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Published November 2011 by the Lewis and Clark City-County Health Department, 1930 Ninth Avenue, Helena MT 59601

The Health Department has taken every precaution to ensure the accuracy of the data in this report. In some instances, due to lack of available countywide data, the department has relied on information from state and national public health data sources.

Front cover photos: Gardener courtesy of Steve Shirley, mountain bikers and canoeists courtesy of Travel Montana
Inside photos: iStockphoto.com

Introduction



From the Lewis and Clark City-County Health Officer

Fall 2011

Greetings, Lewis and Clark County residents,

One of the hallmarks of public health is that it's evidence-based. That is, public health policy is informed by impartial data, including the data we collect on the local level regarding our community's health.

That's why the Lewis and Clark City-County Health Department has for the past 20 years produced a periodic report on a variety of public health indicators. These data give us a snapshot of the health of our county with regard to chronic disease, communicable disease, environmental health, mental health, and oral health.

A Step Toward Accreditation

This year our report takes on added significance. The health department has elected to pursue national voluntary public health accreditation, something that has been offered to local health departments for the first time this fall. As part of that accreditation process, we are required to assess public health issues in the community: what trends we see that need to be addressed, who is affected by them, and what resources we have with which to address them. The next step will be to develop a strategic plan for improving community health based on the issues we identify in this report.

Highlights from the Report

This report contains fascinating glimpses into our lives and health. Among the highlights:

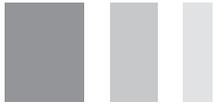
- Residents of Lewis and Clark County are older overall than residents of the state and nation. Our median age is about 41 compared to a national median of 37.
- Among the 56 counties, we rank 7th for highest per capita personal income, yet more than 10 percent of our residents live in poverty.
- Cancer and heart disease remain the primary causes of death in the county, state, and nation.
- Just over 19 percent of mothers in the county smoke during pregnancy, well over the national rate of about 11 percent.
- Less than three-fourths of children 24-25 months of age in the county have received all age-appropriate vaccines.
- More than half of adults in the county are overweight or obese, and three-fourths are not eating enough fruits and vegetables.
- The percentage of high school students attempting suicide is higher in Lewis and Clark County than in the rest of Montana.
- More than 20 percent of county high school students have reported using prescription drugs without a prescription.
- The number of risk factor violations discovered during inspections of county food facilities has been dropping steadily for the past several years.

The Next Step: We Need Your Input

This report is just a first step toward making Lewis and Clark County a healthier place to live, work, and play. Next, we need to map out our strategy for addressing these issues and improving our public health. We need your input and hope you'll join us as we prepare to take action.

If you have comments about this report, or if you'd like to be involved in our discussion of how to improve the community's health, please let us know by contacting us at healthinfo@co.lewis-clark.mt.us. We look forward to working with you!

Melanie Reynolds, MPH
Health Officer, Lewis and Clark County



Methodology

Statistics are essential when trying to measure the public's health. They provide fact-based evidence upon which we can base sound public-health policy decisions.

Compiling meaningful data is a difficult task. Obviously, we want to rely on the most recent data we can get. We want to be able to compare local, state, and national data, so we can spotlight anomalies at the local level. And we want to look at data going back several years, so we can identify potential trends.

This proved to be a tall order as we produced this report. There's lots of data out there, and with the help of the Internet it's relatively easy to find. But making sure we had the *best* data and that we were comparing apples to apples wasn't easy.

There's lots of data out there, and with the help of the Internet it's relatively easy to find. But making sure we were comparing apples to apples wasn't easy.

For one thing, data tends to trickle up, as local health departments report to the state and state health departments report to national public health agencies. So available national data was often not as current as local. We sometimes reverted to using older data in order to match local, state, and national data sets.

Because our county population is relatively small, we also used aggregate rather than annual data in some cases: that is, we averaged data over several years. This can give us a more accurate picture, since otherwise even a small increase in the number of cases (of suicide, for example) can cause a misleading spike in one year's statistic.

Much of the data presented here was collected through the 2010 U.S. Census, the annual surveys of the Montana Behavioral Risk Factor Surveillance System (conducted by the state health department), and the annual Montana Youth Risk Behavior Surveys (conducted by the state Office of Public Instruction). The latter two surveys collect health information as self-reported by Montana adults and youth, respectively.

We would like to thank staff of the Montana Census Economic Information Center, the Montana Department of Public Health and Human Services, and the Montana Office of Public Instruction for their assistance in providing much of the data in this report. Finally, thanks to Gayle Shirley, special projects coordinator at the Lewis and Clark City-County Health Department, for pulling all the information together into this attractive and comprehensible format.



Who Are We?

The demographic makeup of a community is an important basis for setting the community's health priorities. Different age, gender, and racial groups face different health concerns and require different types of interventions. So population estimates based on age, gender, and race are essential to consider when setting those priorities.

Overall Population

In the past 10 years, the population of Lewis and Clark County has been growing faster than the state population. According to the U.S. Census, the county in 2010 had a population of 63,395 people. That compares to 55,716 people in 2000, a 13.8% increase. The population of the state as a whole grew 9.7% during the same period. Lewis and Clark County continues to be the sixth most populous county in Montana.

Select Community Population

Helena	28,190	Lincoln	1013
Helena Valley	22,587	Augusta	309
East Helena	1984	Marysville	80
		Craig	43

U.S. Census Bureau, 2010

Race

Population Group	County	Montana	U.S.
White	94.0%	89.4%	72.4%
American Indian or Alaskan Native	2.1%	6.3%	<1.0%
Asian	< 1.0%	< 1.0%	4.8%
Black or African American	< 1.0%	< 1.0%	12.6%
Other	3.0%	3.3%	9.3%

U.S. Census Bureau, 2010

Age

Age Group	Lewis & Clark County		Montana	U.S.
	Number	Percent	Percent	Percent
0-4 years old	3948	6.2%	6.3%	6.5%
5-17	10,428	16.4%	16.3%	18.8%
18-64	40,262	63.6%	62.6%	63.0%
65 and older	8757	13.8%	14.8%	13.0%

U.S. Census Bureau, 2010

Gender

Gender	Lewis & Clark County		Montana	
	Number	Percent	Number	Percent
Male	31,300	49.4%	496,667	50.2%
Female	32,095	50.6%	492,748	49.8%

U.S. Census Bureau, 2010

Fast Facts

- Population per square mile** (Census, 2010)
 Lewis & Clark County: 18.3
 Montana: 6.8
 U.S.: 79.6
- Median age** (Census, 2010)
 Lewis & Clark County: 40.9
 Montana: 39.8
 U.S.: 37.2
- Average life expectancy** (MT Dept. of Public Health & Human Services, Kaiser 2007)
 Lewis & Clark County: 78 years
 Montana: 78.4
 U.S.: 78.6
- Average family size** (American Community Survey, 2005-2009)
 Lewis & Clark County: 3.14 people
 Montana: 2.5
 U.S.: 3.19
- Veteran population** (American Community Survey, 2005-2009)
 Lewis & Clark County: 15.4% (7,128 vets)
 Montana: 13.7%
 U.S.: 10.1%
- Speak language other than English at home** (American Community Survey, 2005-2009)
 Lewis & Clark County: 3.7%
 Montana: 5%
 U.S.: 19.6%
- Population age 65+**: Montana ranks 7th among states for percentage of population in this age group (U.S. Administration on Aging, 2009)



Who Are We?

Socioeconomic status can have a huge impact on health. People with low incomes are more likely to engage in risky behaviors, such as using tobacco products or eating high-fat, low-fiber foods. They are less likely to have adequate health coverage and get preventive care. Since most high-paying jobs require at least some postsecondary education, educational attainment also influences health. Studies show that, the less schooling an individual has, the higher the level of risky behavior he/she engages in. According to the Montana Office of Public Instruction, consequences of dropping out of school include increased chance of being in poverty, unemployed, on public assistance, in prison, divorced, or a single parent.

Unemployment Rate

Year	County	Montana	U.S.
2010	5.5%	7.2%	9.6%
2009	4.6%	6.3%	9.3%
2008	3.7%	4.5%	5.8%
2007	2.9%	3.3%	4.6%

U.S. Bureau of Labor, Federal Reserve Economic Data

Income

Year	County	Montana	U.S.
2009	\$38,771	\$34,828	\$39,635
2008	\$38,680	\$35,268	\$40,674
2007	\$36,915	\$33,914	\$39,461
2006	\$34,865	\$32,177	\$37,698
2005	\$31,743	\$30,144	\$35,424

U.S. Bureau of Economic Analysis

(Per capita personal income, calculated as the personal income of the residents of the county, state, and nation divided by the populations of the county, state, and nation, respectively)

Education

Educational Attainment	County	Montana	U.S.
Less than high school diploma	6.2%	9.6%	15.5%
High school diploma or GED	27.7%	31.9%	29.3%
Some college	24.1%	23.8%	20.3%
Associate degree	8.6%	7.6%	7.4%
Bachelor's degree	21.5%	18.7%	17.4%
Graduate or professional degree	11.8%	8.3%	10.1%

American Community Survey, 2005-2009

High School Graduation Rate

School Year	Helena	Lincoln	Augusta	Montana	U.S.
2009-2010	75%	80%	100%	80%	unavailable
2008-2009	71%	93%	90%	80%	unavailable
2007-2008	78%	100%	100%	82%	74.7%*

Montana Office of Public Instruction, *National Center for Education Statistics

Fast Facts

- County ranks 7th in the state for highest per capita personal income (Bureau of Economic Analysis, 2009)
- Individuals living below poverty level (American Community Survey, 2005-2009)
 - Lewis & Clark County: 10.4%
 - Montana: 14.7%
 - U.S.: 13.5%
- Percentage of households in county with children under age 18: 26.6% (Census, 2010)
- Number of homeless in Helena: 519, including 64 families with children under 18 (Homeless in Helena Report, 2010)
- Percentage of county residents reliant on food stamps to buy groceries: 9.1% (MT Dept. of Public Health & Human Services, 2010)
- Percentage of children in county struggling with hunger: 17.4% or 2,390 children (Helena Food Share, 2009)
- Percentage of county residents receiving Medicaid benefits in 2009: 8% (MT Medicaid Program Report to 2011 Legislature)
- County ranks 22nd in the state for Medicaid participation (MT Medicaid Program Report to 2011 Legislature)



How Healthy Are We?

A total of 8,704 Montanans died in 2009, for a death rate of 890 per 100,000 people. Of those, 544 were residents of Lewis and Clark County (880 per 100,000). Montana's death rate has been rising since the mid-1980s, mostly due to increases in chronic diseases. The U.S. death rate has been on a long-term decline.

Fast Facts

- Median age at death in Montana: 78 years (MT Vital Statistics, 2009)
- About 1,400 Montanans die of tobacco-related disease each year, more than from any other preventable cause (MT Tobacco Use Prevention Program, 2005-2009)
- County ranks 21st in state for number of traffic fatalities per 100,000 people but 3rd for number of pedestrian fatalities (National Highway & Transportation Safety Administration, 2009)
- Suicide rate per 100,000 people (Vital Statistics, 1999-2008):
 - Lewis & Clark County: 19.3
 - Montana: 20.3
 - U.S.: 11.0

Leading Causes of Death

Cause of Death	Rate per 100,000 people		
	County	Montana	U.S.
Cancer	201.0	200.9	187.2
Heart disease	184.4	198.0	210.5
Chronic lower respiratory disease	65.3	63.9	42.9
Unintentional injury	50.8	58.8	39.5
Stroke	36.9	49.7	46.5
Pneumonia and influenza	25.0	19.0	19.1
Diabetes	17.9	27.1	24.1
Motor vehicle accidents	16.9	25.6	unavailable

U.S. and Montana Vital Statistics, 2004-2008

Leading Causes of Death by Age Group in Montana

Age Group	No. 1 Cause	No. 2 Cause	No. 3 Cause
Infants under age 1	Conditions originating in perinatal period (33%)	Birth defects (24%)	Sudden Infant Death Syndrome (17%)
Children 1-4	Unintentional injury (38%) Motor vehicle (17%) Other (21%)	Birth defects (9%)	Cancer (7%)
Children 5-14	Unintentional injury (43%) Motor vehicle (29%) Other (14%)	Cancer (13%)	Suicide (12%)
Adolescents/young adults 15-24	Unintentional injury (56%) Motor vehicle (40%) Other (17%)	Suicide (21%)	Homicide (5%)
Adults 25-44	Unintentional injury (34%) Motor vehicle (19%) Other (15%)	Suicide (16%)	Cancer (9%)
Adults 45-64	Cancer (30%)	Heart disease (20%)	Unintentional injury (10%) Motor vehicle (4%) Other (6%)
Elderly 65-84	Cancer (30%)	Heart disease (21%)	Chronic lower respiratory diseases (11%)
Elderly 85 and older	Heart disease (27%)	Cancer (12%)	Stroke (8%)

Montana Vital Statistics, 2009



How Healthy Are We?

Chronic diseases remain the leading cause of death among Lewis and Clark County residents. Many of the risk factors for chronic disease are behavioral and, thus, preventable. They include lack of physical activity, a high-fat and low-fiber diet, excess weight, and using tobacco products. Aging and genetics also play a role.

Cancer

Disease	Rate per 100,000 population	
	Lewis & Clark County	Montana
All cancers	451.8	459.0
Prostate	unavailable	161.5
Lung	unavailable	64.8
Breast	unavailable	62.7
Colon & rectum	unavailable	45.0

Montana Central Tumor Registry, 2004-2008

Other Chronic Diseases

Disease	Lewis & Clark County	Montana
Asthma	9.1%	8.7%
Diabetes	5.9%	6.2%
Heart attack	3.3%	4.1%
Stroke	2.3%	2.5%

Percentage of adult population exhibiting behavior, as self-reported to Behavioral Risk Factor Surveillance System, 2005-2008

Some Chronic Disease Risks

Risk Factor	Southwest Region*	Montana
Insufficient fruits & vegetables	74.9%	74.3%
Overweight (Body Mass Index 25-30)	37.4%	38.4%
High cholesterol	35.2%	36.5%
High blood pressure	25.1%	27.7%
Obesity (Body Mass Index over 30)	21.6%	23.7%
Physical inactivity	20.3%	22.0%
Smoking	15.8%	16.8%

Montana Regional Health Profile, 2009
 Percentage of adult population exhibiting behavior, as self-reported to Behavioral Risk Factor Surveillance System
 * Southwest health planning region includes Lewis & Clark, Powell, Granite, Deer Lodge, Silver Bow, Jefferson, Broadwater, Meagher, Park, Gallatin, Madison, and Beaverhead counties

Fast Facts

- Prostate, lung, breast, and colorectal cancer accounted for 57% of all reported cancers in Montana in 2004-2008 (MT Central Tumor Registry)
- Montana has the 7th lowest rate of cancer among states (Centers for Disease Control)
- Percentage of deaths in Lewis and Clark County attributable to heart disease: 21.3% (MT Vital Statistics, 2009)
- Montanans with less than high school education are twice as likely to report diabetes (10%) as those with college degree (4%) (Behavioral Risk Factor Surveillance System, 2008)
- In Montana, the percentage of young people who smoke has dropped from 27% in 2000 to 16% in 2008 (MT Prevention Needs Assessment)
- Montanans told they have or had asthma (Behavioral Risk Factor Surveillance System, Youth Risk Factor Survey, 2009; National Survey of Children's Health, 2007):
 - Adults: 15%
 - High school students: 19.5%
 - Middle school students: 17.4%
 - Children 0-17: 10.2%

Top 10 Reasons for Hospital Admissions

- Childbirth: 816
- Psychiatric disorders: 305
- Joint replacement: 272
- Pneumonia: 210
- Gynecological surgery: 217
- Esophagitis/gastroenteritis: 129
- Heart catheters & pacemakers: 96
- Nutrition & miscellaneous: 92
- Skin infections: 65
- Poisons and drug overdoses: 60

St. Peter's Hospital, June 1, 2010, through May 31, 2011
 (See page 18 for explanation of categorization.)



How Healthy Are We?

Communicable, or infectious, diseases have the potential to affect all residents of the county. Infectious diseases may be spread person-to-person, by animals, or through food and water. Immunizations and hand-washing are two of the best and simplest ways to protect against communicable diseases.

Diseases Transmitted Person-to-Person

Disease	2008	2009	2010
Chlamydia	164 cases	140	112
Hepatitis C	50	36	40
Chicken pox	20	11	12
Pertussis (whooping cough)	< 5	13	10
Influenza	296	203	6*
Gonorrhea	< 5	< 5	< 5
Syphilis	0	0	< 5
Tuberculosis	0	< 5	< 5
HIV	< 5	< 5	0

Lewis & Clark City-County Health Department (number of reported cases)

* Onset of flu season later than usual in 2010; 378 cases reported in Jan-Apr 2011

Diseases Transmitted by Food, Water, Animals

Disease	2008	2009	2010
Norovirus	32 cases	17	22
Campylobacter	8	12	9
Salmonella	12	16	7
Giardia	5	6	5
Cryptosporidium	0	0	< 5
E. coli (strain O157)	< 5	< 5	< 5
Hepatitis A	0	0	< 5
Shigella	0	0	< 5
E. coli (strain O121)	< 5	< 5	0
E. coli (strain O126)	< 5	< 5	0
Hantavirus	0	0	0
West Nile virus	0	0	0

Lewis & Clark City-County Health Department (number of reported cases)

Fast Fact

- Chlamydia rate in 2009: 266.4 per 100,000 population in county, 308.9 in state, 409.2 in nation (MT Dept. of Public Health & Human Services, Kaiser State Health Facts)

Fast Fact

- Montana ranks 45th among states for vaccination coverage of people 19-35 years old (Centers for Disease Control, 2009)

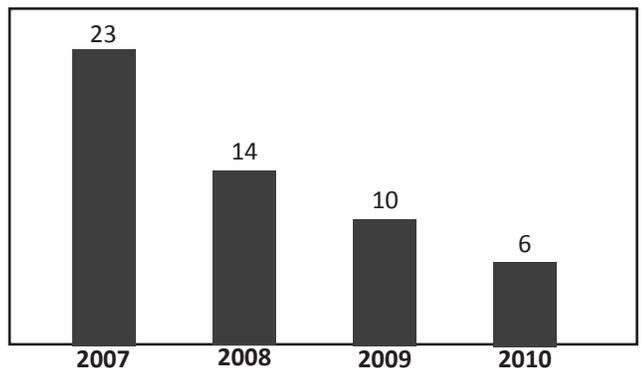
Immunizations

Children*	County	State	U.S.
Children 24-25 months of age who have received all age-appropriate vaccines	70.8%	60.4%	71.2%
Adults**	County	State	U.S.
Adults 65+ ever immunized for pneumococcal pneumonia	75.9%	70.7%	65.6%
Adults 65+ immunized for influenza in past year	72.5%	71.6%	68.8%
Population 18+ receiving influenza vaccine	38.5%	37.5%	49.4%

National Immunization Survey, * averages for 2002-2008; **2007

Foodborne Risks

Number of County Food Facilities with 4 or More Risk Factor Violations



Lewis & Clark City-County Health Department (based on inspections)



How Healthy Are We?

Environmental health deals with the dynamic interaction between natural and man-made environments and their impacts on the people living in the environment. Environmental health specialists work to reduce exposure to pollutants in the air, water, and soil that endanger human health.

Air Quality

Year	Outdoor Air Quality		
	Good	Watch	Poor
2010	330 days	24 days	11 days
2009	361 days	4 days	0 days
2008	350 days	8 days	8 days
2007	332 days	28 days*	5 days
2006	363 days	2 days	0 days

Lewis & Clark City-County Health Department

* 2007 air quality impacted by high number of wildfires

2002-2011 Air Quality Definitions

Good: 0-40 µg/m³ (micrograms per cubic meter) averaged over a 24-hour period with good dispersion

Watch: 40-75 µg/m³ averaged over a 24-hour period

Poor: 60-75 µg/m³ or greater averaged over a 24-hour period with moderate to poor dispersion

Waste Water

Number of Complaints of Surfacing Sewage from Septic Systems			
2007	2008	2009	2010
7	13	13	13

Lewis & Clark City-County Health Department

Well Water*

Number of Select Wells Sampled			
2007	2008	2009	2010
102	5	19	106

Lewis & Clark City-County Health Department

* The Water Quality Protection District spot-checks select wells each year depending on aquifer type and location, land-use practices, results of studies, and geology.

Animal Bites

Number of Bite Investigations Conducted			
2007	2008	2009	2010
66	61	65	45

Lewis & Clark City-County Health Department

Fast Facts

- The county adopted new outdoor air-quality regulations in 2011 to comply with stricter EPA standards for fine particulate matter
- The county is at risk of violating EPA's health-based standard for fine particulate matter (PM_{2.5}) of 35 µg/m³ in a 24-hour period
- The county is home to 2 federal Superfund sites: ASARCO site in East Helena and Upper Tenmile Creek; investigations of contamination and remediation work are under way at both sites
- The health department is conducting a blood lead screening in fall 2011 for children living in the East Helena Superfund area
- The health department implemented a mandatory septic system maintenance program in July 2011, requiring owners of individual septic systems to provide routine maintenance and inspections of their systems and report results to the health department
- The Lewis & Clark County Water Quality Protection District planted about 2,000 plants along 1,800 feet of lower Prickly Pear Creek in spring 2011 to reduce sediment erosion into the creek



How Healthy Are We?

Maternal and child health are important indicators of the health of our community. Risk factors during pregnancy and birth can affect infant mortality or lead to lifelong health issues. A child whose mother receives little or no prenatal care is far more likely to experience chronic health problems. A woman who smokes or drinks during pregnancy may cause long-term damage to the child she bears. Babies born weighing less than 5 pounds, 8 ounces are at increased risk of serious health problems, some of which may be lifelong.

Infant & Child Births & Deaths

Health Indicator	Rate per 1,000 Live Births		
	Lewis & Clark County	Montana	U.S.
Infant deaths, age 0-1	7.1	6.1	6.7
Births to adolescents (15-17 years old)	20.9	29.2	21.9

U.S. and Montana Vital Statistics, 2004-2008 average

Health Indicator	Percentage of All Live Births		
	Lewis & Clark County	Montana	U.S.
Premature births (under 37 weeks gestation)	11.3%	10.1%	12.6%
Low birth weight (under 5 lbs. 8 oz.)	8.8%	7.3%	8.2%

U.S. and Montana Vital Statistics, 2004-2008 average

Prenatal Care

Health Indicator	Lewis & Clark County	Montana	U.S.
Mothers entering prenatal care in 1st trimester	88.3%	83.9%	81.2%
Mothers who smoked during pregnancy	19.1%	18.3%	11.2%

U.S. and Montana Vital Statistics, 2003-2007 average

Gestational diabetes (percent of live births)	3.7%	2.5%	4.6%
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U.S. and Montana Vital Statistics, 2004-2008 average

Fast Facts

- 786 live births were recorded among Lewis & Clark County residents in 2009, compared to 808 in 2008 (MT Vital Statistics)
- Mortality rate for children ages 1-14: 17.4 per 100,000 in county, 18.4 in state (MT Vital Statistics, 2004-2008)
- Percentage of new mothers breastfeeding at hospital discharge: 85% in county, 76% in state (MT Vital Statistics, 2008)
- Montana ranked 33rd among states in key measures of child health and well-being compared to 21st a decade ago (Annie E. Casey Foundation, 2007)
- Number of unintended pregnancies in Montana: 48 per 1,000 women ages 15-44 (Guttmacher Institute, 2006)
- From 1995 to 2007, the U.S. teen birth rate declined by about 23%, compared to a decline of 12% in Montana. In 2007, Montana ranked 21st among states for its teen birth rate. (MT Teen Pregnancy Report)
- Nationally, 19.6% of births to teens are subsequent births. In Montana, that rate is 17.4% (MT Teen Pregnancy Report)
- Teens age 15-19 accounted for 34% of chlamydia cases in Montana in 2009 (MT Teen Pregnancy Report)
- Teen childbearing costs more than \$18 million every year in Montana (MT Teen Pregnancy Report)



How Healthy Are We?

Social and mental health are vital components of total human health. Research has shown that psychological health, feelings, thoughts, and behaviors affect physical health. And mental health affects not only individuals, but families, communities, and society as a whole. The World Health Organization estimates that 1 in 4 people will experience some mental health problem in their lifetime.

Mental Health

Adults	Lewis & Clark County	Montana
Adults reporting general health status as fair or poor	12.5%	13.6%
Adults reporting 14+ days of "not good" mental health in last 30 days	8.5%	8.8%

Montana Behavioral Risk Factor Surveillance System, 2003-2008 average

Youth	Lewis & Clark County	Montana
High school students seriously contemplating suicide	16.9%	16.8%
High school students attempting suicide	12.5%	8.4%

Montana Youth Risk Behavior Surveys, 2003, 2005, 2007, 2009, 2011 average

Violence & Social Health

Health indicator	Rate Per 100,000 Population	
	Lewis & Clark County	Montana
Nonviolent family offenses*	127.2	76.5
Domestic abuse	409.7	438.6
Sexual offenses	86.6	82.2
Rapes	48.8	34.7

Montana Department of Public Health & Human Services, 2007-2009 averages

*Includes abandonment, desertion, neglect, nonsupport, nonviolent abuse and cruelty, nonpayment of court-ordered alimony

Homicides	2.7	3.3
Suicides	19.3	20.3

Montana Vital Statistics, 1999-2008 averages



Oral health, particularly severe periodontal disease, has been connected to a host of chronic health conditions, including heart disease, pneumonia, diabetes, arthritis, liver disease, osteoporosis, and Alzheimer's. It may even contribute to mothers having babies that are born prematurely at a low birth weight. The notion that good oral health may reduce our chances of getting chronic disease has public health implications because both gum and chronic disease are so prevalent.

Oral Health

Time Since Last Visit to Dental Hygienist or Dental Clinic	
Within a year	59.6%
Within 2 years	13.4%
Within 5 years	12.4%
5 or more years ago	14%
Never	0.6%

Montana Behavioral Risk Factor Surveillance System, 2010, statewide data

Fast Facts

- 3 of 4 Americans over age 35 have some form of gum disease (U.S. Food & Drug Administration)
- 17.6% of Montanans 65 and older have had all teeth extracted (Behavioral Risk Factor Surveillance System, 2010)
- Percentage of children (0-17) with at least one oral health problem: 26.7% in U.S., 27.2% in Montana (Kaiser Family Foundation, 2007)



What Health Risks Do We Face?

Behavioral risk factors for health are assessed every year by the U.S. Centers for Disease Control and Prevention (CDC) through a nationwide survey known as the Behavioral Risk Factor Surveillance System (BRFSS). The Montana Department of Public Health and Human Services collects statewide data for the CDC through a telephone survey of adults. These data are important because individuals have the ability to significantly improve their own personal health – and thus the health of the community – by modifying behaviors and lifestyle choices.

Adult Nutrition & Physical Activity

Risk Factor	County	Montana	U.S.
Eat less than 5 servings of fruits & vegetables per day	78.1%	75.8%	76.7%
Don't participate in physical activity outside of regular job	19.5%	20.7%	unavailable
Overweight (Body Mass Index 25-30)	36.9%	37.8%	36.6%
Obese (Body Mass Index 30+)	20.8%	21.6%	24.8%

Behavioral Risk Factor Surveillance System, 2003-2008 averages

Adult Substance Use & Abuse

Risk Factor	County	Montana	U.S.
Currently smoking everyday or some days	18.4%	19.3%	20.3%
Binge drinking (5+ alcoholic drinks in one sitting for man, 4+ for woman)	15.3%	16.9%	15.5%
Heavy drinking (more than 2 drinks a day for man, 1 for woman)	6.0%	5.9%	5.1%

Behavioral Risk Factor Surveillance System, 2003-2008 averages

Cancer Screening among Adults

Risk Factor	County	Montana	U.S.
Pap test in past 3 years	81.7%	83.0%	84.3%
Mammogram in past 2 years	72.4%	71.9%	75.8%
Blood stool test in past 2 years	42.9%	25.3%	23.9%
Have had colonoscopy or sigmoidoscopy (adults 50 & older)	56.6%	54.3%	57.6%

Behavioral Risk Factor Surveillance System, 2004, 2006, 2008 averages

Unintentional Injury of Adults

Risk Factor	Montana
Occasionally or never wear a seatbelt	10.0%
Fell 1 or more times in past 3 months (respondents age 44+)	21.9%
Of those who fell, number injured (respondents age 44+)	30.6%

Behavioral Risk Factor Surveillance System, 2010

Fast Fact

- Percentage of Montanans reporting they have a disability: 26.0% (Behavioral Risk Factor Surveillance System, 2010)



What Health Risks Do We Face?

Young people sometimes put their health at risk by engaging in behaviors such as sexual activity or use of alcohol, tobacco, or illicit drugs. These risky behaviors can have both immediate and lifelong health consequences. The Montana Office of Public Instruction collects information about these behaviors from middle and high school students every other year through its Youth Risk Behavior Survey.

Youth Nutrition & Physical Activity

Risk Factor	Middle School		High School	
	County	Montana	County	Montana
Consider self to be overweight	22.0%	24.3%	26.9%	26.3%
Ate no fruit in past week	8.9%	8.9%	11.5%	10.1%
Drank 1 or more non-diet sodas a day during past week	19.3%	18.1%	18.3%	23.4%
Ate breakfast daily during past week	54.8%	53.0%	42.3%	39.5%
Physically active 1 hour or more on at least 5 of last 7 days	56.5%	60.5%	50.6%	54.7%
Watched 3 or more hours of TV per day on school days	30.1%	26.8%	24.2%	22.1%
Played on 1 or more sports teams in past year	69.3%	75.1%	55.2%	63.2%

Montana Youth Risk Behavior Survey, 2011

Youth Substance Abuse

Risk Factor	Middle School		High School	
	County	Montana	County	Montana
Have tried cigarette smoking	24.2%	22.0%	39.0%	44.0%
Smoked cigarette on 1 or more of past 30 days	9.6%	7.4%	18.9%	16.5%
Used chewing tobacco, snuff, or dip in past 30 days	5.8%	5.2%	14.1%	13.5%
Had at least 1 drink of alcohol in past 30 days	17.4%	15.6%	41.1%	38.3%
Had 5 or more drinks within couple hours in past 30 days	10.0%	8.5%	27.8%	25.2%
Have used marijuana at least once	16.7%	15.3%	40.0%	21.2%
Have used some form of cocaine at least once	6.3%	4.2%	10.8%	6.1%
Have used glue or other inhalants to get high	14.3%	10.2%	14.0%	11.6%
Have used methamphetamines	3.9%	1.9%	6.2%	3.1%
Have used prescription drug without prescription	9.6%	6.2%	20.9%	18.4%

Montana Youth Risk Behavior Survey, 2011

Youth Sexual Behavior

Risk Factor	Middle School		High School	
	County	Montana	County	Montana
Have had sexual intercourse	18.2%	14.9%	47.9%	47.9%
Had sexual intercourse before age 13	10.6%	8.7%	7.7%	4.4%
Have had 4 or more sexual partners	6.4%	3.9%	17.2%	15.0%
Used a condom during last sexual intercourse	10.0%	9.2%	28.9%	62.4%

Montana Youth Risk Behavior Survey, 2011



Can We All Access Health Care?

Access to health care is a vital component of the health of our communities. The Lewis and Clark City-County Board of Health acknowledged this in December 2008, when it adopted a resolution recognizing the obligation of government to guarantee universal access to health care. The board appointed a task force to assess local health needs, particularly with regard to access. After meeting with community focus groups and surveying health-care providers and others, the task force submitted its final plan and recommendations to the board in June 2011.

Task Force on Universal Access to Health Care: Summary of Findings

- Lewis and Clark County is designated as a **health professional shortage area**, with 21% of its population considered medically disenfranchised. The shortage of primary care doctors, dentists, and mental health professionals was confirmed by community members and providers. This shortage deprives county residents of needed care, contributes to stress among existing providers, and puts the health of the community at risk.
- Existing providers – both primary and specialists – are not readily accessible to poor, low-income, and rural residents, resulting in **unequal access** to care across the county.
- A majority of respondents felt that the **loss of primary-care providers** has adversely impacted access to health care in Helena.
- The **cost of health services** is a key barrier to health care access, both for insured and uninsured residents. Many residents with insurance have difficulty using their coverage, due to deductibles and co-pays, or to providers not accepting Medicaid. Providers are concerned about low Medicaid reimbursement rates; however, many who participated in a task force survey reported that they continue to accept Medicaid patients. Few access problems were reported by residents enrolled in Medicare or the Veteran's Administration.
- **Lack of transportation** is a barrier to accessing needed health-care services, both in the rural parts of the county where residents are dependent on cars and in Helena, where public transit is limited and street design does not encourage walking and biking.
- Around 28% of people in Lewis and Clark County lived below 200% of the **Federal Poverty Level** (less than \$20,000 for one person in 2009; \$40,000 for a family of four) between 2006 and 2008. A majority of participants in the task force's focus groups fell into this bracket, and many reported foregoing health care due to cost concerns.
- Dentists in Lewis and Clark County estimate that 85% of the disease they see is preventable and, when asked to name the greatest oral health need in the Helena area, 40% said **access to affordable dental care**.
- Estimates of the proportion of county residents **without insurance** range from 14% (2005 census data) to 21% (2007 Health Indicators Report for Lewis and Clark County). Many more are **underinsured**. The number of visits by uninsured patients at the Cooperative Health Center increased from 24% in 2001 to 60% in 2007.
- An estimated \$385 million was spent on health care in Lewis and Clark County in 2008; if health care financing and administration in the county reflects national trends, it can be assumed that roughly 31-34% of that \$385 million was consumed by **administrative costs**.
- Both residents and providers have concerns about the county's only hospital, St. Peter's Hospital in Helena. Residents perceive that the hospital is not providing quality services for community members. Providers attribute, in part, the high turnover of primary care providers to dissatisfaction with hospital administration.
- The majority of participants in the focus groups and the community survey considered health care to be a **human right** (60% and 72%, respectively). Many expressed this in terms of an equal right of access to care for all. Many participants stressed that to have a healthy community, the government or the local community should help everybody to be as healthy as possible.
- Residents and health professionals offered specific **suggestions for local reform**, including expanding primary, mental and dental care services, supporting existing primary care providers and the Cooperative Health Center, increasing transportation options, and reducing cost barriers to access.

The Task Force on Universal Access to Health Care was made up of citizens, health-care providers, and Board of Health members. It met from January 2009 to June 2011. Its work is available online at:

<http://www.co.lewis-clark.mt.us/departments/health/about-the-department/board-of-health/health-access-task-force.html>



Can We All Access Health Care?

Health-care resources in Lewis and Clark County are concentrated primarily in Helena, the county seat. The health department seeks to improve access to health care through the work of the Cooperative Health Center (CHC) and its satellite clinics, Parker Medical Center in Lincoln and the Health Care for the Homeless Program at God's Love homeless shelter in Helena. In 2010, the CHC provided care to 7,024 county residents. Of those, almost half were uninsured and had incomes at or below 100% of the federal poverty guideline.

CHC Patient Visits

Indicator	2006	2007	2008	2009	2010
Dental visits	3846	3422	3533	4513	3015
Dental patients	1595	1541	1745	1361	1697
Medical visits	13,148	15,620	15,908	12,545	17,512
Medical patients	4467	4897	5261	5073	6169

Cooperative Health Center

CHC Patient Income

Poverty level	2009	2010
100% or below	25.4%	43.0%
101-150%	9.5%	12.9%
151-200%	4.7%	6.0%
Over 200%	57.6%	27.6%
Unknown	2.8%	10.5%

Cooperative Health Center

Fast Facts

- Percentage of population with no health insurance (Census report, 2007)
 - Lewis & Clark County: 14.5%
 - Montana: 18.9%
 - U.S.: 15.3%
- Montana ranks 36th among states in number of primary care physicians, with 101.8 per 100,000 population, compared to national average of 120.5 (Montana State University, 2011)

CHC Insurance Coverage

Payor	2009	2010
Uninsured	53.0%	44.2%
Medicaid	11.0%	13.9%
Medicare	12.5%	13.5%
Private insurance	23.5%	28.4%

Cooperative Health Center

Other Health-Care Resources

Facilities	Number
Local hospitals	2 (107 beds) - Helena
Basic life support (EMS) services	16 - Augusta, Canyon Creek, East Helena, Helena, Lincoln, Wolf Creek
Advanced life support services	1 - Helena
Urban Indian health facilities	1 - Helena
Nursing homes	3 (299 beds)
Assisted living facilities	13 (261 beds)

Workforce	Number
Doctors (MDs, DOs)	90
Nurse practitioners	24
Physician's assistants	15
Dentists	46
Dental hygienists	41
School nurses*	11

Montana Department of Labor & Industry, 2009; * Lewis & Clark City-County Health Department



How Do We View Public Health?

Community concerns about the adequacy of health care in Lewis and Clark County and the health of county residents will play a major role in helping to establish the health department’s priorities for coming years.

Key Findings of Focus Groups

The Universal Access to Health Care Task Force (see p. 14) met with 9 focus groups made up of residents from across the county to collect their suggestions for improving access to care. Here are their key findings:

- There is a **shortage** of readily accessible health-care providers.
- **Cost barriers** impede full access to health care, particularly for lower income people and the uninsured.
- The health care system is **not easily navigable**, and there is insufficient awareness of available services.
- Providers are **not sufficiently incentivized** to prioritize people’s health needs.
- The **hospital is not providing an adequate service** to all community members.
- Reliance on personal **transportation** is an issue for everybody and is of particular concern to rural communities.
- Participants see a **collective responsibility** for keeping people healthy, be it through the community or the government. For many this was grounded in the belief that health care is a human right.

Community Perception of Services

In December 2009, the health department conducted a poll and individual interviews of 150 community stakeholders to determine their general perceptions of department services. Stakeholders included Board of Health members, local elected officials and staff, opinion leaders, and key members of the business, education, senior, and low-income communities. They perceived the following programs and services to be very or fairly important.

Restaurant inspection	79%	Home visiting	69%
In-home case management	78%	Environmental services	67%
Immunization	77%	Sexually transmitted diseases	67%
Water quality protection	76%	HIV/AIDS	62%
Cancer control	76%	Dental screening	62%
Emergency preparedness	76%	Tobacco prevention	55%
WIC	73%	Outdoor air quality	48%
Youth suicide prevention	72%	Obesity prevention	47%
Primary care	72%		

Community Prevention:

Action Communities for Health, Innovation, and Environmental Change

In 2011, the Helena Parks and Recreation Department successfully collaborated with the health department to apply for a competitive ACHIEVE planning grant. ACHIEVE stands for Action Communities for Health, Innovation, and Environmental Change. The grants are sponsored by the Centers for Disease Control and Prevention and the National Parks and Recreation Association.

The purpose of the grants is to enhance the community’s ability to develop and implement policy, systems, and strategies that will help prevent or manage health-risk factors for heart disease, stroke, diabetes, cancer, obesity, and arthritis.

The local grant planning team has identified these needs for the greater Helena community:

- More public transportation to recreational areas
- Centralized source of information about recreational opportunities
- Safer bicycle/pedestrian routes throughout the community
- More public/private partnerships to promote physical activity
- Tobacco-free parks policy
- Stronger school policies around good nutrition & physical activity



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