter's Hospital****Infant & Child Health****AWARE**Child and Family Services for Safety**ChildWise**Community Based Parenting Classes**Cooperative Health Center**Early Childhood Coalition of the Greater Helena Area**Family Outreach**Federal Reserve Bank**Florence Crittenton Home**Free Lunch Programs**Head Start**Home Health Agencies**Intermountain Children's Home and Services**Lewis and Clark Community Health**Lewis and Clark Immunization Clinic**Lewis and Clark Public Health**Lewis and Clark Public Health Healthy Families**Medicaid**Prenatal Care**Public Health Home Visiting**PureView Community Health Center**School System*

St. Peter's Hospital
WIC
YMCA
YWCA
Youth Connections Coalition

Injury & Violence

Alcohol Abuse Support Groups
Anger Management
AWARE
Center for Mental Health
Child Protective Services
ChildWise
Cooperative Health Center
County Attorney
DPPHHS-Department of Public Health and Human Services
DUI Task Force
Early Childhood Coalition of the Greater Helena Area
Emergency Room
Florence Crittenton Home
Friendship Center
Healthy Mothers Healthy Babies
Helena Police Department
Home Health Agencies
Law Enforcement
Legislation on Seat Belt Use
Lewis and Clark County Sheriff
Lewis and Clark Public Health
Local and State Public Health
Local Groups
Mental Health Centers
Montana Coalition Against Domestic and Sexual Violence
SafeKids
Specialty Courts
St. Peter's Hospital
Suicide Prevention Programs in Schools
Urgent Care Facilities
YMCA
YWCA
Youth Connections Coalition

Mental Health

Active Community Advocacy Groups
AWARE
Behavioral Health Unit
Center for Mental Health
Community Center for Mental Health
Community Groups
Community Mental Health

Cooperative Health Center
Crisis Center
Crisis Response Teams
Doctors and Nurses
DPPHHS-Department of Public Health and Human Services
Educational Programs
Emergency Room
Federal Programs
Florence Crittenton Home
God's Love
Golden Triangle
Helena Indian Alliance
Helena Indian Alliance Leo Pocha Clinic
Helena School District
Help Lines
Home and Community Based Services
Hospital
Independent Mental Health Care Workers
Indian Alliance
Inpatient Psychiatric Unit
Intermountain and Shodair
Intermountain Children's Home and Services
Journey Home
Law Enforcement
Lewis and Clark Public Health
Lewis and Clark Public Health Healthy Families
Limited Access to Psychiatrists
Local Advisory Council
Local Advocacy Groups
Local Charity
Local Mental Health Center
Local Therapists
Mental Health Advisory Council
Mental Health Centers
Montana Department of Health and Human Services
Montana Mental Health Ombudsman
NAMI
Our Place
Outpatient Services
Pediatricians
Private Providers/Groups
Public Service and Public Education
PureView Community Health Center
Safe Places
School System
SDMI Medical Waiver Program
Shodair Children's Hospital
Social Workers and Counselors
Special Olympics of Montana

St. Peter's Hospital
St. Peter's Medical Group
State Health Clinic
State Mental Health Program
State of Montana EAP
State Programs
Suicide Hotline
The Drop In Center
Urgent Care Facilities
VA Hospital
WMMHC Journey Home
YMCA
YWCA
Youth Connections Coalition
Youth Dynamics

Nutrition, Physical Activity & Weight

Big Brothers and Big Sisters
Bike Walk Montana, Helena
Blue Cross/Blue Shield's Children's Marathon Program
Churches
City Planning Commission
City Sponsored Recreation Programs
Community Gardens
Company Wellness Programs
Cooperative Health Center
County Health Department
DM Educators
Educational Programs
Employee Wellness Programs
ExplorationWorks Science Center
Family Promise
Farmer's Market
Fitness Centers/Gyms
Food and Nutrition Classes Through St. Peter's
Food Banks
Food Share
Food Stamps
Free Programs
Friendship Center
God's Love
Health Clubs
Healthy Communities Coalition
Helena City Parks and YMCA
Helena Indian Alliance Leo Pocha Clinic
Helena Park and Trail System
Helena School District
Hospital
Inch by Inch

Kids Feed n Fun
Lewis and Clark Public Health
Meals on Wheels
No Kid Hungry
Non-Motorized Travel Advisory Council
Nutrition Programs
Open Space Trails
Outdoors
Peer Groups
Physical Trainers and Physical Therapists
Primary Care Physicians
Private Providers/Groups
Professionals Who Focus on Physical Activity
Public Spaces That Host Physical Activity
Safe Routes to School
School System
Senior Commodities
Sixth Ward Garden
SNAP
St. Peter's Hospital
St. Peter's Medical Group
TANF and SNAP
Trails RX Program
Walking Mall
Walking Paths
Weight Watchers
WIC
YMCA
YWCA

Oral Health

Cooperative Health Center
Educational Programs
Elder Care
Federal Programs
Free or Low Cost Care by Dentists
Give Kids a Smile Program
Health Department
Lewis and Clark Community Health
Lewis and Clark Public Cooperative Health Dental Clinic
Local Dental Society
Medicaid
Primary Care Physicians
Private Providers/Groups
PureView Community Health Center
School System
State Health Department
State Programs
State/Fed Grants to pay for Uninsured

VA Hospital

Respiratory Diseases

Air Quality Program
 American Lung Association
 Asthma Home Visiting Program
 County Health Department
 DPPHHS-Department of Public Health and Human Services
 Educational Programs
 Lewis and Clark Public Health Air Quality Program
 Lewis and Clark Public Health Asthma Control Program
 Lewis and Clark Public Health Tobacco Use Prevention
 Montana Asthma Program
 PM Advance Program
 Private Providers/Groups
 Radon Programs
 St. Peter's Hospital

Sexually Transmitted Diseases

Carroll College
 Educational Programs
 Helena School District
 Lewis and Clark Public Health
 Lewis and Clark Public Health HIV/STD Program
 Planned Parenthood
 Primary Care Physicians
 Public Health Clinics
 St. Peter's Hospital
 Teen Health Programs

Substance Abuse

Al-Anon
 Alcoholics Anonymous
 Anonymous Groups
 Art Becker
 AWARE
 Benefits
 Boulder Treatment Center for Meth
 Boyd Andrew Community Services
 Center for Mental Health
 Chemical Dependency Bureau
 Clinics
 Cooperative Health Center
 County DUI Task Force
 County Health Department
 Educational Programs
 Elder Care
 Elkhorn
 Eric Gilmore

*Federal Programs**Find Your Spot Anti-Pot Campaign**Fort Harrison**Fort Harrison for Veterans**Gateway**God's Love**Hannaford House**Helena Indian Alliance**Helena Indian Alliance Leo Pocha Clinic**Indian Health Services**Intermountain Children's Home and Services**Keli Kerpa Counseling**Law Enforcement**Lewis and Clark Public Health**Licensed Addiction Counselors**Missouri River Drug Task Force**Montana Chemical Dependency Center**Narcotics Anonymous, Alcoholics Anonymous**Our Place**Paid Treatment Programs**Primary Care Physicians**Private Providers/Groups**Public Service and Public Education**Religious Community**Rimrock Foundation**Sam Boyd Chemical Dependency Unit**School System**Shodair Children's Hospital**St. Peter's Hospital**State Health Clinic**State Programs**Support Groups**VA Hospital**YMCA**YWCA**Youth Connections Coalition***Tobacco Use***American Lung Association**Bacchus Grant**Business as Partners**City Ordinance Against Smoking in the Parks**Clean Indoor Air Act**County Health Department**County Tobacco Prevention Program**DPPHHS-Department of Public Health and Human Services**First Breath-Health Department**Health Department**Helena Indian Alliance*

Lewis and Clark Public Health
Lewis and Clark Tobacco Prevention Program
Licensed Addiction Counselors
Local and State Public Health
Montana Quit Line
Montana's Clean Indoor Air Act
MTUPP
Private Providers/Groups
Project Success
Quit Line
School System
St. Peter's Hospital
State Health Clinic
State Health Department
Tobacco Quit Line
VA Hospital
YMCA
YWCA
Youth Connections Coalition