

2019 Community Health Needs Assessment Report

Flathead County, Montana

Prepared for:

Kalispell Regional Healthcare
North Valley Hospital
Flathead Community Health Center
Flathead City-County Health Department

By:

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2018-0965-02
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Executive Summary

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in Flathead County, Montana. Subsequently, this information will be used to inform decisions and guide efforts to improve the overall health of the community with the goals of:

- Improving residents' health status, increase their life spans, and elevate their overall quality of life.
- Reducing the health disparities among residents.
- Increasing accessibility to health services for all community residents

Kalispell Regional Healthcare, North Valley Hospital, Flathead City-County Health Department and Flathead Community Health Center jointly conducted the assessment in 2018 with the assistance of Professional Research Associates, Inc.

Primary and secondary research was conducted including a random sample telephone survey of 300 Flathead County residents, an online survey of community leaders representing underserved populations in the area, focus groups of users of the Flathead City-County Health Department and the Flathead Community Health Center, and a survey of local patients experiencing cancer.

Based on the analysis of the data, the identified health needs were prioritized by the research partners and community leaders based on scope and severity and the organization's ability to impact each need. The **Key Health Needs** to be addressed over the next three years are:

1. Comprehensive Care

a. Mental Health and Substance Use - key elements including:

- Alcohol and Tobacco
- Opioid use and Medication Assisted Therapy
- Suicide Prevention

b. Chronic Disease Management & Prevention

- Respiratory Diseases
- Cancer
- Heart disease
- Diabetes

c. Access to Care

- Sufficient medical providers including primary and specialty care

- **Health insurance & affordable care**
- **Oral health services**
- **Appropriate ER usage**
- **Expanded Locations and Hours of Service**

2. Social Determinants of Health

a. Environmental Determinants of Health

- **Poverty**
- **Housing**
- **Transportation**
- **Food insecurity**
- **Built environment: sidewalks, trails**

b. Community Resilience

- **Trauma informed care – Supporting those who have experienced traumatic events via safety, choice, collaboration, trustworthiness and empowerment.**
- **Access to non-clinical support services**

An evaluation of the activity impact from the previous CHNA (2016) can be found in the retrospective Evaluation of the 2016 CHNA Implementation Plan for each hospital (North Valley Hospital and Kalispell Regional Healthcare) that accompanies this 2019 CHNA and in the 2016 Community Health Improvement Plan. The 2019 Implementation Plan for the next three years is available in a separate document.

Introduction



Professional Research Consultants, Inc.

Project Overview

Project Goals

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in Flathead County, Montana. 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 that historically have 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 Kalispell Regional Healthcare, North Valley Hospital, Flathead Community Health Center, and Flathead City-County Health Department by Professional Research Consultants, Inc. (PRC). PRC is a nationally recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data). It also allows for comparison to benchmark data at the state and national levels.

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 comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through an Online Key Informant Survey.

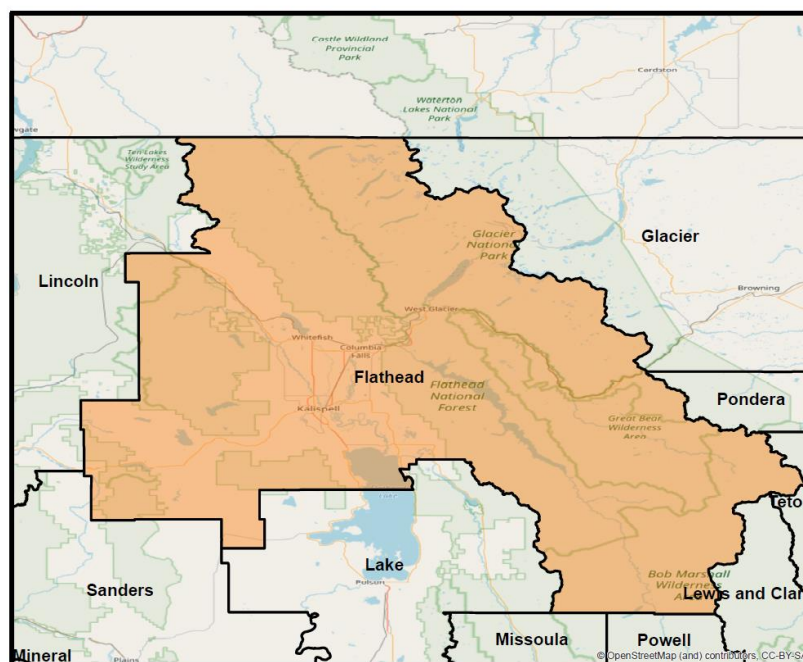
PRC Community Health Survey

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 Kalispell Regional Healthcare, North Valley Hospital, Flathead Community Health Center, Flathead City-County Health Department, and PRC.

Community Defined for This Assessment

The study area for the survey effort — defined as Flathead County, Montana — is illustrated in the following map.



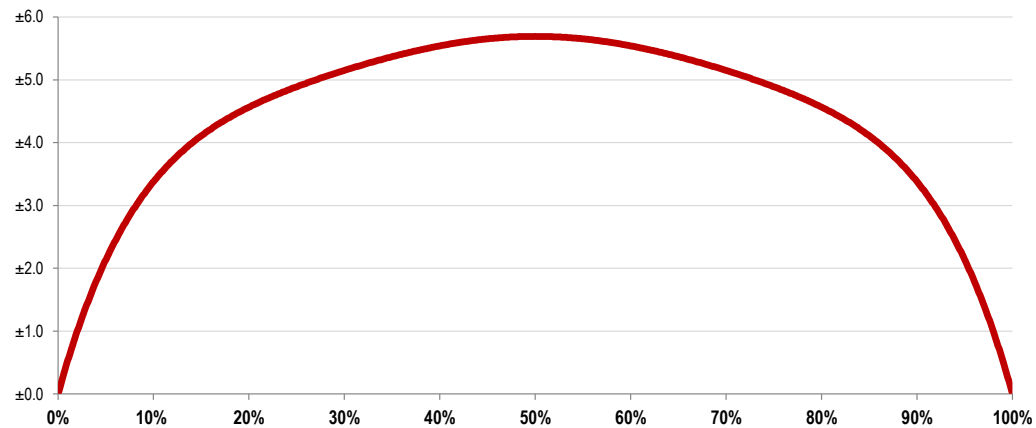
Sample Approach & Design

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 300 individuals age 18 and older in Flathead County. All administration of the surveys, data collection and data analysis was conducted by PRC.

For statistical purposes, the maximum rate of error associated with a sample size of 300 respondents is $\pm 5.7\%$ at the 95 percent confidence level.

Expected Error Ranges for a Sample of 300 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 300 respondents answered a certain question with a "yes," it can be asserted that between 6.6% and 13.4% ($10\% \pm 3.4\%$) 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 44.3% and 55.7% ($50\% \pm 5.7\%$) of the total population would respond "yes" if asked this question.

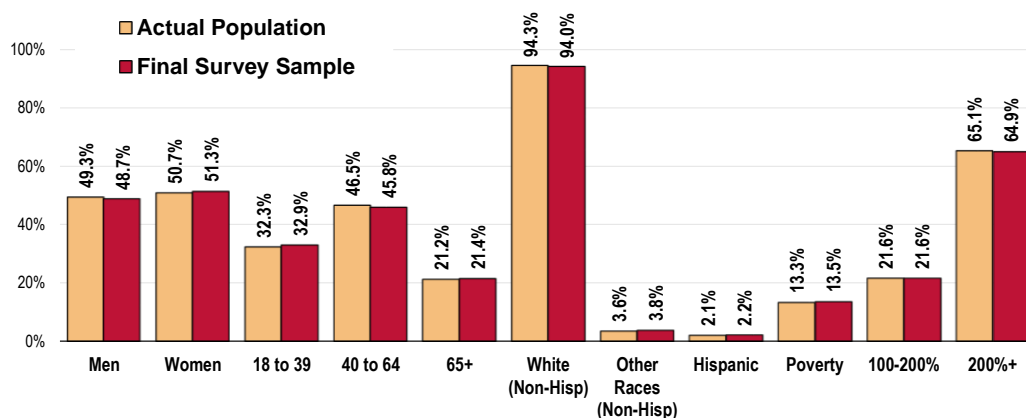
Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. 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 sex, 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 Flathead County 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 (Flathead County, 2018)



Sources:
 • Census 2010, Summary File 3 (SF 3). US Census Bureau.
 • 2018 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 2018 guidelines place the poverty threshold for a family of four at \$25,100 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 (<200% of) the poverty threshold; **“mid/high income”** refers to those households living on incomes which are twice or more (≥200% of) 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 also was implemented as part of this process. A list of recommended participants was provided by the sponsoring organizations; 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, 39 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
Physicians	12	7
Public Health Representatives	4	3
Other Health Provider	12	7
Social Services Providers	22	14
Other Community Leaders	11	8

Final participation included representatives of the organizations outlined below.

- Boys and Girls Club of Glacier County
- Child Bridge
- Columbia Falls High School, District #6
- Community Action Partnership of Northwest Montana
- Flathead Best Beginnings Community Council
- Flathead City-County Health Department
- Flathead Community Health Center
- Flathead County Agency on Aging
- Flathead County Sheriff
- Flathead County Superintendent Office
- Flathead Youth Home
- HEART Program
- Kalispell Public School
- Kalispell Regional Healthcare
- Kalispell Regional Medical Center
- Local Public School District
- North Valley Behavioral Health
- North Valley Hospital
- Northwest Montana Head Start
- Samaritan House
- School District #6
- Shepherd's Hand Free Clinic
- Sparrows Nest of Northwest Montana
- Summit Independent Living
- Westshore Clinic
- Whitefish School District

Through this process, input was gathered from several individuals whose organizations work with low-income, minority, or other medically underserved populations.

Minority/medically underserved populations represented:

cancer patients, children, disabled, elderly, Hispanics, homeless, immigrants/refugees, incarcerated individuals, LGBTQ, low income, Medicare/Medicaid recipients, mentally ill, Native Americans, pregnant women, substance abusers, teens, unemployed/underemployed, uninsured/underinsured

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in Flathead County. Follow-up questions asked them to describe why

they identify problem areas as such and how these might better be 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 regarding participants' opinions and perceptions of the health needs of the residents in the area. Thus, these findings are not necessarily based on fact.

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 Flathead County 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
- Flathead City-County Health Department
- Montana Department of Public Health & 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

Benchmark Data

Montana Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data represent the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trends Data* published online by the Centers for Disease Control and Prevention. 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 *2017 PRC National Health Survey*; the methodological approach for the national study is similar 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. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:



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

Healthy People strives to:

- Identify nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, State, and local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

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 the purpose of this report, “significance” of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 15% 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 medical conditions that are not specifically addressed.

Public Comment

Kalispell Regional Healthcare and North Valley Hospital, as well as the Flathead City-County Health Department (FCCHD)/Flathead Community Health, made the prior Community Health Needs Assessment (CHNA) report publicly available through their websites; through that mechanism, the sponsors requested from the public written comments and feedback regarding the CHNA and implementation strategy. At the time of this writing, neither Kalispell Regional Healthcare nor North Valley Hospital have received any written comments. However, through population surveys and key informant feedback for this assessment, input from the broader community was considered and taken into account when identifying and prioritizing the significant health needs of the community. Kalispell Regional Healthcare and North Valley Hospital will continue to use their website as a tool to solicit public comments and ensure that these comments are considered in the development of future CHNAs.

In addition, feedback from the community was obtained in the current process through focus groups conducted by FCCHD to enhance information from high-risk populations. This information can be found in Appendix B.

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 (2017)		See Report Page
Part V Section B Line 3a <i>A definition of the community served by the hospital facility</i>		11
Part V Section B Line 3b <i>Demographics of the community</i>		38
Part V Section B Line 3c <i>Existing health care facilities and resources within the community that are available to respond to the health needs of the community</i>		226
Part V Section B Line 3d <i>How data was obtained</i>		10
Part V Section B Line 3e <i>The significant health needs of the community</i>		19
Part V Section B Line 3f <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 3g <i>The process for identifying and prioritizing community health needs and services to meet the community health needs</i>		20
Part V Section B Line 3h <i>The process for consulting with persons representing the community's interests</i>		13
Part V Section B Line 3i <i>The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)</i>		Provided Separately

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).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the community stakeholders (key informants) giving input to this process.

Areas of Opportunity Identified Through This Assessment	
Access to Healthcare Services	<ul style="list-style-type: none"> • Primary Care Physician Ratio • Health Professional Shortage Area Designation
Cancer	<ul style="list-style-type: none"> • Cancer is a leading cause of death. • Cancer Deaths <ul style="list-style-type: none"> ◦ Including Prostate Cancer and Colorectal Cancer Deaths • Cancer Incidence <ul style="list-style-type: none"> ◦ Prostate Cancer Incidence
Heart Disease & Stroke	<ul style="list-style-type: none"> • Cardiovascular disease is a leading cause of death.
Injury & Violence	<ul style="list-style-type: none"> • Unintentional Injury Deaths <ul style="list-style-type: none"> ◦ Including Motor Vehicle Crash • Firearm-Related Deaths
Kidney Disease	<ul style="list-style-type: none"> • Kidney Disease Deaths
Mental Health	<ul style="list-style-type: none"> • Receiving Treatment for Mental Health • Suicide Deaths • <i>Mental Health ranked as a top concern in the Online Key Informant Survey.</i>
Nutrition, Physical Activity, & Weight	<ul style="list-style-type: none"> • Overweight & Obesity • <i>Nutrition, Physical Activity & Weight ranked as a top concern in the Online Key Informant Survey.</i>
Oral Health	<ul style="list-style-type: none"> • <i>Oral Health ranked as a top concern in the Online Key Informant Survey.</i>

Areas of Opportunity (continued)	
Potentially Disabling Conditions	<ul style="list-style-type: none"> • Sciatica/Chronic Back Pain Prevalence
Respiratory Diseases	<ul style="list-style-type: none"> • Chronic Lower Respiratory Disease (CLRD) Deaths
Substance Abuse	<ul style="list-style-type: none"> • Personally Impacted by Substance Abuse (Self or Other's) • <i>Substance Abuse ranked as a top concern in the Online Key Informant Survey.</i>
Tobacco Use	<ul style="list-style-type: none"> • Cigarette Smoking Prevalence • <i>Tobacco Use ranked as a top concern in the Online Key Informant Survey.</i>

Community Feedback on Prioritization of Health Needs

On October 17, 2018 the sponsors of this study convened a group of 20 community stakeholders (representing a cross-section of community-based agencies and organizations) to evaluate, discuss and prioritize health issues for community, based on findings of this Community Health Needs Assessment (CHNA). Professional Research Consultants, Inc. (PRC) began the meeting with a presentation of key findings from the CHNA, highlighting the significant health issues identified from the research (see Areas of Opportunity above). Following the data review, PRC answered any questions regarding the data.

During the second part of the meeting, the sponsors provided an overview of the prioritization exercise that followed. In order to assign priority to the identified health needs (i.e., Areas of Opportunity), an online voting system was used in which each participant was able to register his/her ratings via a cellphone, computer, or tablet. The participants were asked to evaluate each health issue along two criteria:

- **Scope & Severity** — The first rating was to gauge the magnitude of the problem in consideration of the following:
 - How many people are affected?
 - How does the local community data compare to state or national levels, or Healthy People 2020 targets?
 - To what degree does each health issue lead to death or disability, impair quality of life, or impact other health issues?

Ratings were entered on a scale of 1 (not very prevalent at all, with only minimal health consequences) to 10 (extremely prevalent, with very serious health consequences).

- **Ability to Impact** — A second rating was designed to measure the perceived likelihood of the hospital having a positive impact on each health issue, given available resources, competencies, spheres of influence, etc. Ratings were entered on a scale of 1 (no ability to impact) to 10 (great ability to impact).

Individuals' ratings for each criteria were averaged for each tested health issue, and then these composite criteria scores were averaged to produce an overall score. This process yielded the following prioritized list of community health needs:

1. **Mental Health**
2. **Tobacco Use**
3. **Cancer**
4. **Nutrition, Physical Activity & Weight**
5. **Heart Disease & Stroke**
6. **Substance Abuse**
7. **Access to Healthcare Services**
8. **Injury & Violence**
9. **Respiratory Diseases**
10. **Oral Health**
11. **Potentially Disabling Conditions**
12. **Kidney Disease**

Hospital Implementation Strategies

The hospitals will use the information from this Community Health Needs Assessment to develop Implementation Strategies to address the significant health needs in the community. Upon review of the data and in consideration of community feedback on prioritization, the 3-year strategies and related action plans will reflect the following:

1. **Comprehensive Care**
 - a. **Mental Health and Substance Use - key elements including:**
 - Alcohol and Tobacco
 - Opioid use and Medication Assisted Therapy
 - Suicide Prevention
 - b. **Chronic Disease Management & Prevention**
 - Respiratory Diseases
 - Cancer
 - Heart disease
 - Diabetes

c. Access to Care

- Sufficient medical providers including primary and specialty care
- Health insurance & affordable care
- Oral health services
- Appropriate ER usage
- Expanded Locations and Hours of Service

2. Social Determinants of Health**a. Environmental Determinants of Health**

- Poverty
- Housing
- Transportation
- Food insecurity
- Built environment: sidewalks, trails

b. Community Resilience

- Trauma informed care – Supporting those who have experienced traumatic events via safety, choice, collaboration, trustworthiness and empowerment.
- Access to non-clinical support services

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in Flathead County, grouped to correspond with the Focus Areas presented in Healthy People 2020.


















Reading the Summary Tables









■ In the following charts, Flathead County results are shown in the larger, blue column.






















Tip: Indicator labels beginning with a “%” symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.










■ The columns to the right of the Flathead County column provide comparisons between local data and any available state and national findings, and Healthy People 2020 targets. Symbols indicate whether Flathead County compares favorably (☀️), unfavorably (💜), or comparably (☁️) to these external data.













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




























Social Determinants	Flathead County	Flathead County vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
Linguistically Isolated Population (Percent)	0.2	 0.4	 4.5	
Population in Poverty (Percent)	13.8	 14.9	 15.1	
Population Below 200% of Federal Poverty Level (Percent)	35.1	 35.3	 33.6	
Children Below 200% FPL (Percent)	46.8	 42.8	 43.3	
No High School Diploma (Age 25+, Percent)	5.5	 7.1	 13.0	
Unemployment Rate (Age 16+, Percent)	6.2	 4.7	 4.1	
% Worry/Stress Over Rent/Mortgage in Past Year	21.9		 30.8	
% Low Health Literacy	20.9		 23.3	
		 better	 similar	 worse






Overall Health	Flathead County	Flathead County vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
% "Fair/Poor" Overall Health	17.7	 15.6	 18.1	
% Activity Limitations	28.8	 23.9	 25.0	
% Caregiver to a Friend/Family Member	22.7		 20.8	
		 better	 similar	 worse












Access to Health Services	Flathead County	Flathead County vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
% [Age 18-64] Lack Health Insurance	10.2	 12.4	 13.7	 0.0
% [Insured 18-64] Have Coverage Through ACA	14.2		 8.2	
% Difficulty Accessing Healthcare in Past Year (Composite)	40.2		 43.2	
% Difficulty Finding Physician in Past Year	7.2		 13.4	
% Difficulty Getting Appointment in Past Year	12.0		 17.5	
% Cost Prevented Physician Visit in Past Year	19.1	 11.3	 15.4	
% Transportation Hindered Dr Visit in Past Year	5.2		 8.3	
% Inconvenient Hrs Prevented Dr Visit in Past Year	13.5		 12.5	
% Language/Culture Prevented Care in Past Year	0.0		 1.2	
% Cost Prevented Getting Prescription in Past Year	12.0		 14.9	
% Skipped Prescription Doses to Save Costs	12.7		 15.3	
% Difficulty Getting Child's Healthcare in Past Year	1.6		 5.6	
Primary Care Doctors per 100,000	75.9	 81.9	 87.8	
% Have a Specific Source of Ongoing Care	81.6		 74.1	 95.0
% Have Had Routine Checkup in Past Year	64.7	 65.6	 68.3	





















Access to Health Services (continued)	Flathead County	Flathead County vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
% Child Has Had Checkup in Past Year	79.5		 87.1	
% Two or More ER Visits in Past Year	9.5		 9.3	
% [Adults] Needed to Leave County for Service in Past Year	5.7			
% [Children] Needed to Leave County for Service in Past Year	2.5			
% Eye Exam in Past 2 Years	54.6		 55.3	
% Rate Local Healthcare "Fair/Poor"	12.8		 16.2	
Live in a Health Professional Shortage Area (Percent)	100.0	 44.6	 33.1	
		 better	 similar	 worse






Cancer	Flathead County	Flathead County vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
Cancer (Age-Adjusted Death Rate per 100,000)	162.7	 152.9	 158.5	 161.4
Lung Cancer (Age-Adjusted Death Rate per 100,000)	39.0	 38.2	 42.0	 45.5
Prostate Cancer (Age-Adjusted Death Rate per 100,000)	24.3	 21.5	 19.0	 21.8
Female Breast Cancer (Age-Adjusted Death Rate per 100,000)	23.5	 20.0	 20.6	 20.7






Cancer (continued)	Flathead County	Flathead County vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
Colorectal Cancer (Age-Adjusted Death Rate per 100,000)	18.1	 14.1	 14.4	 14.5
Female Breast Cancer Incidence Rate (Age-Adjusted, per 100,000)	126.5	 123.1	 123.5	
Prostate Cancer Incidence Rate (Age-Adjusted, per 100,000)	164.3	 116.6	 114.8	
Lung Cancer Incidence Rate (Age-Adjusted, per 100,000)	57.4	 56.8	 61.2	
Colorectal Cancer Incidence Rate (Age-Adjusted, per 100,000)	39.3	 39.1	 39.8	
Cervical Cancer Incidence Rate (Age-Adjusted, per 100,000)	6.8	 6.3	 7.6	
% Cancer (Other Than Skin)	9.7	 8.6	 7.1	
% [Women 50-74] Mammogram in Past 2 Years	70.9	 73.9	 77.0	 81.1
% [Women 21-65] Pap Smear in Past 3 Years	73.1	 80.5	 73.5	 93.0
% [Age 50-75] Colorectal Cancer Screening	71.5	 62.1	 76.4	 70.5
		 better	 similar	 worse














Dementias, Including Alzheimer's Disease	Flathead County	Flathead County vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
Alzheimer's Disease (Age-Adjusted Death Rate per 100,000)	13.1	 20.9	 28.4	
		 better	 similar	 worse












Diabetes	Flathead County	Flathead County vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
Diabetes (Age-Adjusted Death Rate per 100,000)	12.7	 22.4	 21.1	 20.5
% Diabetes/High Blood Sugar	10.9	 8.1	 13.3	
% Borderline/Pre-Diabetes	9.4	 1.8	 9.5	
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	48.6		 50.0	
		 better	 similar	 worse





















Heart Disease & Stroke	Flathead County	Flathead County vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
Diseases of the Heart (Age-Adjusted Death Rate per 100,000)	143.4	 152.7	 167.0	 156.9
Stroke (Age-Adjusted Death Rate per 100,000)	40.4	 34.2	 37.1	 34.8
% Heart Disease (Heart Attack, Angina, Coronary Disease)	5.4		 8.0	
% Stroke	3.7	 3.2	 4.7	
% Blood Pressure Checked in Past 2 Years	95.0		 90.4	 92.6
% Told Have High Blood Pressure (Ever)	32.0	 29.1	 37.0	 26.9
% [HBP] Taking Action to Control High Blood Pressure	93.8		 93.8	
% Cholesterol Checked in Past 5 Years	81.4	 74.6	 85.1	 82.1
% Told Have High Cholesterol (Ever)	27.9		 36.2	 13.5








Heart Disease & Stroke (continued)	Flathead County	Flathead County vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
% [HBC] Taking Action to Control High Blood Cholesterol	84.0		 87.3	
% 1+ Cardiovascular Risk Factor	83.9		 87.2	
		 better	 similar	 worse
















HIV	Flathead County	Flathead County vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
HIV Prevalence Rate per 100,000	23.0	 46.4	 353.2	
		 better	 similar	 worse
























Immunization & Infectious Diseases	Flathead County	Flathead County vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
% [Age 65+] Flu Vaccine in Past Year	77.0	 57.3	 76.8	 70.0
% [High-Risk 18-64] Flu Vaccine in Past Year	53.0		 55.7	 70.0
% [Age 65+] Pneumonia Vaccine Ever	81.7	 73.3	 82.7	 90.0
% [High-Risk 18-64] Pneumonia Vaccine Ever	39.3		 39.9	 60.0
		 better	 similar	 worse








Infant Health & Family Planning	Flathead County	Flathead County vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
Low Birthweight Births (Percent)	6.0	 7.3	 8.2	 7.8
Infant Deaths per 1,000 Live Births	3.9	 6.2	 6.5	 6.0
Births to Teenagers Under Age 20 (Percent)	35.4	 34.8	 36.6	
		 better	 similar	 worse










Injury & Violence	Flathead County	Flathead County vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
Unintentional Injury (Age-Adjusted Death Rate per 100,000)	49.9	 54.3	 43.7	 36.4
Motor Vehicle Crashes (Age-Adjusted Death Rate per 100,000)	13.7	 18.5	 11.0	 12.4
% [Age 45+] Fell in the Past Year	36.5		 31.6	
Firearm-Related Deaths (Age-Adjusted Death Rate per 100,000)	18.0	 18.1	 11.0	 9.3
Homicide (Age-Adjusted Death Rate per 100,000)	3.2	 3.7	 5.7	 5.5
Violent Crime Rate per 100,000	275.1	 297.6	 379.7	
% Victim of Violent Crime in Past 5 Years	1.1		 3.7	
% Victim of Domestic Violence (Ever)	13.9		 14.2	
		 better	 similar	 worse









Kidney Disease	Flathead County	Flathead County vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
Kidney Disease (Age-Adjusted Death Rate per 100,000)	17.4	 10.1	 13.2	
% Kidney Disease	3.0	 2.5	 3.8	
		 better	 similar	 worse
















Mental Health	Flathead County	Flathead County vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
% "Fair/Poor" Mental Health	14.0		 13.0	
% Diagnosed Depression	24.8	 19.5	 21.6	
% Symptoms of Chronic Depression (2+ Years)	31.3		 31.4	
% Typical Day Is "Extremely/Very" Stressful	13.4		 13.4	
Suicide (Age-Adjusted Death Rate per 100,000)	24.8	 25.1	 13.0	 10.2
% Taking Rx/Receiving Mental Health Trtmt	20.2		 13.9	
% Have Ever Sought Help for Mental Health	36.0		 30.8	
% [Those With Diagnosed Depression] Seeking Help	91.7		 87.1	
% Unable to Get Mental Health Svcs in Past Yr	5.0		 6.8	
		 better	 similar	 worse








Nutrition, Physical Activity & Weight	Flathead County	Flathead County vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
% Food Insecure	16.6		 27.9	
% Eat 5+ Servings of Fruit or Vegetables per Day	36.1		 33.5	
% "Very/Somewhat" Difficult to Buy Fresh Produce	20.3		 22.1	
Population With Low Food Access (Percent)	15.3	 24.3	 22.4	
% [Child 2-17] 7+ Sugar-Sweetened Beverages in Past Week	10.7			
% No Leisure-Time Physical Activity	19.5	 19.9	 26.2	 32.6
% Meeting Physical Activity Guidelines	23.2	 24.5	 22.8	 20.1
Recreation/Fitness Facilities per 100,000	19.8	 15.8	 11.0	
% Overweight (BMI 25+)	68.1	 62.7	 67.8	
% Healthy Weight (BMI 18.5-24.9)	30.8	 35.3	 30.3	 33.9
% [Overweights] Trying to Lose Weight	55.8		 61.3	
% Obese (BMI 30+)	28.8	 25.5	 32.8	 30.5
% Medical Advice on Weight in Past Year	19.1		 24.2	
% [Overweights] Counseled About Weight in Past Year	24.0		 29.0	
% Child [Age 5-17] Healthy Weight	61.7		 58.4	




Nutrition, Physical Activity & Weight (continued)	Flathead County	Flathead County vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
% Children [Age 5-17] Overweight (85th Percentile)	22.8		 33.0	
% Children [Age 5-17] Obese (95th Percentile)	9.4		 20.4	 14.5
% Child [Age 2-17] Physically Active 1+ Hours per Day	71.9		 50.5	
		 better	 similar	 worse




















Oral Health	Flathead County	Flathead County vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
% Have Dental Insurance	55.3		 59.9	
% [Age 18+] Dental Visit in Past Year	65.0	 65.5	 59.7	 49.0
% Child [Age 2-17] Dental Visit in Past Year	83.4		 87.0	 49.0
		 better	 similar	 worse












Potentially Disabling Conditions	Flathead County	Flathead County vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
% [50+] Arthritis/Rheumatism	30.7		 38.3	
% [50+] Osteoporosis	12.2		 9.4	 5.3
% Sciatica/Chronic Back Pain	29.9		 22.9	
% Multiple Chronic Conditions	56.3		 56.8	
		 better	 similar	 worse

Respiratory Diseases	Flathead County	Flathead County vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
CLRD (Age-Adjusted Death Rate per 100,000)	52.4	 50.8	 41.4	
Pneumonia/Influenza (Age-Adjusted Death Rate per 100,000)	14.0	 12.8	 14.6	
% [Adult] Currently Has Asthma	5.0	 8.6	 11.8	
% Adults Asthma (Ever Diagnosed)	11.4	 12.8	 19.4	
% [Child 0-17] Currently Has Asthma	1.9		 9.3	
% Child [Age 0-17] Asthma (Ever Diagnosed)	3.4		 11.1	
% COPD (Lung Disease)	4.5	 7.4	 8.6	
		 better	 similar	 worse

Sexually Transmitted Diseases	Flathead County	Flathead County vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
Chlamydia Incidence Rate per 100,000	321.3	 412.9	 456.1	
Gonorrhea Incidence Rate per 100,000	8.6	 42.8	 110.7	
		 better	 similar	 worse

Substance Abuse	Flathead County	Flathead County vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
Unintentional Drug-Related Deaths (Age-Adjusted Death Rate per 100,000)	11.6	 7.9	 14.3	 11.3

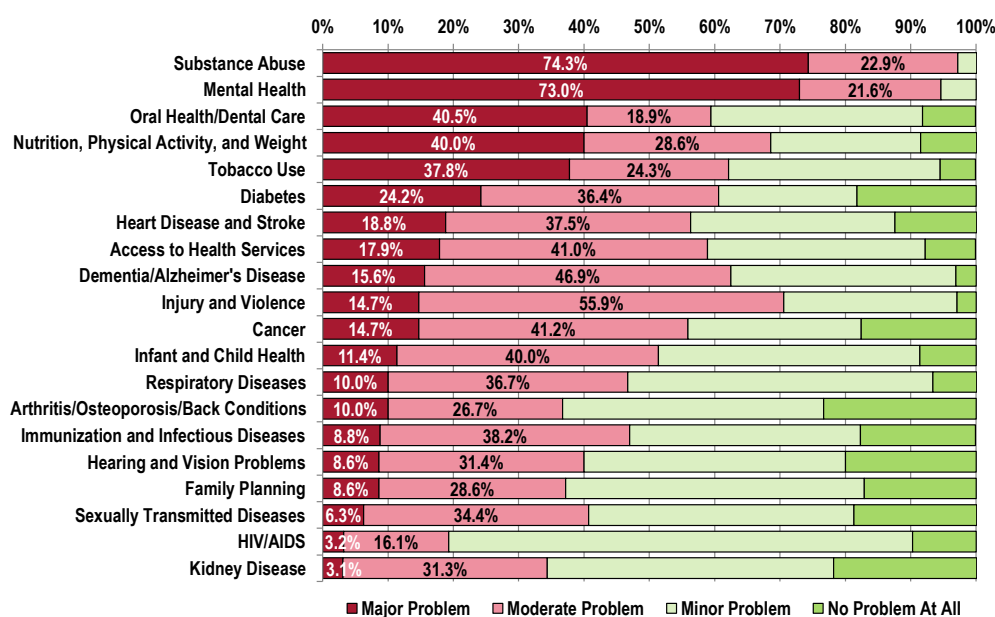
Substance Abuse (continued)	Flathead County	Flathead County vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
Cirrhosis/Liver Disease (Age-Adjusted Death Rate per 100,000)	10.0	 13.8	 10.6	 8.2
% Current Drinker	66.1	 57.9	 55.0	
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	19.0	 18.9	 20.0	 24.4
% Excessive Drinker	23.6		 22.5	 25.4
% Drinking & Driving in Past Month	4.5	 4.7	 5.2	
% Illicit Drug Use in Past Month	4.0		 2.5	 7.1
% Ever Sought Help for Alcohol or Drug Problem	4.6		 3.4	
% Life Negatively Affected by Substance Abuse	45.7		 37.3	
		 better	 similar	 worse

Tobacco Use	Flathead County	Flathead County vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
% Current Smoker	16.3	 18.5	 11.0	 12.0
% Someone Smokes at Home	7.0		 10.7	
% [Nonsmokers] Someone Smokes in the Home	2.1		 4.0	
% [Household With Children] Someone Smokes in the Home	3.9		 7.2	
% Currently Use Vaping Products	4.6	 4.1	 3.8	
		 better	 similar	 worse

Summary of Key Informant Perceptions

In the Online Key Informant Survey, community stakeholders were asked to rate the degree to which each of 20 health issues is a problem in their own community, using a scale of “major problem,” “moderate problem,” “minor problem,” or “no problem at all.” The following chart summarizes their responses; these findings also are outlined throughout this report, along with the qualitative input describing reasons for their concerns. (Note that these ratings alone do not establish priorities for this assessment; rather, they are one of several data inputs considered for the prioritization process described earlier.)

Key Informants: Relative Position of Health Topics as Problems in the Community



Community Description



Professional Research Consultants, Inc.

Population Characteristics

Total Population

Flathead County, the focus of this Community Health Needs Assessment, encompasses 5,087.23 square miles and houses a total population of 94,696 residents, according to latest census estimates.

Total Population
(Estimated Population, 2012-2016)

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Flathead County	94,696	5,087.23	18.61
Montana	1,023,391	145,546.98	7.03
United States	318,558,162	3,532,068.58	90.19

Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Retrieved July 2018 from Community Commons at <http://www.chna.org>.

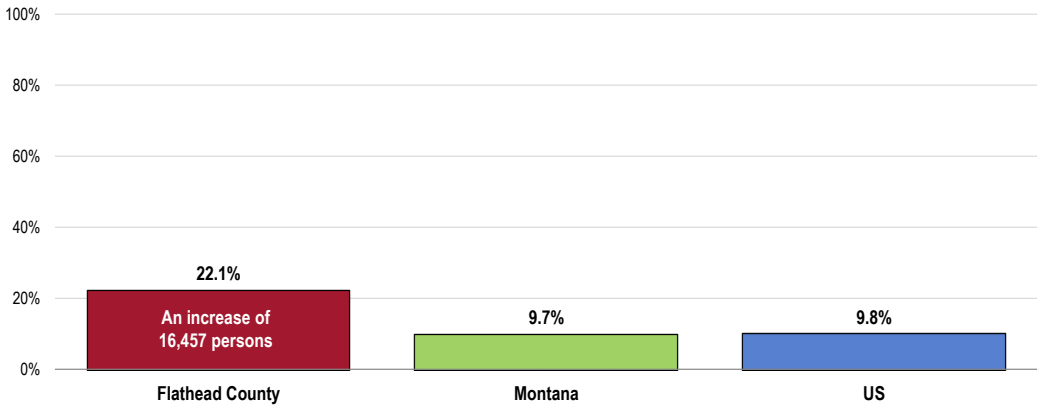
Population Change 2000-2010

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 Flathead County increased by 16,457 persons, or 22.1%.

- A greater proportional increase than seen across both the state and the national overall.

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



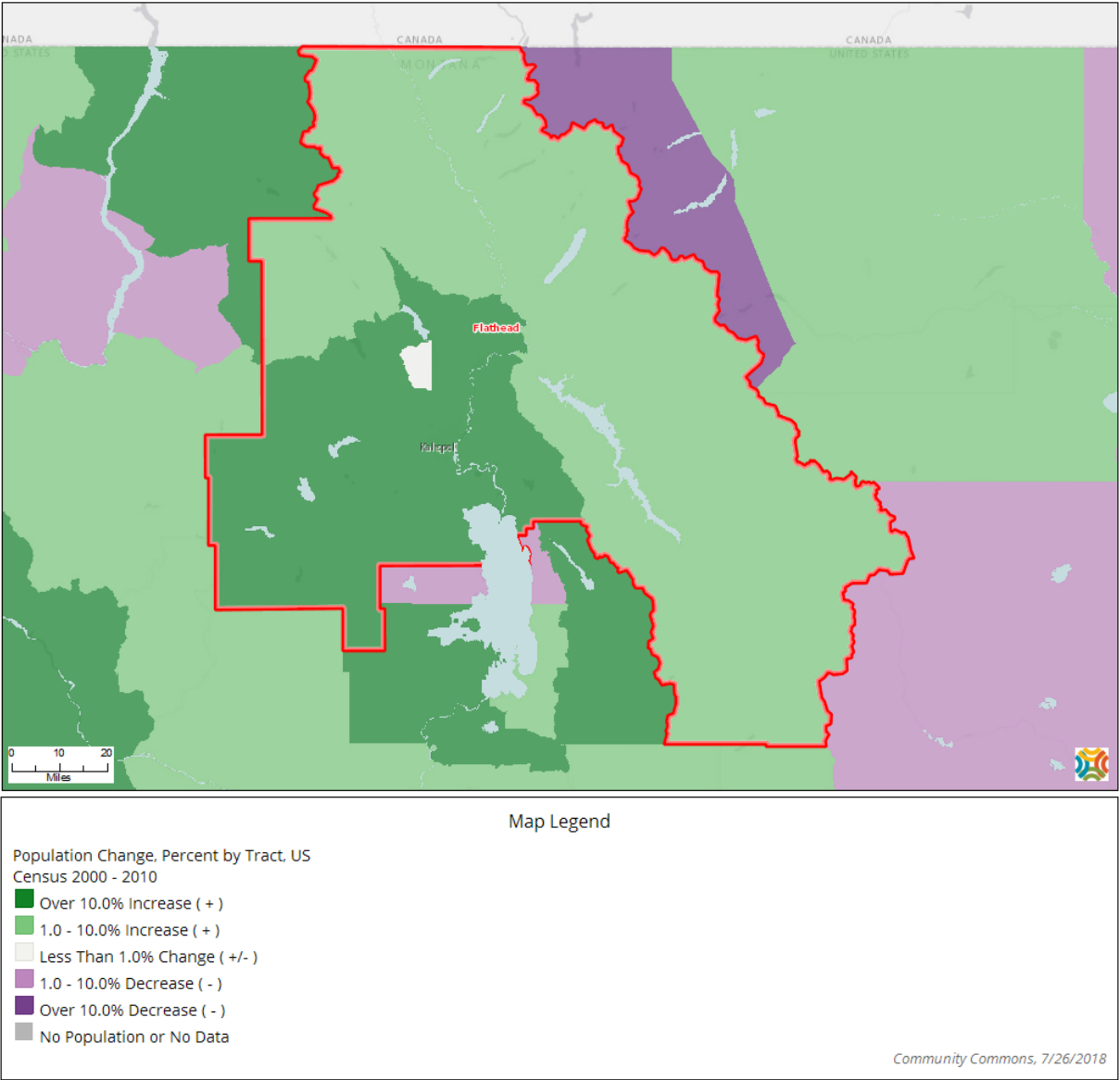
Sources:

- Retrieved July 2018 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.

Note the following population changes at the census tract level.



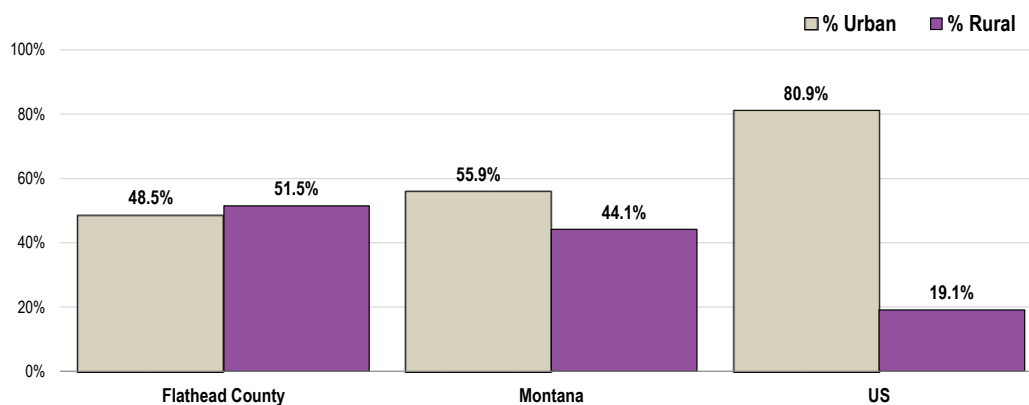
Urban/Rural Population

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.

Flathead County is essentially equally urban and rural, with 51.5% of the population living in areas designated as rural.

- Note that at least 50% of Montana and U.S. populations live in urban areas.

Urban and Rural Population (2010)



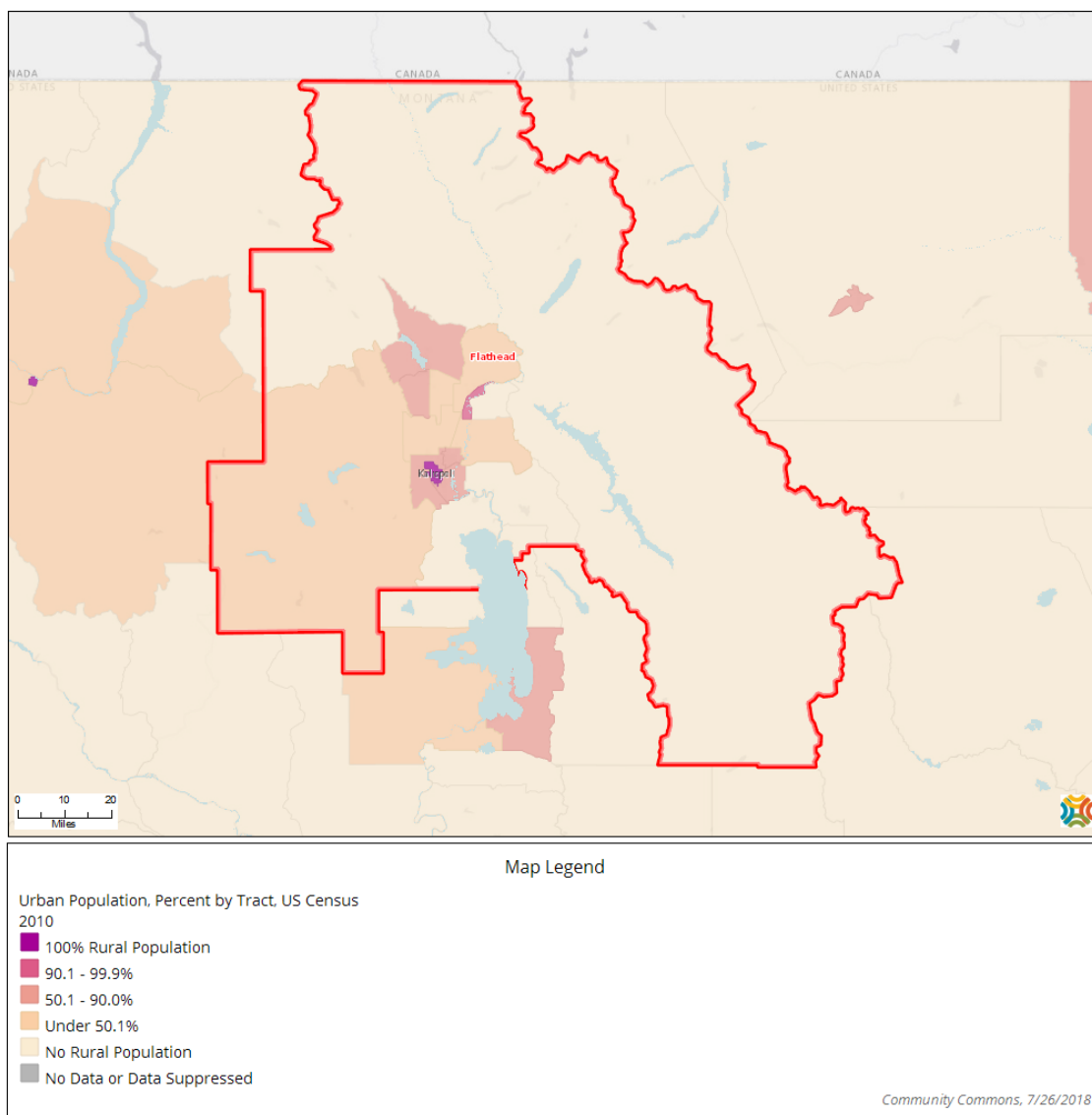
Sources:

- US Census Bureau Decennial Census (2010).
- Retrieved July 2018 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.

- Note the following map, outlining the urban population in Flathead County census tracts as of 2010.



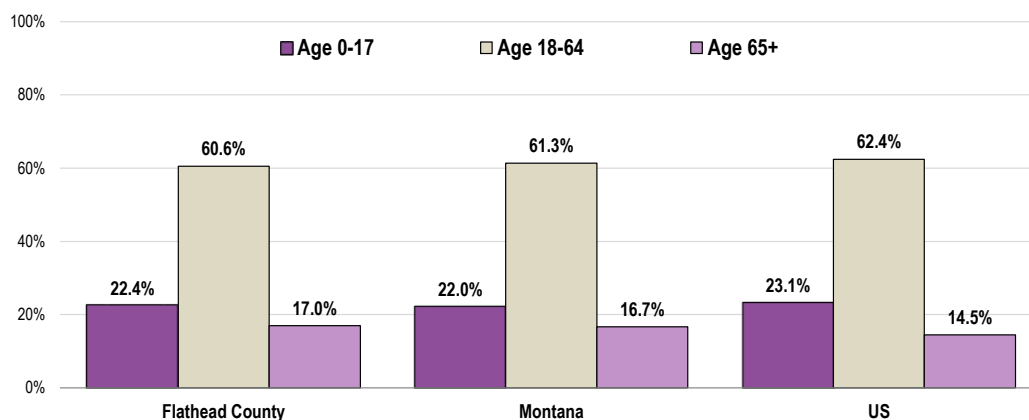
Age

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

In Flathead County, 22.4% of the population are infants, children, or adolescents (age 0-17); another 60.6% are age 18 to 64, while 17.0% are age 65 and older.

- The percentage of older adults (65+) is similar to that found statewide and nationally.

Total Population by Age Groups, Percent (2012-2016)

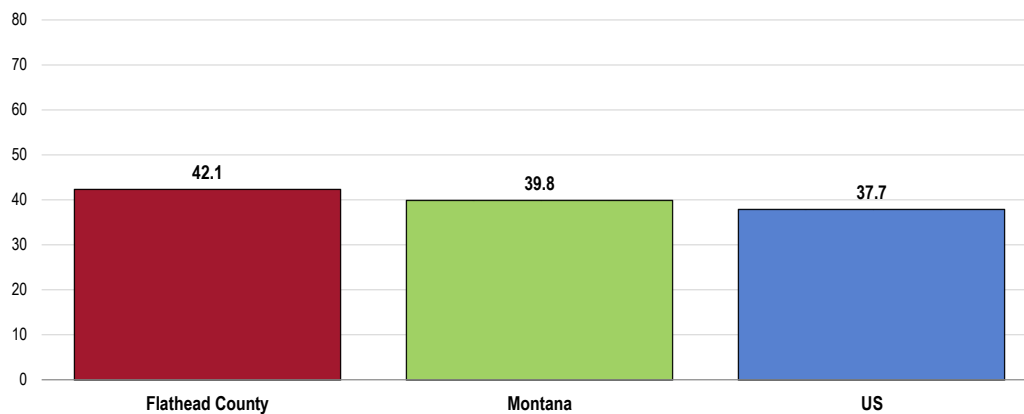


Sources: • US Census Bureau American Community Survey 5-year estimates.
• Retrieved July 2018 from Community Commons at <http://www.chna.org>.

Median Age

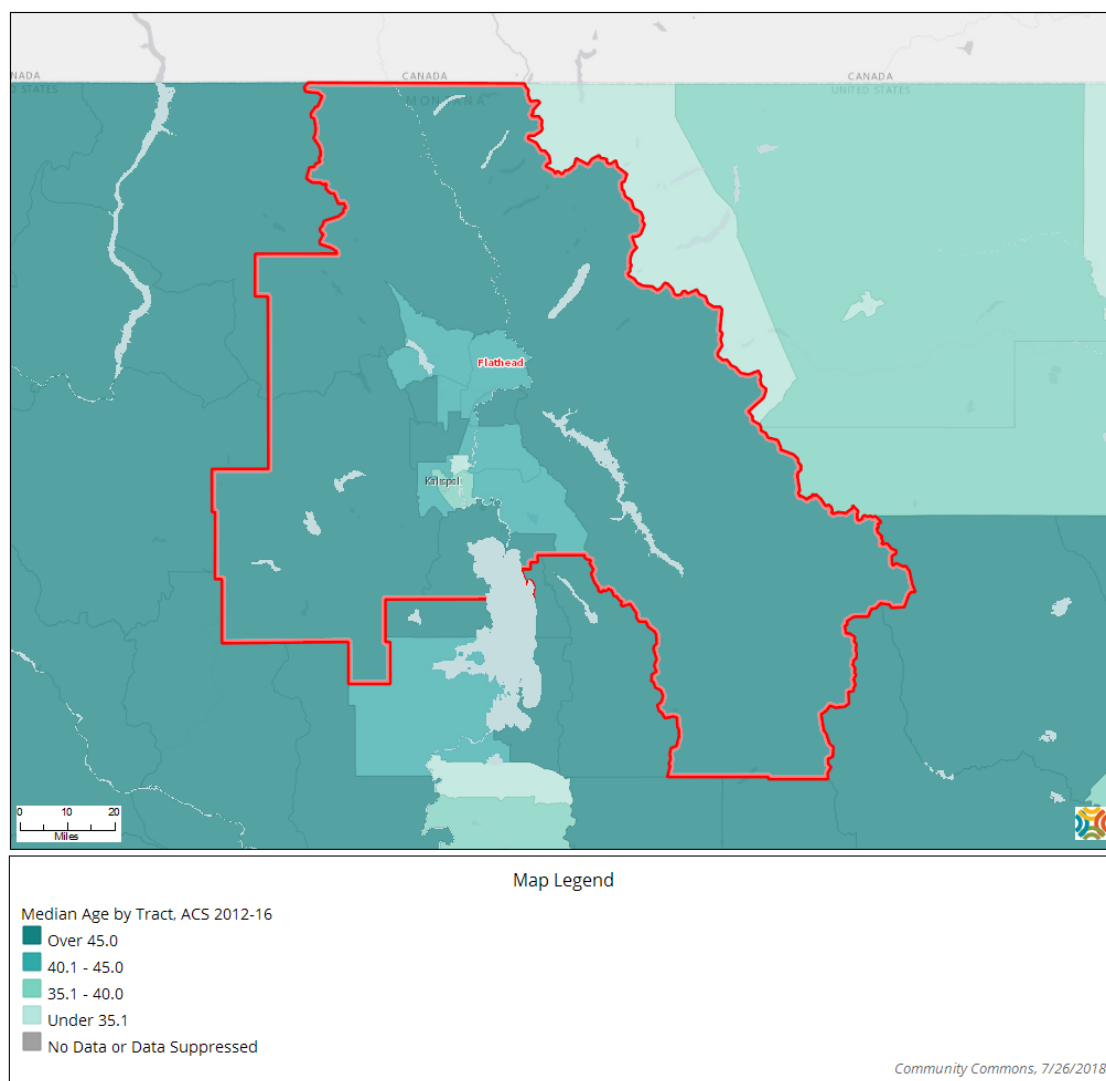
Flathead County is “older” than the state and the nation in that the median age is slightly higher.

Median Age (2012-2016)



Sources: • US Census Bureau American Community Survey 5-year estimates.
• Retrieved July 2018 from Community Commons at <http://www.chna.org>.

The following map provides an illustration of the median age in Flathead County, segmented by census tract.



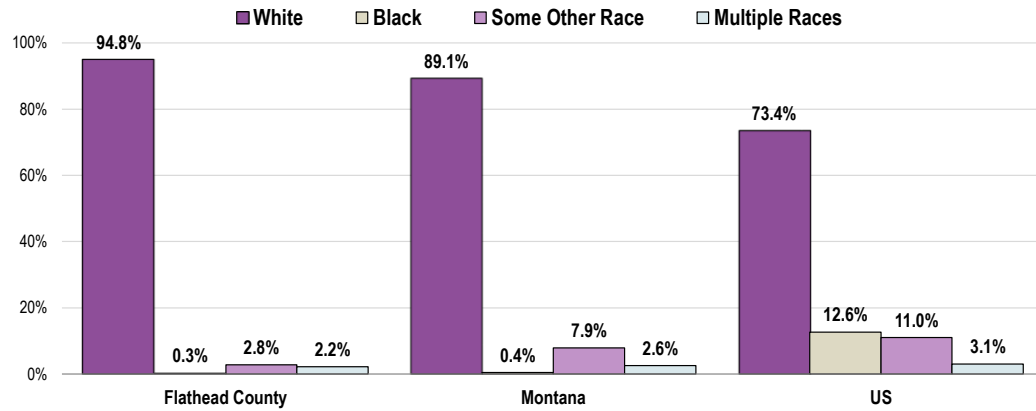
Race & Ethnicity

Race

In looking at race independent of ethnicity (Hispanic or Latino origin), **94.8% of residents of Flathead County are White and 0.3% are Black.**

- This is generally similar to the state racial distribution.
- Nationally, the US population is less White, more Black, and more “other” race.

Total Population by Race Alone, Percent (2012-2016)



Sources:

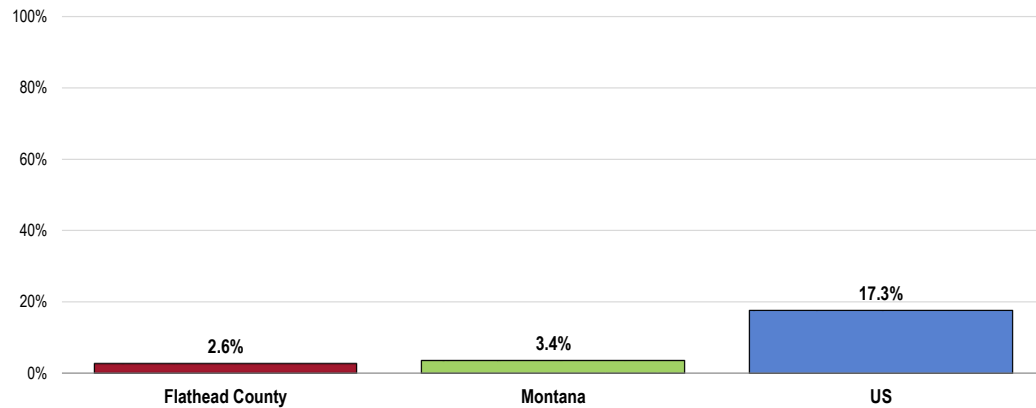
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved July 2018 from Community Commons at <http://www.chna.org>.

Ethnicity

A total of 2.6% of Flathead County residents are Hispanic or Latino.

- Similar to the statewide percentage.
- Much lower than the national percentage.

Hispanic Population (2012-2016)



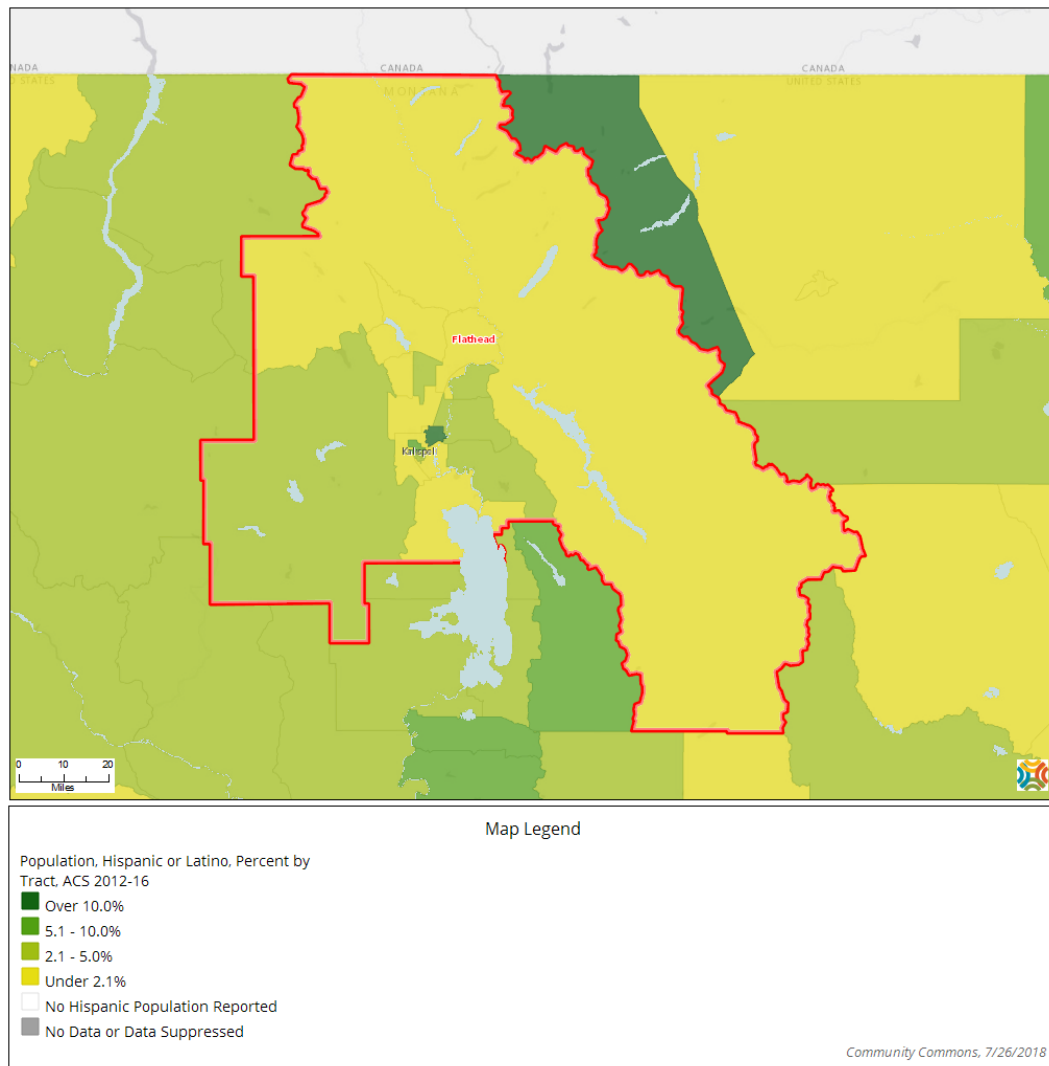
Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Retrieved July 2018 from Community Commons at <http://www.chna.org>.

Notes:

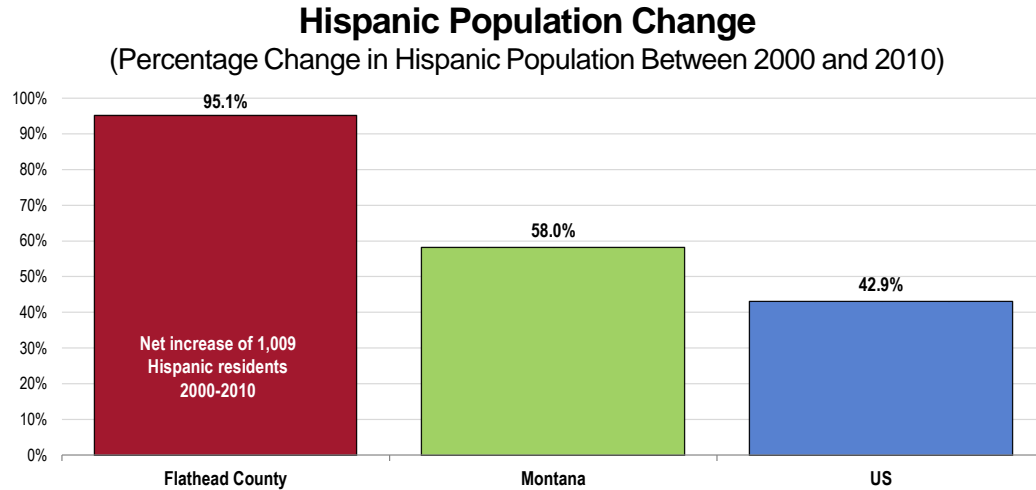
- Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

- The Hispanic population appears to be most concentrated in the city of Kalispell.



Between 2000 and 2010, the Hispanic population in Flathead County increased by 1,009, or 95.1%.

- Higher (in terms of percentage growth) than found statewide and nationally.



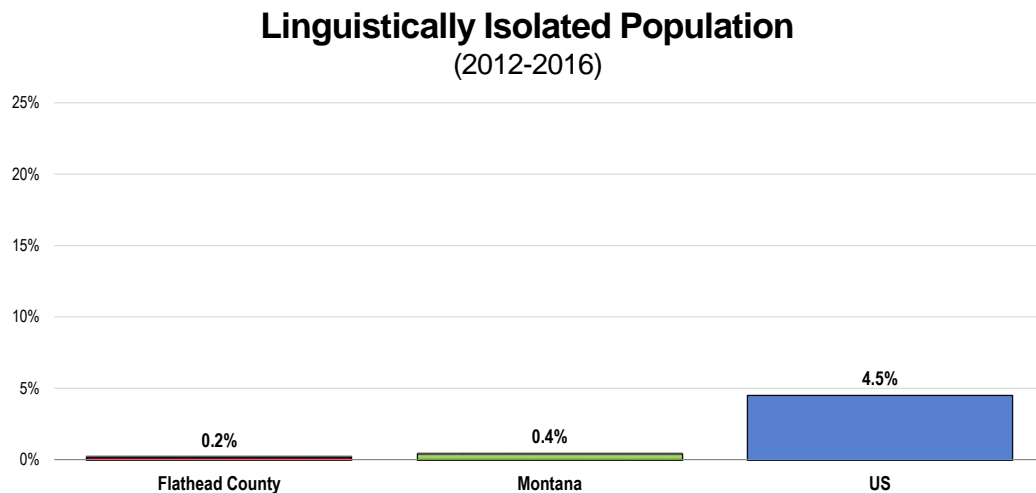
Sources:

- US Census Bureau Decennial Census (2000-2010).
- Retrieved July 2018 from Community Commons at <http://www.chna.org>.

Linguistic Isolation

A total of 0.2% of the Flathead County population age 5 and older live in a home in which no person age 14 or older is proficient in English (speaking only English, or speaking English “very well”).

- More favorable than found nationally.



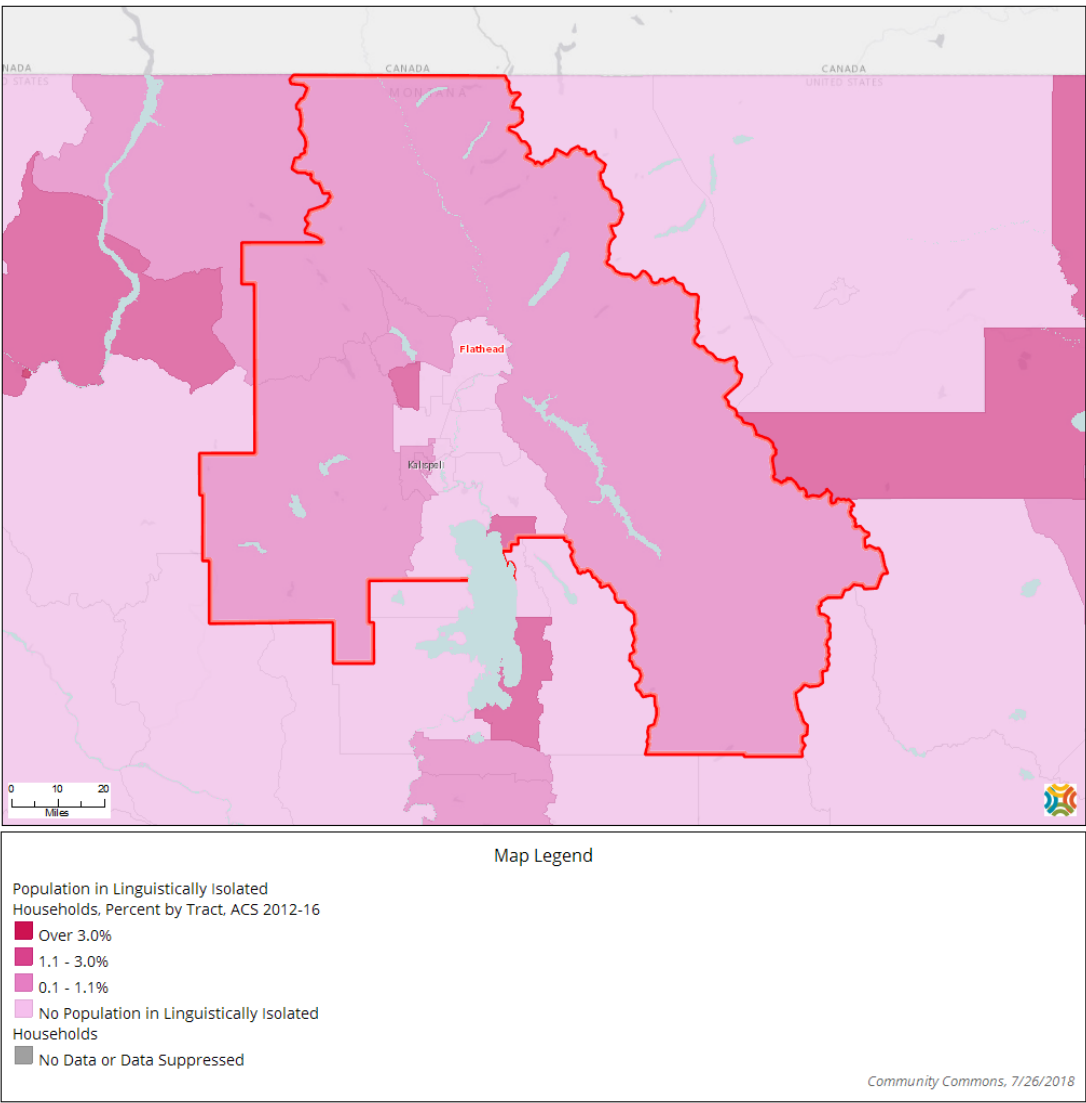
Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Retrieved July 2018 from Community Commons at <http://www.chna.org>.

Notes:

- This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speak a non-English language and speak English “very well.”

Note the following map illustrating linguistic isolation in Flathead County.



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

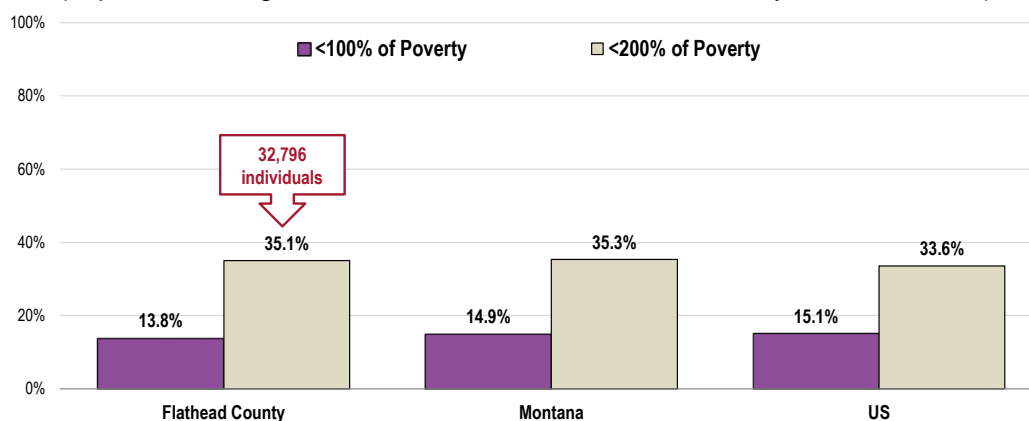
The latest census estimate shows **13.8% of Flathead County population living below the federal poverty level.**

In all, 35.1% of Flathead County residents (an estimated 32,796 individuals) live below 200% of the federal poverty level.

- Similar to the proportion reported statewide and nationally.

Population in Poverty

(Populations Living Below 100% and Below 200% of the Poverty Level; 2012-2016)

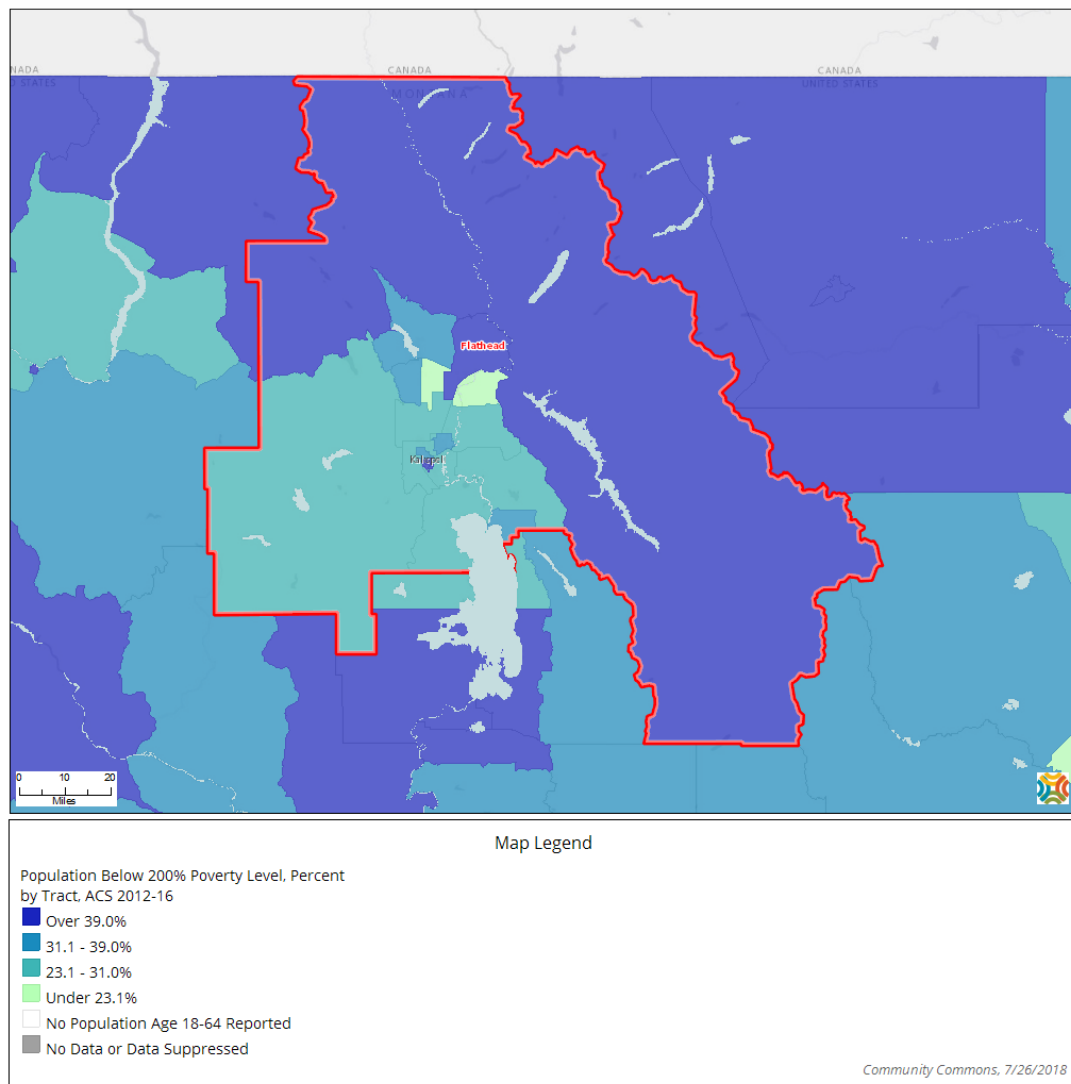


Sources: • US Census Bureau American Community Survey 5-year estimates.

• Retrieved July 2018 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.

- A higher concentration of persons living below the 200% poverty threshold is found within the city of Kalispell and in the northeast portion of the county.

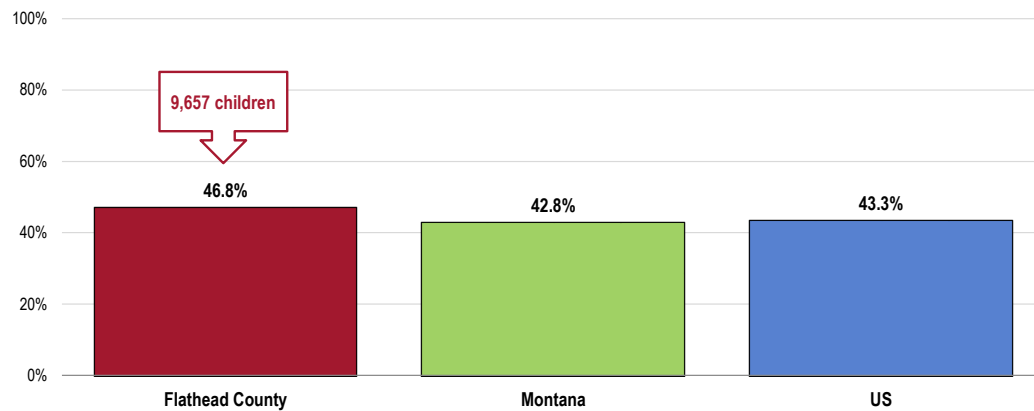


Children in Low-Income Households

Additionally, 46.8% of Flathead County children age 0-17 (representing an estimated 9,657 children) live below the 200% poverty threshold.

- Similar to the proportion found statewide and nationally.

Percent of Children in Low-Income Households (Children 0-17 Living Below 200% of the Poverty Level, 2012-2016)



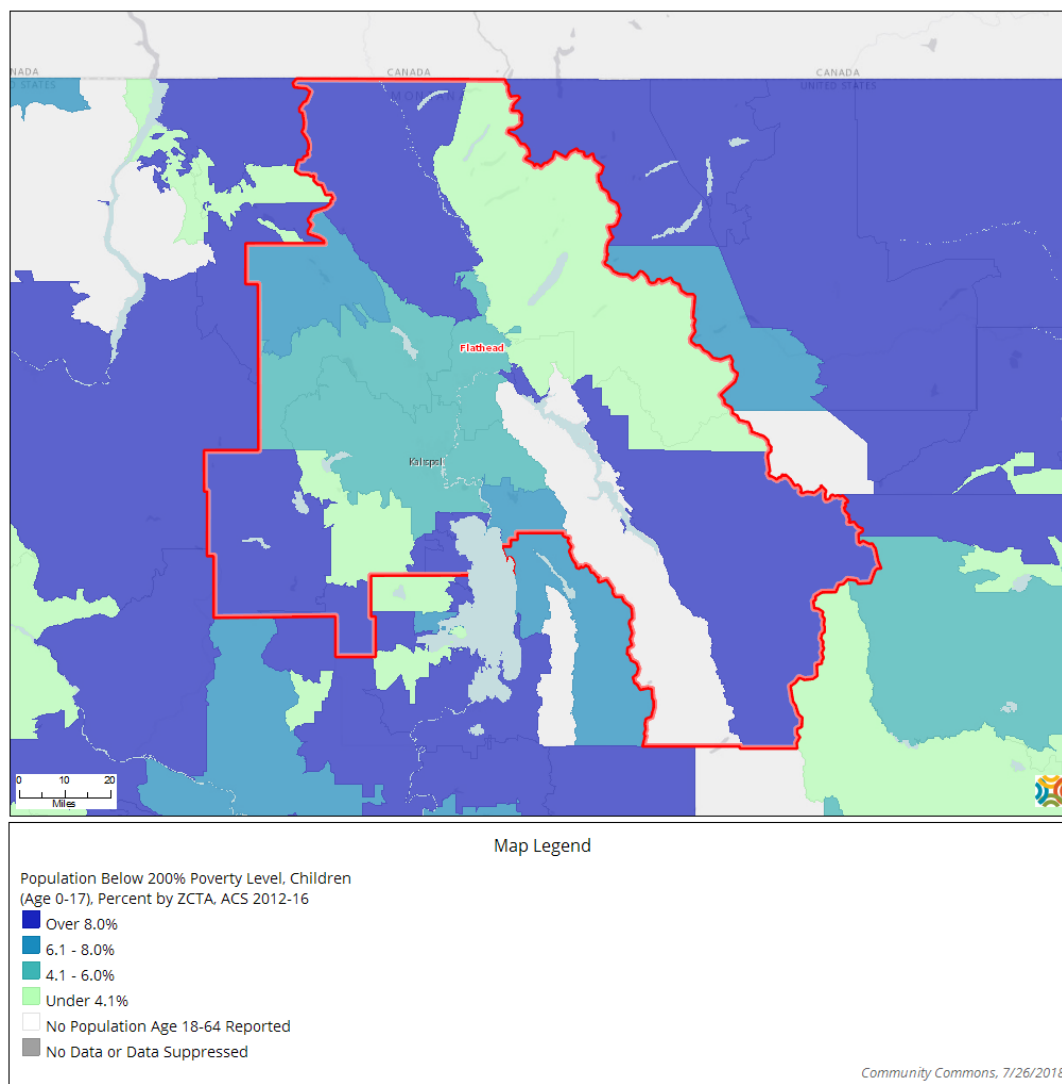
Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Retrieved July 2018 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.

- A notably higher concentrations of children in lower-income households are found in the southeastern and southwestern corners of the county.



According to statistics provided by the Flathead City-County Health Department:

The number of area students in grades K-12 receiving free or reduced-price meals increased between 2011-2012 (4,254) and 2015-2016 (5,784), echoing the statewide increase.

In 2011-2012, more than 9,000 Flathead County children ages 18 and younger were on the Healthy Montana Kids healthcare plan.

Children's Benefits

	Flathead 2011-2012	Flathead 2015-2016	Montana 2011-2012	Montana 2015-2016
Number of Children Age 0-18 on Healthy Montana Kids	9,653	n/a	90,925	n/a
Number of Students K-12 With Free/Reduced Meals	4,254	5,784	57,563	66,417

Sources: • Flathead City-County Health Department.

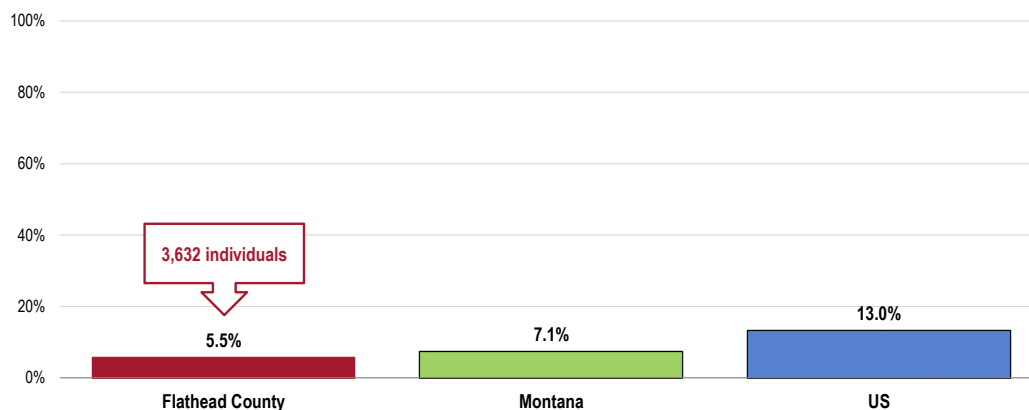
Education

Among the Flathead County population age 25 and older, an estimated 5.5% (over 3,600 people) do not have a high school education.

- More favorable than found statewide and nationally.

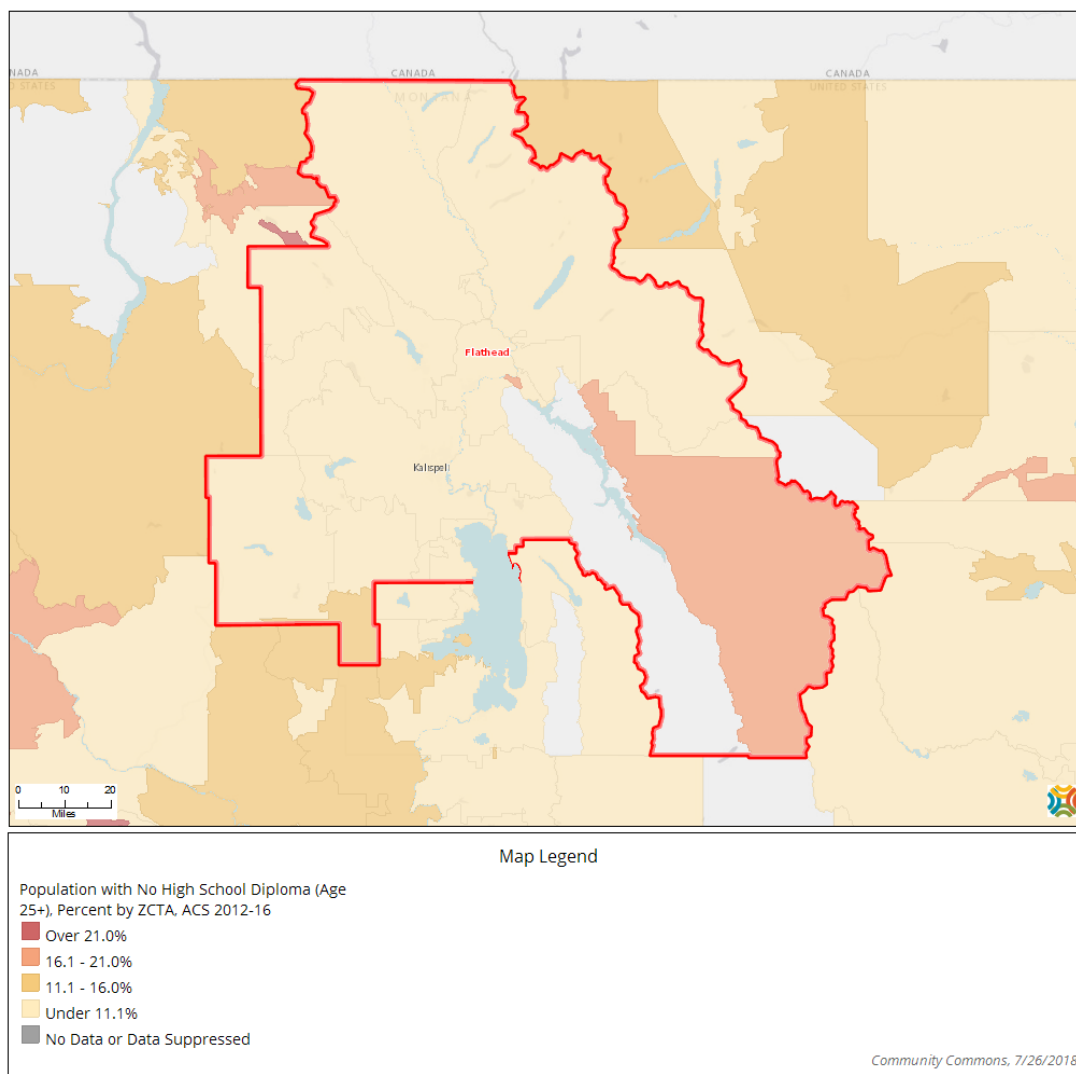
Population With No High School Diploma

(Population Age 25+ Without a High School Diploma or Equivalent, 2012-2016)



Sources: • US Census Bureau American Community Survey 5-year estimates.
 • Retrieved July 2018 from Community Commons at <http://www.chna.org>.
 Notes: • This indicator is relevant because educational attainment is linked to positive health outcomes.

- Geographically, this indicator is more concentrated in the southeastern ZIP Code.



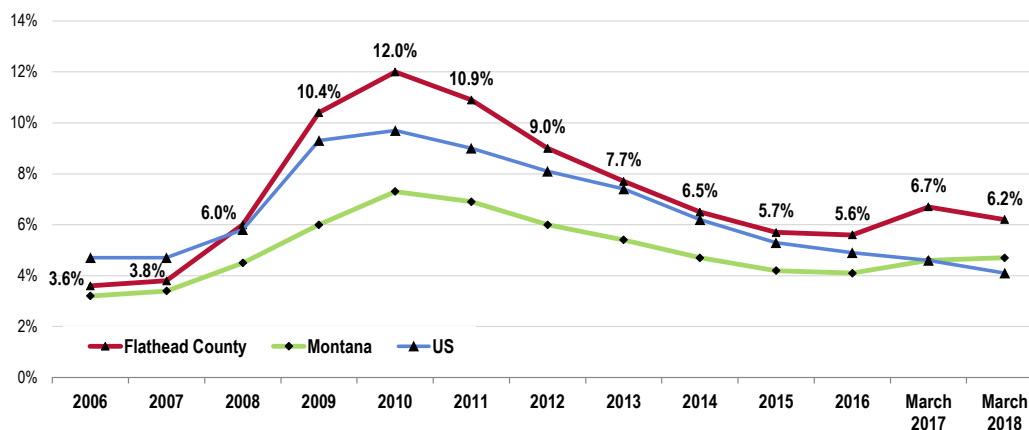
Employment

According to data derived from the US Department of Labor, the unemployment rate in Flathead County as of March 2018 was 6.2%.

- Higher than the statewide unemployment rate.
- Higher than the national unemployment rate.

Unemployment Rate

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

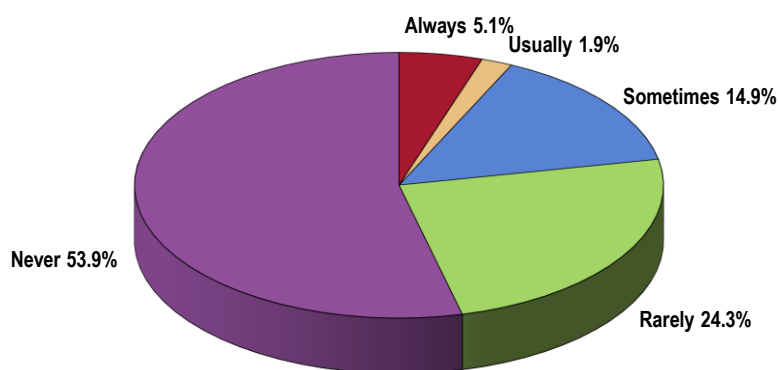


Sources: • US Department of Labor, Bureau of Labor Statistics.
 • Retrieved July 2018 from Community Commons at <http://www.chna.org>.
 Notes: • This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Housing Insecurity

While most surveyed adults rarely, if ever, worry about the cost of housing, a considerable share (21.9%) reported that they were “sometimes,” “usually,” or “always” worried or stressed about having enough money to pay their rent or mortgage in the past year.

Frequency of Worry or Stress Over Paying Rent/Mortgage in the Past Year (Flathead County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 71]
 Notes: • Asked of all respondents.

NOTE:

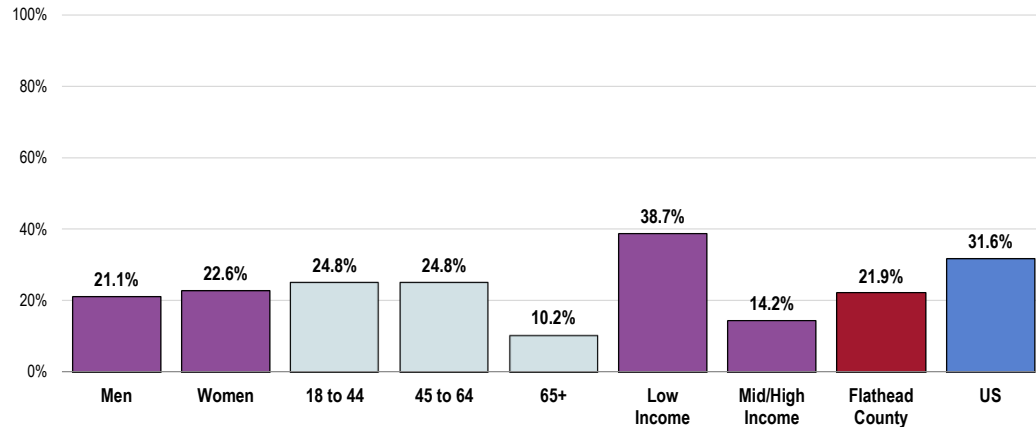
Differences noted in the text represent significant differences determined through statistical testing.

- Compared to the US prevalence, the Flathead County proportion of adults who worried about paying for rent or mortgage in the past year is more favorable.
- Those more likely to worry about their rent or mortgage include adults

younger than 65 and residents living at lower incomes.

“Always/Usually/Sometimes” Worried About Paying Rent/Mortgage in the Past Year (Flathead County, 2018)

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



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 71]

Notes: • Asked of all respondents.

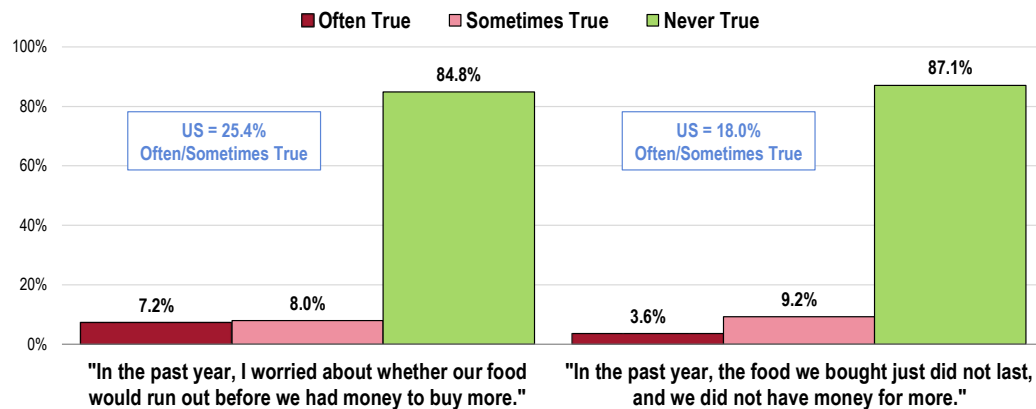
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty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

Food Insecurity

In the past year, 15.2% of Flathead County adults “often” or “sometimes” worried about whether their food would run out before they had money to buy more.

Another 12.8% report a time in the past year (“often” or “sometimes”) when the food they bought just did not last, and they did not have money to get more.

Food Insecurity (Flathead County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 87-88]

• 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Reflects the total sample of respondents.

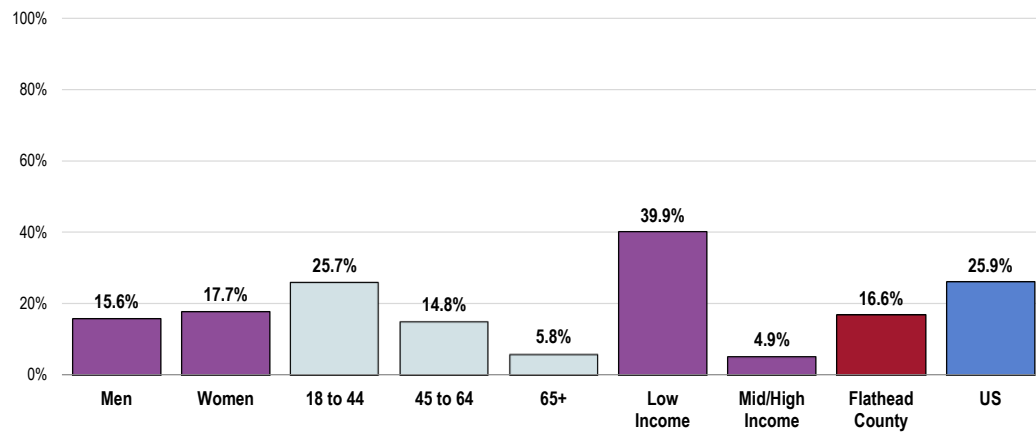
Overall, 16.6% of community residents are determined to be “food insecure,” having run out of food in the past year and/or been worried about running out of food.

- The proportion of food-insecure households in the area is more favorable compared to US data.

Adults more likely affected by food insecurity include:

- Adults younger than 65.
- Residents living at lower incomes (especially).

Food Insecurity (Flathead County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]

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 adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

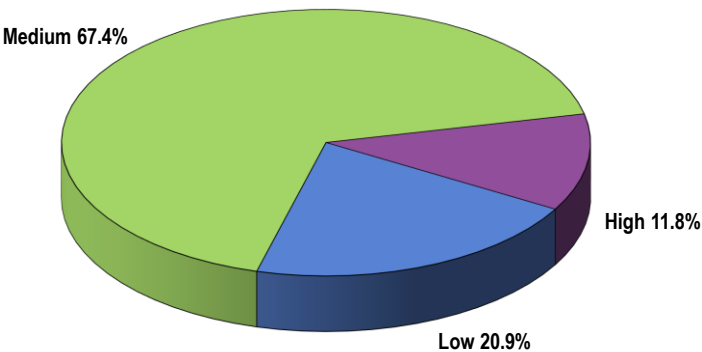
Health Literacy

A total of 20.9% Flathead County adults are found to have low health literacy.

- Similar to national findings.

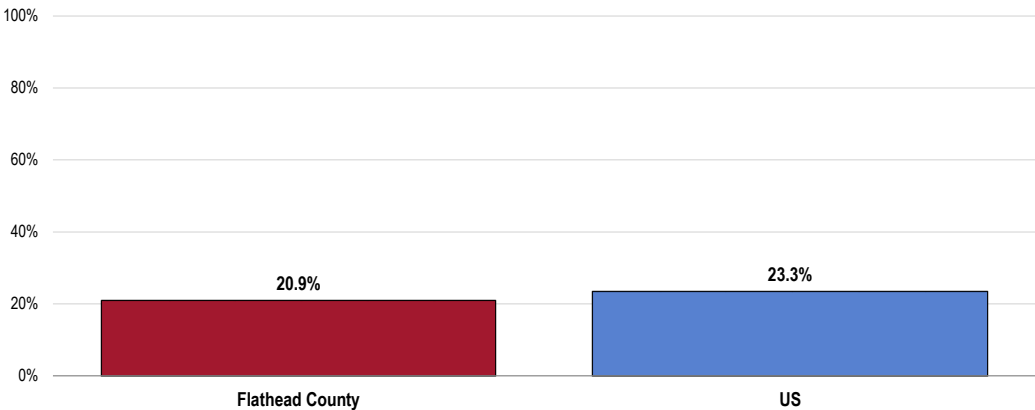
Low health literacy is defined as those respondents who “seldom/never” find written or spoken health information easy to understand, and/or who “always/nearly always” need help reading health information, and/or who are “not at all confident” in filling out health forms.

Level of Health Literacy
(Flathead County, 2018)



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 172]
- Notes:
- Asked of all respondents.
 - Respondents with low health literacy are those who “seldom/never” find written or spoken health information easy to understand, and/or who “always/nearly always” need help reading health information, and/or who are “not at all confident” in filling out health forms.

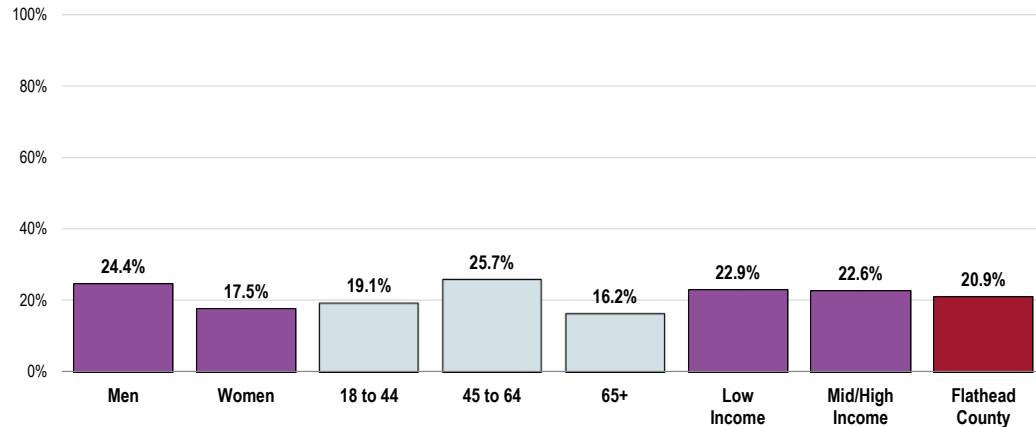
Low Health Literacy



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 172]
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
 - Respondents with low health literacy are those who “seldom/never” find written or spoken health information easy to understand, and/or who “always/nearly always” need help reading health information, and/or who are “not at all confident” in filling out health forms.

Low levels of health literacy were found to be statistically similar within the basic demographic groups.

Low Health Literacy (Flathead County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 172]

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.
- Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

The following individual measures are used to determine the health literacy levels described above.

Understanding Written & Spoken Health Information

While a majority of Flathead County adults generally find health information to be easy to understand, 15.7% experience some difficulty with written health information and 6.7% experience some difficulty with spoken health information (responding "seldom" or "never" easy to understand).

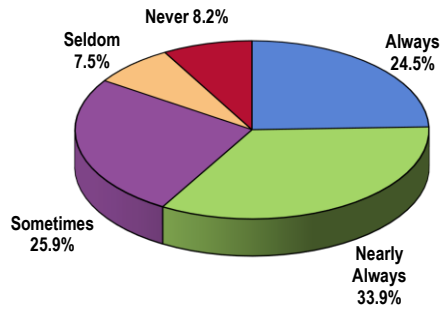
Respondents were read:

"You can find written health information on the internet, in newspapers and magazines, on medications, at the doctor's office, in clinics, and many other places.

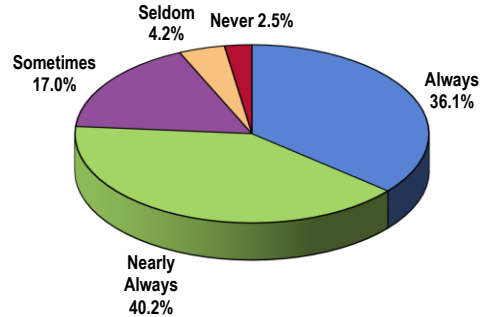
How often is health information written in a way that is easy for you to understand?

How often is health information spoken in a way that is easy for you to understand?"

Frequency With Which Health Information Is _____ in a Way That is Easy to Understand (Flathead County, 2018)



Written



Spoken

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 74, 76]
Notes: • Asked of all respondents.

Reading Health Information & Completing Health Forms

Respondents were read:

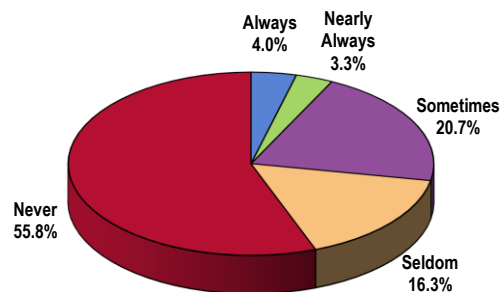
"People who might help you read health information include family members, friends, caregivers, doctors, nurses, or other health professionals. How often do you need to have someone help you read health information?"

"Health forms include insurance forms, questionnaires, doctor's office forms, and other forms related to health and health care. In general, how confident are you in your ability to fill out health forms yourself?"

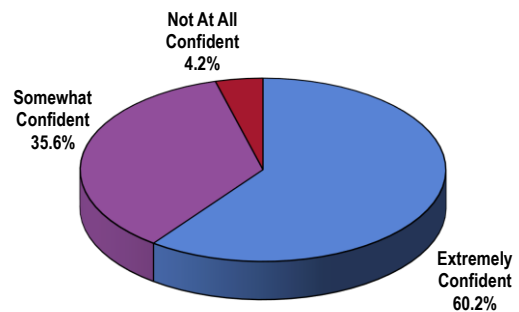
A total of 7.3% of Flathead County adults "always" or "nearly always" need to have someone help them read health information.

A total of 4.2% of adults are "not at all confident" in their ability to fill out health forms by themselves.

Frequency of Needing Help Reading Health Information (Flathead County, 2018)



Confidence in Ability to Fill Out Health Forms (Flathead County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 75, 77]
Notes: • Asked of all respondents.
• In this case, health forms include insurance forms, questionnaires, doctor's office forms, and other forms related to health and healthcare.

General Health Status



Professional Research Consultants, Inc.

Overall Health Status

Evaluation of Health Status

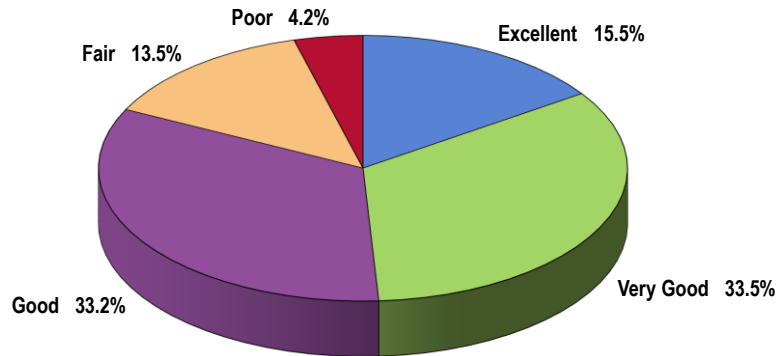
The initial inquiry of the PRC Community Health Survey asked respondents the following:

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

A total of 49.0% of Flathead County adults rate their overall health as "excellent" or "very good."

- Another 33.2% gave "good" ratings of their overall health.

Self-Reported Health Status (Flathead County, 2018)

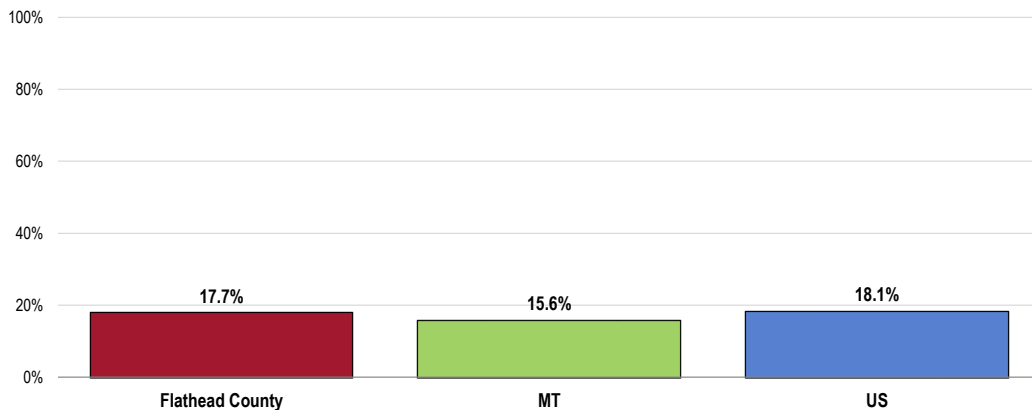


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.

However, 17.7% of Flathead County adults believe that their overall health is "fair" or "poor."

- Similar to state and national findings.

Experience "Fair" or "Poor" Overall Health

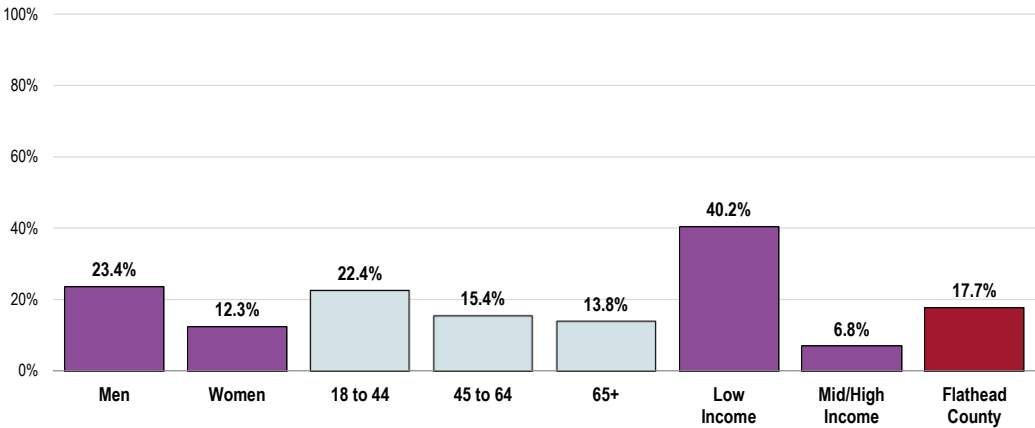


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 MT data.
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

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

- Men.
- Residents living at lower incomes.

Experience “Fair” or “Poor” Overall Health
(Flathead County, 2018)



Sources: • 2018 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

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)

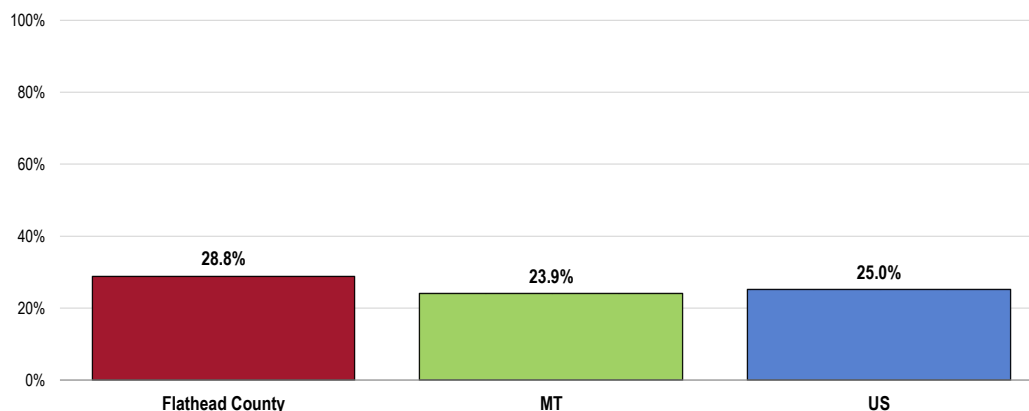
A total of 28.8% of Flathead County adults are limited in some way in some activities, due to a physical, mental, or emotional problem.

- Statistically similar to the statewide and national prevalence.

RELATED ISSUE:

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

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



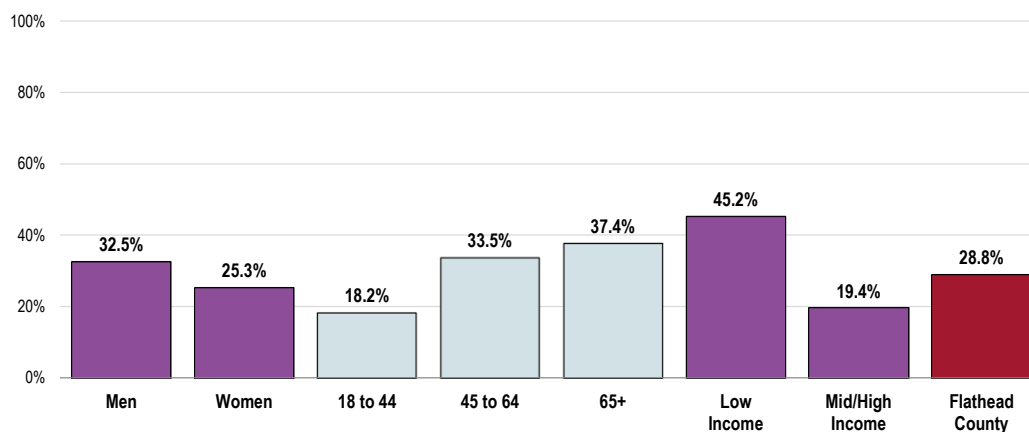
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2015 MT data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

In looking at responses by key demographic characteristics, these adults are statistically more likely to report some type of activity limitation:

- Adults age 45 and older (note the positive correlation with age).
- Those with lower incomes.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem (Flathead County, 2018)

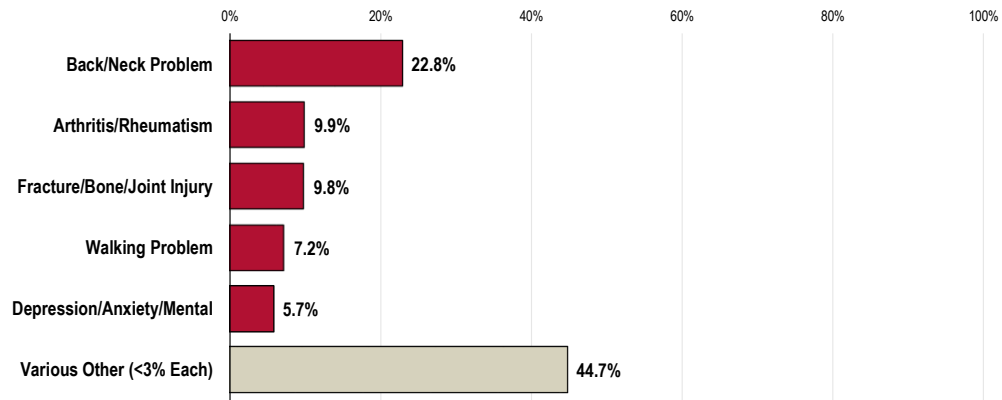


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with 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 musculo-skeletal issues, such as back/neck problems, arthritis/ rheumatism, fractures or bone/joint injuries, or difficulty walking.

Another limitation noted with some frequency includes responses related to mental health (depression, anxiety).

Type of Problem That Limits Activities (Among Those Reporting Activity Limitations; Flathead County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 110]
Notes: • Asked of those respondents reporting activity limitations.

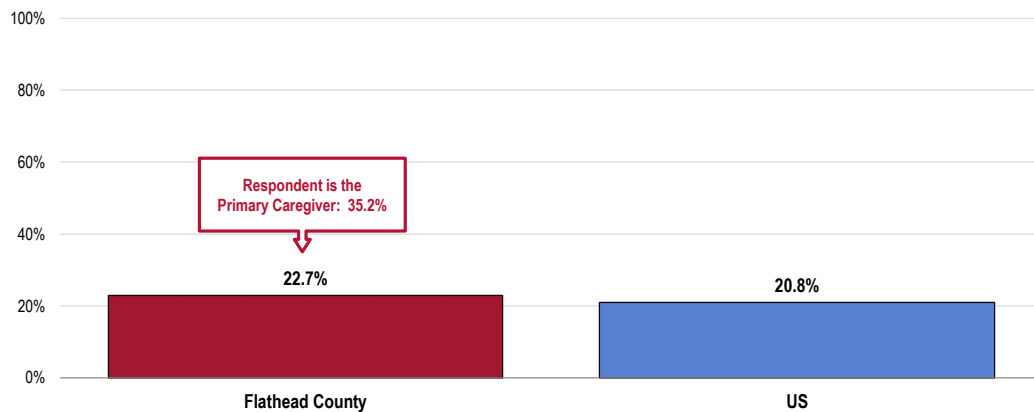
Caregiving

A total of 22.7% of Flathead County adults currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

- Similar to the national finding.

Of these adults, 35.2% are the **primary** caregiver for the individual receiving care.

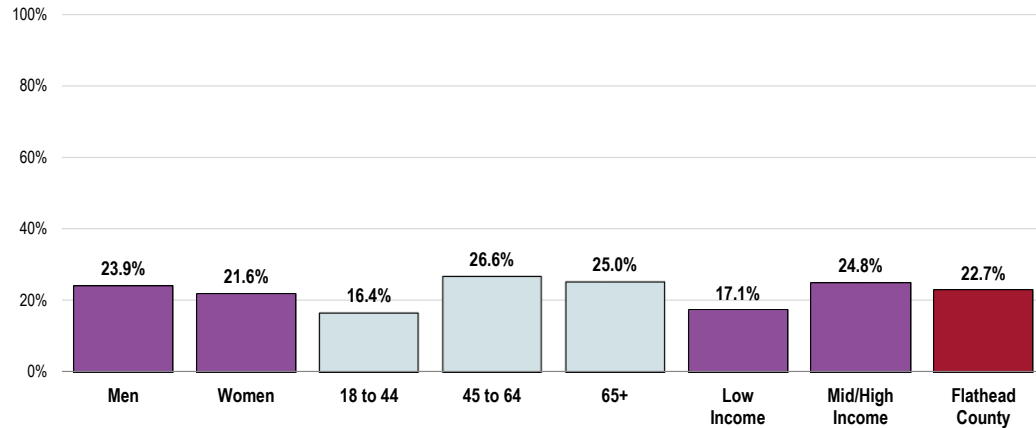
Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 111, 113]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- The prevalence of caregivers in the community is statistically similar within the demographic groups.

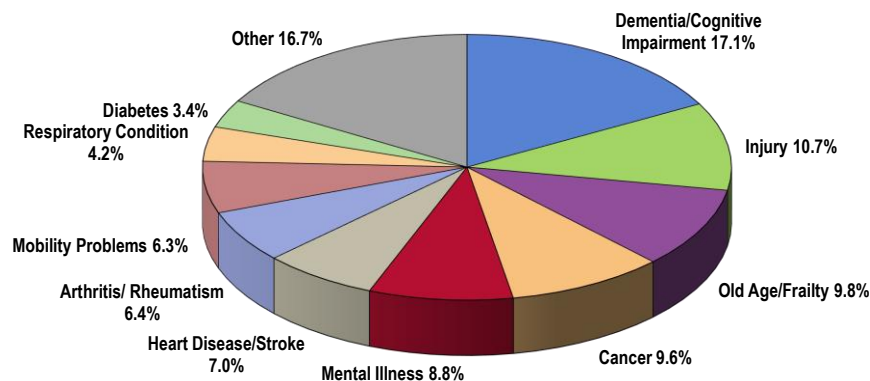
Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability (Flathead County, 2018)



Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 111]
 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 those who provide care or assistance, the top health issues affecting those receiving their care include **dementia/cognitive impairment** (17.1%), **injury** (10.7%), **old age/frailty** (9.8%), **cancer** (9.6%), **mental illness** (8.8%), and **heart disease/stroke** (7.0%).

Primary Health Issue of Person Receiving Care or Assistance (Among Caregivers Providing Regular Care to a Friend/Family Member; Flathead County, 2018)



Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 112]
 Notes: Asked of those respondents reporting providing regular care or assistance to a friend or family member with a health problem, long-term illness, or disability.

Mental Health

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, and it is important that interventions be relevant to the target audiences.
- In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

- Healthy People 2020 (www.healthypeople.gov)

"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?"

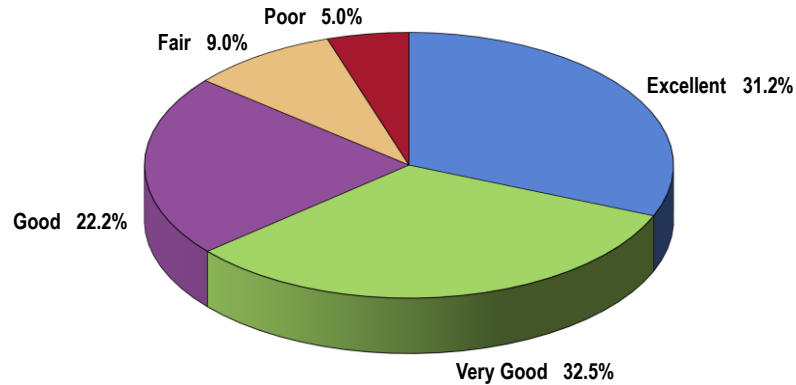
Evaluation of Mental Health Status

A total of 63.7% of Flathead County adults rate their overall mental health as "excellent" or "very good."

- Another 22.2% gave "good" ratings of their own mental health status.

Self-Reported Mental Health Status

(Flathead County, 2018)

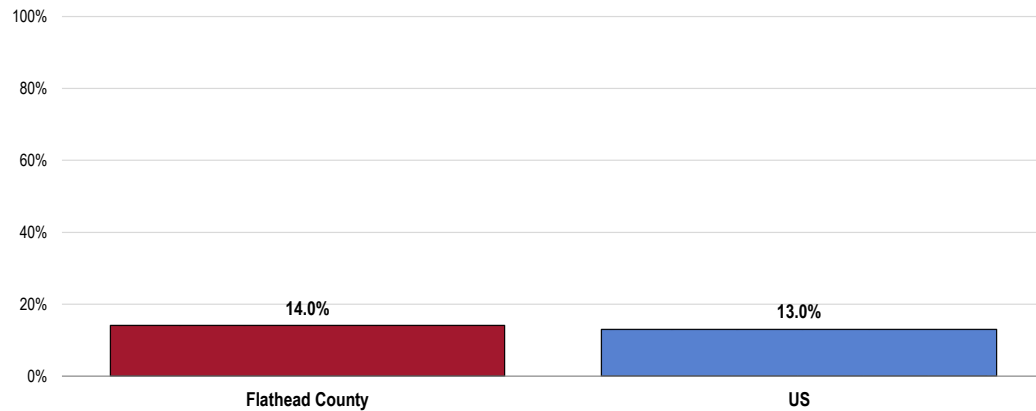


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
Notes: • Asked of all respondents.

A total of 14.0% of Flathead County adults, however, believe that their overall mental health is "fair" or "poor."

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

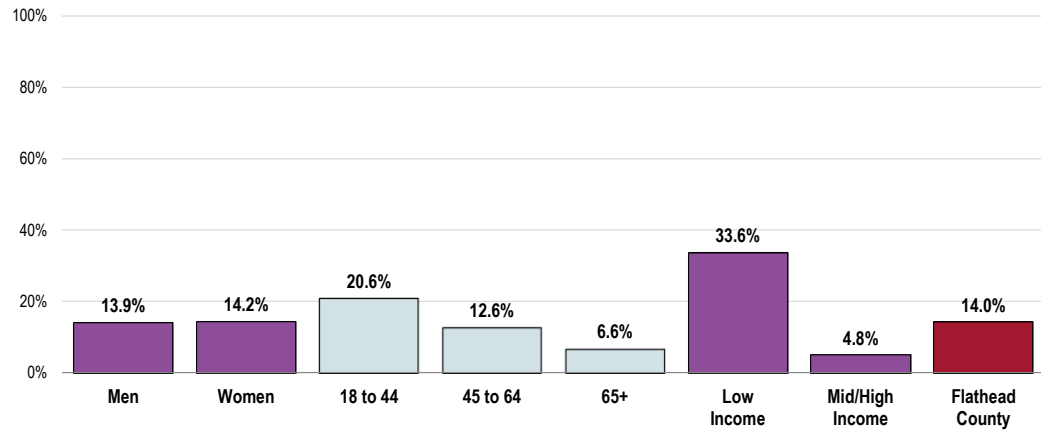
Experience "Fair" or "Poor" Mental Health



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- Note the correlation between poor mental health and income.
- Adults ages 18 to 64 are more likely to report experiencing "fair/poor" mental health than seniors.

Experience “Fair” or “Poor” Mental Health (Flathead County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
 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.

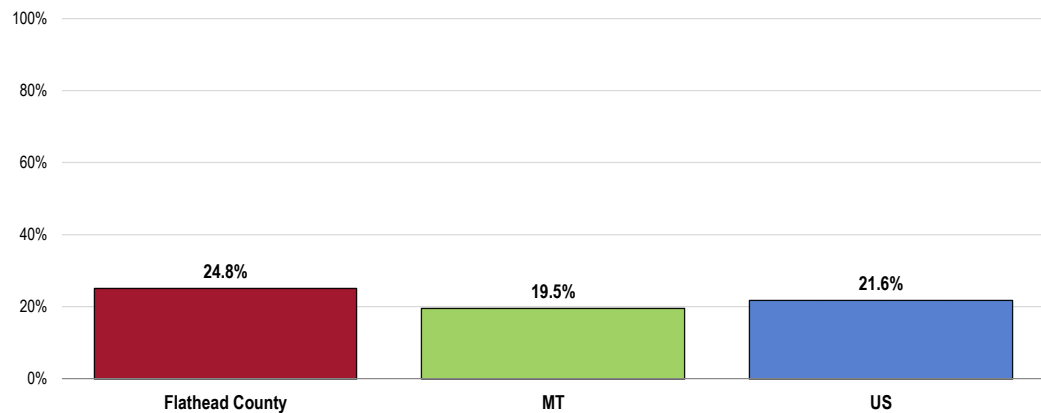
Depression

Diagnosed Depression

A total of 24.8% of Flathead County adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

- Higher than the state finding.
- Statistically similar to the national finding.

Have Been Diagnosed With a Depressive Disorder



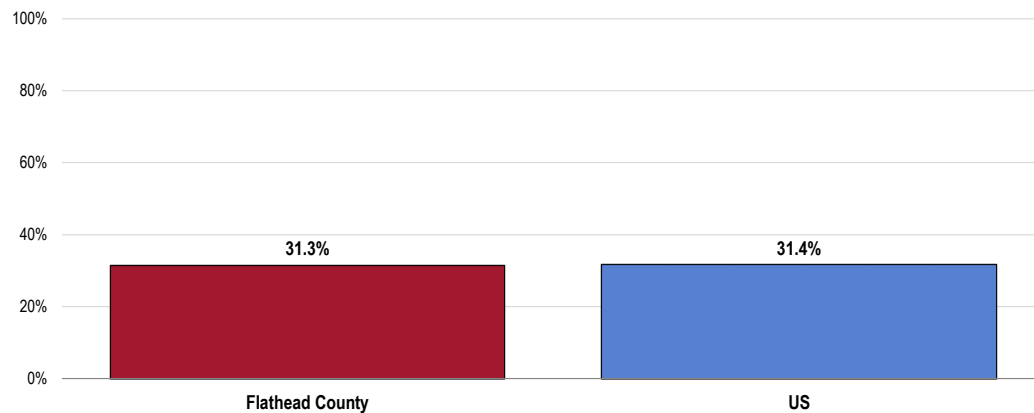
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 MT data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Depressive disorders include depression, major depression, dysthymia, or minor depression.

Symptoms of Chronic Depression

A total of 31.3% of Flathead County 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).

- Nearly identical to the national findings.

Have Experienced Symptoms of Chronic Depression



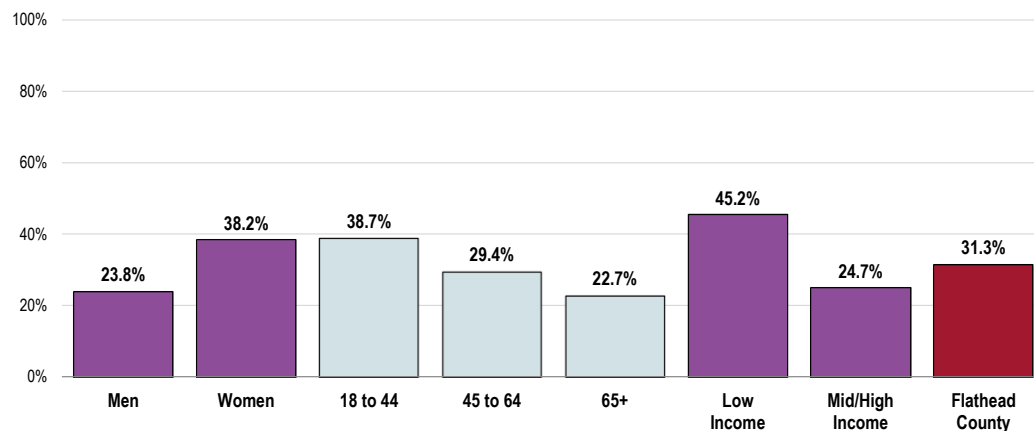
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

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.

Note that the prevalence of chronic depression is notably higher among:

- Women.
- Adults with lower incomes.

Have Experienced Symptoms of Chronic Depression (Flathead County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]

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

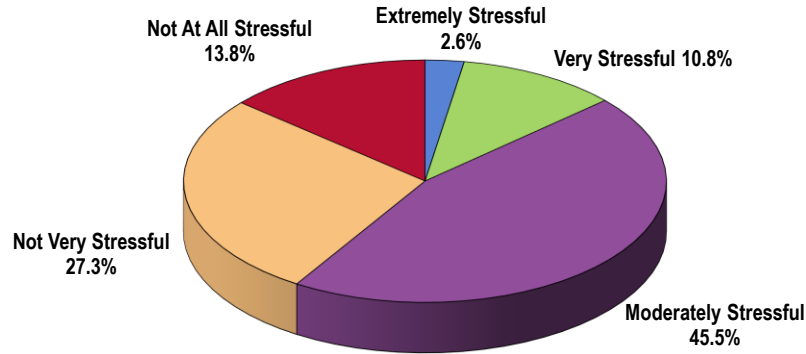
More than two-fifths (41.1%) of Flathead County adults consider a typical day to be “not very stressful” (27.3%) or “not at all stressful” (13.8%).

RELATED ISSUE:

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

- Another 45.5% of survey respondents characterize a typical day as “moderately stressful.”

Perceived Level of Stress On a Typical Day (Flathead County, 2018)

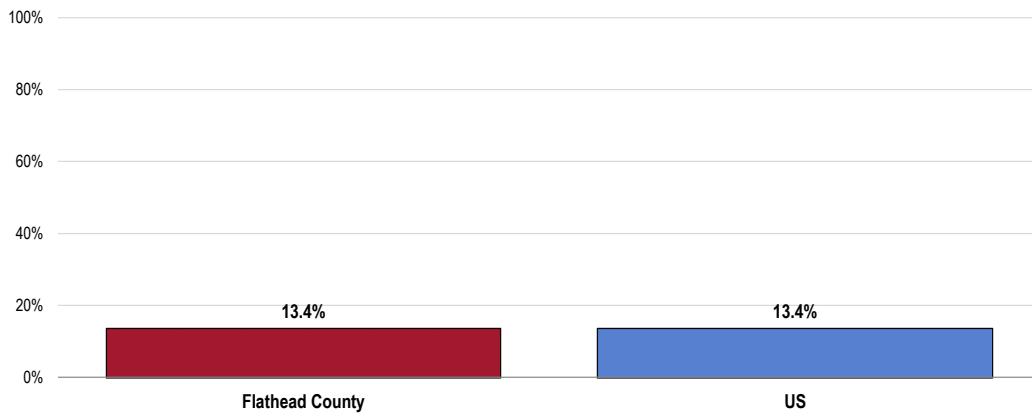


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
Notes: • Asked of all respondents.

In contrast, 13.4% of Flathead County adults experience “very” or “extremely” stressful days on a regular basis.

- Identical to the national findings.

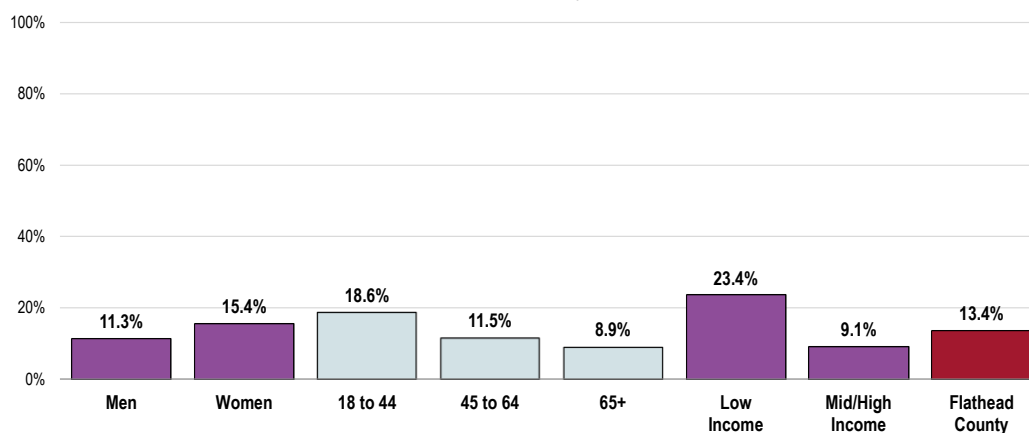
Perceive Most Days As “Extremely” or “Very” Stressful



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- Note that high stress levels are more prevalent among adults with lower incomes.

Perceive Most Days as “Extremely” or “Very” Stressful (Flathead County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]

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

Suicide Deaths

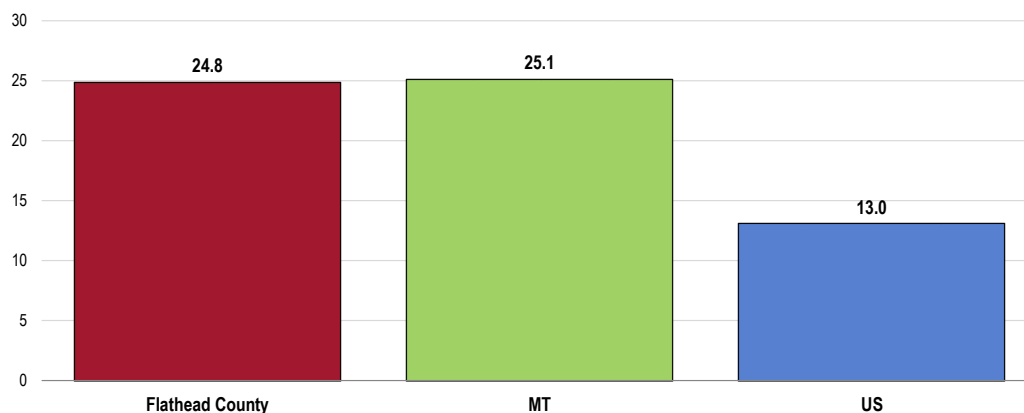
Between 2014 and 2016, there was an annual average age-adjusted suicide rate of 24.8 deaths per 100,000 population in Flathead County.

- Similar to the statewide rate.
- Much higher than the national rate.
- Fails to satisfy the Healthy People 2020 target of 10.2 or lower.

Suicide: Age-Adjusted Mortality

(2014-2016 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 July 2018.
 • 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.

Depression & Suicide Ideation in Adolescents

In 2017, nearly one-third (33.1%) said they felt so sad or hopeless that they stopped doing some of their usual activities for at least a two-week period.

Nearly one-fifth (19.1%) of Flathead County high school students reported seriously considering attempting suicide within the past year.

Adolescent Mental Health

(Flathead County High School Students, 2017)

	Yes
During the past 12 months, did you ever feel so sad or hopeless almost every day for 2+ weeks in a row that you stopped doing some usual activities?	33.1%
During the past 12 months, did you ever seriously consider attempting suicide?	19.1%

Sources: • 2017 Flathead County YRBS (High School).

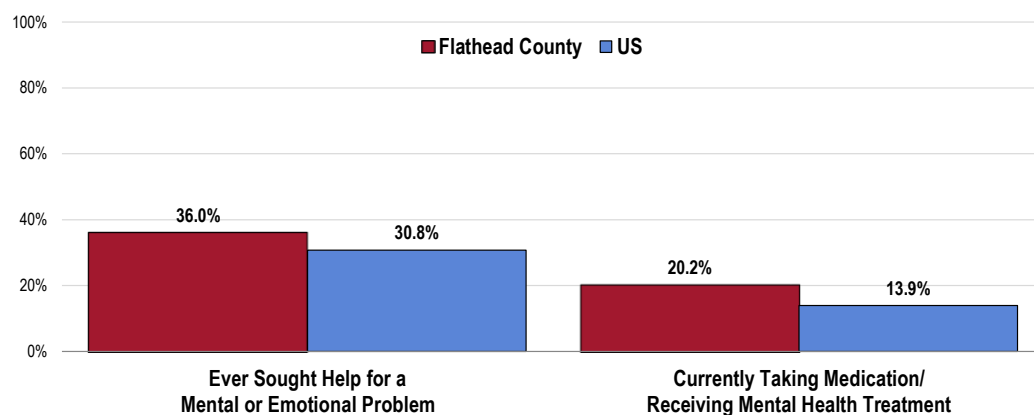
Mental Health Treatment

A total of 36.0% of Flathead County adults acknowledge having ever sought professional help for a mental or emotional problem.

A total of 20.2% are currently taking medication or receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem.

- The proportion of area adults taking medication or receiving treatment is higher than the national findings.

Mental Health Treatment



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 103-104]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

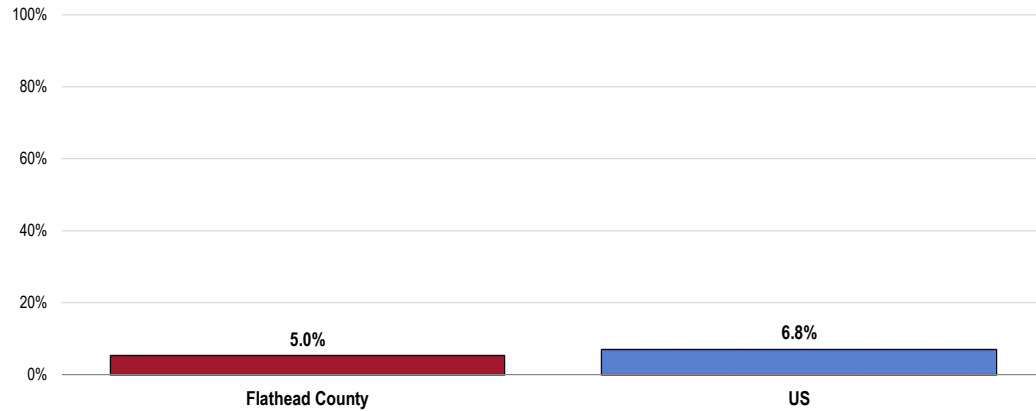
- Reflects the total sample of respondents.

Difficulty Accessing Mental Health Services

A total of 5.0% of Flathead County adults report a time in the past year when they needed mental health services but were not able to get them.

- Similar to the national finding.

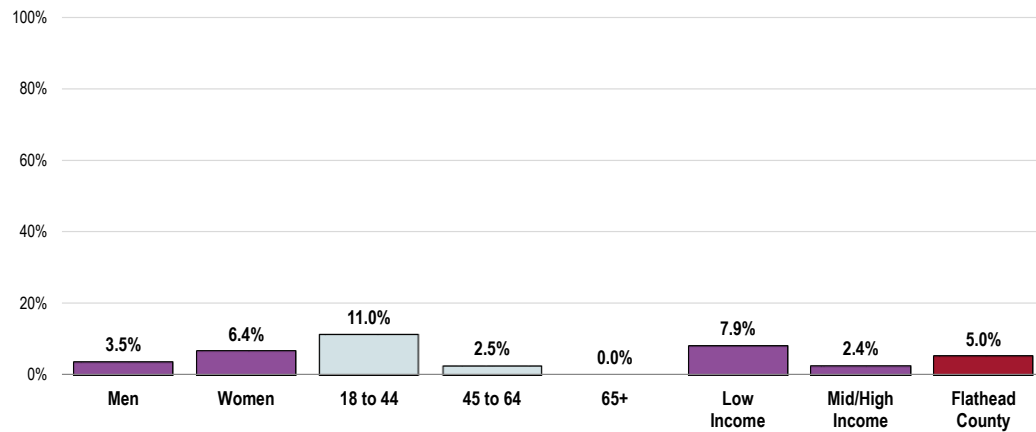
Unable to Get Mental Health Services When Needed in the Past Year



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Difficulty accessing services is statistically similar within the demographic groups.

Unable to Get Mental Health Services When Needed in the Past Year (Flathead County, 2018)



Sources: • 2018 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 citing difficulties accessing mental health services in the past year, these are predominantly attributed to **availability**; barriers mentioned less frequently include insurance issues and cost.

Key Informant Input: Mental Health

The greatest share of 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, 2018)

■ 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 related to the following:

Access to Care/Services

-Access to case management for children, since many programs/services have been cut. Access to parenting classes or resources for parents of children with mental health needs. -Proximity of intensive treatment centers for children with a need for a higher level of care and more structure/supervision (e.g., Shodair inpatient services are in Helena... that's the closest location for children 10 and under needing hospitalization) -Questions about the role/scope of partial hospitalization. Turtle Bay exists but schools have referred students there only to have those students return to the school if/when Turtle Bay says they can't handle them and refer them to full hospitalization, which parents often refuse to do (because of the distance) ... landing the student back at school and without needed care/intervention. - Support for grandparents raising their grandchildren. We've seen a big increase in this in the schools. - Substance abuse prevention and treatment - Other Health Provider

Need for inpatient care, partial hospitalization, counseling, psychiatric, prevention, suicide. - Physician

There is limited to no support for children and families suffering with mental health for ages 5-12. - Community Leader

Lack of access to mental health providers and services in the Valley. - Physician

Access. - Community Leader

Access to care. Our system is just overwhelmed. - Physician

The biggest challenge is access to care, breaking down the stigmas that exist that prevent people from seeking out this care, affordable high-quality services and practitioners, and early intervention. - Physician

Availability, affordability, accessibility of services and also stigma. - Other Health Provider

Access to care, both MD and therapist. - Physician

These people need case management. Case management has nearly disappeared because of cuts. Other resources for people with mental illness or scarce here in Flathead County. - Social Service Provider

Access and funding for mental health. - Community Leader

Access to quality care. - Social Service Provider

Access to inpatient treatment services and follow up. - Community Leader

Lack of access to case managers due to budget cuts and other financial constraints. - Social Service Provider

Funding

Funding cutbacks at the state level. - Community Leader

Funding cuts resulting in limited services. - Social Service Provider

Insurance Issues

Poor insurance reimbursement, state just closed pediatric facilities, not enough mental health providers. - Other Health Provider

Behavioral health has been an area of concern in the past on our Community Health Assessment. Since the last CHA, Medicaid cut reimbursement for case management and in home services for mental health in Montana. This has left many with an even larger deficit to their care coordination. There are limited services available for every day support for individuals. If you are having a mental health crisis, you are a candidate for inpatient services at KRMHC. If you have minor mental health concerns, you may be able to access supports and counseling. For those where mental health is impacting their ability to work, maintain stable housing, stable relationships, there are limited services and care coordination with reimbursement. The Flathead Community Health Center has limited their services to existing patients. I believe that we need to continue to integrate behavioral health services with primary medical and make primary medical more available in our outlying areas. - Public Health Representative

Access for Uninsured/Underinsured

People with private insurance or no insurance have difficulties accessing mental health care in the community. - Social Service Provider

Affordable Care/Services

Lack of resource and affordable resources. Equally and maybe more importantly an overlap of resources and not enough partnering and collaborative efforts to address mental health. - Social Service Provider

Aging Population

Older adults are at increased risk of developing Alzheimer's and dementia as they age. Others have lifelong, chronic mental health issues that are exacerbated by the aging process and other chronic health conditions. Older adults are also at increased risk of depression, some of which is related to significant losses associated with aging. The general lack of sufficient mental health services affects people of all ages in our community, but older adults are often less likely to seek help and health professional sometimes assume signs of depression and other issues are a normal part of aging. It's often difficult to find long-term care providers who understand and are prepared to address the needs of older adults who have significant mental health issues. - Social Service Provider

Comorbidities

I treat patients with concussions regularly. A large number of these people have preexisting uncontrolled mental health issues which make their recovery from concussion more challenging. Access to a psychiatrist for these patients can take 1-3 months for a new patient visit. Additionally, we have a large number of veterans with brain injuries and PTSD in our valley. These vets do not always have access to the appropriate mental health providers without a long drive to Helena. They are also untrusting of the providers that are available. - Physician

Housing

Housing and counseling. - Public Health Representative

Incidence/Prevalence

High rates of people with debilitating mental health issues. High rates of denial about mental health issues. Low coverage from state and federal sources. Scarcity of treatment options. - Social Service Provider

Lack of Coordinated Care

I see the biggest challenges in our community as follows: 1. we have a disconnected mental health system with too many providers of care operating independently and sometimes in competition. 2. We don't have enough providers of mental health care - particularly for those that are low income. 3. We don't have urgent mental health care resources available for those in crisis. 4. We are not talking about mental health in our community and so it still has a stigma. - Public Health Representative

Lack of Providers

Not enough psychologist that perform or do testing or accept Medicaid. Not enough psychiatrist or psychiatric nurse practitioners to effectively treat mental health issues. Also, the integration of behavioral health with technology should be better. - Other Health Provider

Transportation

Transportation from Columbia Falls to Kalispell or Whitefish is a huge issue for people with any health issues. - Social Service Provider

Death, Disease & Chronic Conditions



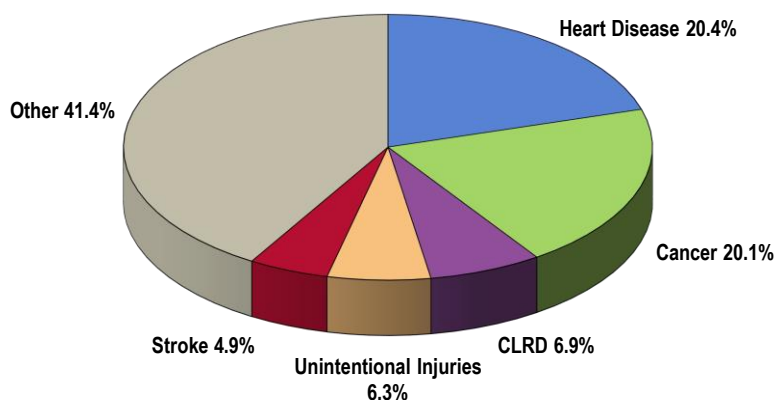
Professional Research Consultants, Inc.

Leading Causes of Death

Distribution of Deaths by Cause

Together, cardiovascular disease (heart disease and stroke) and cancers accounted for 45.4% of all deaths in Flathead County in 2016.

Leading Causes of Death
(Flathead County, 2016)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2018.
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 2014-2016 annual average age-adjusted death rates per 100,000 population for selected causes of death in Flathead County.

Each of these is discussed in greater detail in subsequent sections of this report.

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

Age-Adjusted Death Rates for Selected Causes (2014-2016 Deaths per 100,000 Population)

	Flathead County	Montana	US	HP2020
Malignant Neoplasms (Cancers)	162.7	152.9	158.5	161.4
Diseases of the Heart	143.4	152.7	167.0	156.9*
Chronic Lower Respiratory Disease (CLRD)	52.4	50.8	41.4	n/a
Unintentional Injuries	49.9	54.3	43.7	36.4
Cerebrovascular Disease (Stroke)	40.4	34.2	37.1	34.8
Intentional Self-Harm (Suicide)	24.8	25.1	13	10.2
Firearm-Related	18.0	18.1	11.0	9.3
Kidney Disease	17.4	10.1	13.2	n/a
Pneumonia/Influenza	14.0	12.8	14.6	n/a
Motor Vehicle Deaths	13.7	18.5	11.0	12.4
Alzheimer's Disease	13.1	20.9	28.4	n/a
Diabetes	12.7	22.4	21.1	20.5*
Unintentional Drug-Related Deaths	11.6	7.9	14.3	11.3
Cirrhosis/Liver Disease	10.0	13.8	10.6	8.2
Homicide/Legal Intervention	3.2	3.7	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 July 2018.
 - 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

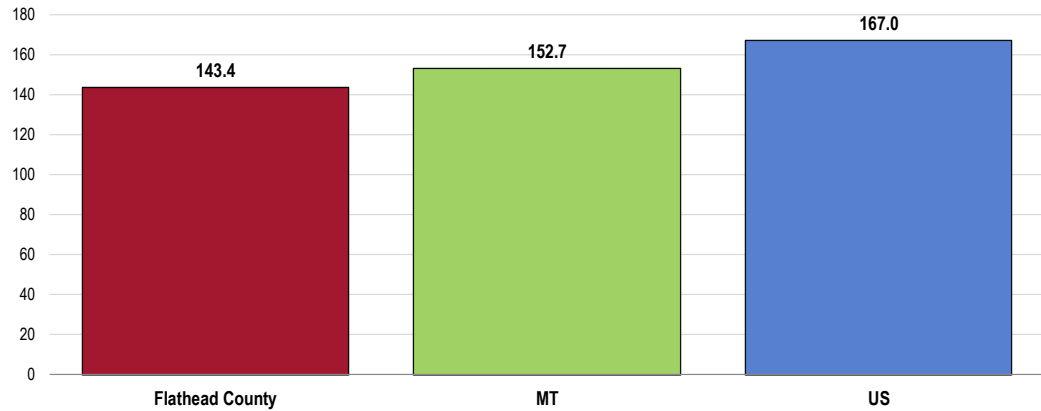
Heart Disease Deaths

Between 2014 and 2016, there was an annual average age-adjusted heart disease mortality rate of 143.4 deaths per 100,000 population in Flathead County.

- Similar to the statewide rate.
- More favorable 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).

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

Heart Disease: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 156.9 or Lower (Adjusted)



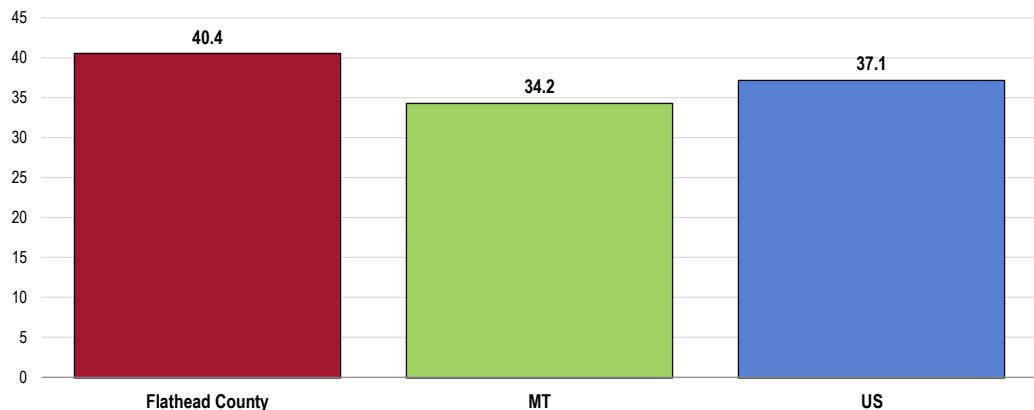
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [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 2014 and 2016, there was an annual average age-adjusted stroke mortality rate of 40.4 deaths per 100,000 population in Flathead County.

- Less favorable than the statewide rate.
- Similar to the national rate.
- Fails to satisfy the Healthy People 2020 target of 34.8 or lower.

Stroke: Age-Adjusted Mortality (2014-2016 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 July 2018.
 - 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.

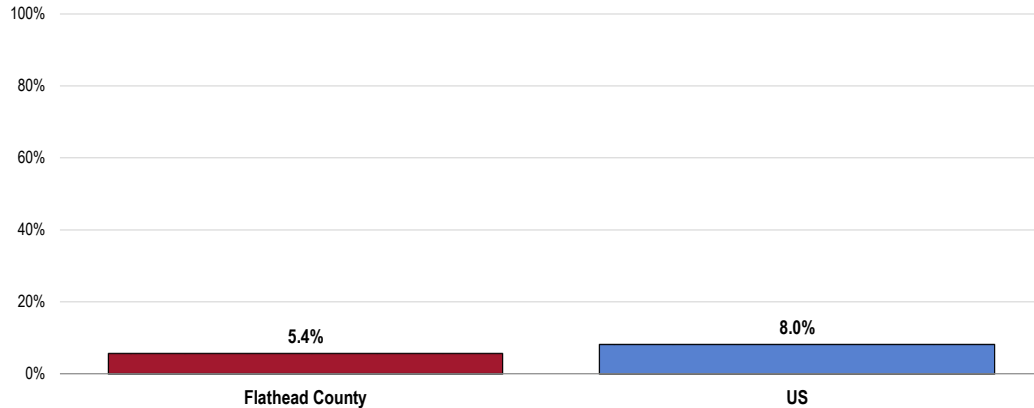
Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 5.4% 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.

Prevalence of Heart Disease

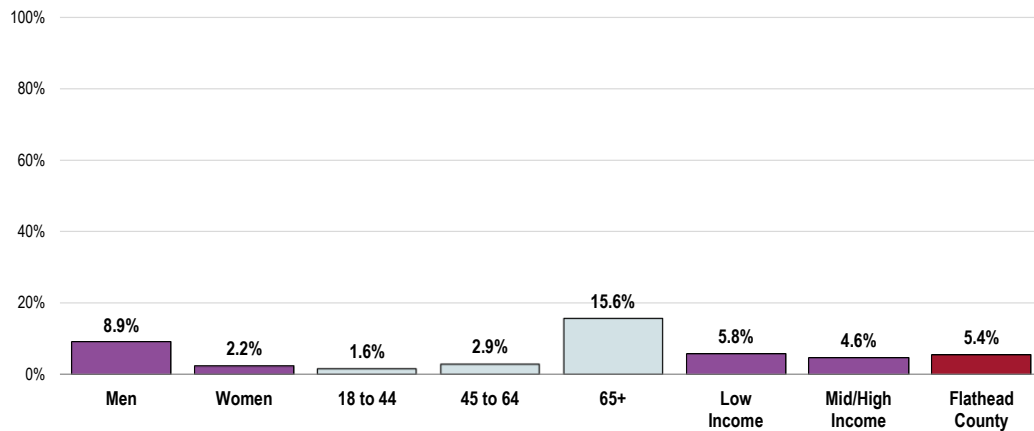


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Includes diagnoses of heart attack, angina, or coronary heart disease.

Adults more likely to have been diagnosed with chronic heart disease include:

- Men.
- Seniors (age 65+).

Prevalence of Heart Disease (Flathead County, 2018)



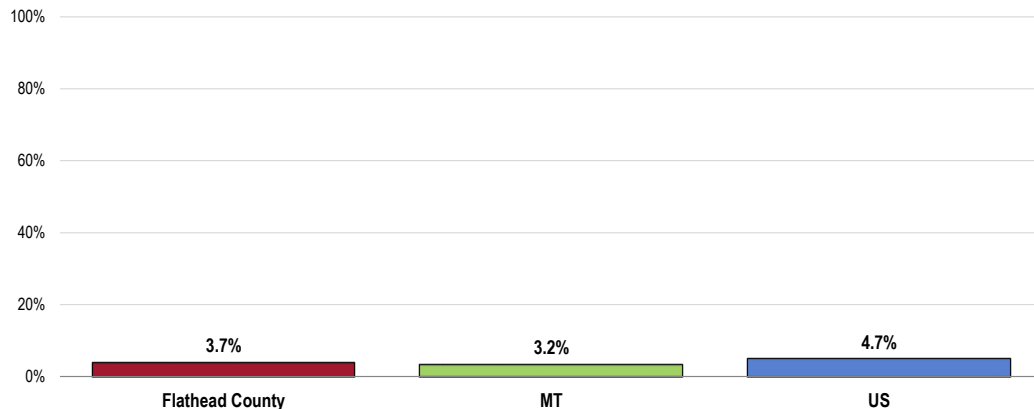
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]
 Notes: • Asked of all respondents.
 • Includes diagnoses of heart attack, angina, or coronary heart disease.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (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 3.7% 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.

Prevalence of Stroke



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
 • 2017 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); 2016 MT data.

Notes: • Asked of all respondents.

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)

High Blood Pressure

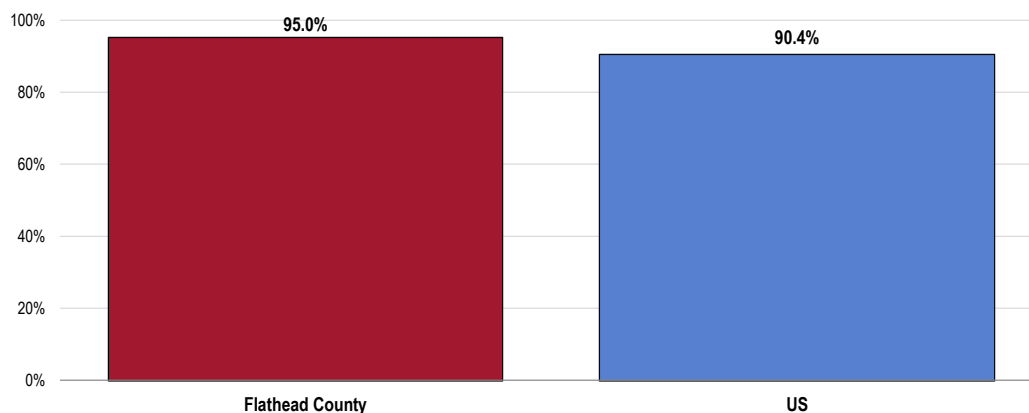
High Blood Pressure Testing

A total of 95.0% of Flathead County adults have had their blood pressure tested within the past two years.

- More favorable than the national findings.
- Satisfies the Healthy People 2020 target (92.6% or higher).

Have Had Blood Pressure Checked in the Past Two Years

Healthy People 2020 Target = 92.6% or Higher



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 42]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-4]

Notes:

- Asked of all respondents.

Prevalence of High Blood Pressure

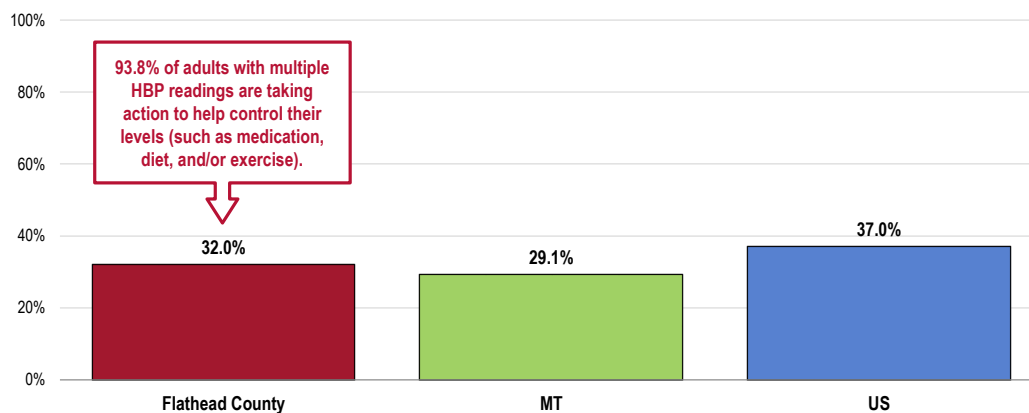
A total of 32.0% of Flathead County adults have been told at some point that their blood pressure was high.

- Similar to the statewide prevalence.
- Similar to the national prevalence.
- Does not meet the Healthy People 2020 target (26.9% or lower).

Among adults with multiple high blood pressure readings, 93.8% are taking action to lower their blood pressure (such as medication, change in diet, and/or exercise).

Prevalence of High Blood Pressure

Healthy People 2020 Target = 26.9% or Lower



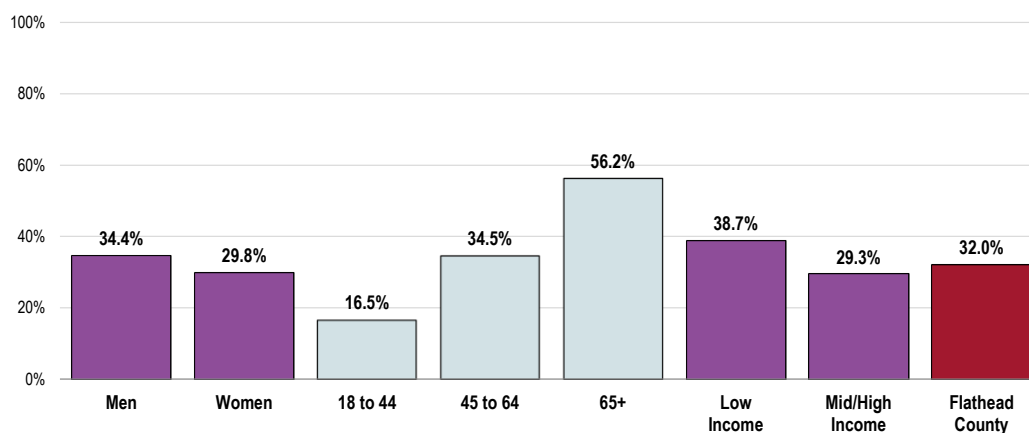
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 41, 129]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2015 MT data.
 - 2017 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.

- High blood pressure is more prevalent among adults age 45 and older (note the positive correlation with age).

Prevalence of High Blood Pressure

(Flathead County, 2018)

Healthy People 2020 Target = 26.9% or Lower



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 129]
 - 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.

High Blood Cholesterol

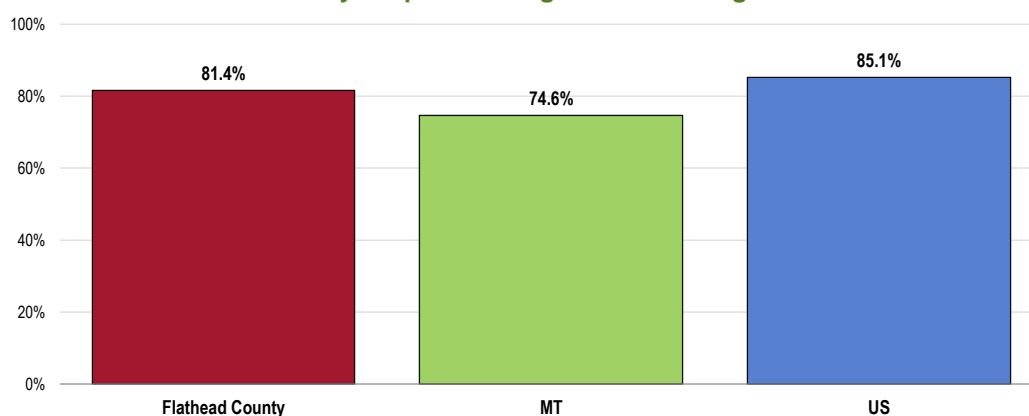
Blood Cholesterol Testing

A total of 81.4% of Flathead County adults have had their blood cholesterol checked within the past five years.

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

Have Had Blood Cholesterol Levels Checked in the Past Five Years

Healthy People 2020 Target = 82.1% or Higher



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 45]
- 2017 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); 2015 MT data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-6]

Notes:

- Asked of all respondents.

Prevalence of High Blood Cholesterol

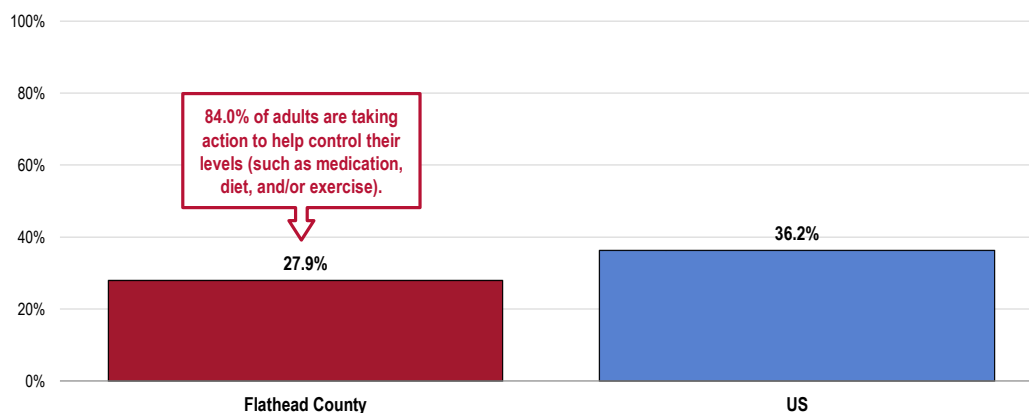
A total of 27.9% of adults have been told by a health professional that their cholesterol level was high.

- More favorable than the national prevalence.
- Twice the Healthy People 2020 target (13.5% or lower).

Among adults with multiple high blood cholesterol readings, 84.0% are taking action to lower their numbers (such as medication, change in diet, and/or exercise).

Prevalence of High Blood Cholesterol

Healthy People 2020 Target = 13.5% or Lower



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 44, 130]
 • 2017 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.

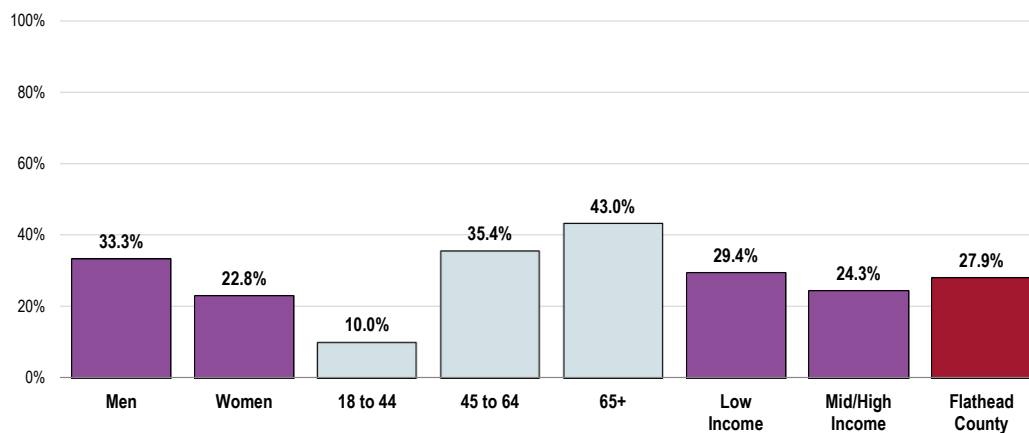
Further note the following:

- There is a higher prevalence among men than women.
- There is a positive correlation between age and high blood cholesterol.

Prevalence of High Blood Cholesterol

(Flathead County, 2018)

Healthy People 2020 Target = 13.5% or Lower



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 130]
 • 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.

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

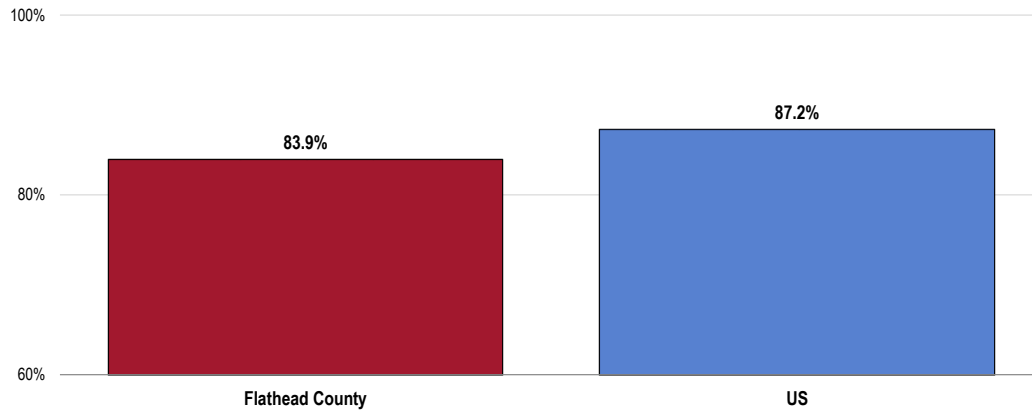
A total of 83.9% of Flathead County adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- Statistically similar to national findings.

RELATED ISSUE:

See also *Nutrition, Physical Activity, Weight Status, and Tobacco Use* in the **Modifiable Health Risks** section of this report.

Present One or More Cardiovascular Risks or Behaviors



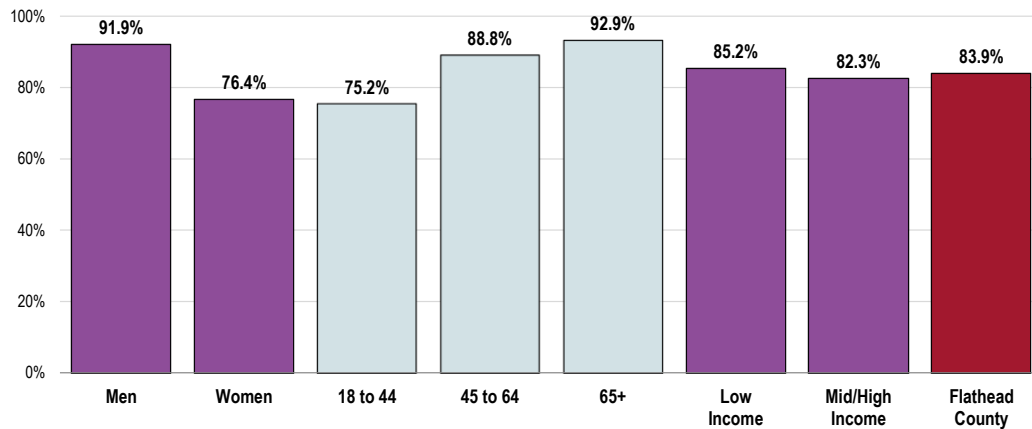
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 131]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

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.

Adults more likely to exhibit cardiovascular risk factors include:

- Men.
- Adults age 45 and older (note the positive correlation with age).

Present One or More Cardiovascular Risks or Behaviors (Flathead County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 131]
 • Asked of all respondents.

Notes: • 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, 2018)

■ 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 related to the following:

Incidence/Prevalence

Continues to be a major cause of mortality and morbidity in the Valley. - Physician
It is a major problem nationally and locally. - Other Health Provider

Affordable Care/Services

Cost of prescriptions or medical costs that accrue with these diseases. - Other Health Provider

Aging Population

Graying population. - Other Health Provider

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)

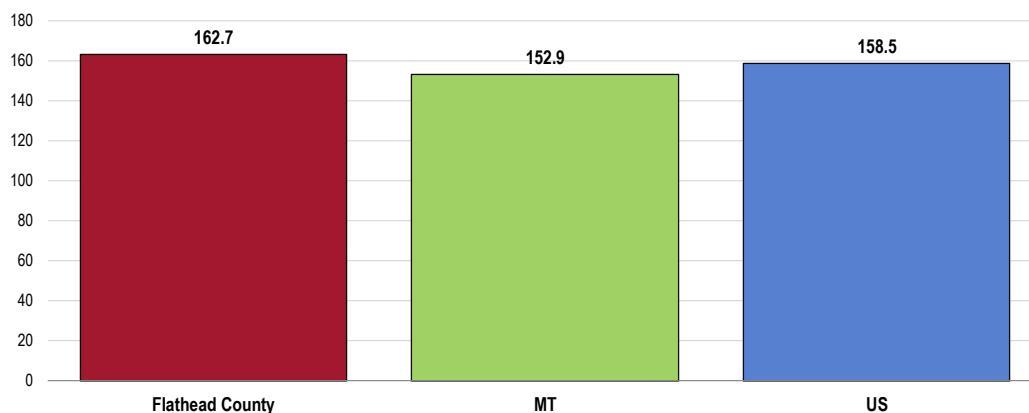
Age-Adjusted Cancer Deaths

All Cancer Deaths

Between 2014 and 2016, there was an annual average age-adjusted cancer mortality rate of 162.7 deaths per 100,000 population in Flathead County.

- Similar to the statewide and national rates.
- Similar to the Healthy People 2020 target of 161.4 or lower.

Cancer: Age-Adjusted Mortality (2014-2016 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 July 2018.
• 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 Flathead County.

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

As evident in the following chart (referencing 2014-2016 annual average age-adjusted death rates):

- The Flathead County **lung cancer** death rate is similar to both the state and national rates.
- The Flathead County **prostate cancer** death rate is higher than the national rate but similar to the statewide rate.
- The Flathead County **female breast cancer** death rate is similar to both the Montana and US rates.
- The Flathead County **colorectal cancer** death rate is higher than both the state and national rates.
- Note that only the Flathead County lung cancer death rate satisfies the related Healthy People 2020 target.

Age-Adjusted Cancer Death Rates by Site (2014-2016 Annual Average Deaths per 100,000 Population)

	Flathead County	Montana	US	HP2020
ALL CANCERS	162.7	152.9	158.5	161.4
Lung Cancer	39.0	38.2	42.0	45.5
Prostate Cancer	24.3	21.5	19.0	21.8
Female Breast Cancer	23.5	20.0	20.6	20.7
Colorectal Cancer	18.1	14.1	14.4	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 July 2018.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>

The following chart segments cancer deaths per 100,000 in 2015 by gender and race/ethnicity at the county, state and national levels.

Cancer Deaths (2015 Deaths per 100,000 Population)

	Flathead County	Montana	United States
All Ages, Races/Ethnicities, Sexes	161	157	159
By Sex			
Male	180	183	190
Female	145	138	136
By Race/Ethnicity			
White	161	156	159
Black	—	—	181
American Indian/Alaska Native	—	219	109
Asian/Pacific Islander	—	—	101
Hispanic	—	98	112

Sources: • Montana Central Tumor Registry.
 Notes: • "—" indicates data are suppressed.

Cancer Incidence

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.

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

The 2013-2015 age-adjusted cancer incidence rate for Flathead County (517.3) is higher than the statewide rate of 444.6.

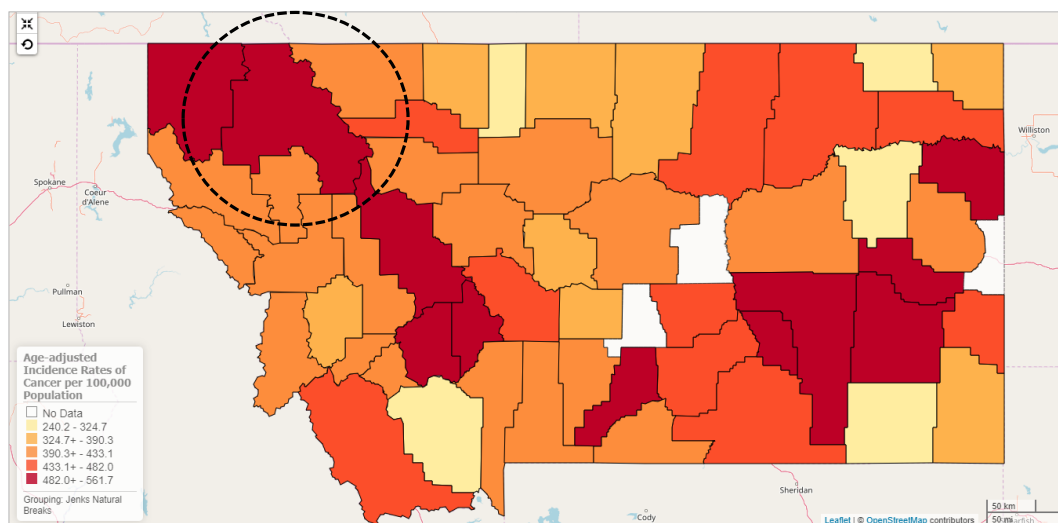
Cancer Incidence

	Number of Cases of Diagnosed Cancer	Number in the Population (Person-Years)	Age-adjusted Incidence Rates of Cancer per 100,000 Population (2013-2015)
Flathead County	1,921	283,782	517.3
Montana	17,427	3,069,254	444.6

Sources: • Montana Central Tumor Registry.

- The following map highlights that the overall cancer incidence rate in Flathead County is among the highest of Montana counties.

Age-Adjusted Incidence Rates of Cancer per 100,000 Population (2013-2015)



Sources: • Montana Central Tumor Registry.

The following chart segments the 2015 incidence of new cancer diagnoses per 100,000 population by gender and race/ethnicity at the county, state and national levels. Note the higher incidence in men and in native populations.

Cancer Incidence per 100,000 Population (2015)

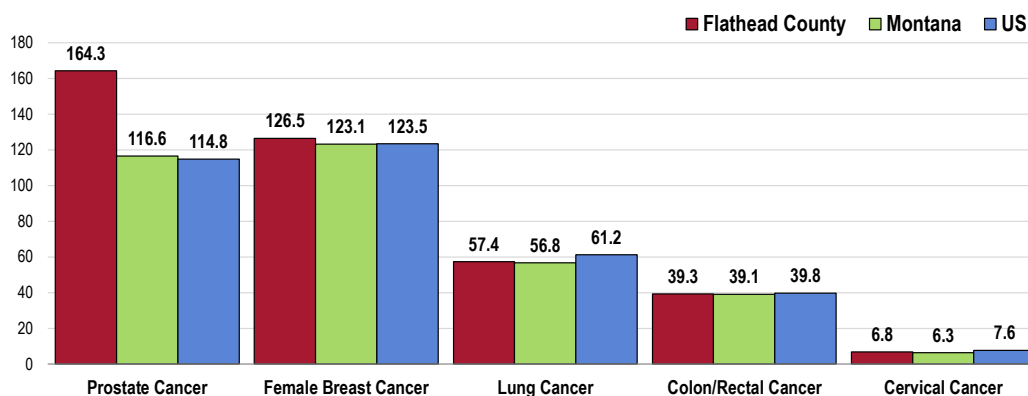
	Flathead County	Montana	United States
All Ages, Races/Ethnicities, Sexes	512	444	438
By Sex			
Male	573	476	473
Female	459	420	415
By Race/Ethnicity			
White	511	439	439
Black	—	—	434
American Indian/Alaska Native	627	502	278
Asian/Pacific Islander	497	368	283
Hispanic	372	195	334

Sources: • Montana Central Tumor Registry.
Notes: • "—" indicates data are suppressed.

Incidence Rate for Leading Cancer Sites

The 2010-2014 Flathead County annual average age-adjusted cancer incidence rate for prostate cancer is worse than state and US rates.

Cancer Incidence Rates by Site (Annual Average Age-Adjusted Incidence per 100,000 Population, 2010-2014)



Sources: • State Cancer Profiles.
• Retrieved July 2018 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.

Prostate cancer is the leading cancer diagnosis in Flathead County men, while breast cancer is the leading diagnosis in women. Lung and colorectal cancer are the second and third leading diagnoses in each gender.

Top Five Cancer Diagnoses by Sex (2015)

	Flathead County	Montana	United States
All Ages, Races/ Ethnicities, Sexes	1. Prostate 2. Breast 3. Lung and Bronchus 4. Colon and Rectum 5. Melanomas of the Skin	1. Breast 2. Prostate 3. Lung & Bronchus 4. Colon & Rectum 5. Melanomas of the Skin	1. Breast 2. Prostate 3. Lung and Bronchus 4. Colon and Rectum 5. Corpus & Uterus, NOS
By Sex			
Male	1. Prostate 2. Lung & Bronchus 3. Colon & Rectum 4. Melanomas of the Skin 5. Urinary Bladder	1. Prostate 2. Lung & Bronchus 3. Colon & Rectum 4. Urinary Bladder 5. Melanomas of the Skin	1. Prostate 2. Lung & Bronchus 3. Colon & Rectum 4. Bladder 5. Melanomas of the Skin
Female	1. Breast 2. Lung & Bronchus 3. Colon & Rectum 4. Corpus & Uterus, NOS 5. Melanomas of the Skin	1. Breast 2. Lung & Bronchus 3. Colon & Rectum 4. Thyroid 5. Corpus and Uterus, NOS	1. Breast 2. Lung & Bronchus 3. Colon & Rectum 4. Corpus & Uterus, NOS 5. Thyroid

Sources: • Centers for Disease Control and Prevention.

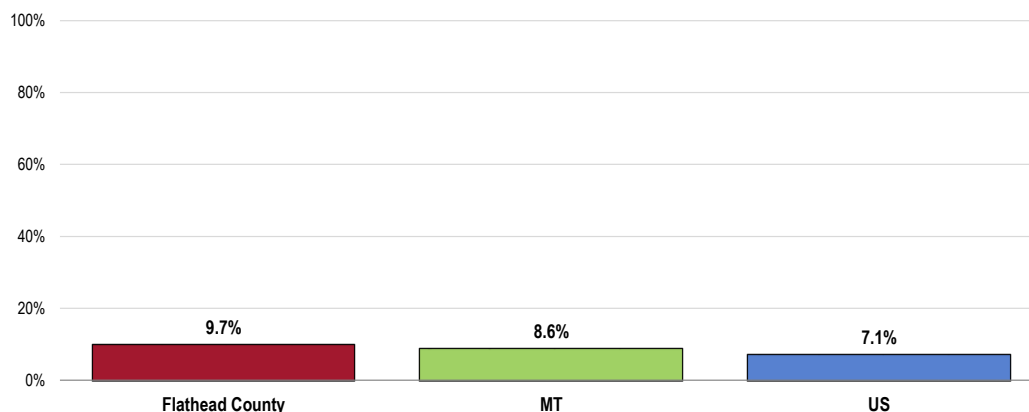
Prevalence of Cancer

A total of 9.7% of survey respondents have been diagnosed with some type of cancer.

- Similar to the state and national percentages.

The most common cancer diagnoses among this relatively small sample of respondents were **cervical cancer** and **ovarian cancer**.

Prevalence of Cancer



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 27]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 MT data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

- Asked of all respondents.

Cancer Risk

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).

RELATED ISSUE:
See also *Nutrition, Physical Activity, Weight Status, and Tobacco Use* in the **Modifiable Health Risks** section of this report.

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.

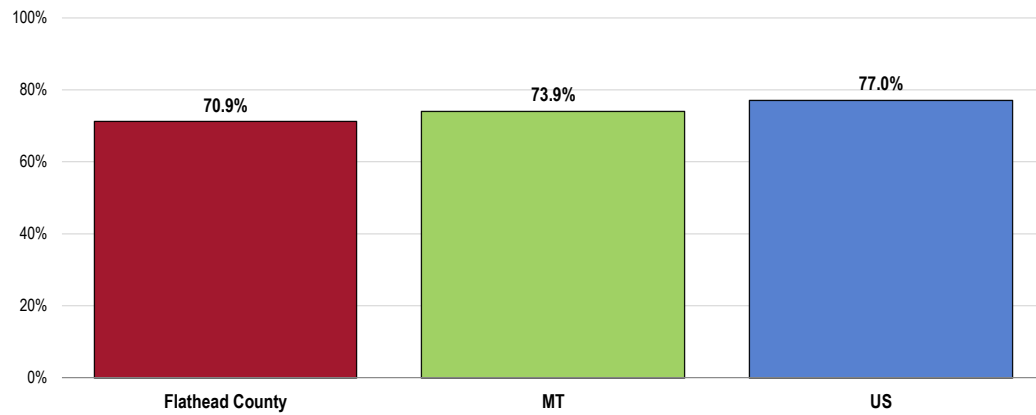
Mammography

Among women age 50-74, 70.9% have had a mammogram within the past 2 years.

- Similar to statewide findings.
- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target (81.1% or higher).

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

Healthy People 2020 Target = 81.1% or Higher



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 133]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 MT data.
- 2017 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.

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.

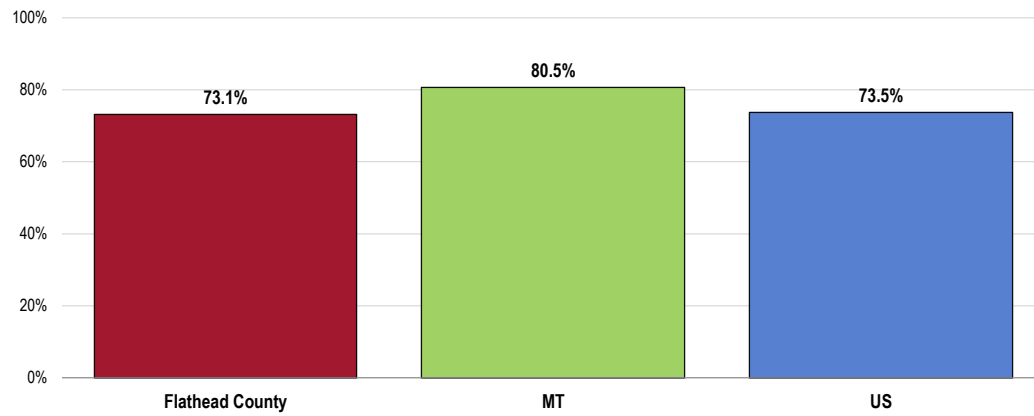
Pap Smear Testing

Among Flathead County women age 21 to 65, 73.1% have had a Pap smear within the past 3 years.

- Comparable to Montana findings.
- Nearly identical to the national findings.
- Fails to satisfy the Healthy People 2020 target (93% or higher).

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

Healthy People 2020 Target = 93.0% or Higher



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 134]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 MT data.
 - 2017 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.

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 (fecal occult blood testing, 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.

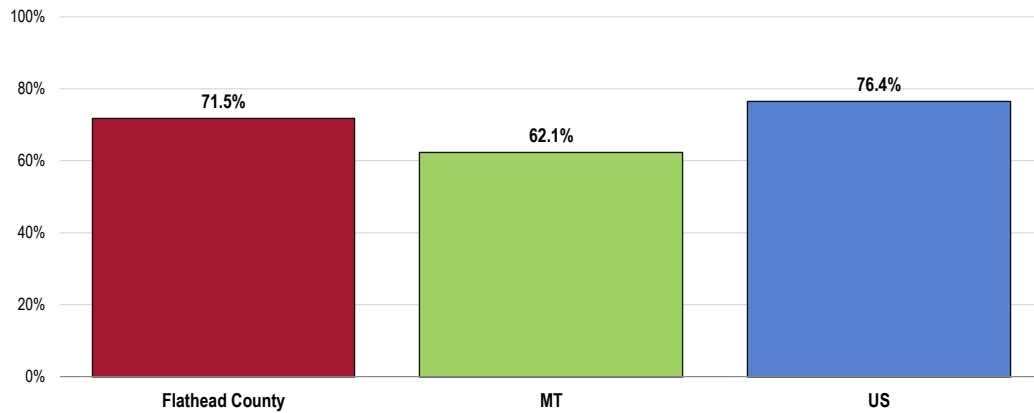
Colorectal Cancer Screening

Among adults age 50-75, 71.5% have had an appropriate colorectal cancer screening.

- More favorable than Montana findings.
- Statistically similar to national findings.
- Satisfies the Healthy People 2020 target (70.5% or higher).

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

Healthy People 2020 Target = 70.5% or Higher



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 137]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 MT data.
 - 2017 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.

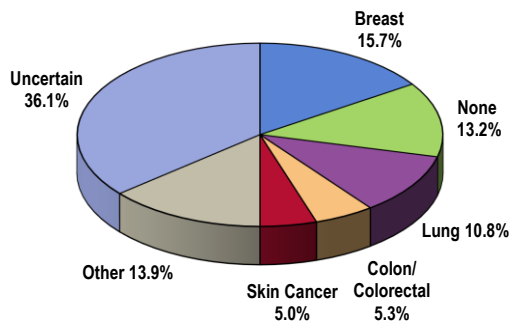
"Appropriate colorectal cancer screening" includes a fecal occult blood test within the past year and/or a lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.

Community Perceptions of Cancer

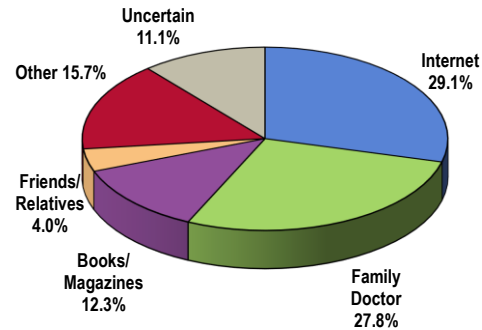
The types of cancers that area adults are most concerned about include breast cancer (mentioned by 15.7%), lung cancer (10.8%), colorectal cancer (5.3%) and skin cancer (5.0%).

In general, Flathead County adults believe the most effective way for them to learn about cancer prevention is through the Internet (29.1%) or through a family physician (27.8%).

Type of Cancer Most Concerned About in County
(Flathead County, 2018)



Most Effective Way to Learn About Cancer Prevention
(Flathead County, 2018)

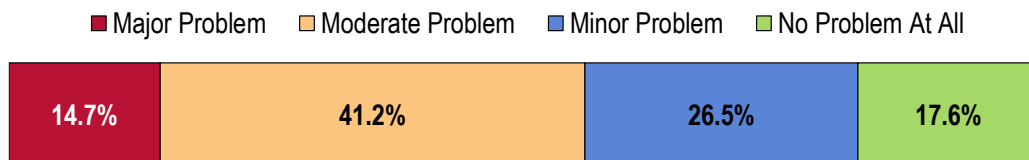


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 310, 311]
Notes: • Asked of all respondents.

Key Informant Input: Cancer

The greatest share of 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, 2018)



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 related to the following:

Incidence/Prevalence

There are nearly 1000 cancer diagnoses made each year in the Flathead Valley. Cancer care at KRMC is difficult to navigate, because all of the services are provided separately, causing a “silo” effect. Radiation Oncology, Medical Oncology and Surgical Oncology are all separate practices, in separate buildings, and there seems to be mistrust and difficulty with communication among the practices. Cancer patients often have to tell their story multiple times, to multiple providers, when it feels like the providers should be working together and keep each other up to date on treatment plans and issues for patients they each have in common. Cancer patients also need psychosocial and emotional support to complement their medical care, and while KRMC has a comprehensive program to offer the support that patients need, many providers do not know about it, and as a result patients do not know there are supports available to them free of charge. - Social Service Provider

Cancer continues to impact many in our community, young and old. There are many financial barriers to families impacted by cancer. Costs associated with cancer of a child are a challenge for parents and costs associated with cancer and inability to work are significant for adults. Many adults HAVE to continue to work while fighting cancer in order to have insurance available to them. If they are no longer able to work, they often lose their insurance which provides the important treatment that they need to improve their health. During the stress of cancer, it is unfortunate that they have to have the financial strain of losing their employment and losing their insurance. - Public Health Representative

High incidence and childhood cancers. - Other Health Provider

Aging Population

Graying population. - Other Health Provider

Education/Awareness

There are a large number of patients receiving cancer treatments. Many people do not understand the importance of regular screenings. - Physician

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.]

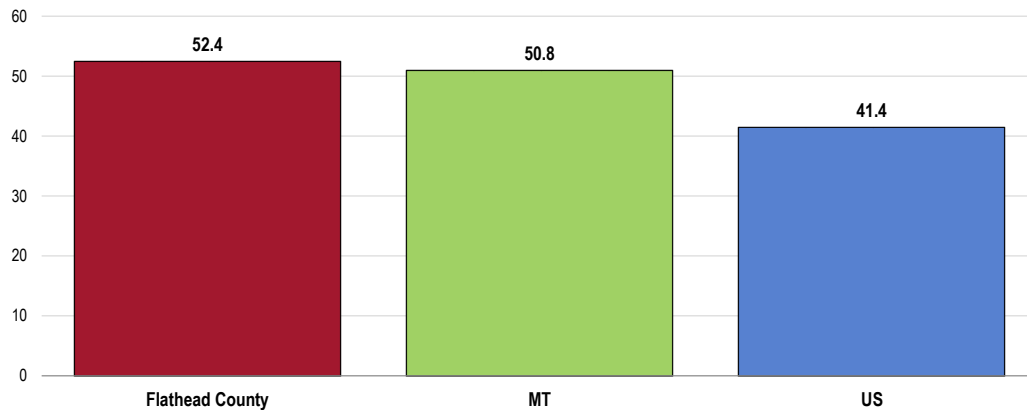
Age-Adjusted Respiratory Disease Deaths

Chronic Lower Respiratory Disease Deaths (CLRD)

Between 2014 and 2016, there was an annual average age-adjusted CLRD mortality rate of 52.4 deaths per 100,000 population in Flathead County.

- Similar to the statewide rate.
- Higher than the national rate.

CLRD: Age-Adjusted Mortality
(2014-2016 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 July 2018.

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

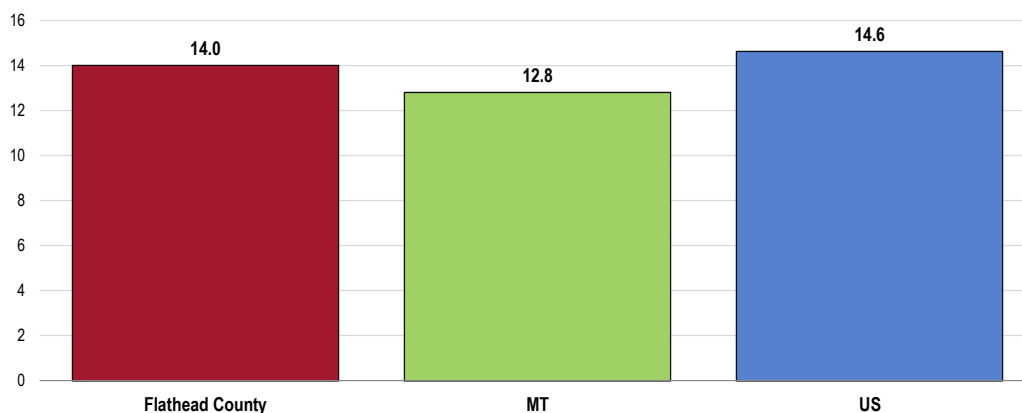
Between 2014 and 2016, Flathead County reported an annual average age-adjusted pneumonia influenza mortality rate of 14.0 deaths per 100,000 population.

- Similar to both state and national rates.

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.

For prevalence of vaccinations for pneumonia and influenza, see also *Immunization & Infectious Diseases* in the **Infectious Disease** section of this report.

Pneumonia/Influenza: Age-Adjusted Mortality (2014-2016 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 July 2018.

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.

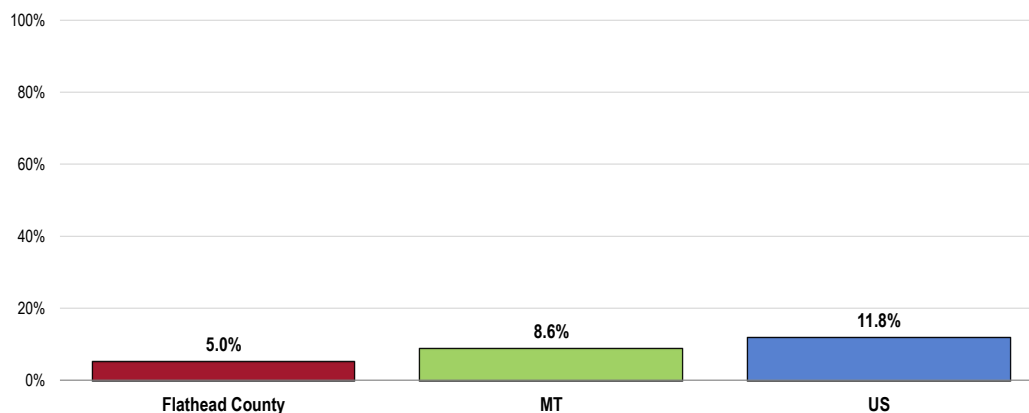
Asthma

Adults

A total of 5.0% of Flathead County adults currently suffer from asthma.

- More favorable than the state and national prevalence.

Adult Asthma: Current Prevalence



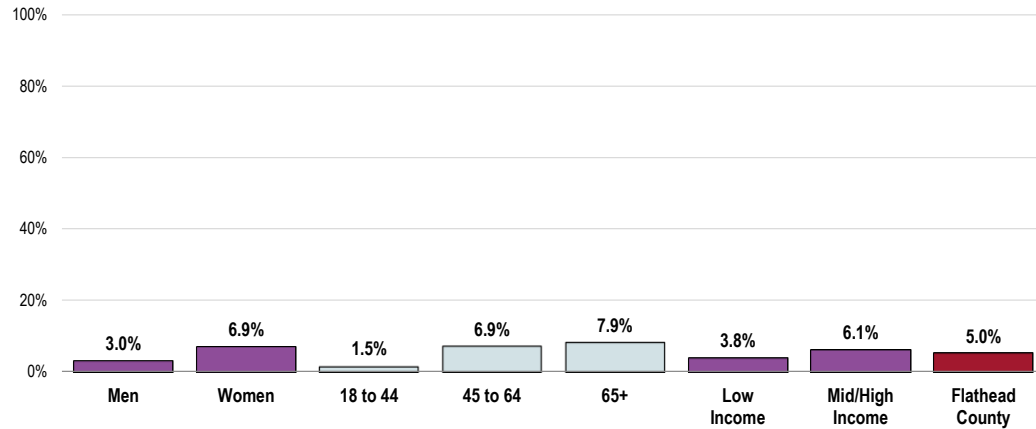
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 MT data.

Notes: • Asked of all respondents.
• Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.

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

- Adults age 45 and older are more likely to suffer from asthma.

Currently Have Asthma (Flathead County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]

Notes: • Asked of all respondents.

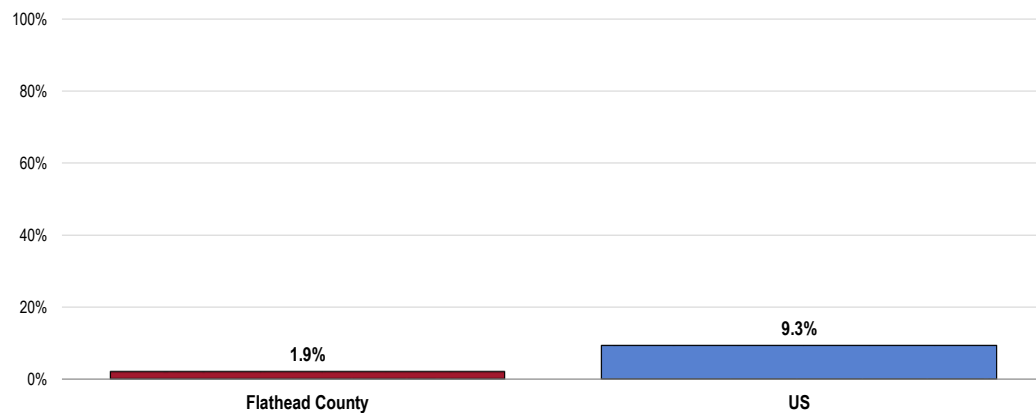
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty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

Children

Among Flathead County children under age 18, 1.9% currently have asthma.

- Much lower than national findings.

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



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 139]

Notes: • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

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

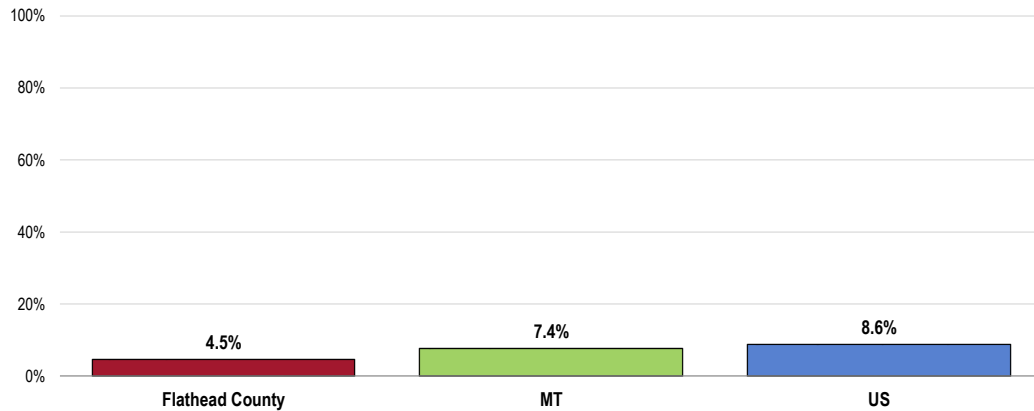
• Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.

Chronic Obstructive Pulmonary Disease (COPD)

A total of 4.5% of Flathead County adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

- More favorable than the state and national prevalence.

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)



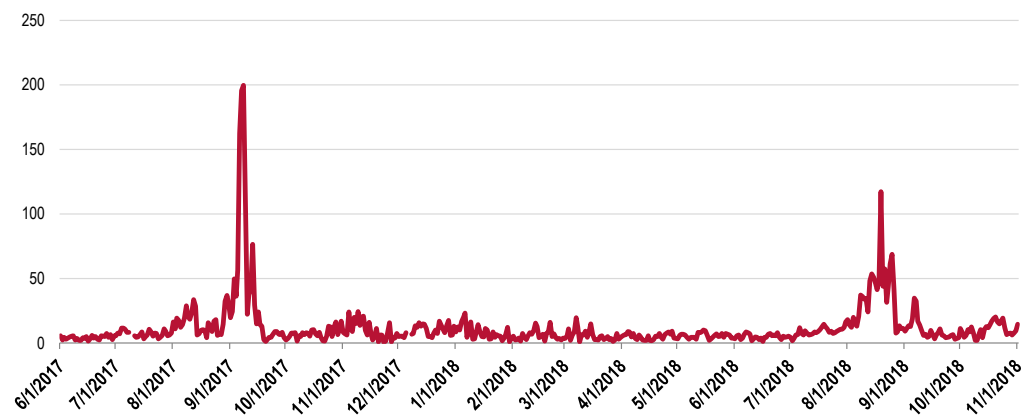
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 24]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 MT data.
 • 2017 PRC 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.

Air Quality

Fire season is an annual issue for air quality in Flathead County. Further, even when monthly air quality is mild, individual days can pose a serious risk.

Average Air Quality PM2.5 NowCast Concentration, Flathead Valley



Sources: • US Environmental Protection Agency.

Key Informant Input: Respiratory Disease

The greatest share of key informants taking part in an online survey characterized *Respiratory Disease* as a “minor problem” in the community.

Perceptions of Respiratory Diseases as a Problem in the Community

(Key Informants, 2018)

■ 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 related to the following:

Environmental Issues

Lots of folks with asthma, some with asbestos-related respiratory problems, smokers with COPD. - Other Health Provider

Tobacco Use

Tobacco use, pollutants, mesothelioma, air quality seasonally. - Other Health Provider

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)

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

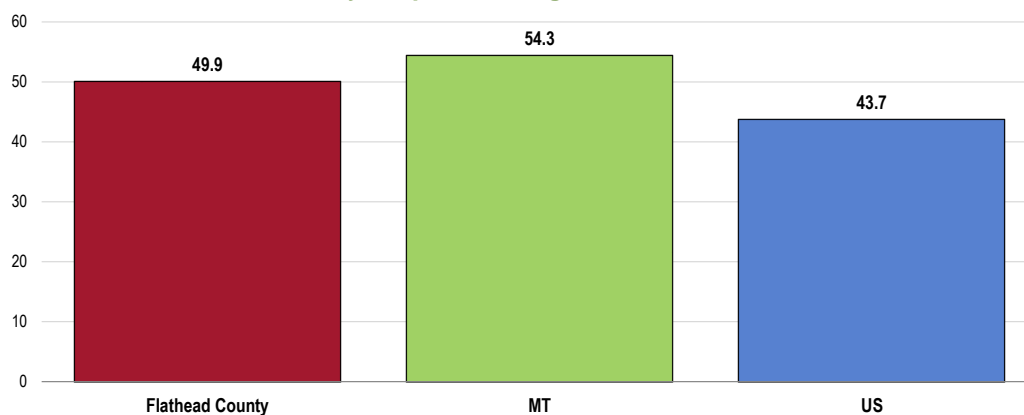
Between 2014 and 2016, there was an annual average age-adjusted unintentional injury mortality rate of 49.9 deaths per 100,000 population in Flathead County.

- Similar to the state and national rates.
- Fails to satisfy the Healthy People 2020 target (36.4 or lower).

Unintentional Injuries: Age-Adjusted Mortality

(2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 36.4 or Lower



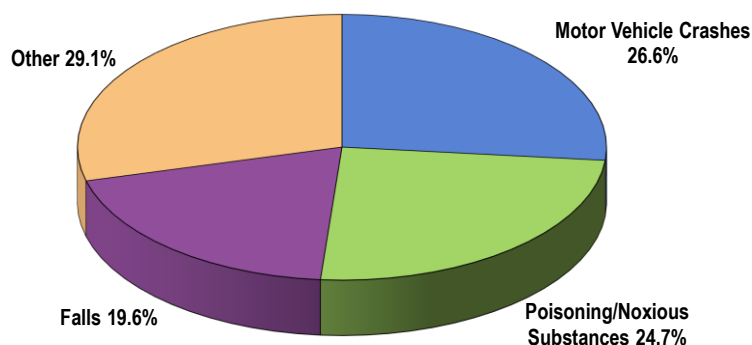
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [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.

Leading Causes of Unintentional Death

Motor vehicle crashes, poisoning (including unintentional drug overdose), and falls accounted for most unintentional deaths in Flathead County between 2014 and 2016.

Leading Causes of Unintentional Death

(Flathead County, 2014-2016)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2018.
 - Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

For information about unintentional drug-related deaths, see the *Substance Abuse* section of this report.

Motor Vehicle Crashes

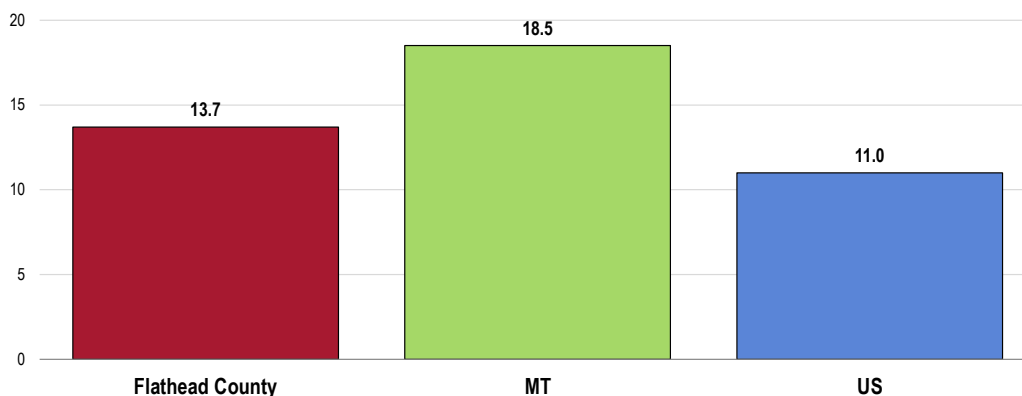
Between 2014-2016, there were 13.7 age-adjusted deaths per 100,000 population attributed to motor vehicle crashes.

- Worse than the US rate, but better than the Montana rate.

Motor Vehicle Crashes: Age-Adjusted Mortality

(2014-2016 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 July 2018.
 • 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.

Data from the Flathead City-County Health Department show that between 2007 and 2016, there were 18,478 motor vehicle crashes in Flathead County, resulting in 165 deaths.

Among fatal crashes:

- 92.7% (139) were in a rural area
- 83.3% (125) involved a male driver
- 55.3% (83) involved an impaired driver
- 20.7% (31) involved a driver age 65+
- 12.0% (18) involved a distracted driver
- 11.3% (17) involved a driver ages 14 to 20

Among all motor vehicle crashes in Flathead County (fatal and non-fatal):

- 69.8% (12,892) involved a male driver
- 61.0% (11,273) were in a rural area
- 23.9% (4,419) involved a driver ages 14 to 20
- 16.3% (3,003) involved a driver age 65+
- 15.7% (2,900) involved a distracted driver
- 11.7% (2,164) involved an impaired driver

Motor Vehicle Crashes

(Flathead County, 2007-2016)

	Motor Vehicle Crashes	Fatal Motor Vehicle Crashes	Fatalities	Serious Injury MVCs	Serious Injuries
Flathead County	18,478	150	165	852	1,122
Kalispell	5,721	7	7	100	114
Whitefish	1,008	3	3	7	7
Columbia Falls	473	1	1	12	13

Sources: • Flathead City-County Health Department.

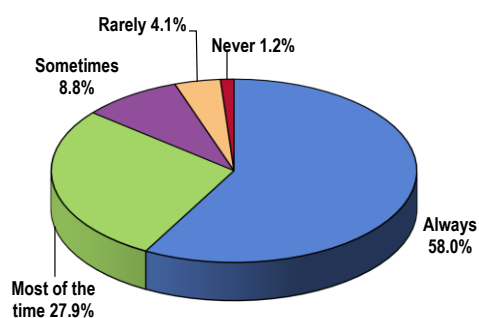
Adolescents & Motor Vehicle Safety

In the 2017 Youth Risk Behavior Survey, 14.1% of Flathead County high school students reported that they wear seat belts “sometimes,” “rarely” or “never” when riding in a car driven by someone else.

Nearly 4 in 10 high schoolers texted or emailed while driving at least once in the 30 days prior to the survey.

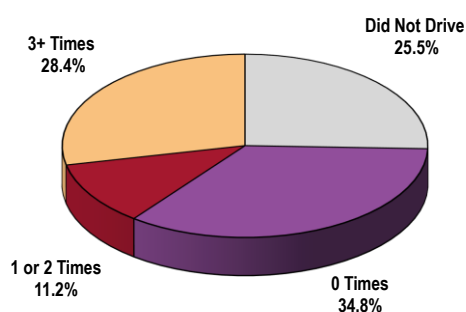
Frequency of Seatbelt Use When Riding in a Car Driven By Somebody Else

(Flathead County High School Students, 2017)



Number of Times Texted or Emailed While Driving a Vehicle in the Past 30 Days

(Flathead County High School Students, 2017)



Sources: • 2017 Flathead County YRBS (High School).

Falls

Falls

Each year, an estimated one-third of older adults fall, and the likelihood of falling increases substantially with advancing age. In 2005, a total of 15,802 persons age ≥65 years died as a result of injuries from falls.

Falls are the leading cause of fatal and nonfatal injuries for persons aged ≥65 years ... In 2006, approximately 1.8 million persons aged ≥65 years (nearly 5% of all persons in that age group) sustained some type of recent fall-related injury. Even when those injuries are minor, they can seriously affect older adults' quality of life by inducing a fear of falling, which can lead to self-imposed activity restrictions, social isolation, and depression.

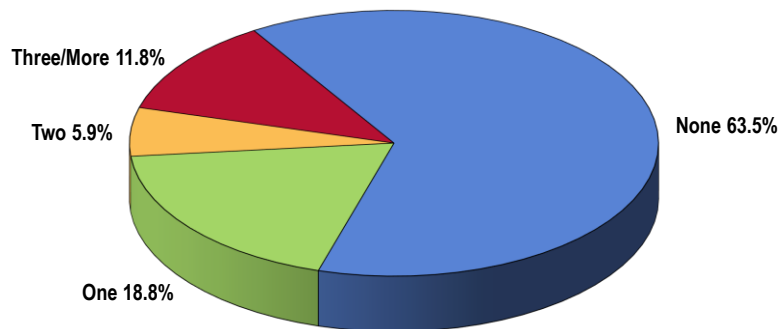
In addition, fall-related medical treatment places a burden on US healthcare services. In 2000, direct medical costs for fall-related injuries totaled approximately \$19 billion. A recent study determined that 31.8% of older adults who sustained a fall-related injury required help with activities of daily living as a result, and among them, 58.5% were expected to require help for at least 6 months.

Modifiable fall risk factors include muscle weakness, gait and balance problems, poor vision, use of psychoactive medications, and home hazards. Falls among older adults can be reduced through evidence-based fall-prevention programs that address these modifiable risk factors. Most effective interventions focus on exercise, alone or as part of a multifaceted approach that includes medication management, vision correction, and home modifications.

- Division of Unintentional Injury Prevention, National Center for Injury Prevention and Control, CDC

Among surveyed Flathead County adults age 45 and older, 36.5% fell at least once in the past year, including 11.8% who fell three or more times.

Number of Falls in Past 12 Months
(Among Adults Age 45 and Older; Flathead County, 2018)

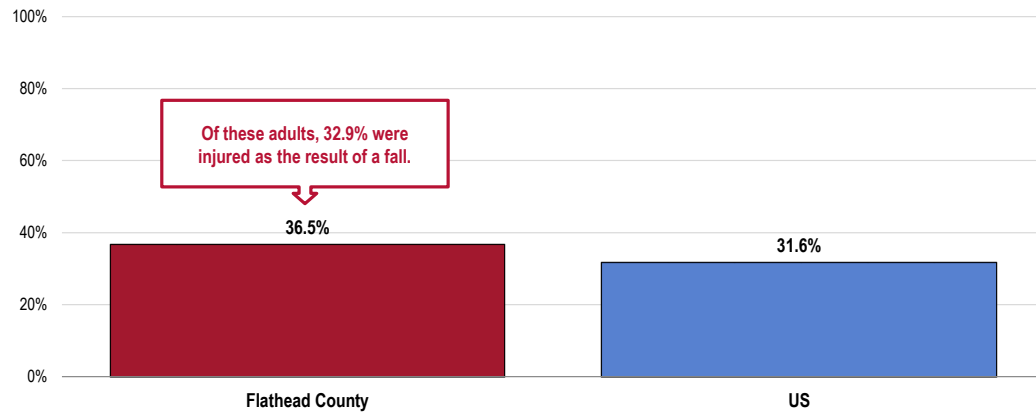


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 107]
Notes: • Asked of all respondents age 45+.

- The prevalence of adults age 45+ who fell at least once in the past year is similar to the national proportion.

Among those who fell in the past year, 32.9% were injured as a result of the fall.

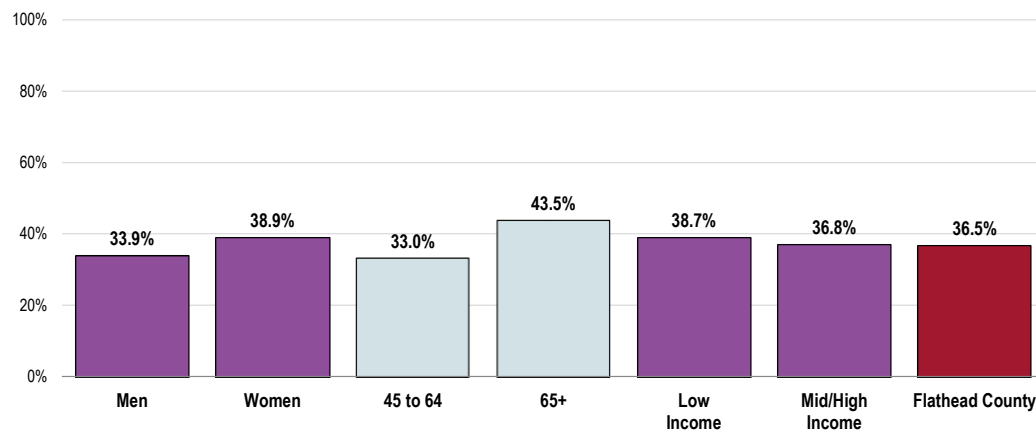
Fell One or More Times in the Past Year (Among Respondents Age 45 and Older)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 107-108]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of those respondents age 45 and older.

- Incidence of falls were found to be statistically similar within the demographic groups.

Fell One or More Times in the Past Year (Among Respondents Age 45 and Older; Flathead County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 107]
 Notes: • Asked of those respondents age 45 and older..
 • 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.

Firearm Safety

Age-Adjusted Firearm-Related Deaths

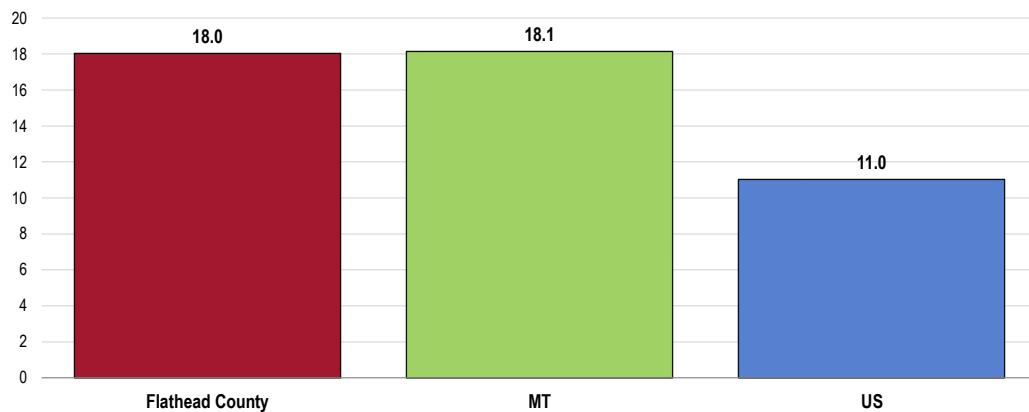
Between 2014 and 2016, firearms in Flathead County contributed to an annual average age-adjusted rate of 18.0 deaths per 100,000 population.

- Similar to the statewide rate.
- Higher than found nationally.
- Fails to satisfy the Healthy People 2020 objective (9.3 or lower).

Firearms-Related Deaths: Age-Adjusted Mortality

(2014-2016 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 July 2018.
 - 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.

Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

Between 2014 and 2016, there was an annual average age-adjusted homicide rate of 3.2 deaths per 100,000 population in Flathead County.

- More favorable than the state and national rates.
- Satisfies the Healthy People 2020 target of 5.5 or lower.

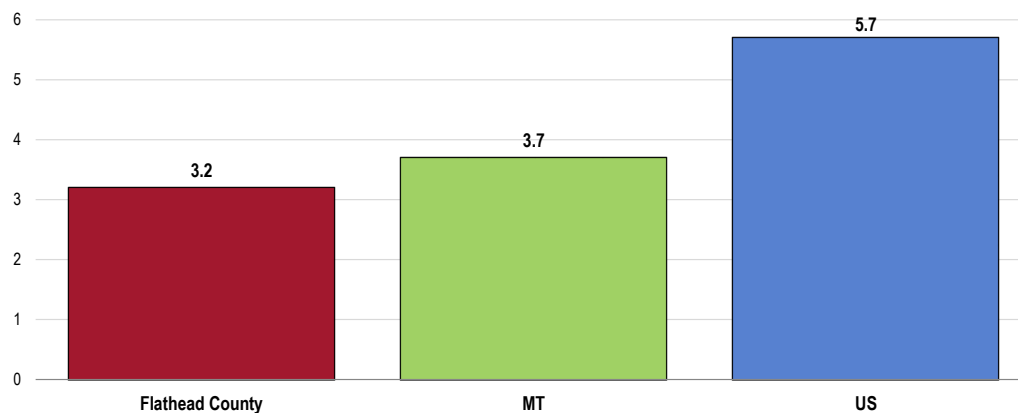
RELATED ISSUE:

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

Homicide: Age-Adjusted Mortality

(2014-2016 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 July 2018.
 - 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.

Violent Crime

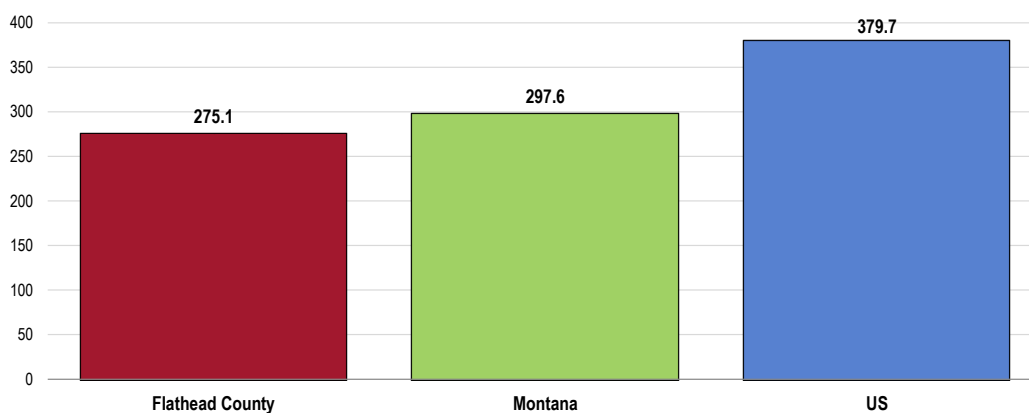
Violent Crime Rates

Between 2012 and 2014, there were a reported 275.1 violent crimes per 100,000 population in Flathead County.

- Statistically similar to the Montana rate for the same period.
- Lower than the national rate.

Violent Crime

(Rate per 100,000 Population, 2012-2014)



- Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports.
 - Retrieved July 2018 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.

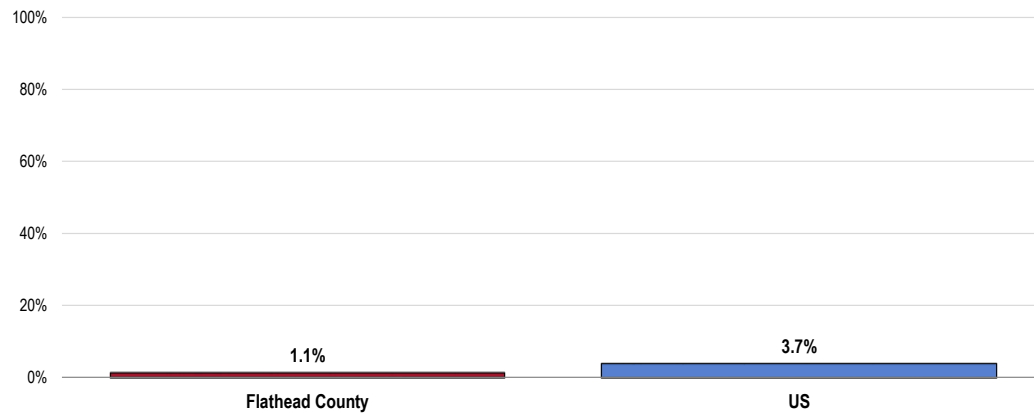
Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

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.

A total of 1.1% of surveyed Flathead County adults acknowledge being the victim of a violent crime in the area in the past five years.

- Much lower than national findings.

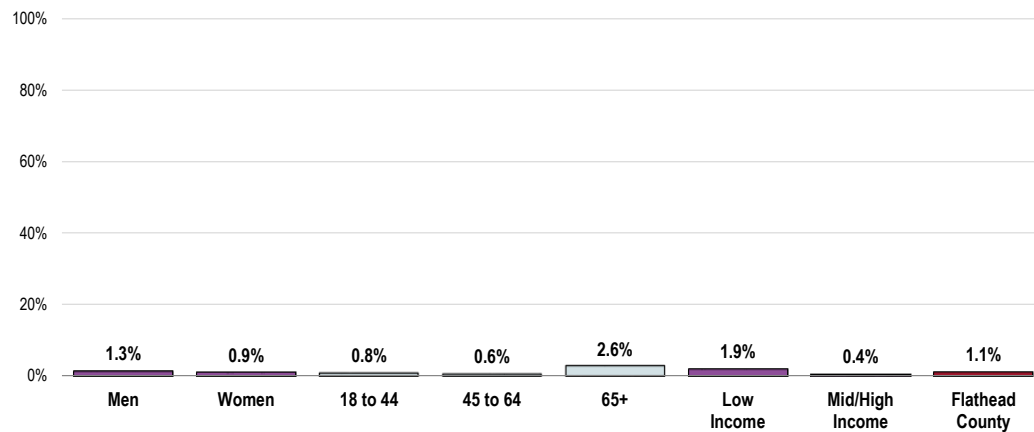
Victim of a Violent Crime in the Past Five Years



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 46]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

- Reports of violence are statistically similar within the demographic categories.

Victim of a Violent Crime in the Past Five Years (Flathead County, 2018)



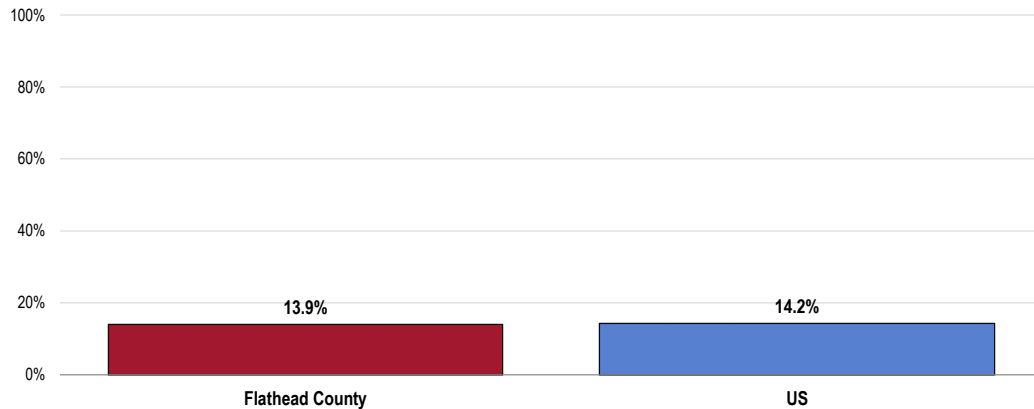
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 46]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Family Violence

A total of 13.9% of Flathead County adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- Similar to national findings.

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



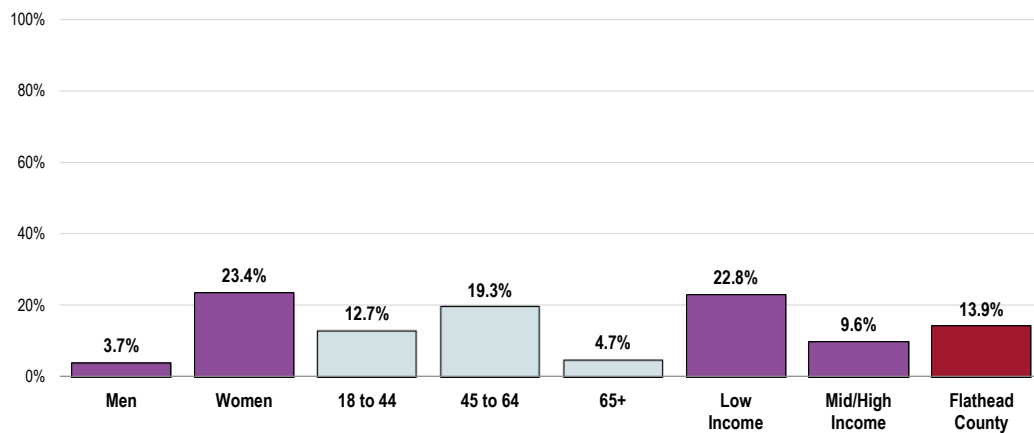
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 47]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Reports of domestic violence are also notably higher among:

- Women.
- Adults between the ages of 45 and 64.
- Those with lower incomes.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner (Flathead County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 47]
 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.

Juvenile Crime & Violence

Adolescent Experience of Violence

The following chart illustrates experience of various forms of bullying and sexual abuse among Flathead County high school students in 2017.

Adolescent Experience of Bullying or Sexual Abuse (Flathead County High School Students, 2017)

	Yes
During the past 12 months, have you been bullied on school property?	22.1%
During the past 12 months, have you been electronically bullied?	19.8%
During the past 12 months, have you ever been the victim of teasing or name calling because someone thought you were gay, lesbian, or bisexual?	9.1%
Have you ever been physically forced to have sexual intercourse when you did not want to?	10.8%

Sources: • 2017 Flathead County YRBS (High School).

Juvenile Offenses

The number of juvenile offenses (violent and non-violent) has decreased over time across the county and state.

Juvenile Offenses (Includes Violent and Non-Violent Offenses)

	Flathead 2011-2012	Flathead 2015-2016	Montana 2011-2012	Montana 2015-2016
Number of Juvenile offenses	763	455	9,347	6,367

Sources: • Montana Board of Crime Control.

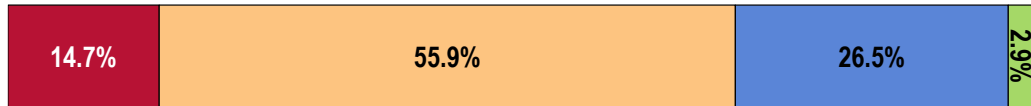
Key Informant Input: Injury & Violence

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, 2018)

■ 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 related to the following:

Incidence/Prevalence

Statistics. - Community Leader

Injury and violence is prevalent in our community. It can be seen through the number of children in foster care and the number of children seen in hospital due to injury cause due to domestic violence. There are also indicators through the increasing number of homeless teens many of whom report that they are fleeing violent home situations. There is a shortage of intervention programs and support programs in our community to address domestic issues that allow families to feel less threatened. There is also a lack of follow through with Protective Services for students due to lack of resources or inadequate systems. There is also an increase in drug use in our community which contributes to violence in the home and violence against children. - Social Service Provider

From what I hear on the news, seems like more and more violent crimes. Also above national average in workplace injuries, impaired driving citations, and overall poor drivers. Also, more people are active out of doors here which increases risk for injury - Other Health Provider

Alcohol/Drug Use

I think the drug culture, substance abuse, domestic violence, poverty, lack of accessibility to services, family dysfunction, mental illness and risk seeking behaviors all contribute to increasing violence and injury in our communities. - Other Health Provider

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.

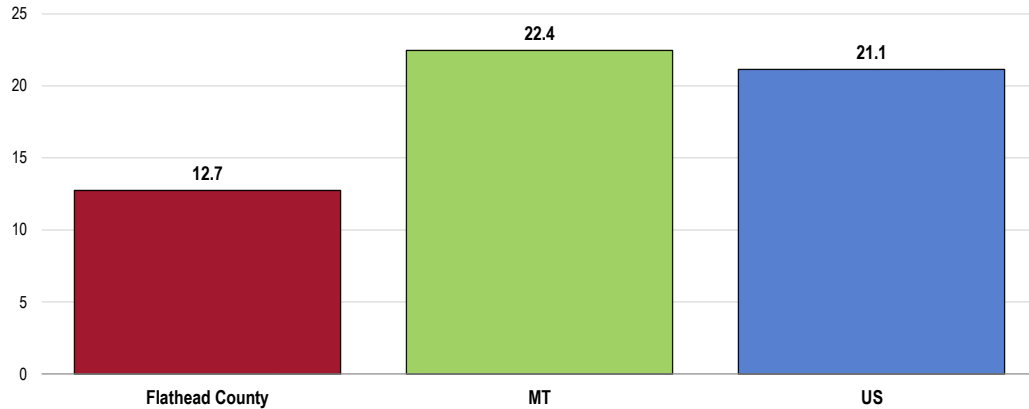
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Diabetes Deaths

Between 2014 and 2016, there was an annual average age-adjusted diabetes mortality rate of 12.7 deaths per 100,000 population in Flathead County.

- More favorable than that found statewide or nationally.
- Satisfies the Healthy People 2020 target (20.5 or lower, adjusted to account for diabetes mellitus-coded deaths).

Diabetes: Age-Adjusted Mortality (2014-2016 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 July 2018.
 - 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

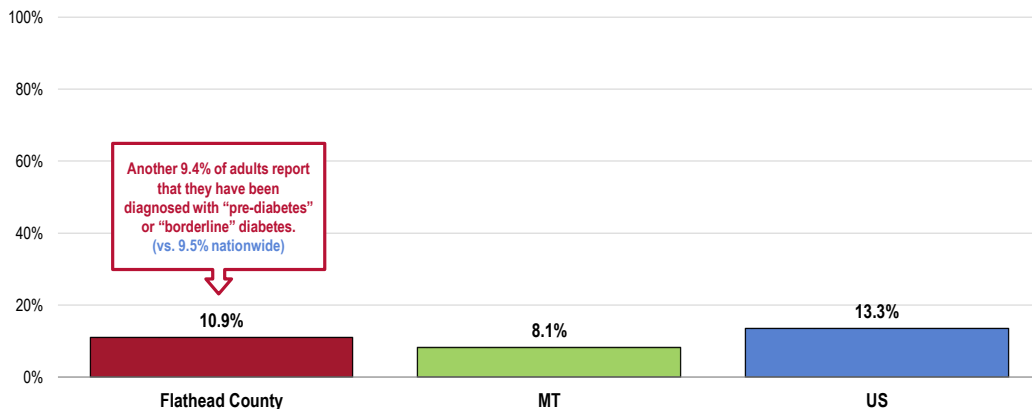
A total of 10.9% of Flathead County adults report having been diagnosed with diabetes.

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

In addition to the prevalence of diagnosed diabetes referenced above, another 9.4% of Flathead County adults report that they have “pre-diabetes” or “borderline diabetes.”

- Nearly identical to the US prevalence.

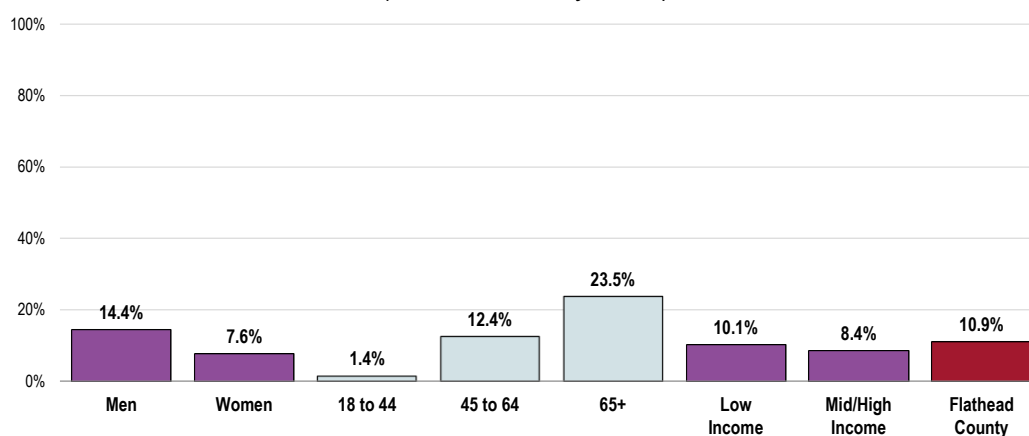
Prevalence of Diabetes



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 140]
 - 2017 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); 2016 MT data.
- Notes:
- Asked of all respondents.

- A higher prevalence of diagnosed diabetes (excluding pre-diabetes or borderline diabetes) is reported among older adults (note the strong positive correlation between diabetes and age, with 23.5% of seniors diagnosed with diabetes).

Prevalence of Diabetes (Flathead County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 140]

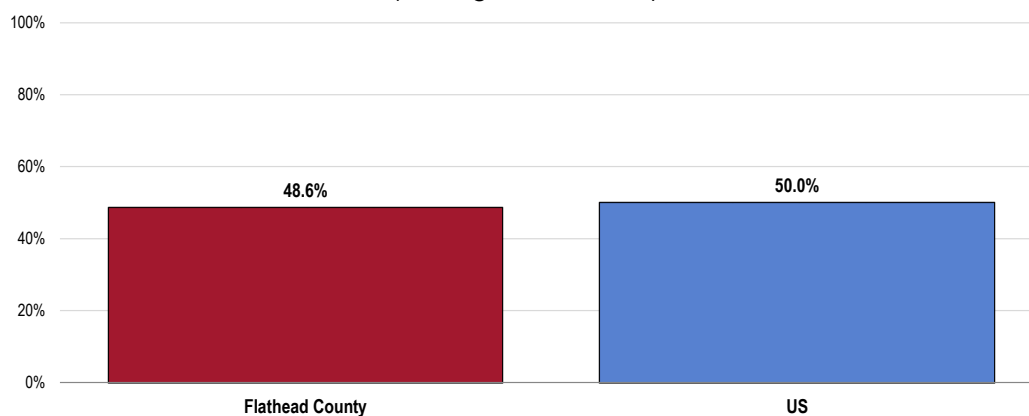
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes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

Diabetes Testing

Of area adults who have not been diagnosed with diabetes, 48.6% report having had their blood sugar level tested within the past three years.

- Similar to the national proportion.

Have Had Blood Sugar Tested in the Past Three Years (Among Nondiabetics)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 37]

Notes: • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
• Asked of respondents who have not been diagnosed with diabetes.

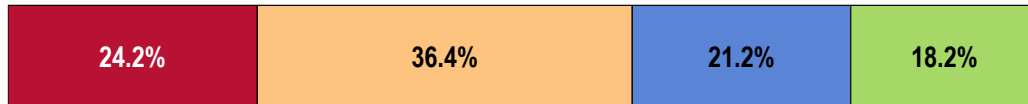
Key Informant Input: Diabetes

A high percentage of key informants taking part in an online survey characterized *Diabetes* as a “moderate problem” in the community.

Perceptions of Diabetes as a Problem in the Community

(Key Informants, 2018)

■ 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 related to the following:

Access to Healthy Food

Access to proper nutrition, especially fresh produce, to manage and support their disease. - Social Service Provider

Affordable Care/Services

Affording medications. Motivation for diet and exercise changes. Expense and availability of good diet choices. Expense of exercise facilities in the Valley. - Physician

Aging Population

Diabetes continues to be a major health issue with aging population and increasing obesity rates. - Physician

Education/Awareness

Lack of knowledge of the impact the oral cavity has on their diabetes and probably affordable prescriptions. - Other Health Provider

Incidence/Prevalence

The increasing rates and how people are not understanding the need for dietary changes and also limiting calories. - Other Health Provider

Nutrition

Unhealthy diets, limited exercise, aging population. - Community Leader

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.

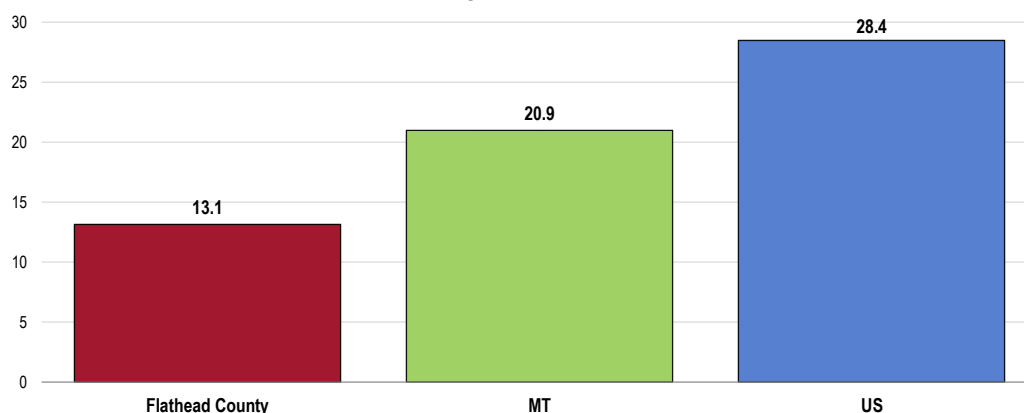
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Alzheimer's Disease Deaths

Between 2014 and 2016, there was an annual average age-adjusted Alzheimer's disease mortality rate of 13.1 deaths per 100,000 population in Flathead County.

- More favorable than the statewide and national rates.

Alzheimer's Disease: Age-Adjusted Mortality (2014-2016 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 July 2018.
- 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, 2018)

■ 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 related to the following:

Aging Population

The aging population is growing rapidly in Flathead County (as it is statewide, nationally and globally). By 2030, approximately 1/3 of the County's population will be age 60 or older. The rates of Alzheimer's increase as the population ages, and as people live to older ages. According to the Alzheimer's Assoc., the number of Montanans with Alzheimer's/dementia is expected to increase 42% from 2016-2025. It's the 6th leading cause of death, and 1 in 3 older adults die with it. Related costs of care are staggering, in terms of health care services and paid caregiving, but also in terms of the stress/demands on families and other unpaid caregivers. At the Agency on Aging, we serve older adults with dementia and their caregivers, but private-pay long-term care services (facility and in-home) are financially out-of-reach for many, there is a waiting list for Medicaid waiver services and low Medicaid provider rates effectively limit assisted living service availability for this population. - Social Service Provider

With the aging population, this will continue to grow and become an increasingly important problem with data that is given nationally. - Physician

Aging population. - Community Leader

Impact on Quality of Life

Difficult for those experiencing, those caretaking, nursing facilities and social service agencies. - Social Service Provider

I see on a regular basis people who have neurocognitive disorders that significantly affect the quality of their lives and their families. We have numerous nursing home and assisted living facilities where these diagnoses are increasingly common. It significantly affects the quality of the life of those afflicted with this and all of the caregivers around them as well. - Physician

Kidney Disease

About 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.

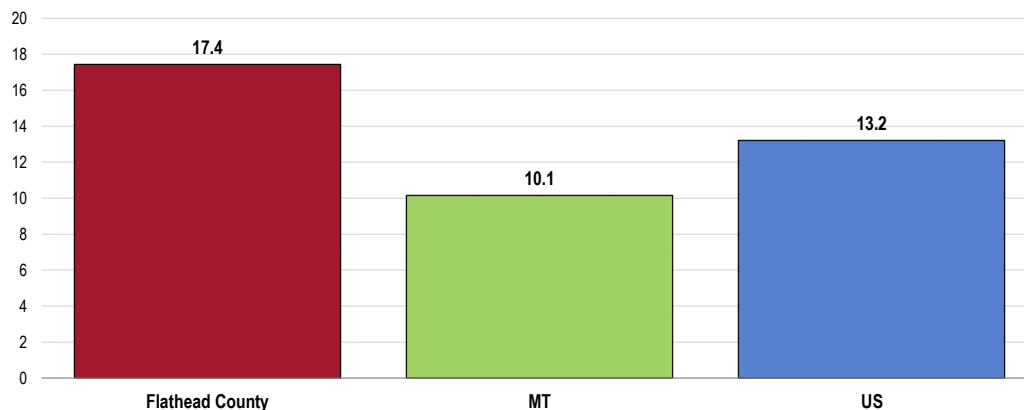
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Kidney Disease Deaths

Between 2014 and 2016, there was an annual average age-adjusted kidney disease mortality rate of 17.4 deaths per 100,000 population in Flathead County.

- Higher than the state and national rates.

Kidney Disease: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population)



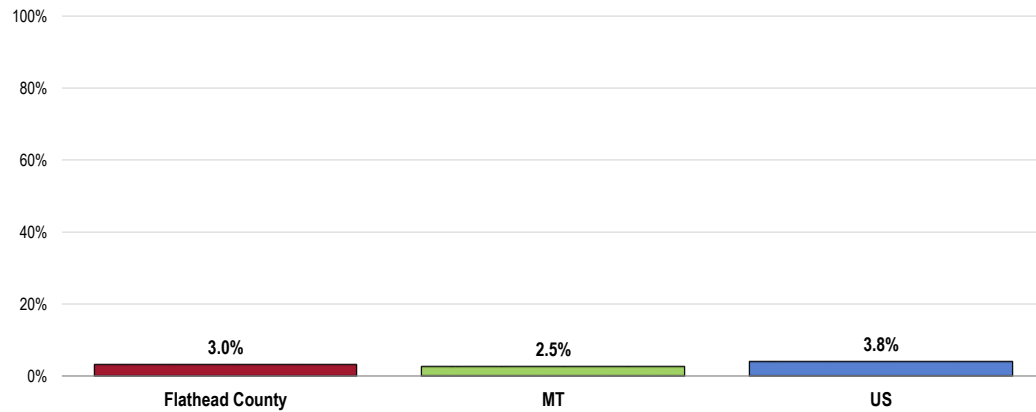
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2018.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification 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 3.0% of Flathead County adults report having been diagnosed with kidney disease.

- Similar to the state and national proportions.

Prevalence of Kidney Disease



Sources:

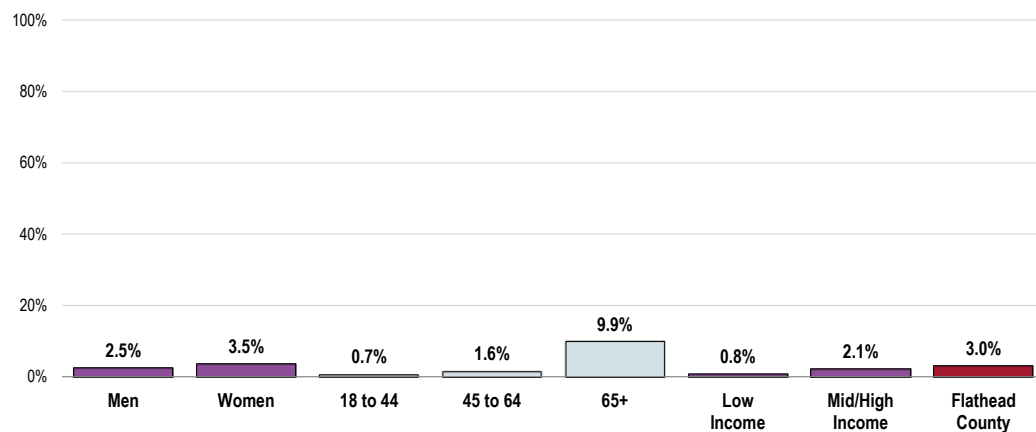
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 30]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 MT data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

- Asked of all respondents.

- A much higher prevalence of kidney disease is reported among seniors (age 65+) in Flathead County.

Prevalence of Kidney Disease (Flathead County, 2018)



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 30]

Notes:

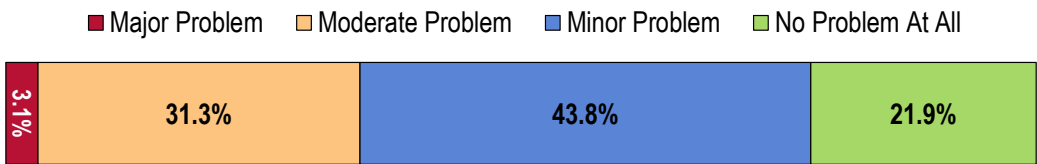
- Asked of all respondents.

- 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: Kidney Disease

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

Perceptions of Kidney Disease as a Problem in the Community (Key Informants, 2018)



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 related to the following:

Access to Care/Services

Three month wait times for initial appointments. - Physician

Potentially Disabling Conditions

Arthritis, Osteoporosis & Chronic Back 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)

More than one-fourth of Flathead County adults age 50 and older (30.7%) report suffering from arthritis or rheumatism.

- More favorable than that found nationwide.

A total of 12.2% Flathead County adults age 50 and older have osteoporosis.

- Similar to that found nationwide.
- Fails to satisfy the Healthy People 2020 target of 5.3% or lower.

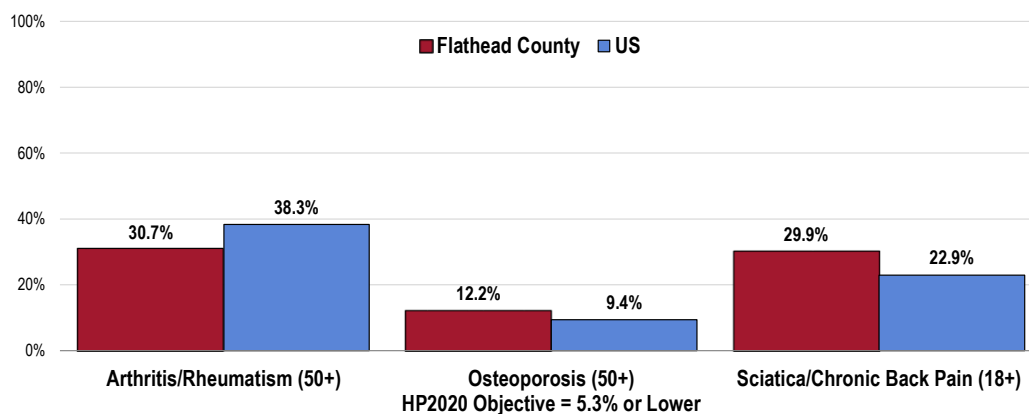
A total of 29.9% of Flathead County adults (18 and older) suffer from chronic back pain or sciatica.

- Less favorable than that found nationwide.

RELATED ISSUE:

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

Prevalence of Potentially Disabling Conditions

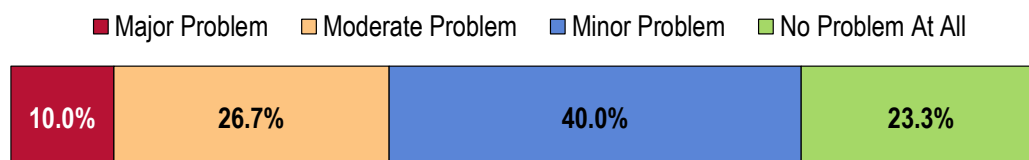


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 26, 141-142]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AOCBC-10]
 Notes: • The sciatica indicator reflects the total sample of respondents; the arthritis and osteoporosis columns reflect adults age 50+.

Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions

A plurality of key informants taking part in an online survey characterized *Arthritis, Osteoporosis & Chronic Back Conditions* as a “minor problem” in the community.

Perceptions of Arthritis/Osteoporosis/Back Conditions as a Problem in the Community (Key Informants, 2018)



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 related to the following:

Education/Awareness

There are a lot of people with misconceptions about back pain treatment. They think injections or surgery are the best treatment and don't realize the importance of regular exercise and strengthening programs. They also don't realize that there are conservative treatments available when surgeons tell them there is no surgery to help. - Physician

I think people are not educated on the benefits for PT and other options available for chronic back pain and RA and the risk of chronic opioids. I also think people don't understand how a weak core and unhealthy weight affects these things. - Other Health Provider

Incidence/Prevalence

Many people with back injuries affecting their ability to work, increases the number needing public assistance and increases the number of people in chronic pain requiring the use of opioids. - Other Health Provider

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)

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.

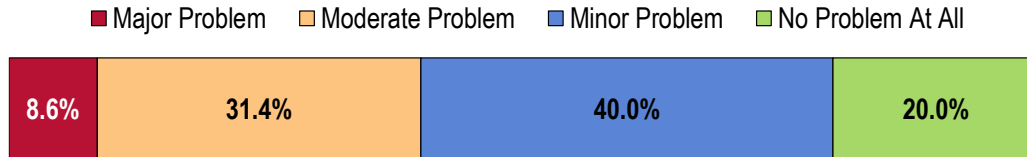
As the nation's population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

- Healthy People 2020 (www.healthypeople.gov)

Key Informant Input: Vision & Hearing

Key informants taking part in an online survey most often characterized *Vision & Hearing* as a “minor problem” in the community.

Perceptions of Vision and Hearing as a Problem in the Community (Key Informants, 2018)



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 related to the following:

Access to Care/Services

Accessibility is the issue. There are a few interpreters available, but there need to be more. This county is not set up with the tools (for people with hearing or vision impairments) to utilize. Restaurants and businesses do not set up their businesses to be accessible to these people. Transportation is a huge issue. - Social Service Provider

Aging Population

Aging population. - Community Leader

Incidence/Prevalence

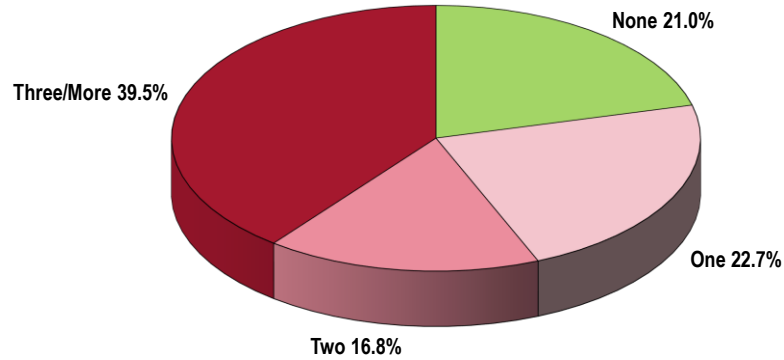
Hearing loss is a widespread, significant issue for older adults. It results in social isolation and loneliness, which in turn lead to poor physical/mental health outcomes and cognitive decline. Hearing aids are not a Medicare covered item, and they are very expensive. - Social Service Provider

Multiple Chronic Conditions

Among Flathead County survey respondents, most report currently having at least one chronic health condition, including 22.7% with one condition, 16.8% with two conditions, and 39.5% with three or more chronic conditions.

For the purposes of this assessment, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, hypertension, high blood cholesterol, diabetes, obesity, and/or diagnosed depression. Multiple chronic conditions are concurrent conditions.

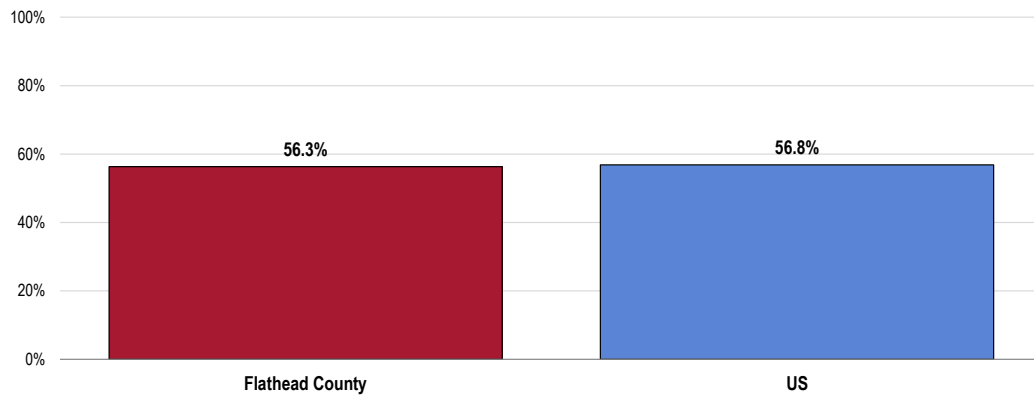
Number of Current Chronic Conditions
(Flathead County, 2018)



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 143]
- Notes:
- Asked of all respondents.
 - In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, hypertension, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

- The prevalence of multiple chronic conditions among Flathead County residents (56.3%) is nearly identical to the US prevalence.

Currently Suffer From Multiple Chronic Conditions

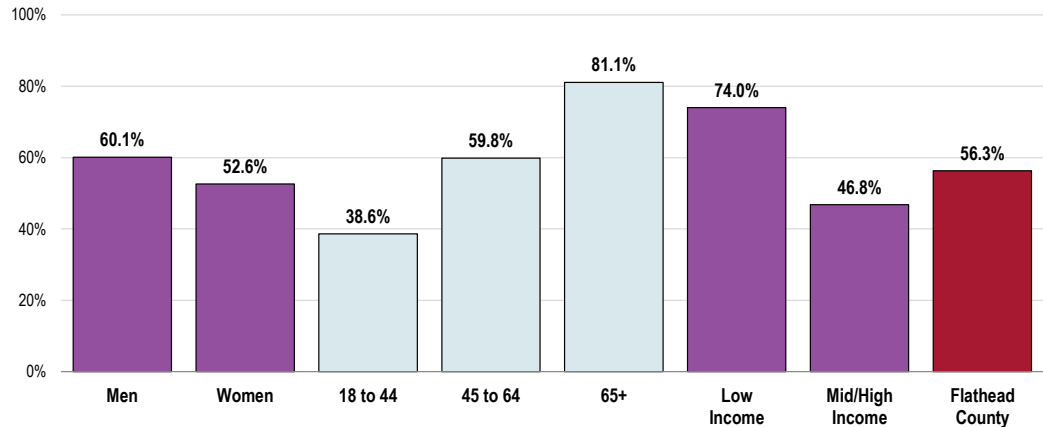


- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 143]
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
 - In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, hypertension, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

The following population segments are more likely to report suffering from multiple chronic conditions:

- Older adults (note the positive correlation with age).
- Adults in low-income households.

Currently Suffer From Multiple Chronic Conditions (Flathead County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 143]

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, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, hypertension, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

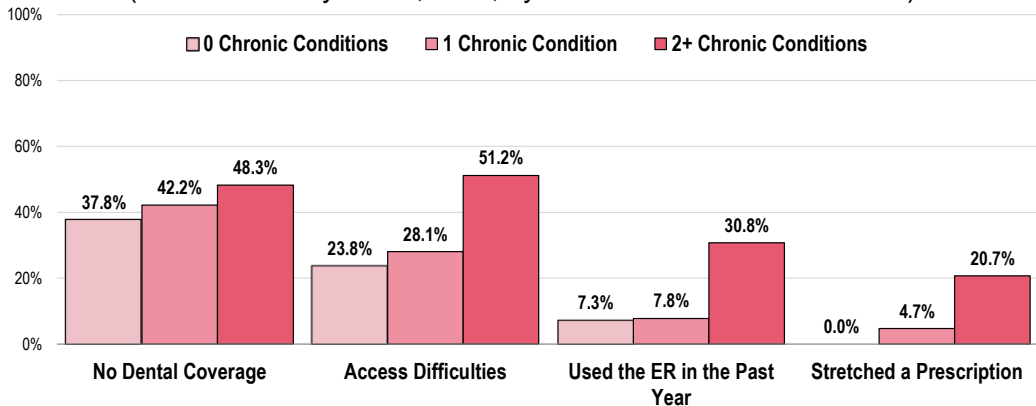
Chronic Conditions & Healthcare Access

Adults with chronic conditions often go without needed medical care or prescription drugs due to cost, and uninsured adults with common chronic conditions suffer serious, identifiable gaps in needed medical care.

Note these positive correlations between the number of chronic conditions among Flathead County adults:

- Dental coverage
- Access difficulties (composite total)
- Use of the ER for medical care (1+ time)
- Skipping or stretching a prescription medication

Chronic Conditions and Healthcare Access (Flathead County Adults, 2018; By Number of Chronic Conditions)



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 8, 14, 21, 22, 143, 171]
- In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, hypertension, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

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 Vaccination

Among Flathead County seniors, 77.0% received a flu shot within the past year.

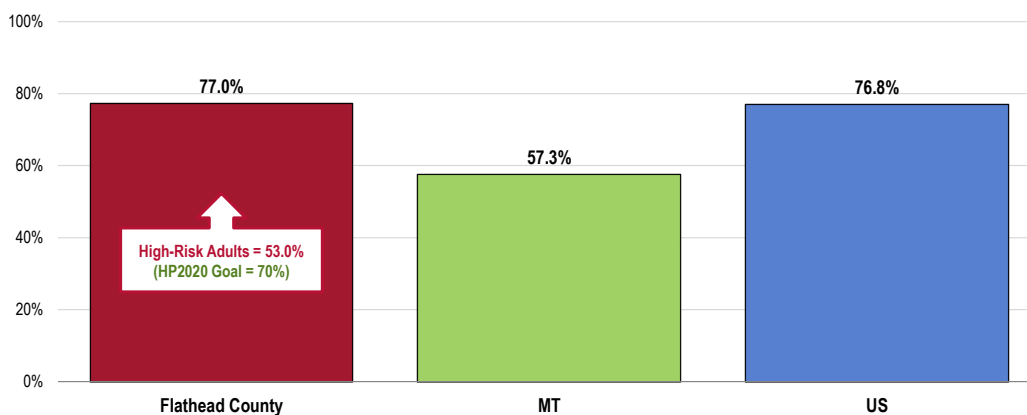
- More favorable than the Montana finding.
- Similar to the national finding.
- Satisfies the Healthy People 2020 target (70% or higher).

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

A total of 53.0% of high-risk adults age 18 to 64 received a flu shot within the past year.

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

Healthy People 2020 Target = 70.0% or Higher



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 144-145]
 - 2017 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); 2016 MT 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.
 - "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes, or respiratory disease.

Pneumonia Vaccination

Among Flathead County adults age 65 and older, 81.7% have received a pneumonia vaccination at some point in their lives.

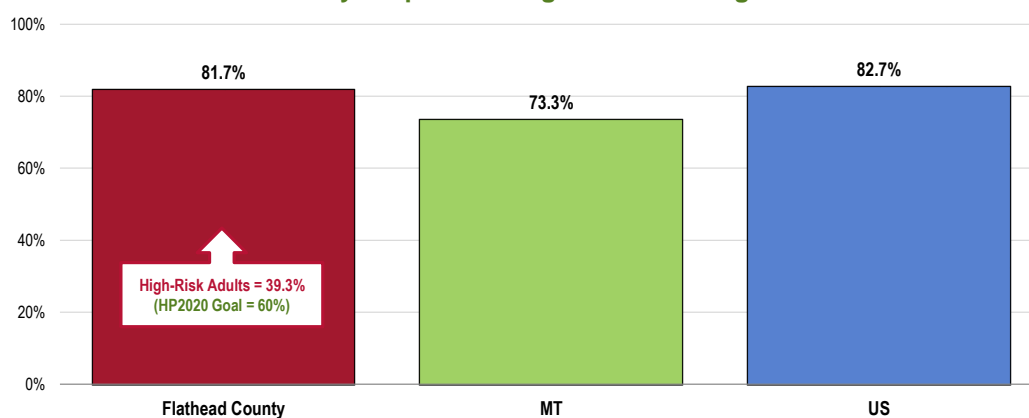
- Statistically similar to the Montana and US findings.
- Fails to satisfy the Healthy People 2020 target of 90% or higher.

A total of 39.3% of high-risk adults age 18 to 64 have ever received a pneumonia vaccination.

Older Adults: Have Ever Had a Pneumonia Vaccine

(Among Adults Age 65+)

Healthy People 2020 Target = 90.0% or Higher



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 146-147]
 - 2017 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); 2016 MT data.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives IID-13.1, IID-13.2]
- Notes:
- Reflects respondents 65 and older.
 - "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.

HIV

About Human Immunodeficiency Virus (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)

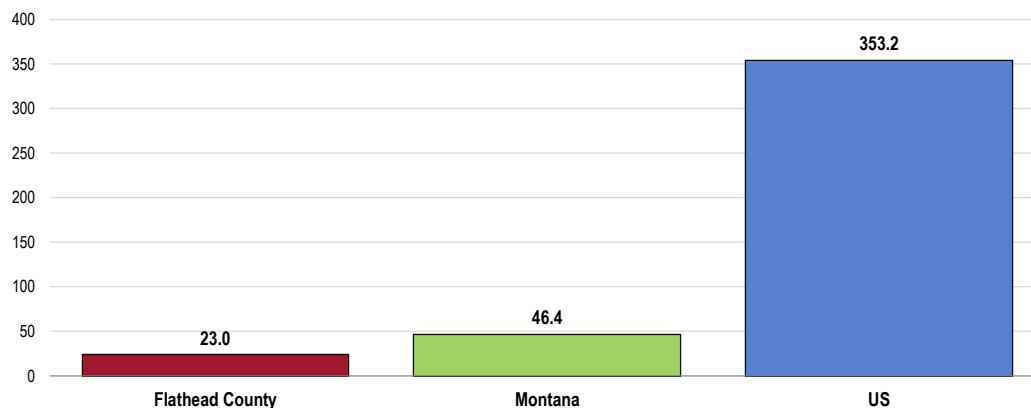
HIV Prevalence

In 2013, there was a prevalence of 23.0 HIV cases per 100,000 population in Flathead County.

- More favorable than the statewide prevalence.
- Much more favorable than the national prevalence.

HIV Prevalence

(Prevalence Rate of HIV per 100,000 Population, 2013)



Sources: • Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
 • Retrieved July 2018 from Community Commons at <http://www.chna.org>.

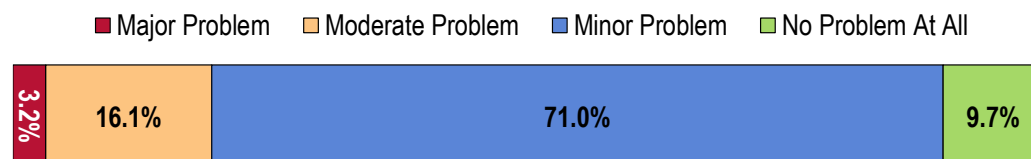
Notes: • This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

Key Informant Input: HIV/AIDS

Key informants taking part in an online survey most often characterized *HIV/AIDS* as a “minor problem” in the community.

Perceptions of HIV/AIDS as a Problem in the Community

(Key Informants, 2018)



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 related to the following:

Unprotected Sex

I think people think with prep use, risks is minimal or none. However, other STI's can be transmitted with unprotected sexual intercourse. - Other Health Provider

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 2014, the chlamydia incidence rate in Flathead County was 321.3 cases per 100,000 population.

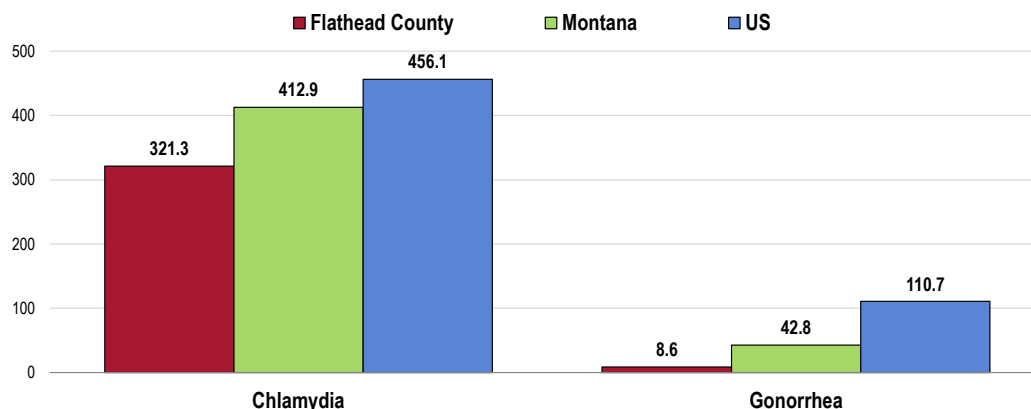
- Notably lower than the Montana incidence rate.
- Notably lower than the national incidence rate.

The Flathead County gonorrhea incidence rate in 2014 was 8.6 cases per 100,000 population.

- Notably lower than the Montana incidence rate.
- Notably lower than the national incidence rate.

Chlamydia & Gonorrhea Incidence

(Incidence Rate per 100,000 Population, 2014)



Sources:

- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Retrieved July 2018 from Community Commons at <http://www.chna.org>.

Notes:

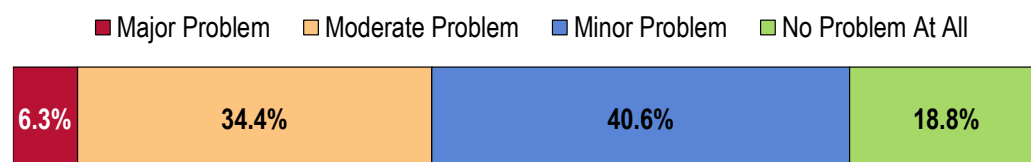
- This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Key Informant Input: Sexually Transmitted Diseases

A plurality 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, 2018)



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 related to the following:

Education/Awareness

Education, availability and accessibility of services. - Other Health Provider

Incidence/Prevalence

Our rates of CT, syphilis, other STI's and ones that are more resistant to treatment are increasing. - Other Health Provider

Immunization & Infectious Diseases

Key Informant Input: Immunization & Infectious Diseases

Key informants taking part in an online survey most often characterized *Immunization & Infectious Diseases* as a “moderate problem” in the community.

Perceptions of Immunization and Infectious Diseases as a Problem in the Community (Key Informants, 2018)

■ 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 related to the following:

Cultural/Personal Beliefs

There is a large group of anti-vaccination parents in our Valley and they spread false information to the public. - Physician

Our immunization rates are not increasing, but decreasing in levels. I also think our herd immunity will continue to decrease. - Other Health Provider

Births



Professional Research Consultants, Inc.

Birth Outcomes & Risks

Low-Weight Births

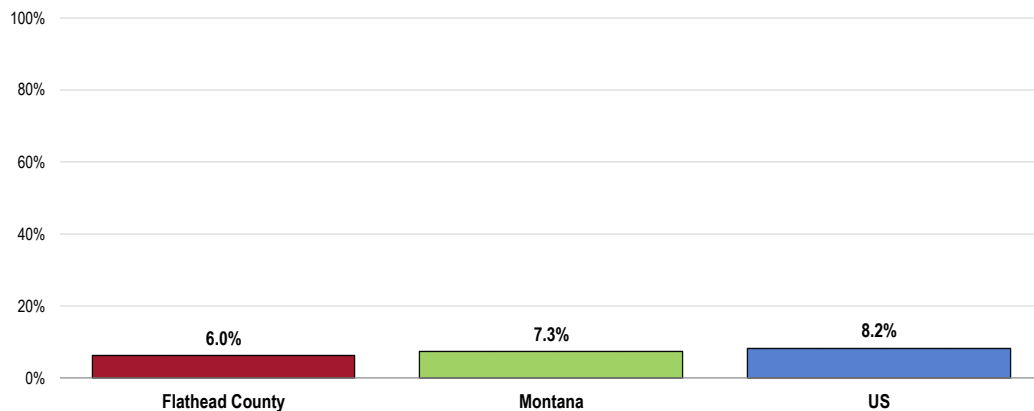
A total of 6.0% of 2006-2012 Flathead County births were low-weight.

- More favorable than the state and national proportion.
- Satisfies the Healthy People 2020 target (7.8% or lower).

Low-Weight Births

(Percent of Live Births, 2006-2012)

Healthy People 2020 Target = 7.8% or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted July 2018.

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.

Infant Mortality

Between 2006 and 2010, there was an annual average of 3.9 infant deaths per 1,000 live births.

- More favorable than the state and national rates.
- Satisfies the Healthy People 2020 target of 6.0 per 1,000 live births or lower.

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.

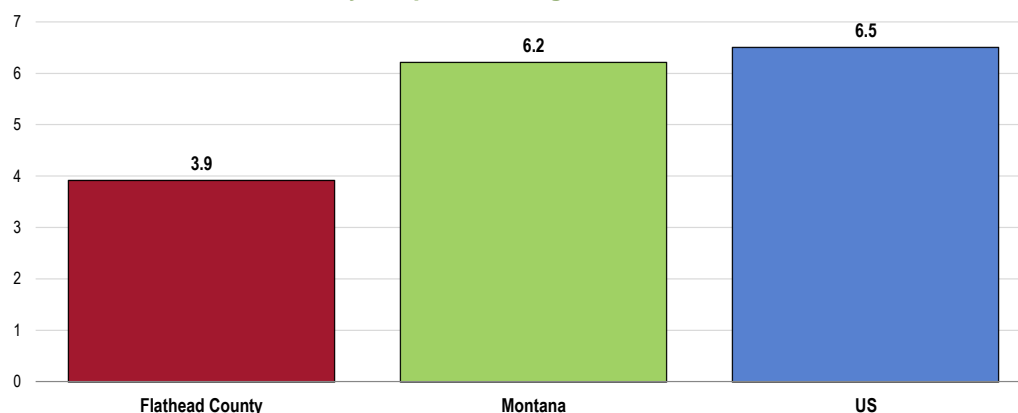
Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

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

Infant Mortality Rate

(Annual Average Infant Deaths per 1,000 Live Births, 2006-2010)

Healthy People 2020 Target = 6.0 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted July 2018.

• 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.

Key Informant Input: Infant & Child Health

Key informants taking part in an online survey generally characterized *Infant & Child Health* as a “moderate or minor problem” in the community.

Perceptions of Infant and Child Health as a Problem in the Community

(Key Informants, 2018)

■ 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 related to the following:

Alcohol/Drug Use

The opioid crisis is negatively impacting infants and children. - Other Health Provider

Drug use among some pregnant women. Stigma. Not aware or able to access care. Lack of sexuality, STDs and family planning education in the schools and the community. - Community Leader

Access to Care/Services

I believe we lack prenatal services and follow through services for new and expectant mothers. I believe that between birth and school age there is a large gap in follow through with care and many children are not properly followed or cared for by a doctor unless there is some type of state intervention. I also feel that early childhood development and intervention is important to support

increasing number of children born addicted to drugs or alcohol. Early intervention and medical follow through can identify families in need of parental skill development, address medical needs quickly and help to establish long term medical and social connections. - Social Service Provider

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.

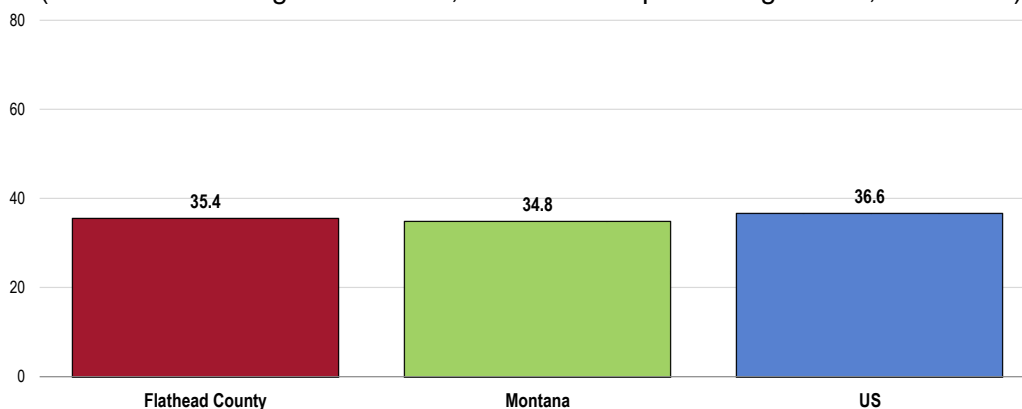
- Healthy People 2020 (www.healthypeople.gov)

Between 2006 and 2012, there were 35.4 births to women age 15 to 19 per 1,000 women age 15 to 19 in the Flathead County.

- Similar to the state and national rates.

Teen Birth Rate

(Births to Women Age 15-19 Per 1,000 Female Population Age 15-19, 2006-2012)



Sources:

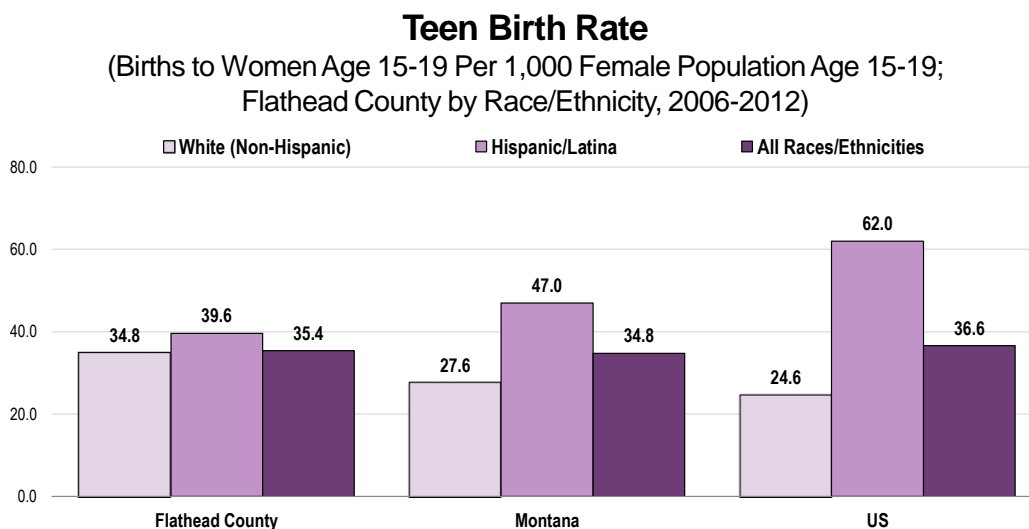
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.
- Retrieved from Community Commons at <http://www.chna.org>.

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.

Flathead City-County Health Department data show that the Flathead County teen birth rate declined 30% from 2006-2010 to 2011-2015.

The birth rate among Hispanic/Latina teens is higher than other groups in the county, although nowhere near the disparity seen statewide and nationally.



Sources: • Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.

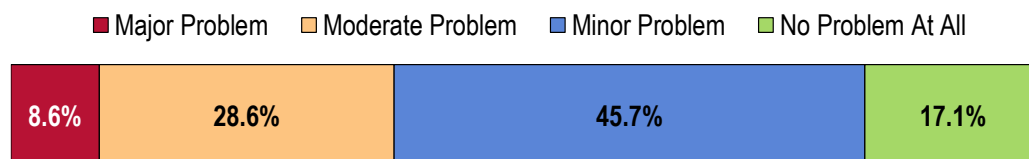
• Retrieved from Community Commons at <http://www.chna.org>.

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.

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, 2018)



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 related to the following:

Access to Care/Services

Primarily for youth, accessibility can be an issue as well as education on a difficult topic for many families. - Other Health Provider

Modifiable Health Risks



Professional Research Consultants, Inc.

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.

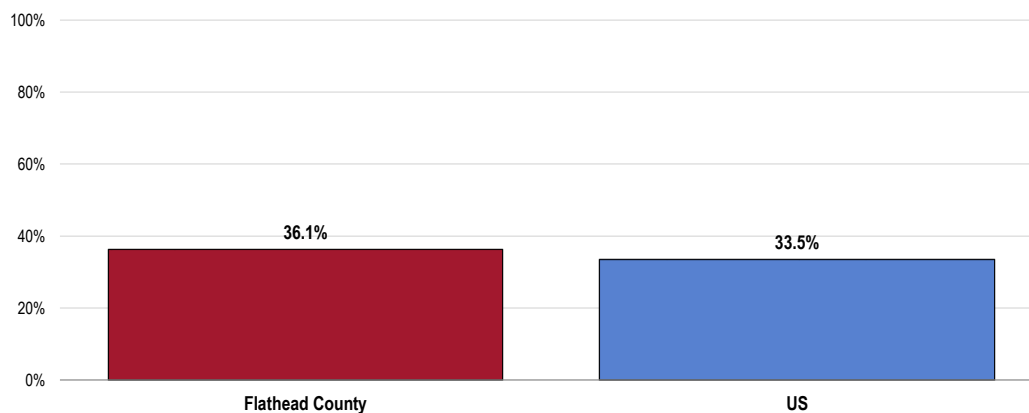
- Healthy People 2020 (www.healthypeople.gov)

Daily Recommendation of Fruits/Vegetables

A total of 36.1% of Flathead County adults report eating five or more servings of fruits and/or vegetables per day.

- Similar to national findings.

Consume Five or More Servings of Fruits/Vegetables Per Day



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]

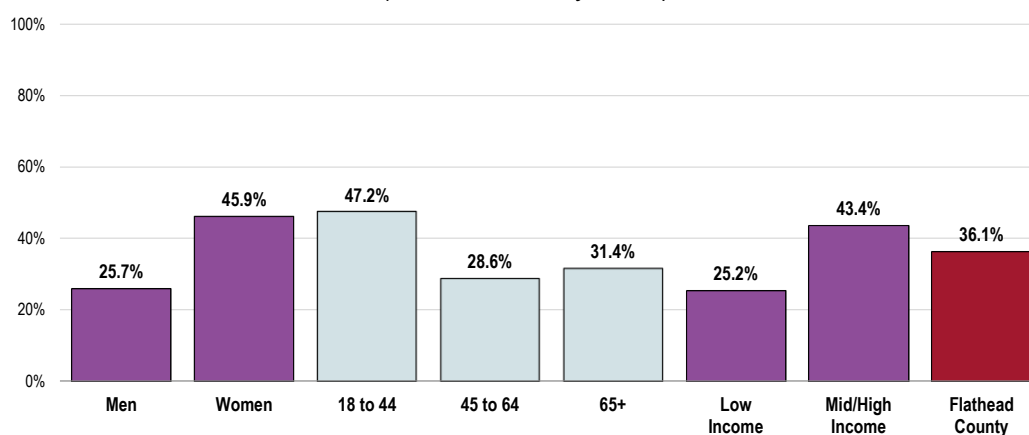
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

• For this issue, respondents were asked to recall their food intake on the previous day.

- Area men are less likely to get the recommended servings of daily fruits/vegetables, as are older and low-income adults.

Consume Five or More Servings of Fruits/Vegetables Per Day (Flathead County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]

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

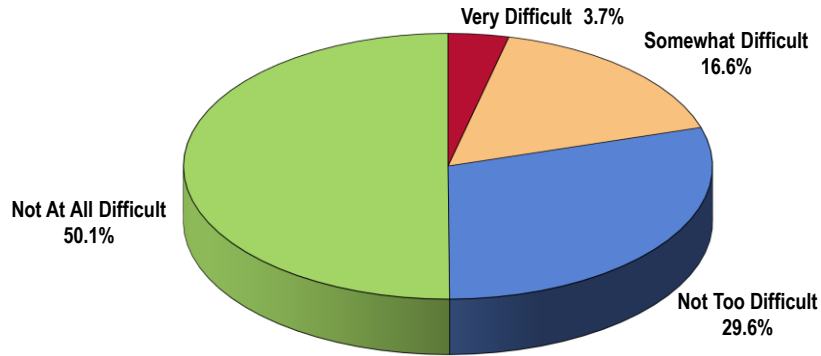
Difficulty Accessing Fresh Produce

While most report little or no difficulty, 20.3% of Flathead County adults find it “very” or “somewhat” difficult 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?”

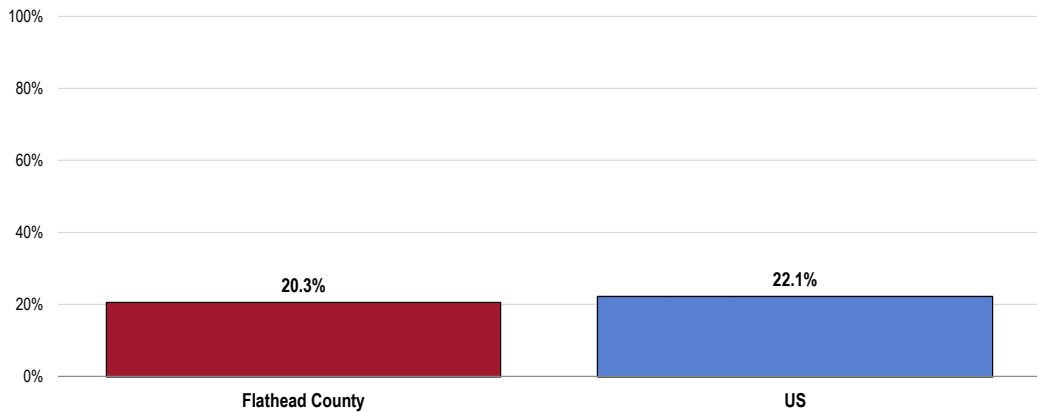
Level of Difficulty Finding Fresh Produce at an Affordable Price (Flathead County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]
Notes: • Asked of all respondents.

- Similar to national findings.

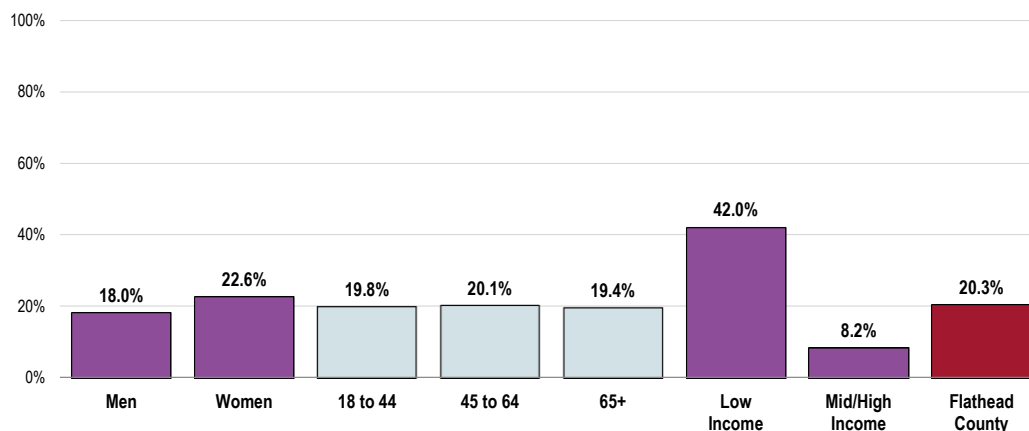
Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- Lower-income residents are much more likely to report difficulty getting fresh fruits and vegetables.

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce (Flathead County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]
 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.

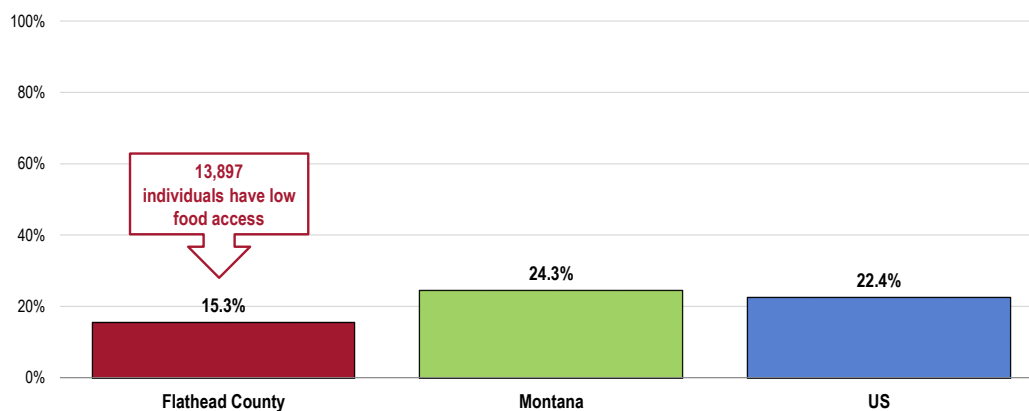
Low Food Access (Food Deserts)

US Department of Agriculture data show that 15.3% of the Flathead County population (representing over 13,000 residents) have low food access or live in a “food desert,” meaning that they do not live near a supermarket or large grocery store.

- More favorable than statewide and national findings.

Population With Low Food Access

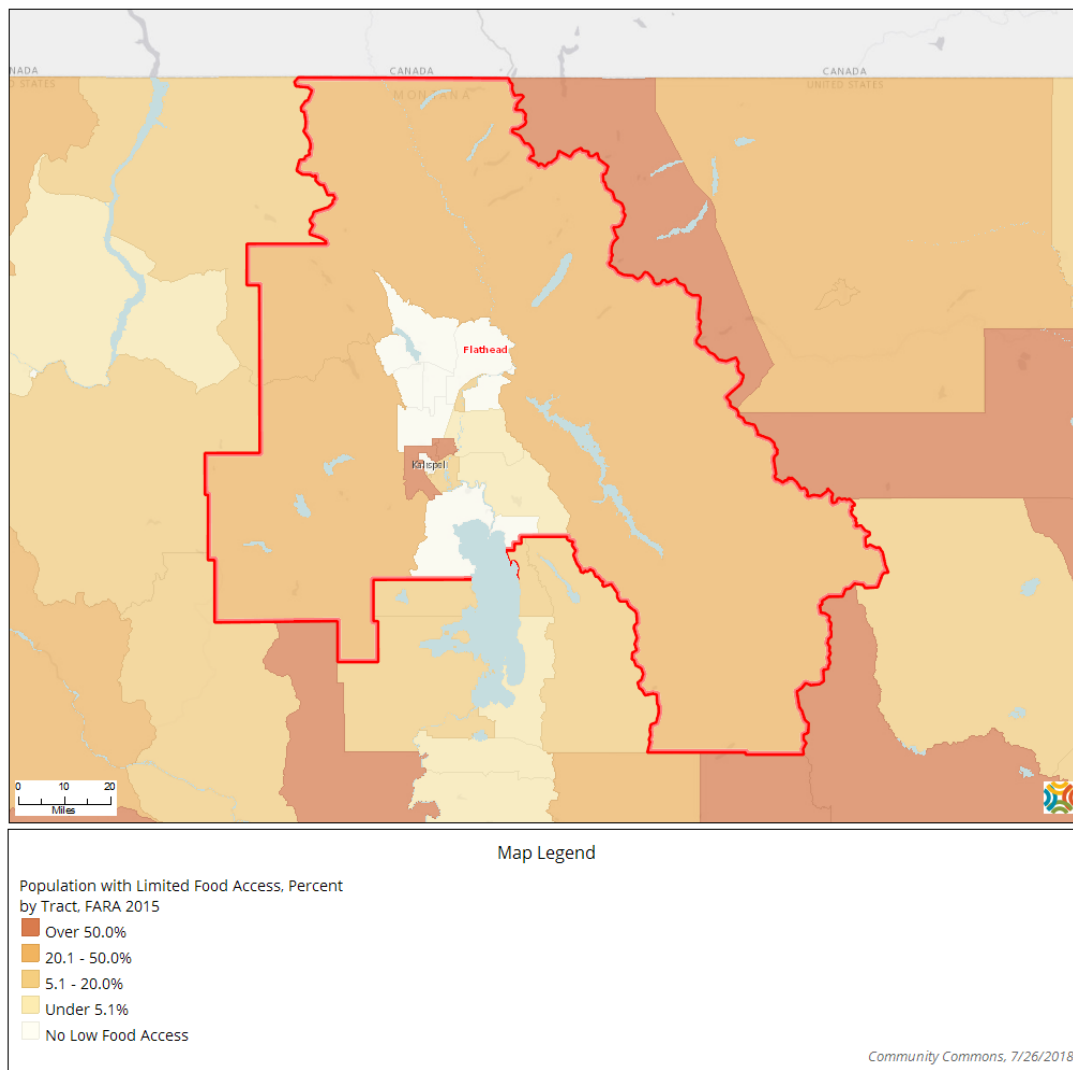
(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2015)



Sources: • US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
 • Retrieved July 2018 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.

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.

- The following map provides an illustration of food deserts by census tract. Note the large share of residents with limited food access in and around Kalispell.

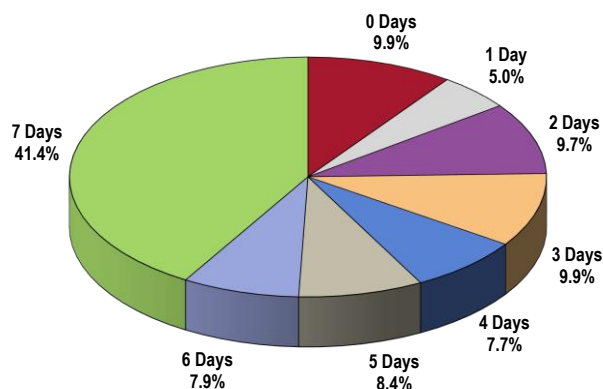


Breakfast Consumption Among Adolescents

In the 2017 Youth Risk Behavior Survey, less than one-half of Flathead County high school students (41.1%) reported eating breakfast every day in the week prior to being surveyed.

- Note that 9.9% of students said they had not eaten breakfast on any day of the previous week.

Adolescents:
Number of Days Having Eaten Breakfast in Past Week
 (Flathead County High School Students, 2017)

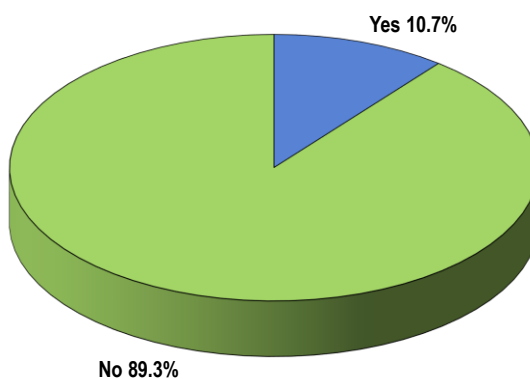


Sources: • 2017 Flathead County YRBS (High School).

Sugar-Sweetened Beverage Consumption Among Children

Among area parents of children ages 2 to 17, 10.7% reported that their child consumed seven or more 12-ounce servings of sugar-sweetened beverages within the seven days before the interview.

**Child Has Had Seven or More Servings of
 Sugar-Sweetened Beverages in the Past Week**
 (Flathead County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 322]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents with children 2 to 17 in the household.
 • One serving is 12 ounces of a beverage such as Kool-Aid, sweetened fruit juice, sports drink, energy drink, or sweet tea. Does not include "diet" drinks.

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, 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

A total of 19.5% of Flathead County adults report no leisure-time physical activity in the past month.

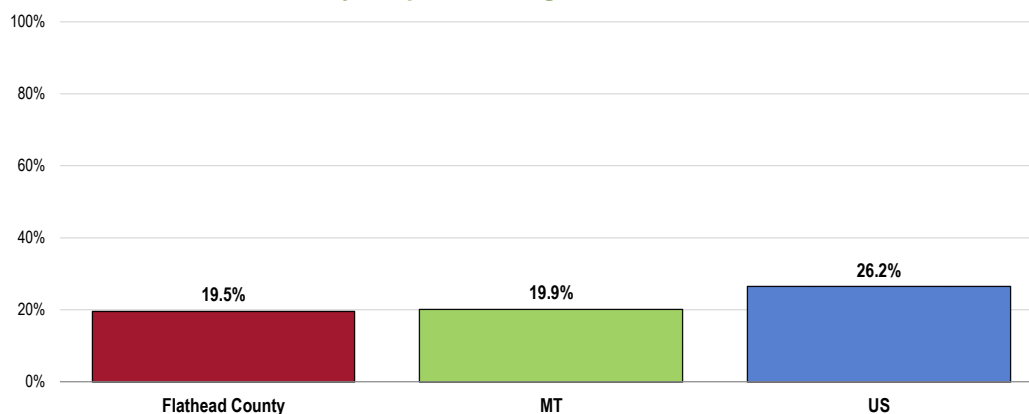
- Nearly identical to state findings.
- Better than national findings.

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.

- Satisfies the Healthy People 2020 target (32.6% or lower).

No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 Target = 32.6% or Lower



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 MT data.
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]
- Notes:
- Asked of all respondents.

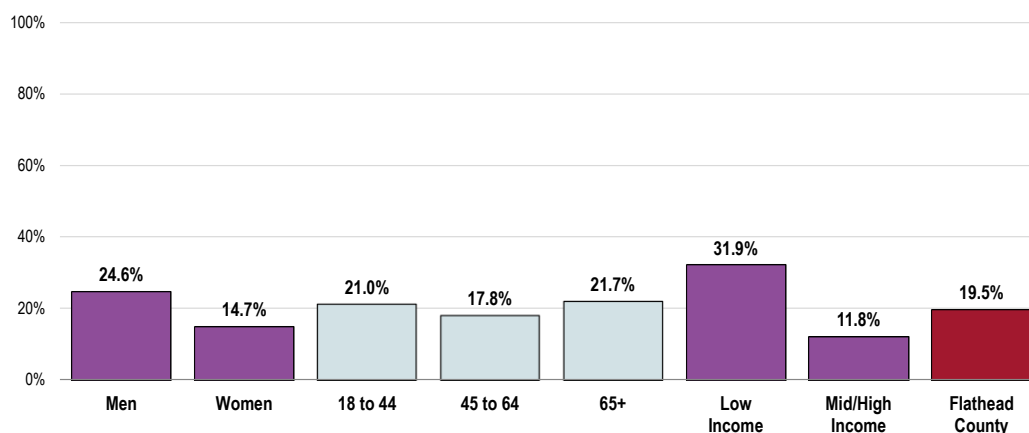
Lack of leisure-time physical activity in the area is higher among:

- Men.
- Lower-income residents.

No Leisure-Time Physical Activity in the Past Month

(Flathead County, 2018)

Healthy People 2020 Target = 32.6% or Lower



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]
- Notes:
- Asked of all respondents.
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Levels

Adults

Recommended Levels of Physical Activity

Adults should do 2 hours and 30 minutes a week of moderate-intensity (such as walking), or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity **aerobic** physical activity (such as jogging), or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. The guidelines also recommend that adults do **muscle-strengthening** activities, such as push-ups, sit-ups, or activities using resistance bands or weights. These activities should involve all major muscle groups and be done on two or more days per week.

The report finds that nationwide nearly 50 percent of adults are getting the recommended amounts of aerobic activity and about 30 percent are engaging in the recommended muscle-strengthening activity.

- 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity
- Learn more about CDC's efforts to promote walking by visiting <http://www.cdc.gov/vitalsigns/walking>.

Survey respondents were asked about the types of physical activities they engaged in during the past month, as well as the frequency and duration of these activities.

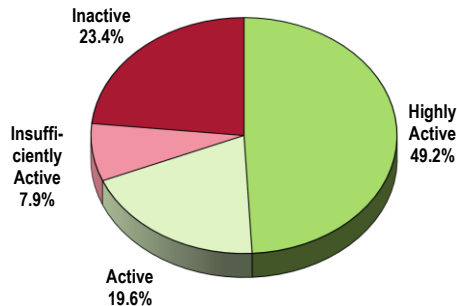
- "Inactive" includes those reporting no aerobic physical activity in the past month.
- "Insufficiently active" includes those with the equivalent of 1-150 minutes of aerobic physical activity per week.
- "Active" includes those with 150-300 minutes of weekly aerobic physical activity.
- "Highly active" includes those with >300 minutes of weekly aerobic physical activity.

Aerobic & Strengthening Physical Activity

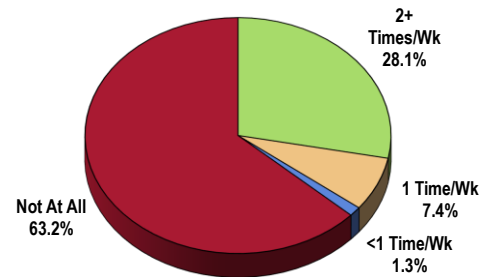
Based on reported physical activity intensity, frequency, and duration over the past month, 31.3% of Flathead County adults are found to be "insufficiently active" or "inactive."

A total of 63.2% of Flathead County adults do not participate in any types of physical activities or exercises to strengthen their muscles.

Participation in Physical Activities (Flathead County, 2018)



Aerobic Activity



Strengthening Activity

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 96, 150]

Notes: • Reflects the total sample of respondents.

- In this case, "inactive" aerobic activity represents those adults participating in no aerobic activity in the past week; "insufficiently active" reflects those respondents with 1-149 minutes of aerobic activity in the past week; "active" adults are those with 150-300 minutes of aerobic activity per week; and "highly active" adults participate in 301+ minutes of aerobic activity weekly.

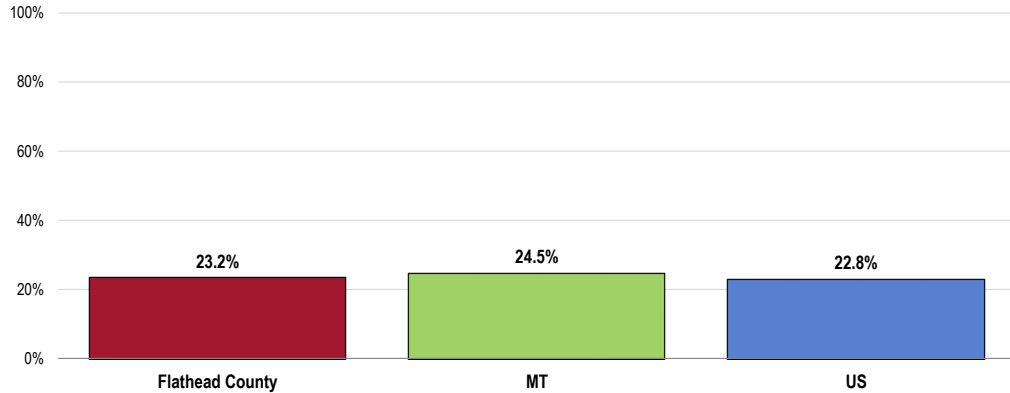
Recommended Levels of Physical Activity

A total of 23.2% of Flathead County adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

- Similar to state and national findings.
- Satisfies the Healthy People 2020 target (20.1% or higher)

Meets Physical Activity Recommendations

Healthy People 2020 Target = 20.1% or Higher



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
- 2017 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); 2015 MT data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-2.4]

Notes:

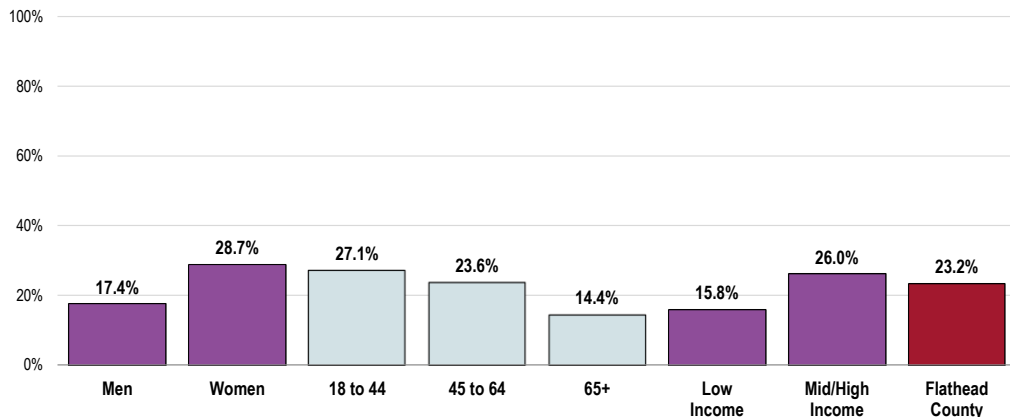
- Asked of all respondents.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.

- Men are less likely than women to meet physical activity requirements.

Meets Physical Activity Recommendations

(Flathead County, 2018)

Healthy People 2020 Target = 20.1% or Higher



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-2.4]

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.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.

Children

Recommended Levels of Physical Activity

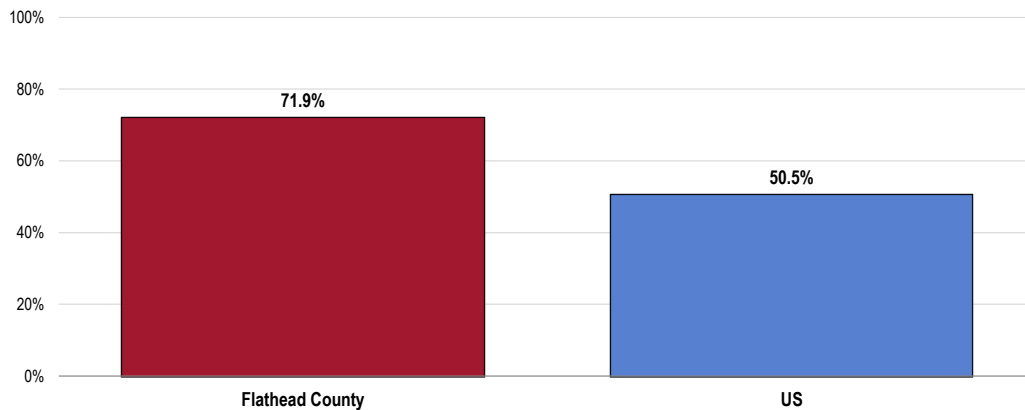
Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

- 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

Among Flathead County children age 2 to 17, 71.9% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

- More favorable than found nationally.

Child Is Physically Active for One or More Hours per Day (Among Parents of Children Age 2-17)

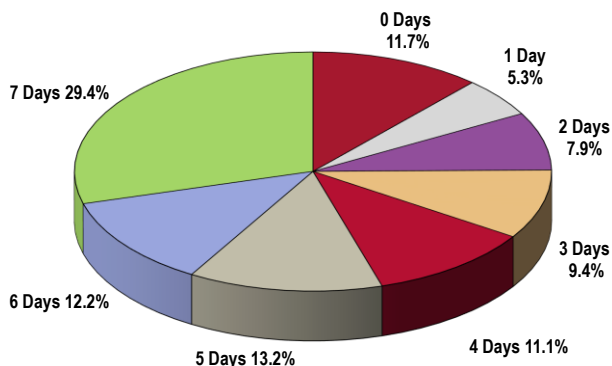


- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents with children age 2-17 at home.
 - Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

Adolescents

Among 2017 high school students in Flathead County, 29.4% report that they were physically active for 60 minutes on each of the seven days of the previous week.

Adolescents: Number of Days Physically Active for 60+ Minutes in Past Week (Flathead County High School Students, 2017)



Sources: • 2017 Flathead County YRBS (High School).

Access to Physical Activity

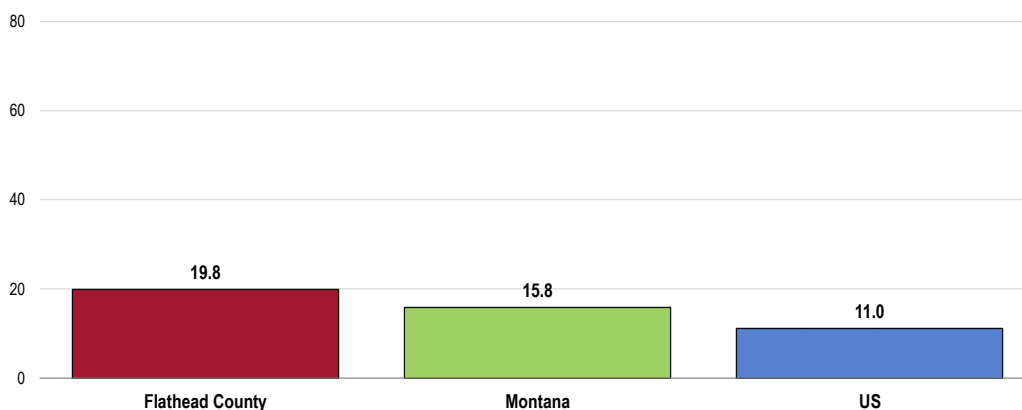
In 2016, there were 19.8 recreation/fitness facilities for every 100,000 population in Flathead County.

- Above what is found statewide.
- Above what is found nationally.

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, 2016)



Sources: • US Census Bureau, County Business Patterns. Additional data analysis by CARES.
• Retrieved July 2018 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.

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.

Adult Weight Status

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.

Overweight Status

Over two-thirds of Flathead County adults (68.1%) are overweight.

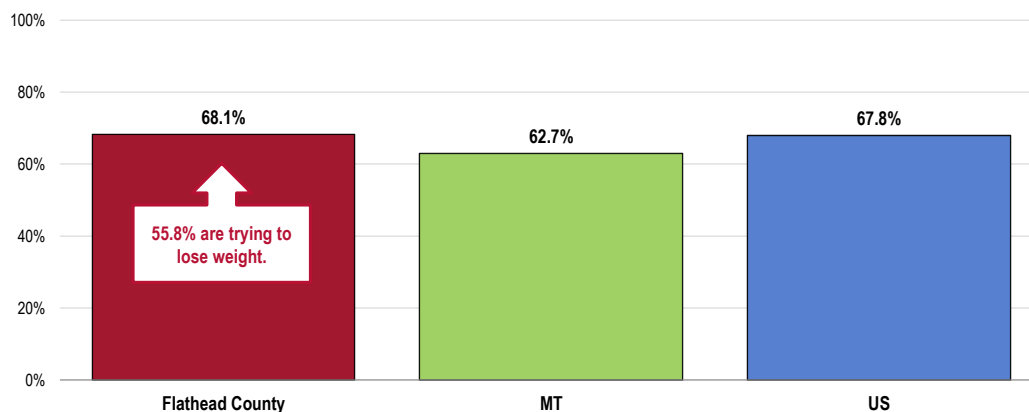
Here, "overweight" includes those respondents with a BMI value ≥ 25 .

- Comparable to the Montana prevalence.
- Similar to the US overweight prevalence.

Note that 55.8% of overweight adults are currently trying to lose weight.

Prevalence of Total Overweight (Overweight or Obese)

(Percent of Adults With a Body Mass Index of 25.0 or Higher)



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 154-155]
- 2017 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): 2016 MT 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.

Further, 28.8% of Flathead County adults are obese.

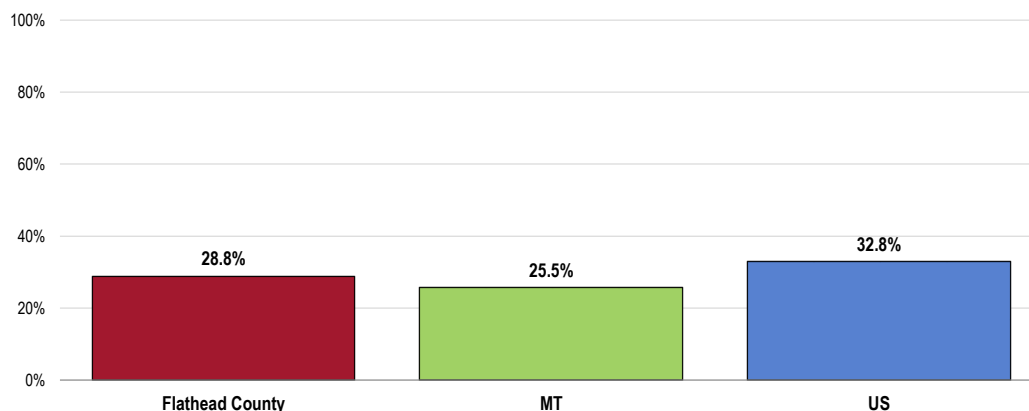
"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥ 30 .

- Similar to Montana findings.
- Similar to US findings.
- Satisfies the Healthy People 2020 target (30.5% or lower).

Prevalence of Obesity

(Percent of Adults With a Body Mass Index of 30.0 or Higher)

Healthy People 2020 Target = 30.5% or Lower



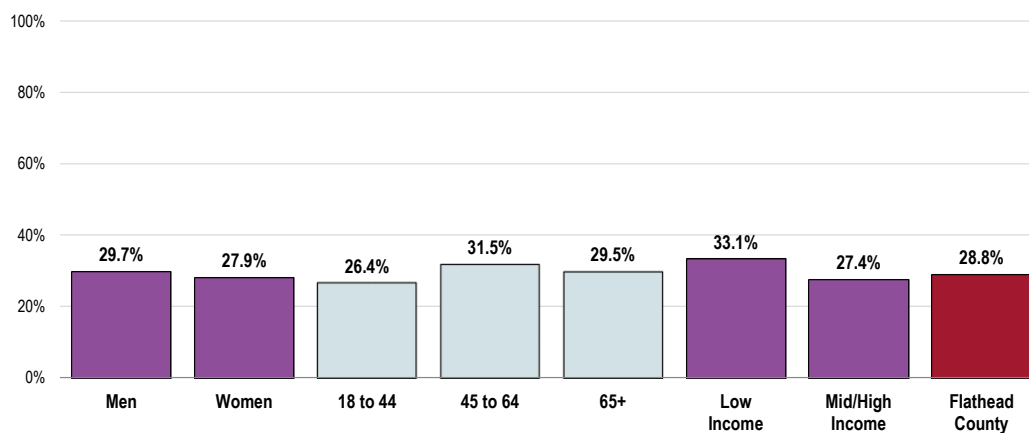
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 MT 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.

- Levels of obesity are statistically similar within the demographic groups.

Prevalence of Obesity

(Percent of Adults With a BMI of 30.0 or Higher; Flathead County, 2018)

Healthy People 2020 Target = 30.5% or Lower



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
 - 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.

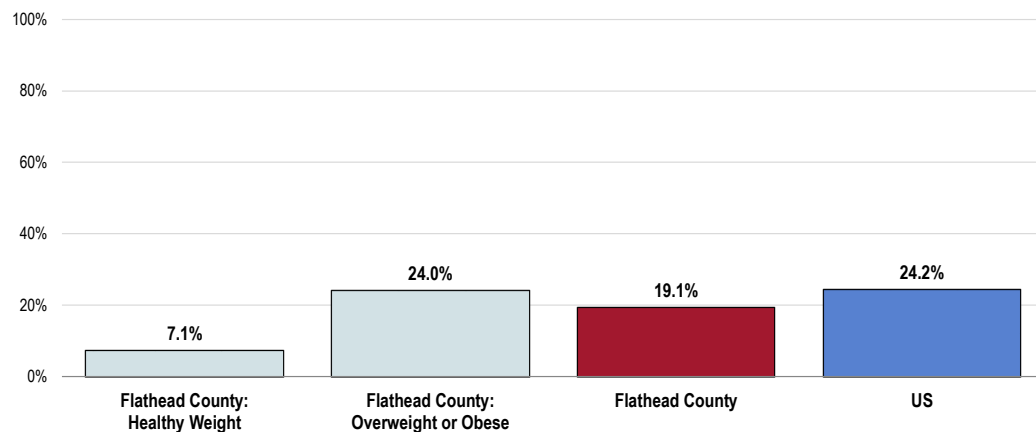
Health Advice About Weight

A total of 19.1% of adults have been given advice about their weight by a doctor, nurse, or other health professional in the past year.

- Statistically similar to the national findings.

Note that 24.0% of overweight/obese adults have been given advice about their weight by a health professional in the past year (while three-fourths have not).

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



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 98, 156-157]

• 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Relationship of Overweight With Other Health Issues

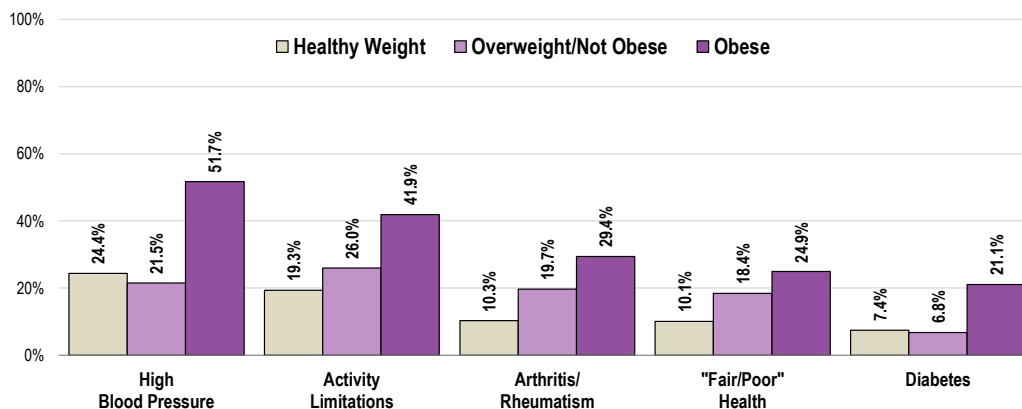
Overweight and obese adults are more likely to report a number of adverse health conditions.

Among these are:

- High blood pressure.
- Activity limitations.
- Arthritis/rheumatism.
- “Fair” or “poor” physical health.
- Diabetes.

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

Relationship of Overweight With Other Health Issues (By Weight Classification; Flathead County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 5, 25, 100, 109, 129, 130, 140, 154, 192]
 Notes: • Based on reported heights and weights, asked of all respondents.

Children's Weight Status

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

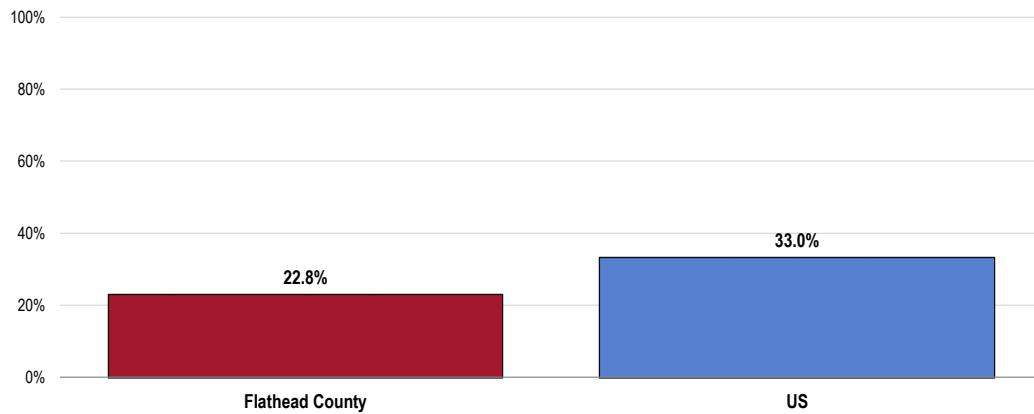
• Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 22.8% of Flathead County children age 5 to 17 are overweight or obese (≥85th percentile).

- Statistically similar to the national proportion.

Child Total Overweight Prevalence

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



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]
- 2017 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.

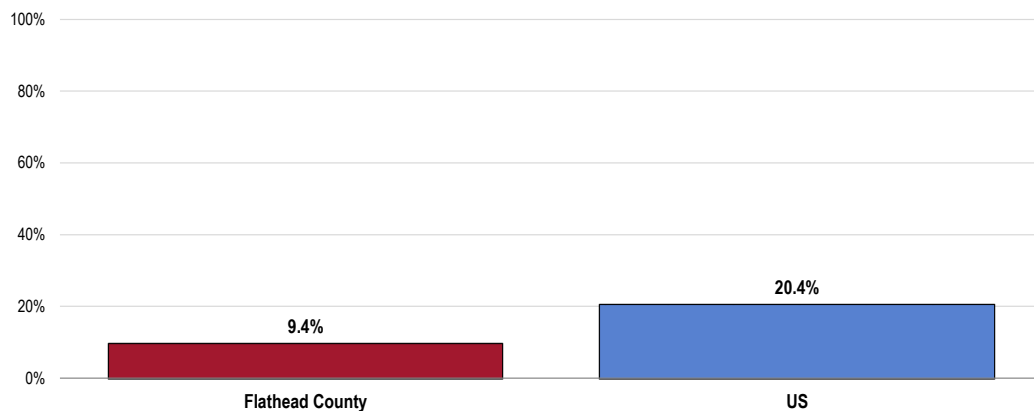
Further, 9.4% of area children age 5 to 17 are obese (≥95th percentile).

- More favorable than the national percentage.
- Satisfies the Healthy People 2020 target (14.5% or lower for children age 2-19).

Child Obesity Prevalence

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

Healthy People 2020 Target = 14.5% or Lower



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]
- 2017 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:

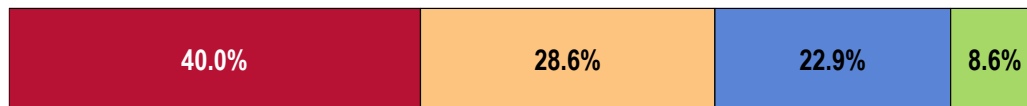
- Asked of all respondents with children age 5-17 at home.
- Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

Key Informant Input: Nutrition, Physical Activity & Weight

Key informants taking part in an online survey most often characterized *Nutrition, Physical Activity & Weight* as a “major problem” in the community.

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community (Key Informants, 2018)

■ 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 related to the following:

Access to Healthy Food

Community buy-in surrounding the benefits of healthy diets and activities. Partially due to cost of fresh foods, partially due to limited knowledge or access to low-cost and no-cost ways to recreate locally. - Social Service Provider

There are two issues facing nutrition. 1. Inability to access healthy foods directly related to poverty and accessibility. There are many people living below the poverty level who rely on outside resources for food, i.e. food bank. Much of that food is processed and not healthy. 2. There are not a lot of affordable resources for exercising and or maintaining healthy life styles for children. Every sport available to children for example comes with a fairly hefty price tag. This causes those children unable to pay to equally be left out of a sport due to that. Scholarship programs can only support so many children. There needs to be accessible cost effective health programs for people in the valley. - Social Service Provider

Ease of junk food and fast food. Healthy food choices are expensive and not as readily available. Exercise facilities in the Valley are just too expensive for the average family. No free indoor or outdoor exercise facilities. - Physician

Education/Awareness

Lack of understanding about nutrition. Classes are available, but usually aren't free. Food bank has processed and packaged foods, so most people who are low income are not getting access to foods that are wholesome. - Social Service Provider

I don't think people understand proper nutrition, the amount of physical activity we need, but also what a healthy weight is and are not able to obtain these. I also don't think enough primary care is helping treat obesity with medication assistance. - Other Health Provider

Education, blue screens. - Other Health Provider

Insufficient Physical Activity

Activity and diet. - Community Leader

While there is a large population of active individuals in the valley, there is also a large population of inactive individuals, especially over the winter months. Many of these people who are active with hunting or gardening do not maintain their activity throughout the year. Education is needed on the principle that Exercise is Medicine for various medical issues (HTN, HLD, arthritis, chronic pain). The populations that will benefit the most from exercise do not feel that they can exercise or do not have the resources to access opportunities to exercise. - Physician

Aging Population

Many older adults, especially those who live alone and who have conditions that make it difficult for them to leave their home, have poor nutrition and are at risk for dehydration. For some, financial concerns cause them to restrict their food intake. Others don't have anyone to assist them in shopping for or preparing food. Others have medical issues or take medications that make eating difficult or unappealing. Many older adults have very low incomes, which can make it difficult to buy healthy foods. Those who are socially isolated have poorer diets than those who are engaged. (Social isolation can result from loss of spouse/friends, physical/mobility limitations, hearing/vision loss, medical concerns, dementia, caregiving, lack of transportation, etc.) Mobility challenges and health conditions, especially chronic health conditions, discourage many older adults from getting adequate physical activity. Fear of falling and actual falls also contribute to physical inactivity. - Social Service Provider

Comorbidities

Major behavioral health issue which contributes to early mortality and morbidity in Valley residents. - Physician

Nutrition

Poor nutritional choices. Cost of healthy food. Individual habits and exercise choices. - Community Leader

Obesity

Child obesity. - Physician

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)

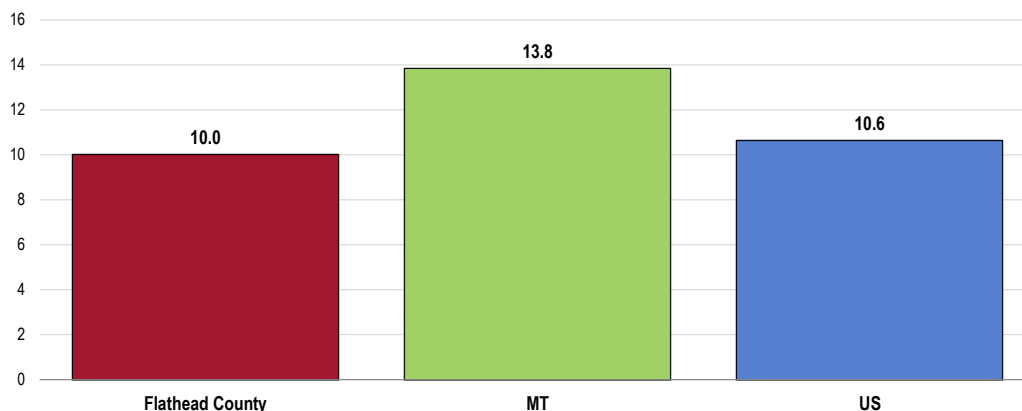
Age-Adjusted Cirrhosis/Liver Disease Deaths

Between 2014 and 2016, Flathead County reported an annual average age-adjusted cirrhosis/liver disease mortality rate of 10.0 deaths per 100,000 population.

- Lower than the statewide rate.
- Similar to the national rate.
- Fails to satisfy the Healthy People 2020 target (8.2 or lower).

Cirrhosis/Liver Disease: Age-Adjusted Mortality (2014-2016 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 July 2018.

Notes: • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-11]
• 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.

Alcohol Use

Excessive Drinking

A total of 23.6% of area adults are excessive drinkers (heavy and/or binge drinkers).

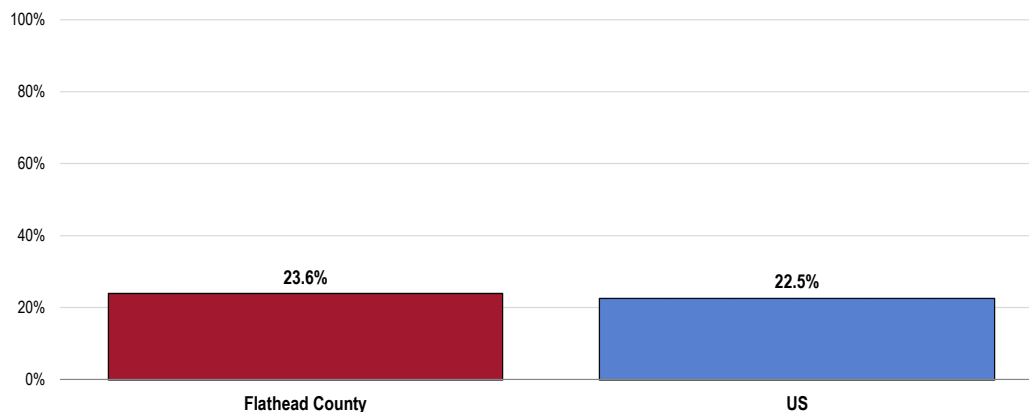
"Excessive drinking" includes heavy and/or binge drinkers:

- **Heavy drinkers** include men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- **Binge drinkers** include men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

- Similar to the national proportion.
- Satisfies the Healthy People 2020 target (25.4% or lower).

Excessive Drinkers

Healthy People 2020 Target = 25.4% or Lower



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]

Notes: • 2017 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]
• 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 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.

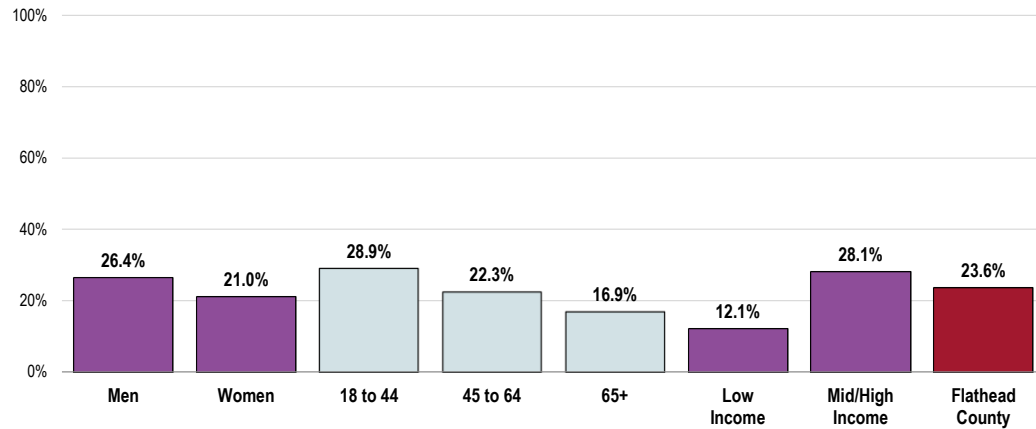
RELATED ISSUE:
See also Mental Health: *Stress in the General Health Status* section of this report.

- Excessive drinking is more prevalent among those at higher income levels.

Excessive Drinkers

(Flathead County, 2018)

Healthy People 2020 Target = 25.4% or Lower



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-15]

Notes:

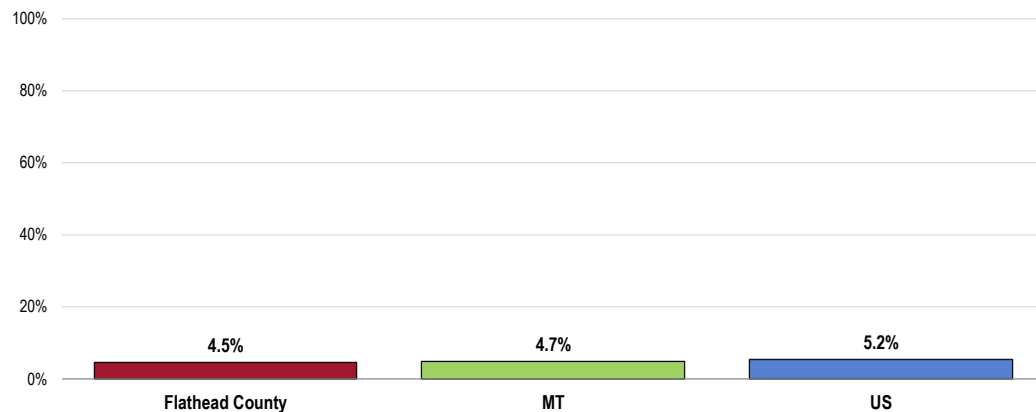
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- 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 4.5% of Flathead County adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

- Similar to the state and national findings.

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



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 58]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 MT data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

- Asked of all respondents.

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.

Age-Adjusted Unintentional Drug-Related Deaths

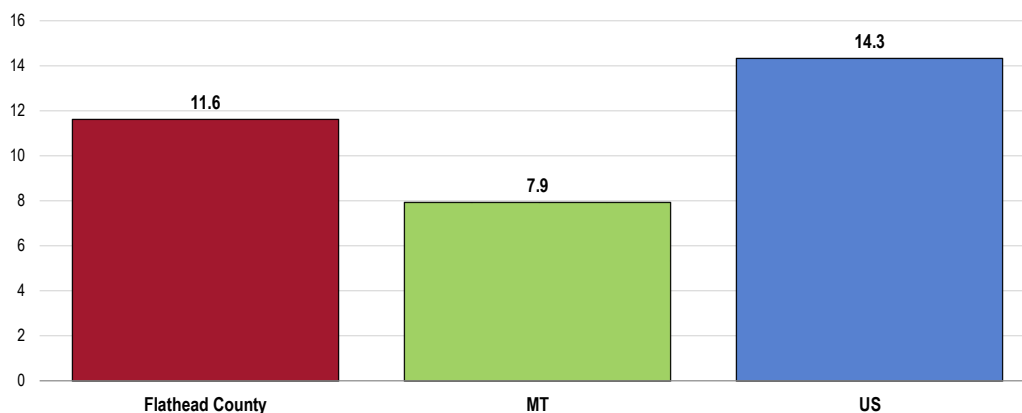
Between 2014 and 2016, there was an annual average age-adjusted unintentional drug-related mortality rate of 11.6 deaths per 100,000 population in Flathead County.

- Higher than the statewide rate.
- Lower than the national rate.
- Similar to the Healthy People 2020 target (11.3 or lower).

Unintentional Drug-Related Deaths: Age-Adjusted Mortality

(2014-2016 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 July 2018.
 - 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.

Illicit Drug Use

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

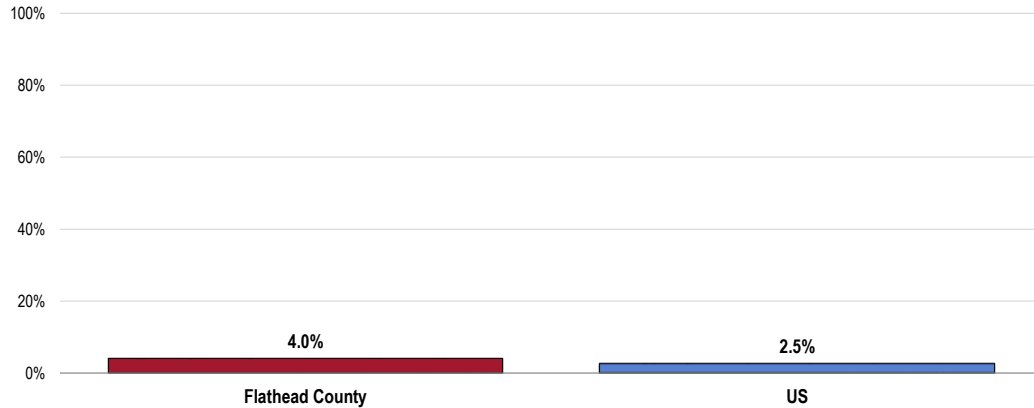
Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

A total of 4.0% of Flathead County adults acknowledge using an illicit drug in the past month.

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

Illicit Drug Use in the Past Month

Healthy People 2020 Target = 7.1% or Lower



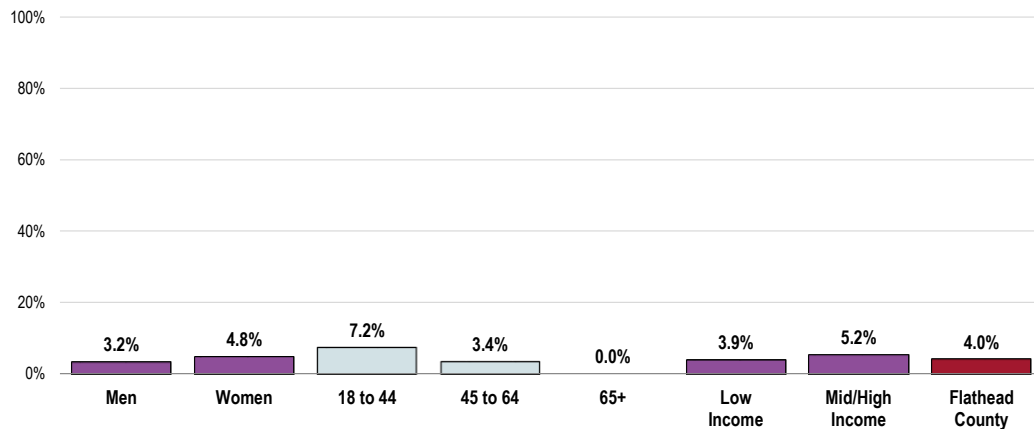
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-13.3]
 Notes: • Asked of all respondents.

- Illicit drug use is statistically similar within the demographic groups.

Illicit Drug Use in the Past Month

(Flathead County, 2018)

Healthy People 2020 Target = 7.1% or Lower



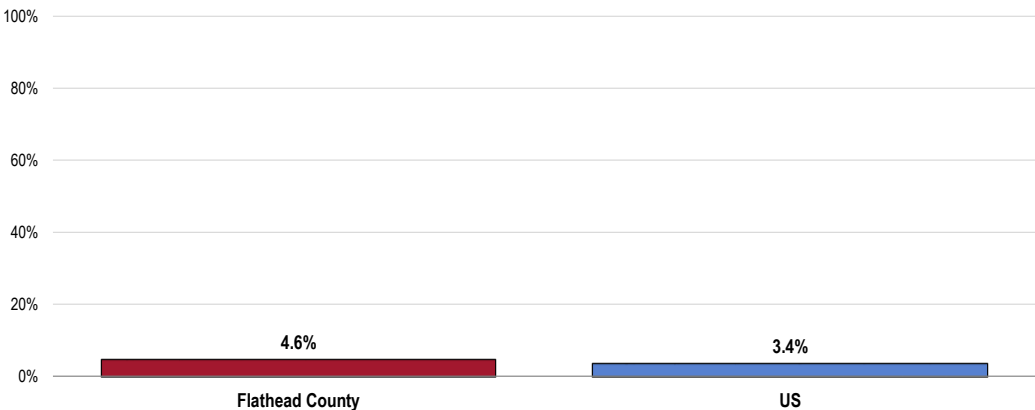
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-13.3]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's 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.

Alcohol & Drug Treatment

A total of 4.6% of Flathead County adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Similar to national findings.

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



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 60]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

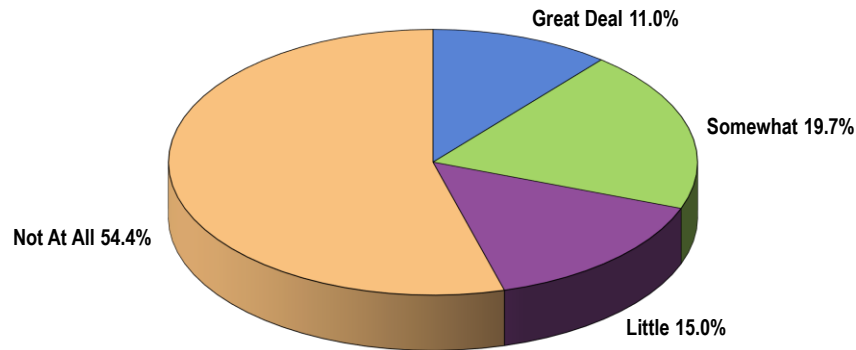
- Asked of all respondents.

Personal Impact of Substance Abuse

Area adults were also asked to what degree their lives have been negatively affected by substance abuse (whether their own abuse or that of another).

More than one-half (54.4%) of respondents have not been personally impacted).

Degree to Which Life Has Been Negatively Affected by Substance Abuse (Self or Other's) (Flathead County, 2018)

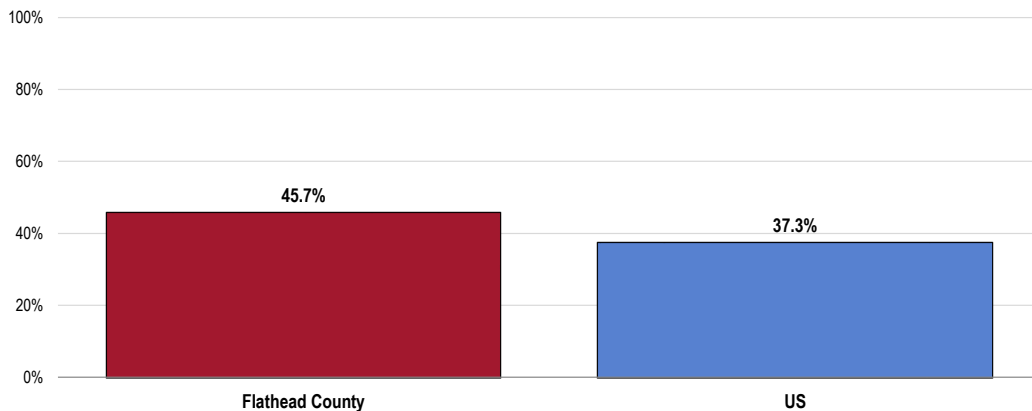


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]
Notes: • Asked of all respondents.

In contrast, 45.7% of respondents indicate that their lives have been negatively affected by substance abuse, including 11.0% who report having been affected “a great deal.”

- Higher than the national proportion.

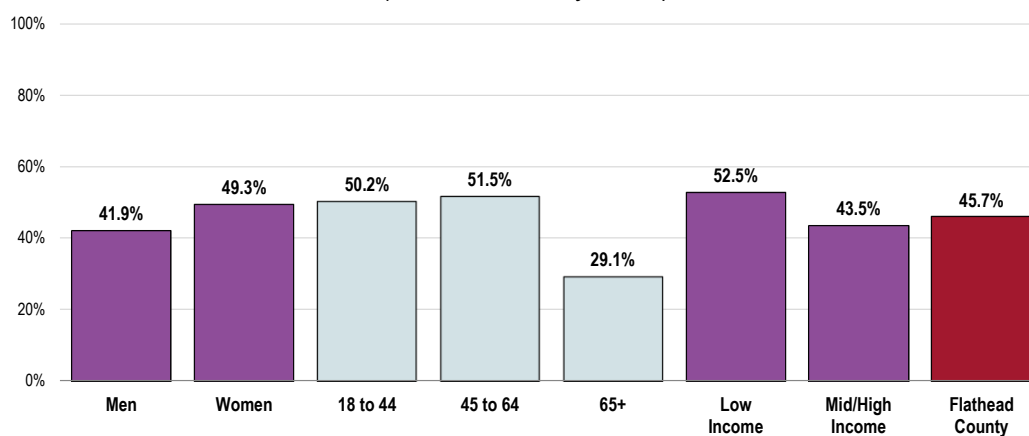
Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
• Includes response of “a great deal,” “somewhat,” and “a little.”

- The prevalence of survey respondents whose lives have been negatively impacted by substance abuse, whether their own abuse or that of another, is higher among adults ages 18 to 64.

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else) (Flathead County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]

Notes: • Asked of all respondents.

• Includes response of "a great deal," "somewhat," and "a little."

• 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: Substance Abuse

The greatest share of key informants taking part in an online survey characterized **Substance Abuse** as a "major problem" in the community.

Perceptions of Substance Abuse as a Problem in the Community (Key Informants, 2018)

■ 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 related to the following:

Access to Care/Services

There is a lack of accessible substance abuse treatment in the community. - Social Service Provider

Too many people abusing and not enough supports. - Community Leader

There are a lack of long term treatment options. Many in-treatment facilities work with individuals for

only 1 month at a time which research dictates does not work. There is very limited access to ongoing resources. The barriers are lack of funding, lack of facilities, lack of awareness and lack of collaborative efforts by all stakeholders. - Social Service Provider

There are extremely limited resources for re-entry and/or recovery programs for our county. It would also be beneficial to allow more faith-based programs, that have proven to be a help in other regions, access to expand into ours. - Community Leader

Lack of inpatient treatment locally. - Community Leader

Access to substance abuse treatment in our community is challenging. We have the FVCDC. However, they are difficult to get in for an appointment. An appointment requires multiple scheduled appointments prior to actually meeting with a professional to discuss substance use. Most people lose motivation after the 1st trip when they are simply seen and scheduled a time to return for an appointment to discuss payment options. It is the 3rd appointment that they see a professional. Most people will not go through that many appointments prior to seeing a professional. They will go once and if they do not get the support they are looking for, they will not return. There are not enough long-term treatment beds available in Montana. There needs to be more long term treatment options. I think that considering medication addiction treatment in the jail setting would be beneficial with the opioid crisis. I also think that housing will stabilize individuals with SUD's - Public Health Representative

Lack of availability of longer-term inpatient treatment. - Physician

Treatment resources. - Community Leader

Need for inpatient comprehensive treatment, expansion of MAT, treatment in jail, drug court, housing, jobs, transportation, need for immediate care plan, counseling, emergency assistance, Narcan availability. - Physician

There are a paucity of services and those that exist often are not set up to address the co-occurring disorders of substance abuse AND mental health, which nearly always exist together. Additionally there are long wait-times to get into programs and no inpatient facilities in the region. - Physician

Availability of services, desire for treatment, stigma, accessibility in outlying areas, cost, transportation, length of stay away from home/community. - Other Health Provider

Not enough services available, limited number of beds in Pathways, few pediatric services, especially for children taken from the home. Foster services are overwhelmed. - Other Health Provider

Denial/Stigma

Fear of getting help and judgment and stigma. Lack of knowledge. - Other Health Provider

-Desire of those addicted to get treatment. Incentives for treatment. It's difficult to mandate treatment outside of court-ordered program participation. -Ongoing support following treatment. -Drug and alcohol use is so pervasive that it's a big part of the culture and everyday life for many. That can make it seem normal to many who may be struggling with dependence and mental health problems. Then, those people are less likely to seek support or change behavior patterns. So, maybe education is needed about what is healthy and unhealthy substance use/abuse? - Other Health Provider

Incidence/Prevalence

Opioid crisis is a continuing issue in the Valley. - Physician

Statistics. - Community Leader

Affordable Care/Services

The greatest barriers related to accessing needed substance abuse treatment in the community are: 1. Ability to pay 2. Not enough providers so it can often be difficult to get an appointment which means we often are not serving people at the time they are most in crisis 3. Inappropriate referrals - the disconnection in our community system means we are not always referring to where we should be (missing making links) and are sometimes referring where we should not be (making the process more difficult and confusing for the client) - Public Health Representative

Cultural/Personal Beliefs

Culture, availability in schools. - Community Leader

Early Diagnosis/Prevention

People like to use drugs and avoid treatment. We don't need better treatment, we need better prevention. - Physician

Funding

Funding and access. - Community Leader

Generational

Chronic, multi-generational issue. - Physician

Homelessness

Many people that we see who have substance abuse problems are homeless. Local shelters will evict people who are using drugs or alcohol. Transportation to treatment facilities is a problem. Also, getting people to seek treatment is a problem. - Social Service Provider

Insurance Issues

Ridiculous Medicaid and state rules. Flathead Valley Chemical Dependency is lacking at best for evidence based care, peer support, access, treatment for kids, workforce issue and payment issue. - Other Health Provider

Transportation

Transportation and financial ability. - Social Service Provider

Most Problematic Substances

Key informants (who rated this as a “major problem”) identified **alcohol** as the most problematic substance abused in the community, followed closely by **heroin/other opioids**.

Problematic Substances as Identified by Key Informants				
	Most Problematic	Second-Most Problematic	Third-Most Problematic	Total Mentions
Alcohol	45.8%	16.7%	12.5%	18
Heroin or Other Opioids	25.0%	37.5%	8.3%	17
Prescription Medications	4.2%	4.2%	33.3%	10
Marijuana	0.0%	0.0%	20.8%	5
Over-The-Counter Medications	0.0%	0.0%	8.3%	2

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.

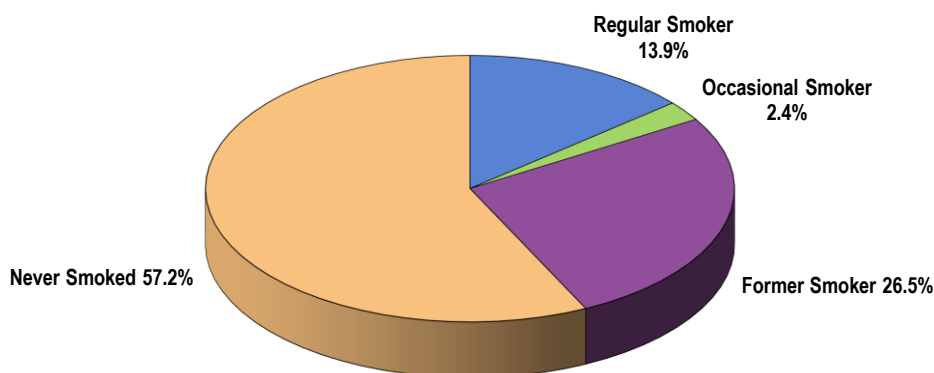
- Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 16.3% of Flathead County adults currently smoke cigarettes, either regularly (13.9% every day) or occasionally (2.4% on some days).

Cigarette Smoking Prevalence
(Flathead County, 2018)

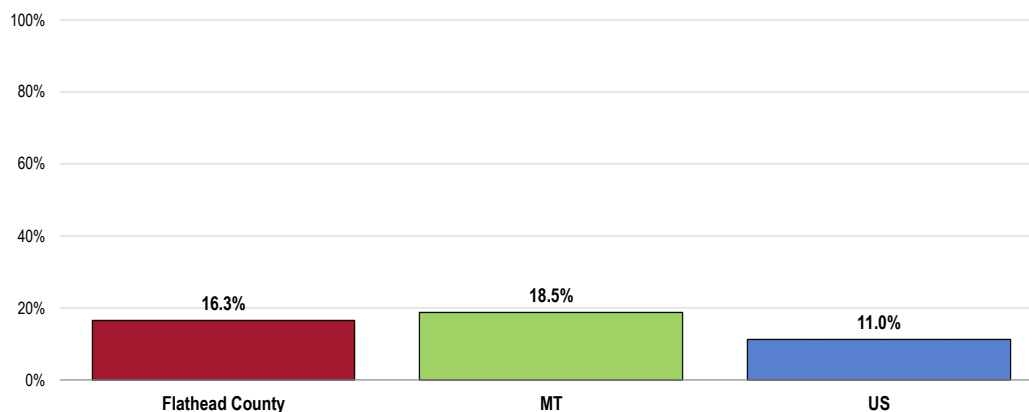


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]
Notes: • Asked of all respondents.

- Similar to statewide findings.
- Less favorable than national findings.
- Fails to satisfy the Healthy People 2020 target (12% or lower).

Current Smokers

Healthy People 2020 Target = 12.0% or Lower



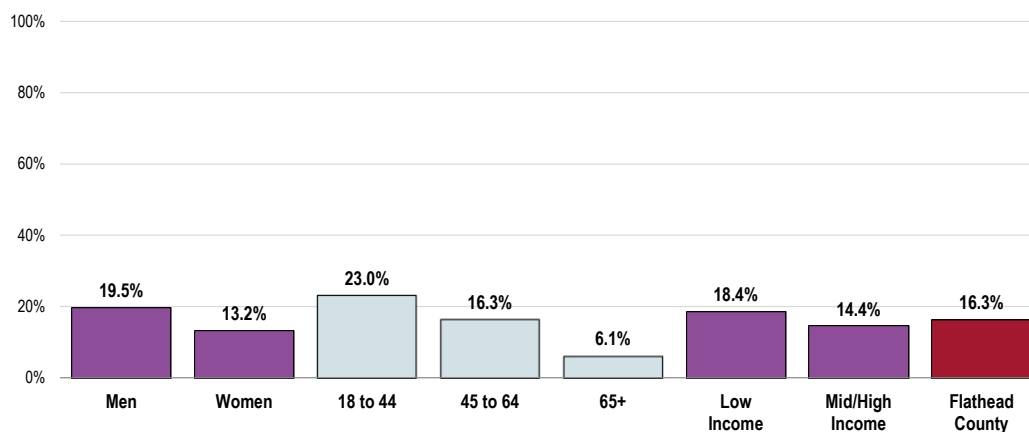
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 MT 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 every day or on some days).

- Cigarette smoking is more prevalent among adults ages 18 to 64.

Current Smokers

(Flathead County, 2018)

Healthy People 2020 Target = 12.0% or Lower



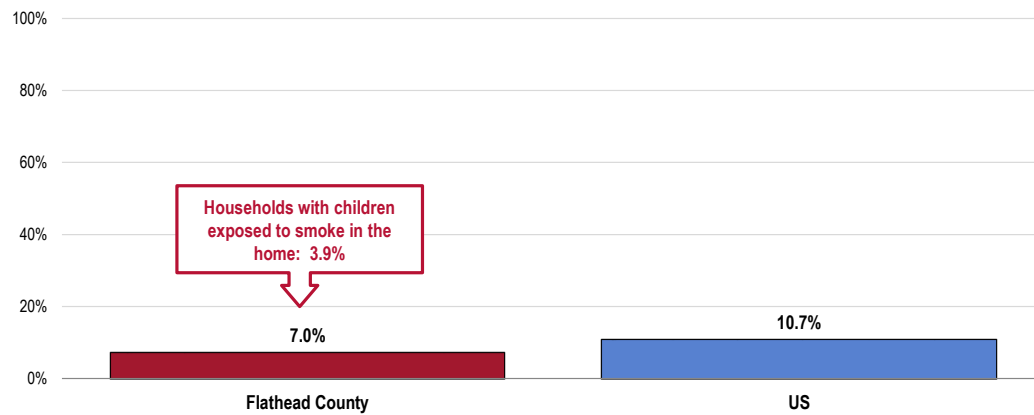
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]
- Notes:
- Asked of all respondents.
 - Income categories reflect respondent's 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 occasional smokers (every day and some days).

Environmental Tobacco Smoke

A total of 7.0% of Flathead County adults (including smokers and nonsmokers) report that a member of their household has smoked cigarettes in the home an average of 4+ times per week over the past month.

- More favorable than national findings.
- Note that 3.9% of Flathead County children are exposed to cigarette smoke at home, similar to what is found nationally (not shown).

Member of Household Smokes at Home

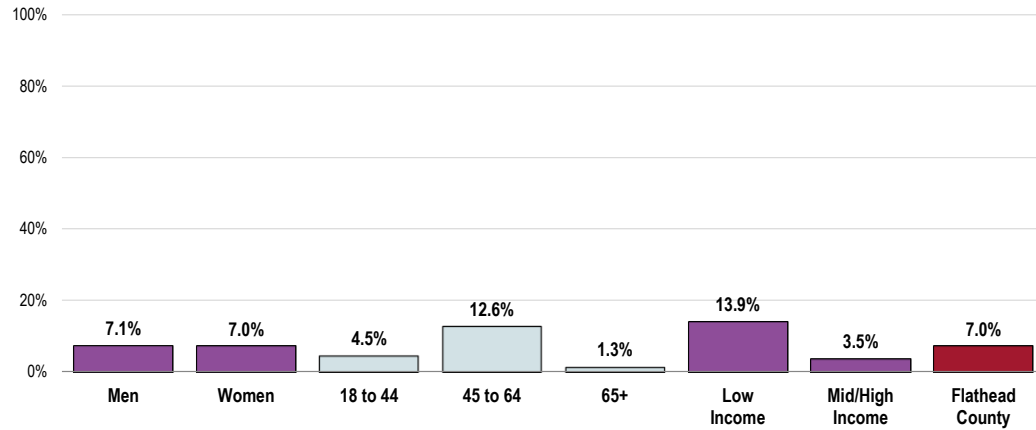


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 52, 162]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

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

- Notably higher among adults ages 45 to 64 and residents with lower incomes.

Member of Household Smokes At Home (Flathead County, 2018)

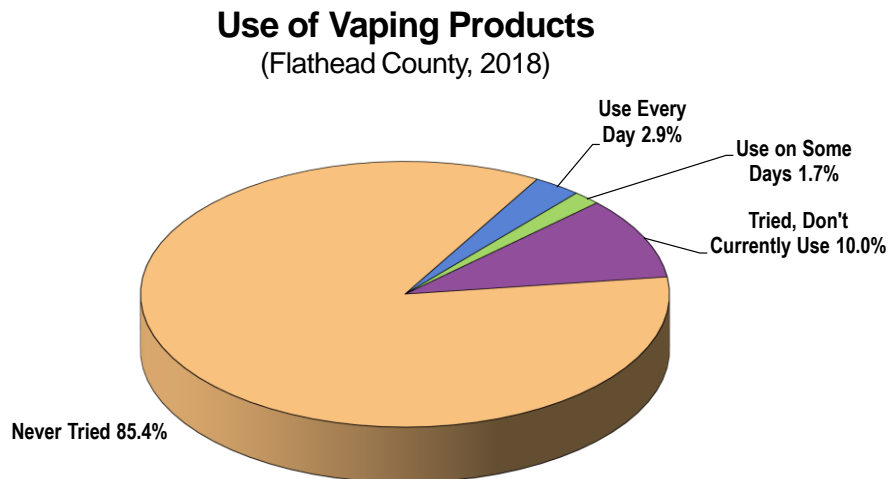


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes 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.

Other Tobacco Use

Use of Vaping Products

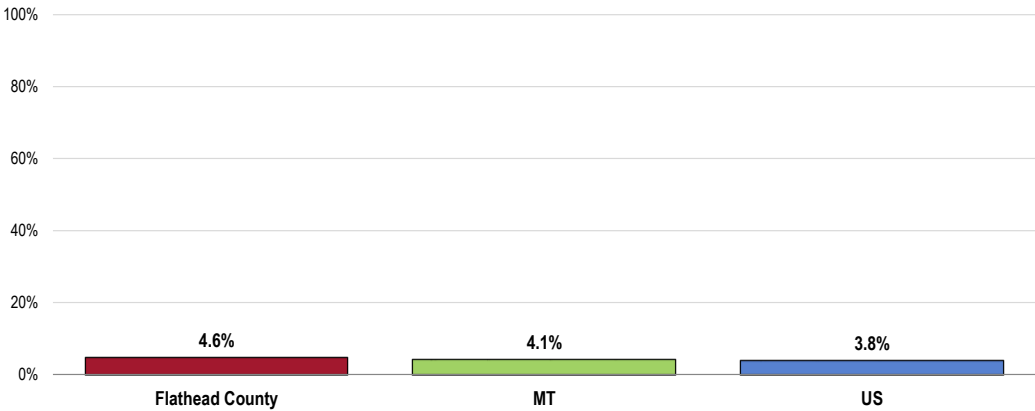
A total of 4.6% of Flathead County adults currently use electronic cigarettes (e-cigarettes) or other electronic vaping products either regularly (2.9% every day) or occasionally (1.7% on some days).



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 163]
 Notes: • Asked of all respondents.

- Similar to state and national findings.

Currently Use Vaping Products
(Every Day or on Some Days)



Sources:

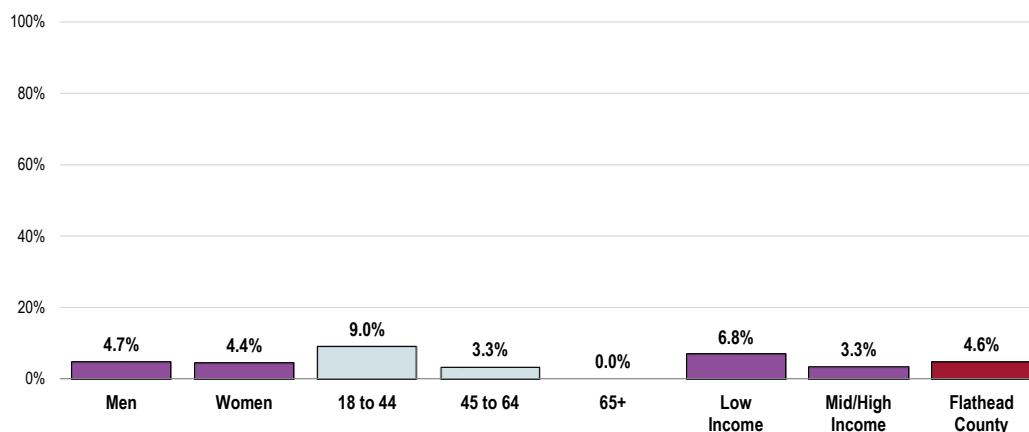
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 163]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 MT data.

Notes:

- Asked of all respondents.
- Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

- Use of electronic cigarettes/other vaping products appears to be higher in younger adults.

Currently Use Vaping Products (Flathead County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 163]
 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 occasional users (those who smoke e-cigarettes every day or on some days).

Adolescent Smoking & Vaping

Among 2017 Flathead County high school students, 29.6% have ever tried cigarette smoking.

A much higher percentage (43.8%) has ever tried vaping.

Adolescents: Cigarette Smoking & Vaping (Flathead County High School Students, 2017)

	Yes
Have you ever tried cigarette smoking, even one or two puffs?	29.6%
Have you ever used an electronic vapor product?	43.8%

Sources: • 2017 Flathead County YRBS (High School).

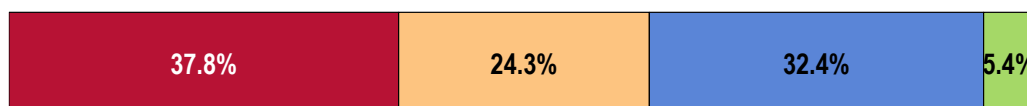
Key Informant Input: Tobacco Use

The greatest share of key informants taking part in an online survey characterized *Tobacco Use* as a “major problem” in the community.

Perceptions of Tobacco Use as a Problem in the Community

(Key Informants, 2018)

■ 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 related to the following:

Incidence/Prevalence

Use rates. - Community Leader

There is a significant number of people in our community who smoke or use smokeless tobacco products. Teen use of tobacco and vaping products is also alarmingly high. - Social Service Provider

Observation. - Social Service Provider

Too much tobacco use. - Physician

The number one cause of early mortality and potential preventive mortality in Valley residents. - Physician

Lots of smokers. - Other Health Provider

Many people still smoke. Smokeless tobacco use is prevalent, vaping is a growing fad. - Other Health Provider

Smoking is the number one cause of preventable death in America. Smoking alone kills more people each year than alcohol, car crashes, illegal drugs, homicides and suicides combined. - Community Leader

Don't Know

Just is. - Physician

E-Cigarettes

It always has been. People have shifted from cigarettes to vapor, but that is not a healthy option either. I see too many young kids smoking and vaping. - Physician

Generational

Family history, individual choice, bar culture. - Community Leader

Access to Health Services



Professional Research Consultants, Inc.

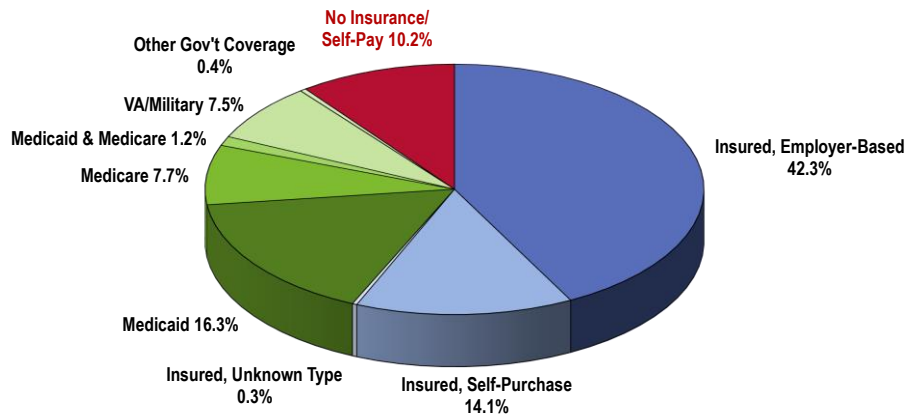
Health Insurance Coverage

Type of Healthcare Coverage

A total of 56.7% of Flathead County adults age 18 to 64 report having healthcare coverage through private insurance. Another 33.1% 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; Flathead County, 2018)



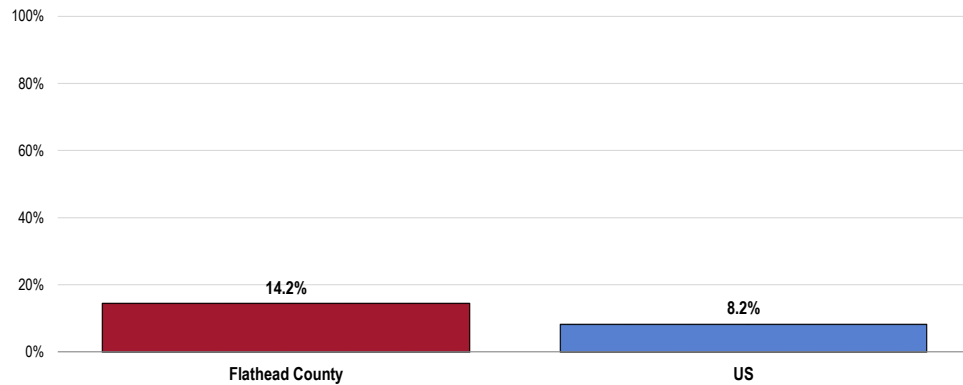
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
Notes: • Reflects respondents age 18 to 64.

A total of 14.2% of residents under age 65 with private coverage or Medicaid secured their coverage under the Affordable Care Act (ACA), otherwise known as “Obamacare.”

- Higher than the national finding.

Insurance Was Secured Under the Affordable Care Act/“Obamacare”

(Among Adults Age 18-64 With Private Insurance or Medicaid, By Type of Coverage)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Lack of Health Insurance Coverage

Among adults age 18 to 64, 10.2% report having no insurance coverage for healthcare expenses.

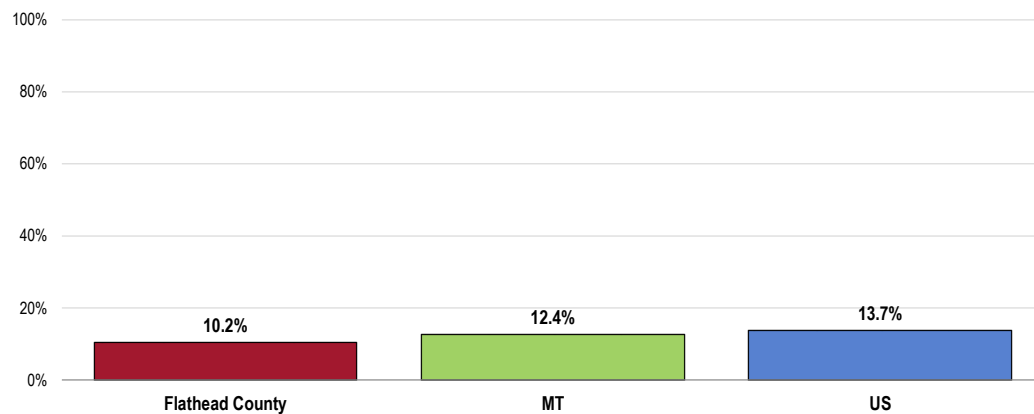
Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population), who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

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

Lack of Healthcare Insurance Coverage

(Among Adults Age 18-64)

Healthy People 2020 Target = 0.0% (Universal Coverage)



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 MT data.
- 2017 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-1.1]

Notes:

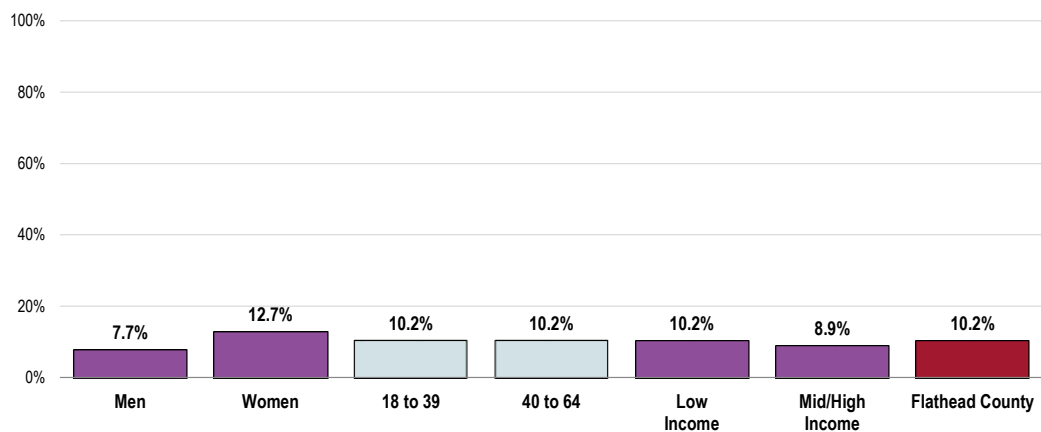
- Asked of all respondents under the age of 65.

- Lack of healthcare coverage is statistically similar within the demographic groups.

Lack of Healthcare Insurance Coverage

(Among Adults Age 18-64; Flathead County, 2018)

Healthy People 2020 Target = 0.0% (Universal Coverage)



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]

- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1.1]

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.

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.

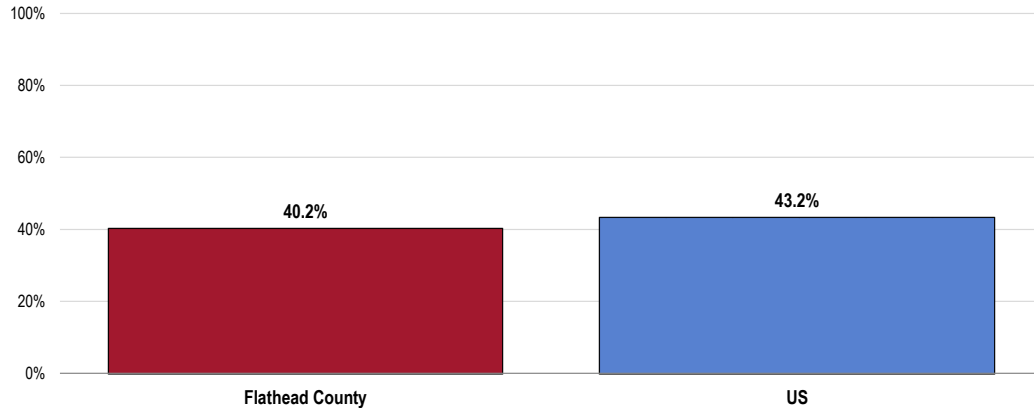
- Healthy People 2020 (www.healthypeople.gov)

Difficulties Accessing Services

A total of 40.2% of Flathead County adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- Similar to the national findings.

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



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 171]
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.

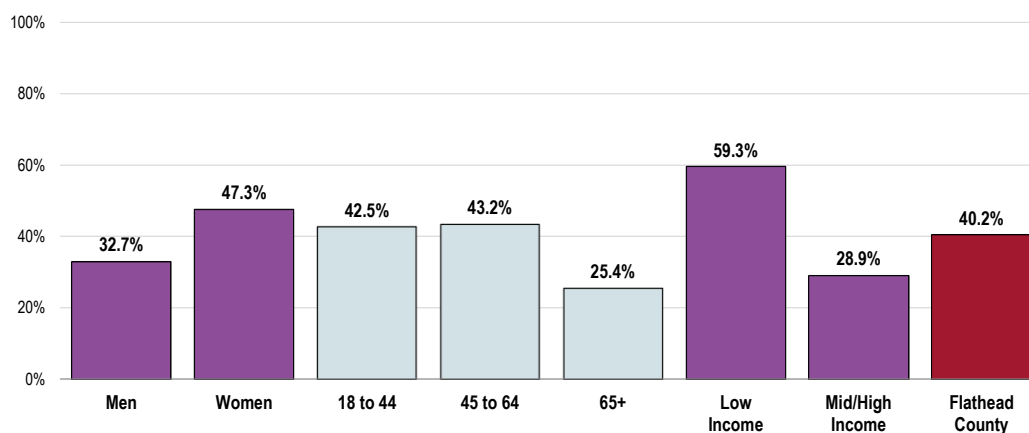
Note that the following demographic groups more often report difficulties accessing healthcare services:

- Women.
- Adults younger than age 65.
- Lower-income residents (especially).

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.

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

(Flathead County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 171]

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

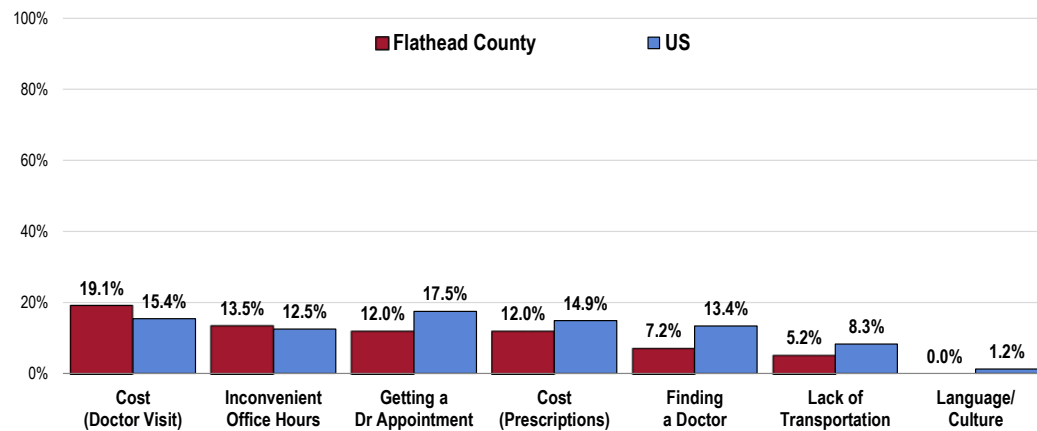
Of the tested barriers, cost of a physician visit impacted the greatest share of Flathead County adults (19.1% say that cost prevented them from obtaining a visit to a physician in the past year).

- The proportion of impacted Flathead County adults is statistically comparable to or better than that found nationwide for each of the tested barriers.

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

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

Barriers to Access Have Prevented Medical Care in the Past Year



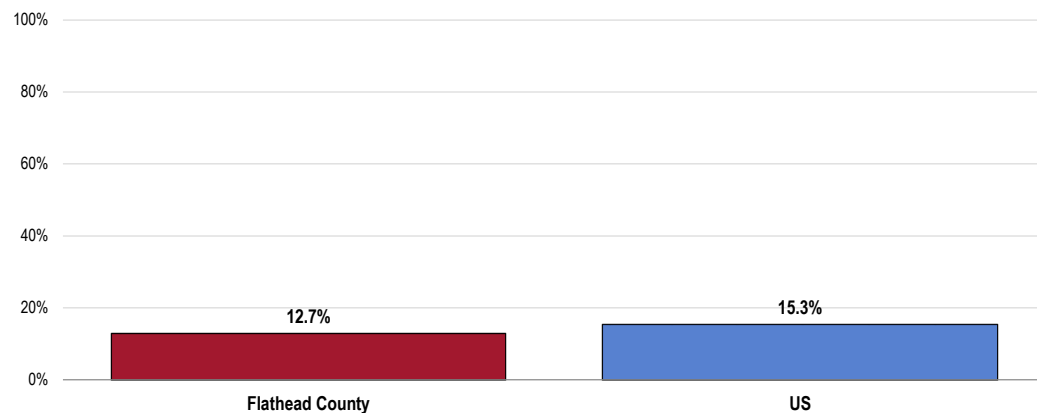
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-13]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Prescriptions

Among all Flathead County adults, 12.7% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- Similar to the national findings.

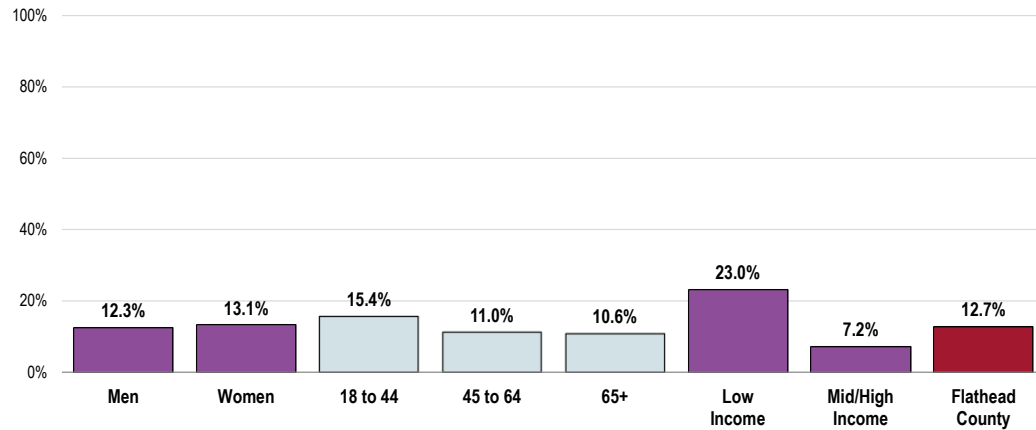
Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 14]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

- Lower-income adults are more likely to have skipped or reduced their prescription doses.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money (Flathead County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 14]

Notes: • Asked of all respondents.

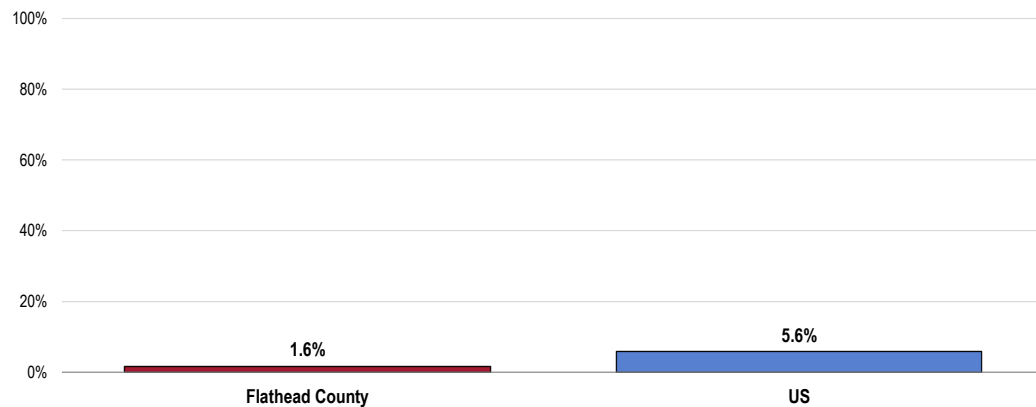
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty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

- Statistically similar to what is reported nationwide.

Had Trouble Obtaining Medical Care for Child in the Past Year (Among Parents of Children 0-17)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 118-119]

• 2017 PRC National Health Survey, Professional Research Consultants, Inc.

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

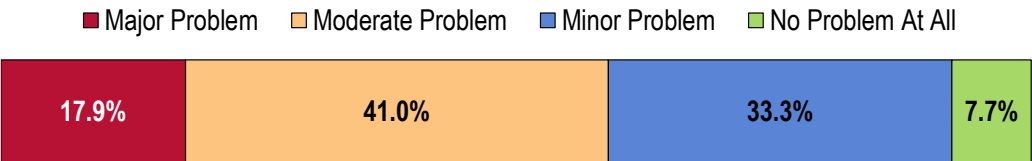
Key Informant Input: Access to Healthcare Services

Key informants taking part in an online survey most often characterized Access to

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.

Healthcare Services as a “moderate problem” in the community.

**Perceptions of Access to Healthcare Services
as a Problem in the Community**
(Key Informants, 2018)



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 related to the following:

Affordable Care/Services

Older adults experience numerous barriers to accessing health care and related services, including costs (for Medicare premiums, supplemental policies, drugs/drug plans, co-pays and other out-of-pocket expenses, durable medical equipment/supplies, and long-term care services); lack of adequate transportation to health care appointments and related trips (like to a pharmacy); difficulty managing and coordinating care for multiple health conditions that require interaction with many providers and systems; and lack of sufficient supportive services to ensure they are able to follow health care plans (care coordination, case management, personal care attendants, nutrition services, assistive technology, etc.). Some health services, like long term care, dental care, hearing aids, and most vision care are not covered by Medicare, making it almost impossible for many to access them without becoming Medicaid eligible. We need geriatricians in the area given the high % of older adults. - Social Service Provider

Cost for care for middle and low income. - Public Health Representative

Access to affordable dental care is a huge struggle for patients with low incomes in this community. The community health center (FCHC) is one of the only clinics that accept Medicaid patients for dental services, but are limited on their availability because they are booked out for months on end due to the need for care. - Other Health Provider

Cost of paying for services, increasing co-pays, premiums. Lack of health insurance offered as an employment benefit. Cuts to and elimination of case management services due to recent state budget cuts. Transportation. - Community Leader

Access for Medicaid/Medicare Patients

The biggest challenge in my mind is the paucity of quality providers in the realm of behavioral health as well as co-occurring disorders involving substance abuse. Additionally, many providers limit the amount of Medicaid that they see or uninsured and as community mental health programs have their budgets being cut and providers retiring or leaving, this leaves a large gap to fill. - Physician

Substance abuse and [treatment] options continue and remain the number one access issue. There are no outpatient services for Medicaid available and one provider has huge long waiting lists and has no new services offered for 20 years. Mental health remains an issue especially now for children as WMMHC closed most of its programs. Dental services is an ongoing issue especially for adults - Other Health Provider

Access for Uninsured/Underinsured

For those lacking comprehensive insurance coverage, the costs of obtaining care can be prohibitive, causing patients to defer seeking care or treatment. Conditions that could benefit from early intervention often escalate in to an acute crisis, requiring emergency care. - Social Service Provider

Type of Care Most Difficult to Access

Key informants (who rated this as a “major problem”) most often identified dental care and behavioral health as the most difficult to access in the community.

Medical Care Difficult to Access as Identified by Key Informants				
	Most Difficult	Second-Most Difficult	Third-Most Difficult	Total Mentions
Dental Care	28.6%	14.3%	42.9%	6
Behavioral Health	57.1%	14.3%	0.0%	5
Substance Abuse Treatment	14.3%	28.6%	0.0%	3
Elder Care	0.0%	42.9%	0.0%	3
Pain Management	0.0%	0.0%	14.3%	1
Primary Care	0.0%	0.0%	14.3%	1
Specialty Care	0.0%	0.0%	14.3%	1
Urgent Care	0.0%	0.0%	14.3%	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

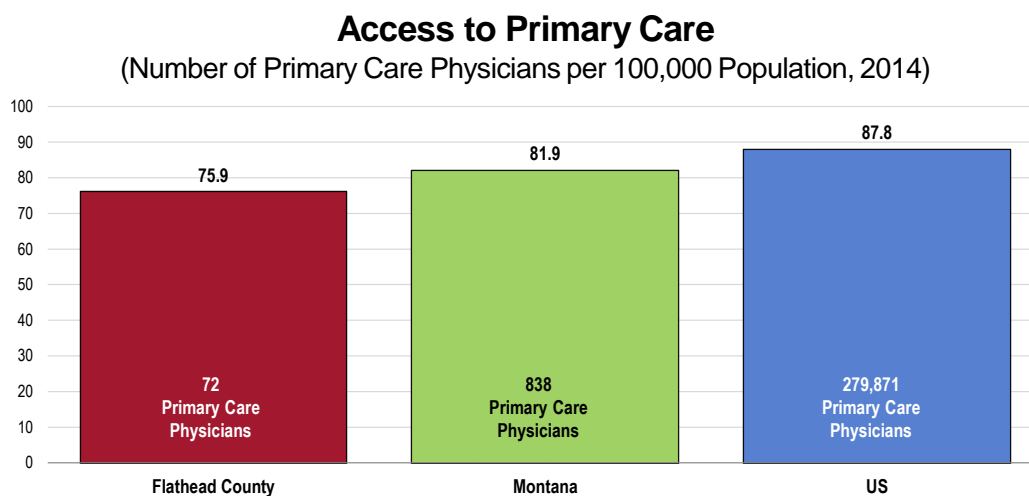
Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease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

- Healthy People 2020 (www.healthypeople.gov)

Access to Primary Care

In Flathead County in 2014, there were 72 primary care physicians, translating to a rate of 75.9 primary care physicians per 100,000 population.

- Statistically similar to what is found statewide.
- Below the national rate.



- Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
 - Retrieved July 2018 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.

Specific Source of Ongoing Care

A total of 81.6% of Flathead County adults were determined to have a specific source of

ongoing medical care.

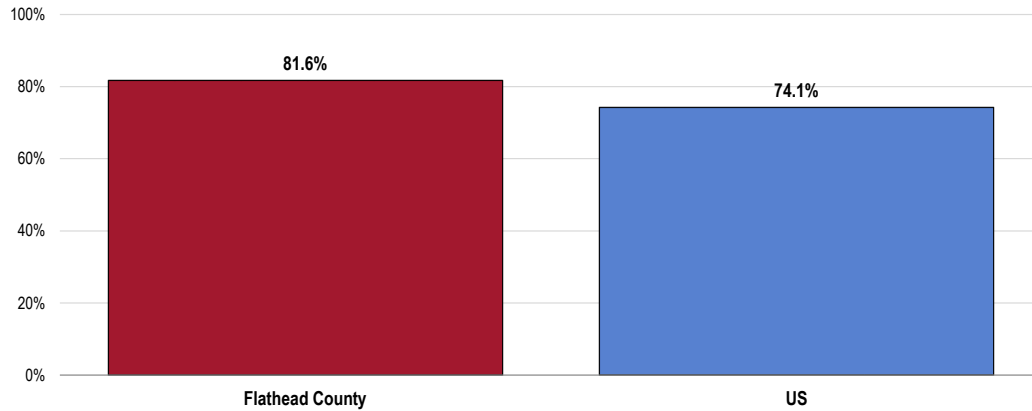
- Higher than the national findings.
- Fails to satisfy the Healthy People 2020 objective (95% or higher).

Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is 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



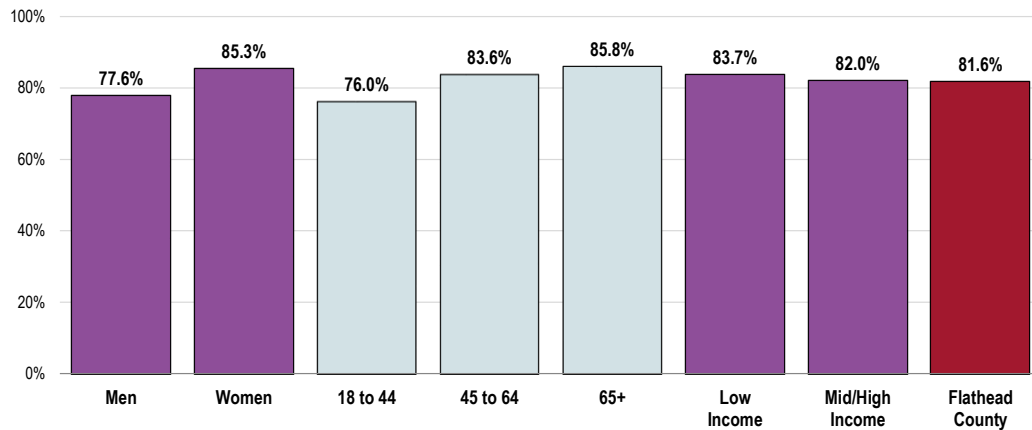
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 170]
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-5.1]
- Notes:
- Asked of all respondents.

- When viewed by demographic characteristics, there is no statistical variance within groups.

Have a Specific Source of Ongoing Medical Care

(Flathead County, 2018)

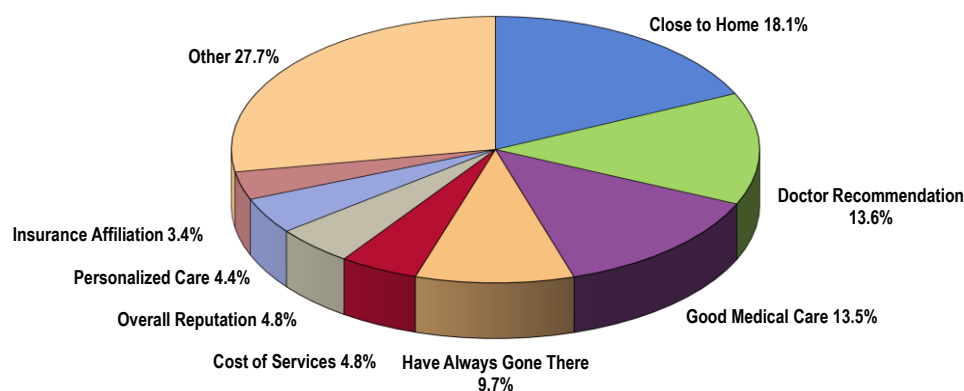
Healthy People 2020 Target = 95.0% or Higher



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 170]
 - 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.
 - 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 top reasons for choosing a particular facility as a specific source of ongoing medical care include proximity to home (18.1%), a doctor's recommendation (13.6%), and good medical care (13.5%).

Main Reason for Choosing Particular Facility for Healthcare Needs (Flathead County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 301]
Notes: • Asked of respondents who regularly visit a particular medical facility for health care.

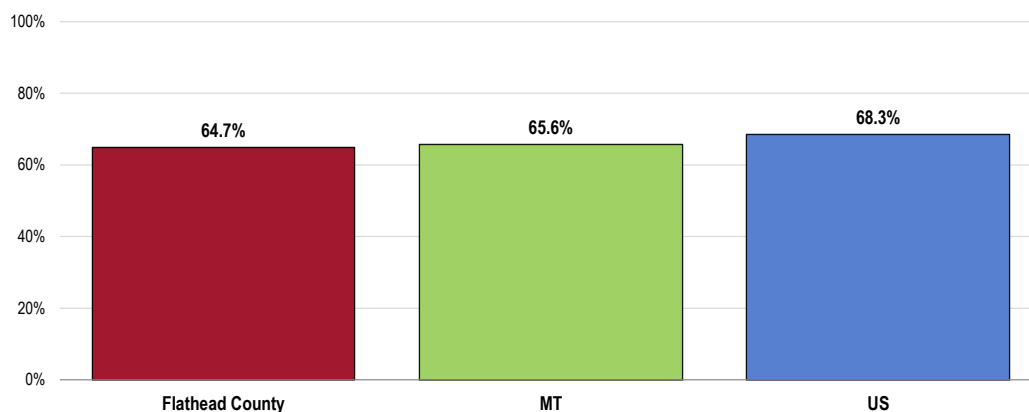
Utilization of Primary Care Services

Adults

Nearly two-thirds (64.7%) of adults visited a physician for a routine checkup in the past year.

- Comparable to state findings.
- Comparable to national findings.

Have Visited a Physician for a Checkup in the Past Year

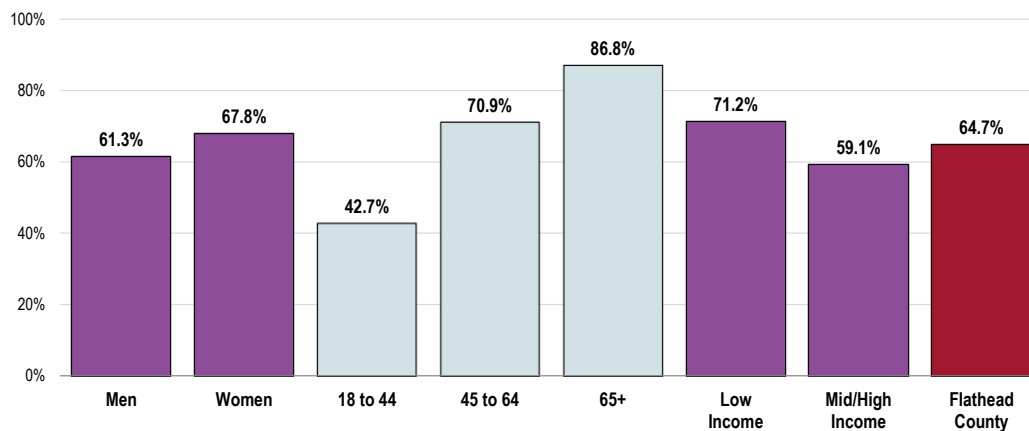


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 MT data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

- Younger adults 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 (Flathead County, 2018)



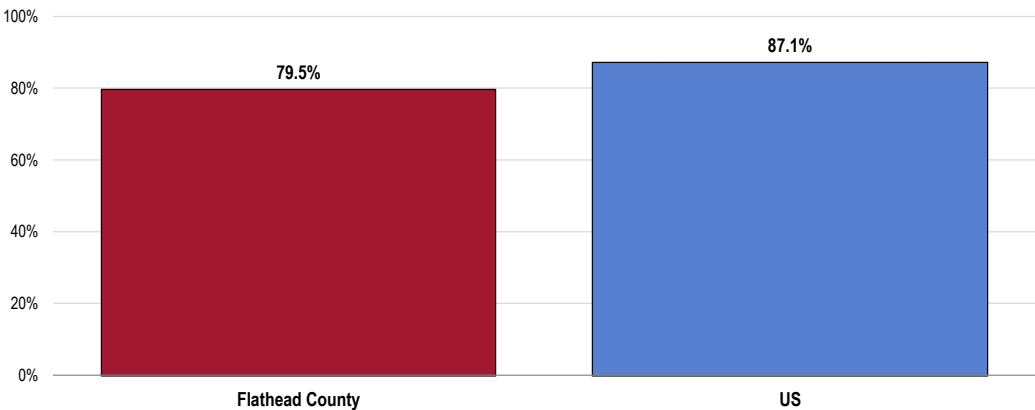
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
 • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes 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, 79.5% report that their child has had a routine checkup in the past year.

- Statistically similar to national findings.

**Child Has Visited a Physician
for a Routine Checkup in the Past Year**
(Among Parents of Children 0-17)



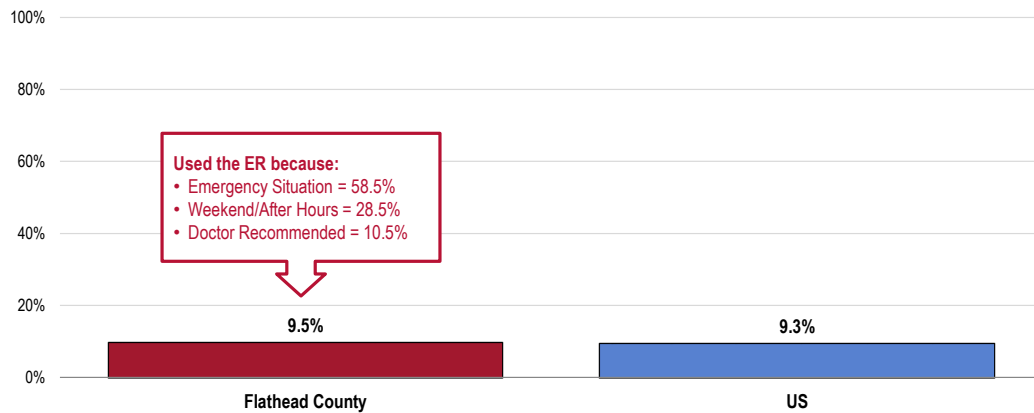
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 120]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with children 0 to 17 in the household.

Emergency Room Utilization

A total of 9.5% of Flathead County adults have gone to a hospital emergency room more than once in the past year about their own health.

- Nearly identical to the national findings.

Have Used a Hospital Emergency Room More Than Once in the Past Year



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 22-23]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

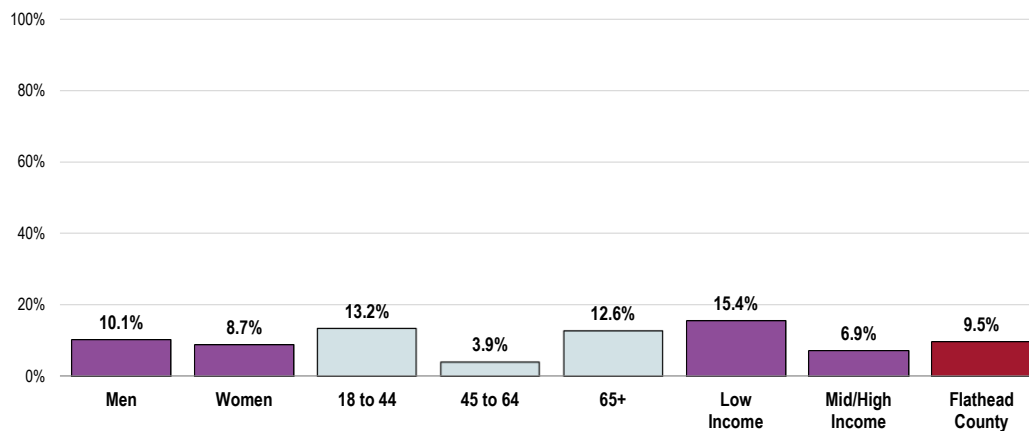
Notes:

- Asked of all respondents.

Of those using a hospital ER, 58.5% say this was due to an **emergency or life-threatening situation**, while 28.5% indicated that the visit was during **after-hours or on the weekend**. Another 10.5% cited a **physician's recommendation**.

- Adults age 40-64 are less likely than younger or older adults.

Have Used a Hospital Emergency Room More Than Once in the Past Year (Flathead County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]

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.

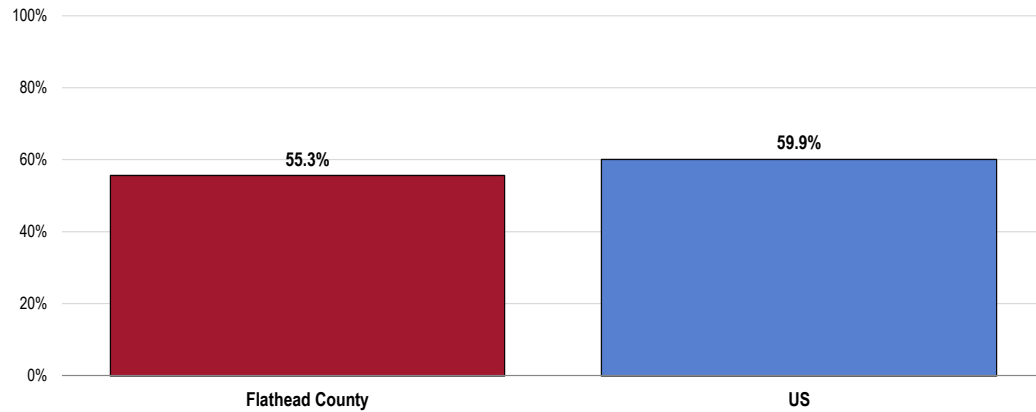
• Healthy People 2020 (www.healthypeople.gov)

Dental Insurance

Over one-half of Flathead County adults (55.3%) have dental insurance that covers all or part of their dental care costs.

- Similar to the national finding.

Have Insurance Coverage That Pays All or Part of Dental Care Costs

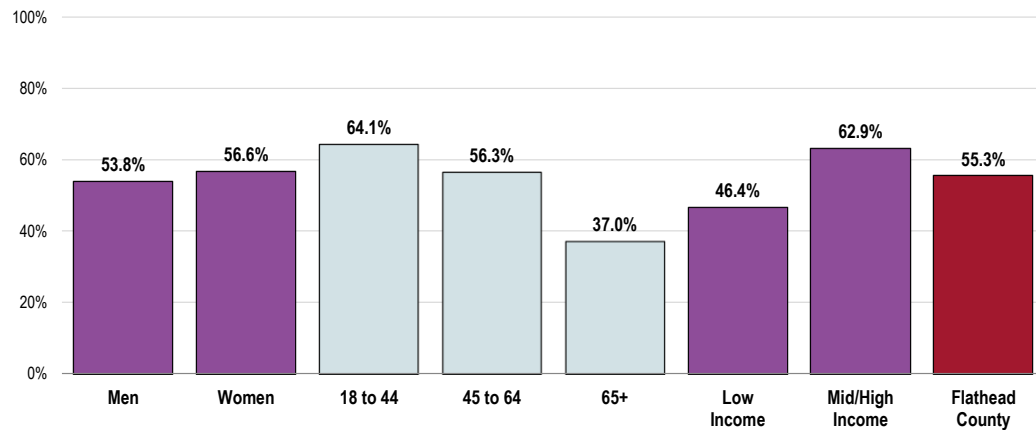


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

These adults are less likely to be covered by dental insurance:

- Seniors (age 65+).
- Those with lower incomes.

Have Insurance Coverage That Pays All or Part of Dental Care Costs (Flathead County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
 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.

Dental Care

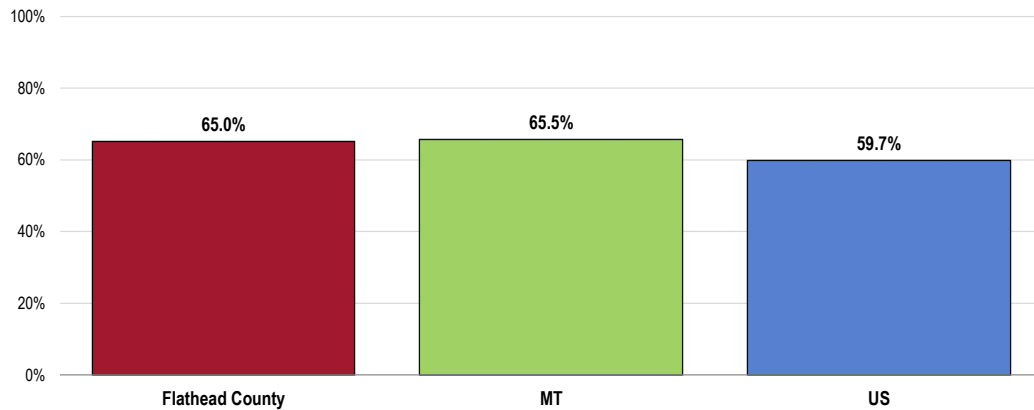
Adults

A total of 65.0% of Flathead County adults have visited a dentist or dental clinic (for any reason) in the past year.

- Nearly identical to statewide findings.
- Comparable to the national findings.
- Satisfies the Healthy People 2020 target (49% or higher).

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2020 Target = 49.0% or Higher



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
- 2017 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); 2016 MT data.

Notes:

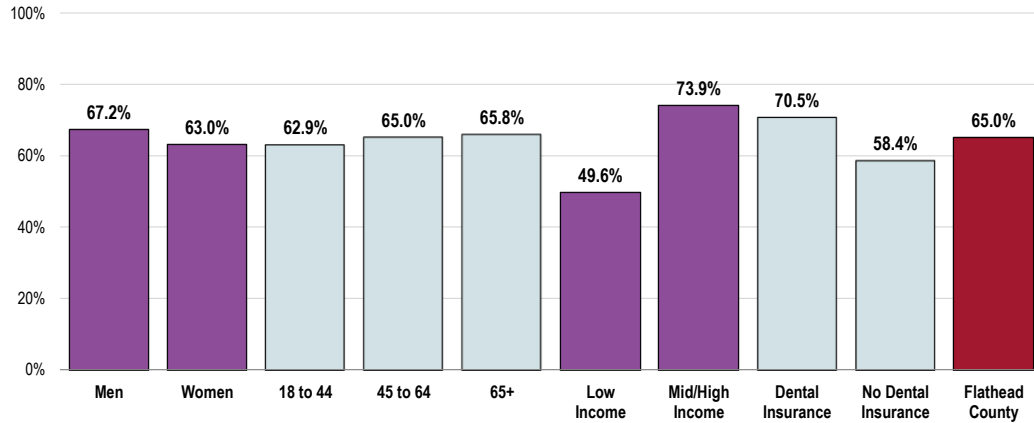
- Asked of all respondents.

Note the following:

- Persons living in the higher income categories report much higher utilization of oral health services (low-income adults just meet the Healthy People 2020 target).
- As might be expected, persons without dental insurance report much lower utilization of oral health services than those with dental coverage.

Have Visited a Dentist or Dental Clinic Within the Past Year (Flathead County, 2018)

Healthy People 2020 Target = 49.0% or Higher



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

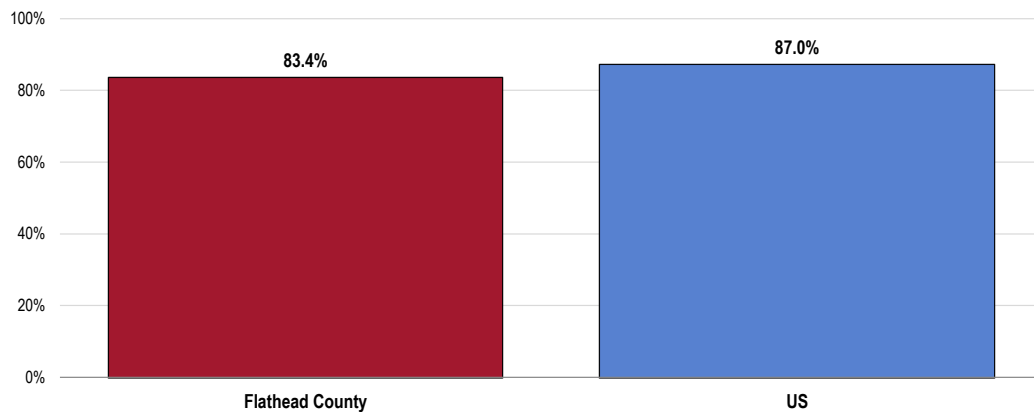
Children

A total of 83.4% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- Similar to the national findings.
- Satisfies the Healthy People 2020 target (49% or higher).

Child Has Visited a Dentist or Dental Clinic Within the Past Year (Among Parents of Children Age 2-17)

Healthy People 2020 Target = 49.0% or Higher

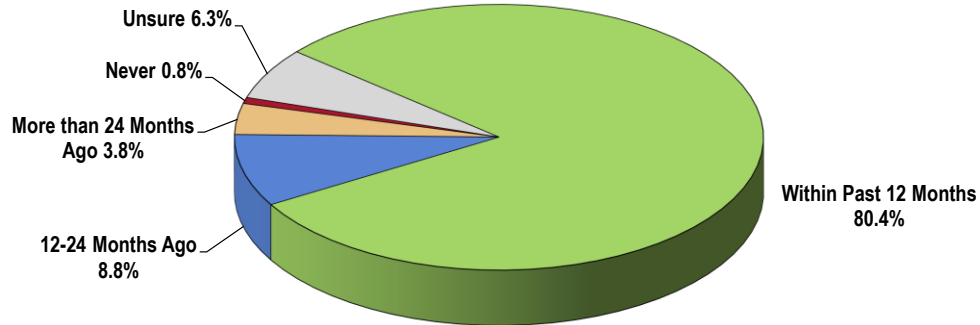


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 123]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
 Notes: • Asked of all respondents with children age 2 through 17.

Adolescents

In 2017, Most Flathead County high school students (80.4%) had visited a dentist within the past year.

Adolescents: Last Time Visiting a Dentist (Flathead County High School Students, 2017)

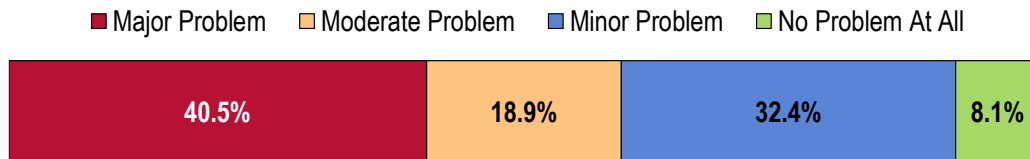


Sources: • 2017 Flathead County YRBS (High School).

Key Informant Input: Oral Health

Key informants taking part in an online survey most often characterized *Oral Health* as a “major problem” in the community.

Perceptions of Oral Health as a Problem in the Community (Key Informants, 2018)



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 related to the following:

Access for Medicaid/Medicare Patients

Access to dentists who accept Medicaid is an ongoing struggle. - Social Service Provider
Medicare does not cover dental services (except under very restricted circumstances), and Medicaid no longer pays for dentures. While some Medicare Advantage include dental, it's expensive and provides limited coverage. Dental health is critical to maintaining overall health and plays a role in

preventing heart disease and neurological conditions. It's also essential for good nutrition. People without good teeth can't eat very well! - Social Service Provider

Medicaid access and self-pay. - Physician

Providers not taking Medicaid. Many folks do not have dental insurance. No dental causes multiple issues, physical and mental health. - Other Health Provider

Affordable Care/Services

Patients with limited incomes do not have access to oral health care services. The FCHC is one of the few clinics that accepts patients that allow payments to be made, are based on a discounted fee scale based on income, or accept Medicaid patients. Another issue is the water is not fluoridated, and fluoridated water systems have proven to reduce the risk of developing caries (cavities) in children and adults. - Other Health Provider

Cost, availability, many local dentists do not work on Fridays. - Other Health Provider

Cost, not covered by health insurance. Lack of awareness of dental and body connection and risks of neglecting oral health. Lack of low cost providers. - Community Leader

Access for Uninsured/Underinsured

More access for uninsured, underinsured, Medicaid. - Physician

Dentist in the Valley frequently avoid or decline patients without insurance or those that have Medicaid. The focus is preying on the wealthy and their vanity to fix teeth that are near perfect, when we should be helping those that actually need it. - Physician

Access to Care/Services

Access to dentistry, outside of preventive, is difficult for all populations, but particularly for low income populations. People with more difficult dental issues are left with no affordable choices. - Social Service Provider

Early Diagnosis/Prevention

I think that people don't keep up with flossing or six month cleanings, nor are able to afford dental care. - Other Health Provider

Insurance Issues

Poorly covered by most insurances and Medicare, very expensive. - Other Health Provider

Vision Care

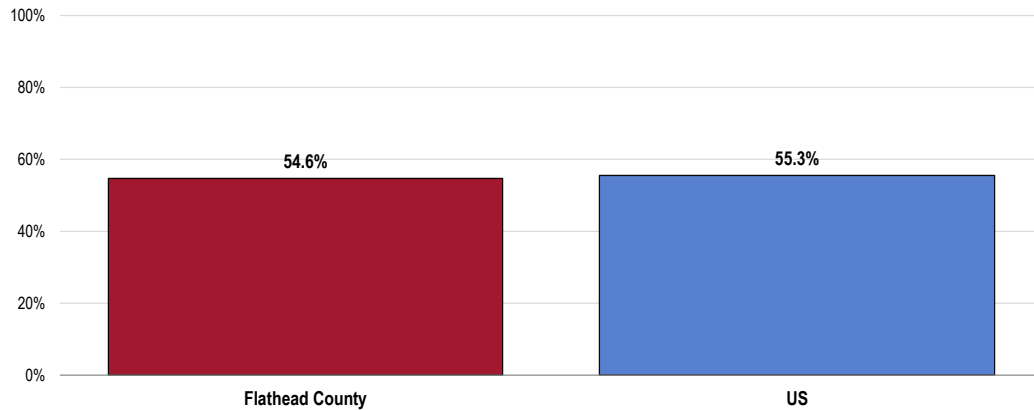
A total of 54.6% of Flathead County residents had an eye exam in the past two years during which their pupils were dilated.

RELATED ISSUE:

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

- Statistically comparable to national findings.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated



Sources:

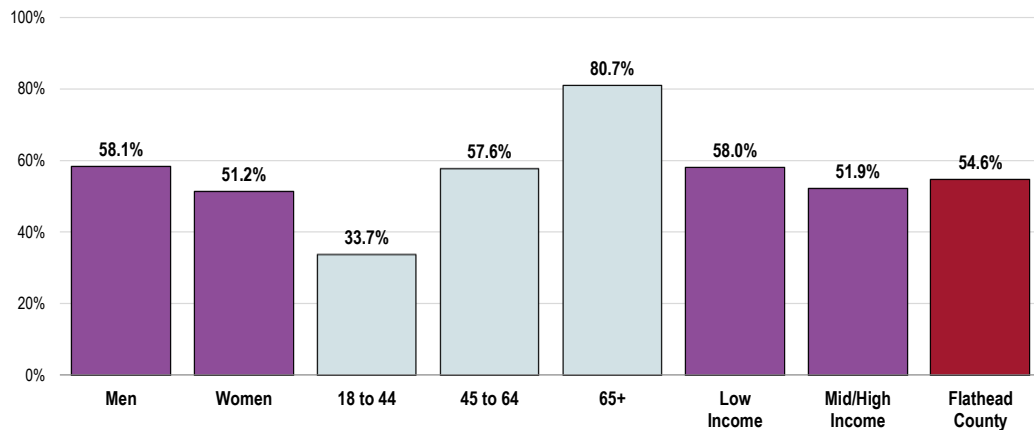
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

- Asked of all respondents.

- Note the positive correlation between age and recent eye exams, with recent vision care more often reported among adults ages 45 and older.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated (Flathead County, 2018)



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Local Resources



Professional Research Consultants, Inc.

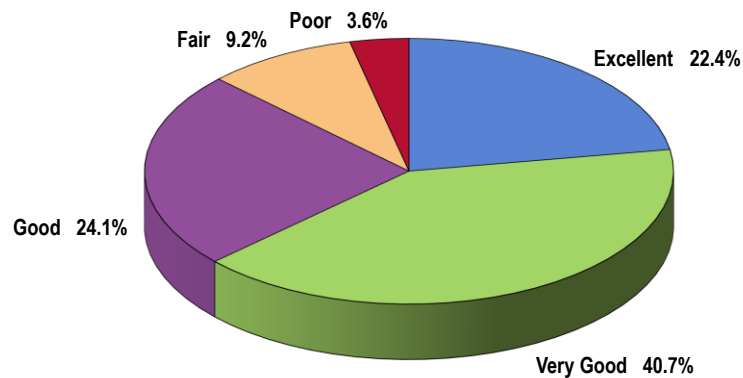
Perceptions of Local Healthcare Services

Rating of Local Services

Nearly two-thirds (63.1%) of Flathead County adults rate the overall healthcare services available in their community as “excellent” or “very good.”

- Another 24.1% gave “good” ratings.

Rating of Overall Healthcare Services Available in the Community (Flathead County, 2018)

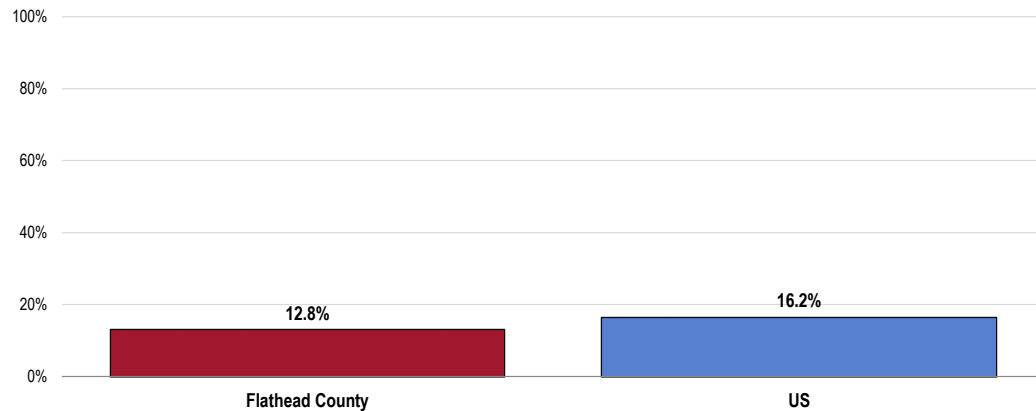


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: • Asked of all respondents.

However, 12.8% of residents characterize local healthcare services as “fair” or “poor.”

- Statistically similar to the national finding.

Perceive Local Healthcare Services as “Fair/Poor”

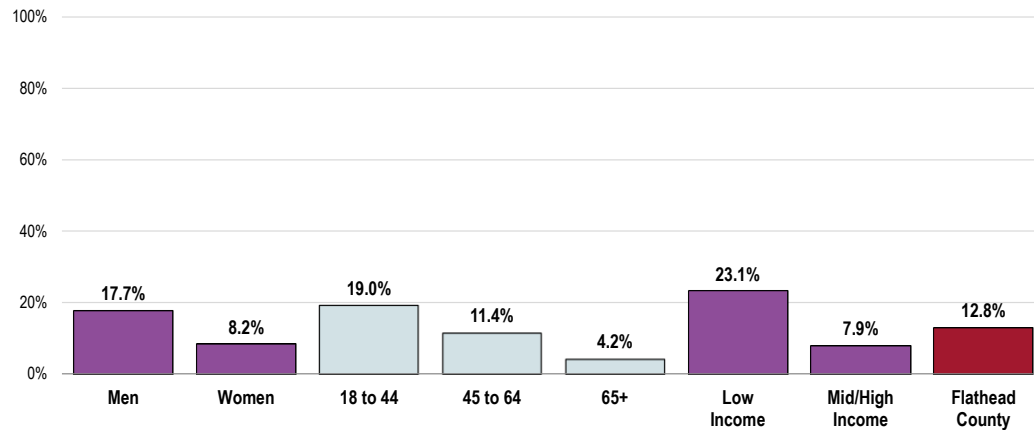


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

The following residents are more critical of local healthcare services:

- Men.
- Adults under age 65.
- Residents with lower incomes.

Perceive Local Healthcare Services as “Fair/Poor” (Flathead County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]

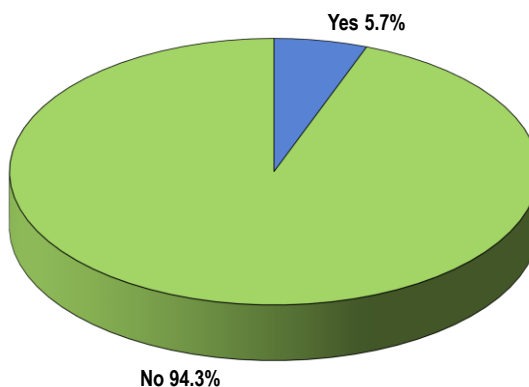
Notes: • Asked of all respondents.

• 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.

Outmigration for Services

In all, 5.7% of adults say they have needed to leave Flathead County to receive a healthcare service within the past 12 months.

Have Needed to Leave Flathead County for Medical Services in the Past 12 Months (Flathead County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 302]

Notes: • Asked of all respondents.

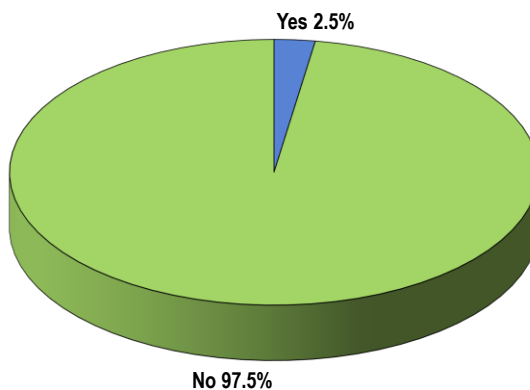
Among the small sample of those who left the area (17 respondents):

- Top-mentioned services included government/military services, urology and eye care.
- Reasons included government/ military benefits, a doctor's recommendation, better care, and availability.
- Destinations primarily included Denver, "out of state," or Missoula.

Outmigration for Pediatric Services

Overall, just 2.5% of parents with children ages 0 to 17 feel the need to leave Flathead County to get a particular healthcare service for their child.

Feel the Need to Leave Flathead County for a Pediatric Healthcare Service (Flathead County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 317]
Notes: • Asked of all respondents with children 0 to 17 in the household.

Among the very small number of parents reporting they feel the need to leave the area (4 respondents):

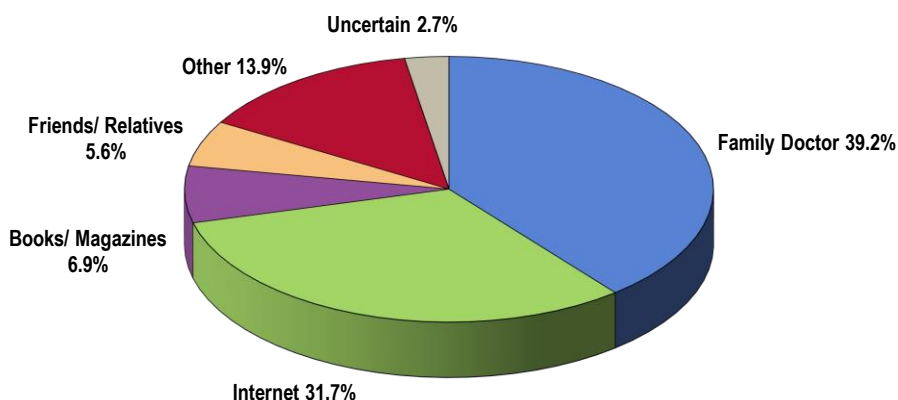
- Neurology, orthopedics, pediatric gastroenterology, and oncology were services mentioned.
- Reasons related to better care available elsewhere and certain services not being available.
- Destinations included Spokane and Seattle.

Healthcare Information Sources

Primary Healthcare Information Source

Area adults most commonly identified their family physician (39.2%) and the Internet (31.7%) as their main sources of healthcare information.

Main Source of Healthcare Information
(Flathead County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 312]
Notes: • Asked of all respondents.

Use of Social Media

Facebook is clearly the most used social media platform (mentioned first by 41.1% of respondents). Note that 34.4% of adults do not use social media at all.

Most-Used Social Media Platforms
(Flathead County, 2018; First, Second, and Third Mention)

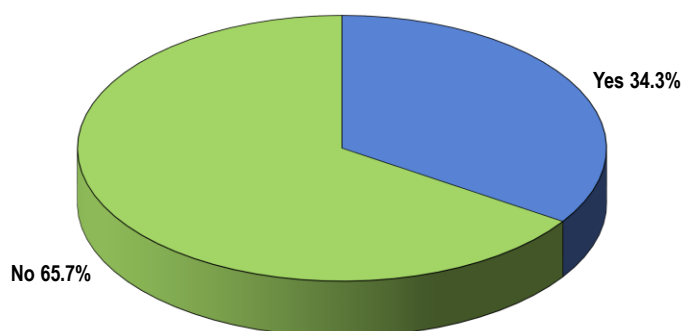
	First Mention	Second Mention	Third Mention
Facebook	41.1%	4.4%	1.0%
Instagram	5.7%	6.7%	0.5%
Google	3.4%	0.9%	0.0%
WebMD	3.9%	0.3%	0.0%
Twitter	1.3%	1.3%	0.7%
Snapchat	0.3%	2.3%	0.0%
None	34.4%	37.1%	17.1%
Uncertain	5.9%	5.2%	1.5%
No Response	—	37.3%	76.5%

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 313-315]
Notes: • Asked of all respondents.

More than one-third (34.3%) of Flathead County residents would be interested in using social media websites to obtain local healthcare information, such as resources, health tips and upcoming events in the community.

- This increases to 49.3% among those currently using social media.

Interested in Using Social Media Websites to Obtain Local Healthcare Information (Flathead County, 2018)

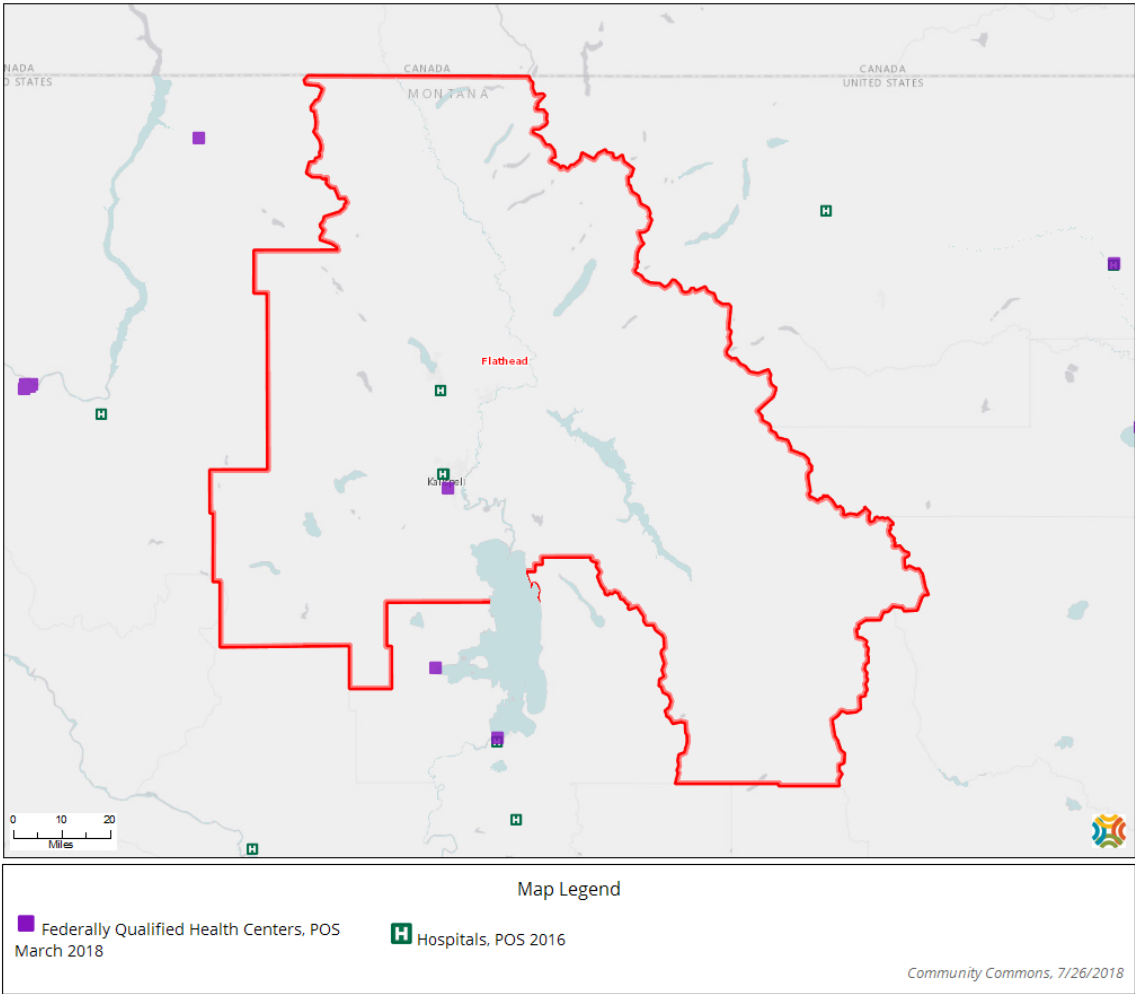


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 316]
Notes: • Asked of all respondents.
• Local healthcare information includes resources, health tips, and upcoming events in the community.

Healthcare Resources & Facilities

Hospitals & Federally Qualified Health Centers (FQHCs)

The following map details the hospitals and Federally Qualified Health Centers (FQHCs) within Flathead County.



Resources Available to Address the Significant Health Needs

Incorporating input from community stakeholders taking part in the Online Key Informant Survey, the following represent potential measures and resources (such as programs, organizations, and facilities in the community) available to address the 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

- Agency on Aging*
- ASSIST*
- Doctor's Offices*
- Eagle Transit*
- Flathead City-County Health Department*
- Flathead Community Health Center*
- Flathead Valley Chemical Dependency Center*
- Home Health*
- Kalispell Regional Medical Center*
- Newman Center*
- North Valley Behavioral Health*
- North Valley Hospital*
- Office of Public Assistance*
- Pathways*
- Sealants for Smiles*
- Shepherd's Hand*
- Sunburst*

Arthritis/Osteoporosis/Back Conditions

- Doctor's Offices*
- Flathead Orthopedics*
- Neuroscience and Spine Institute*
- Northwest Orthopedics*
- Pain and Wellness Center*
- PTA*
- Shepherd's Hand*
- Summit*
- WAVE*

Cancer

- Bass Breast Center*
- Cancer House*
- Cancer Support Community*
- Doctor's Offices*
- Flathead Cancer Aid Services*
- Flathead City-County Health Department*
- For the Children*
- Kalispell Regional Medical Center*
- Oncology Center*
- Oncology Department*
- Support Resources*

Dementia/Alzheimer's Disease

- Alzheimer's Association*
- Area on Aging*
- Brendan House*
- Doctor's Offices*
- Flathead County Agency on Aging*
- Home Health*
- Hospice*
- Mental Health Services*
- Nursing Homes*

Diabetes

- Doctor's Offices*
- Fitness Centers/Gyms*
- Flathead Community Health Center*
- Hospitals*
- Journey to Wellness*
- Kalispell Regional Healthcare*
- Kalispell Regional Medical Center*
- North Valley Hospital*

Family Planning

Clear Choice Clinic
Doctor's Offices
Flathead City-County Health Department
Medical Homes

Hearing and Vision Problems

ASL Interpreters
Costco
Hearing Aid Centers
Lion's Club
Summit

Heart Disease and Stroke

Doctor's Offices
Flathead Community Health Center
Hospitals
Kalispell Regional Healthcare
Kalispell Regional Medical Center
Medical Homes

HIV/AIDS

Flathead City-County Health Department
Flathead Community Health Center

Immunization/Infectious Disease

Doctor's Offices
Flathead City-County Health Department
Glacier Medical Associates
Kalispell Regional Medical Center

Infant and Child Health

Churches
Discovery Development Center
Doctor's Offices
Flathead City-County Health Department
Head Start
Healthy Montana Families
Hospitals
NICU
Nurturing Center
Speech, Occupational and Physical Therapists
Sunburst

Injury and Violence

Abbie Shelter
Crime Victims Advocate
Doctor's Offices
Domestic Violence Shelters
DPHHS - Child Protective Services
Mental Health Services

Mental Health Issues

Aware
Community Action Partnership
Community Mental Health
Doctor's Offices
Federally Qualified Health Centers
Flathead City-County Health Department
Flathead Community Health Center
Flathead Valley Chemical Dependency Center
Hospitals
Imagine Health
Intermountain
Kalispell Regional Healthcare
Kalispell Regional Medical Center
Lamplighter House
Mental Health Services
National Alliance on Mental Illness
Newman Center
North Valley Behavioral Health
North Valley Embrace Health
Pathways
Samaritan House
School System
Shodair
Sunburst
Support Groups
Turtle Bay Therapeutic Services
United Way
Veterans Affairs
Western Montana Mental Health
Youth Dynamics

Nutrition, Physical Activity, and Weight

Community Gardens
 Community Programs
 Doctor's Offices
 Flathead County Agency on Aging
 Flathead Food Bank
 Fuel Fitness
 Grocery Stores
 Health Department
 Kalispell Regional Healthcare
 Kalispell Regional Medical Center
 Kalispell Senior Center
 Medicare Advantage Plans
 MSU Extension Office
 North Valley Hospital
 Office of Public Assistance
 Parks and Recreation
 School System
 Summit
 Support Groups
 WAVE
 Weight Watchers

Oral Health/Dental Care

Comfort Dental Care
 Community Health Center
 County Health Clinic
 Dentist's Offices
 Flathead City-County Health Department
 Flathead Community Health Center
 Shepherd's Hand
 Smile Montana
 Sunburst

Sexually Transmitted Diseases

Big Sky Family Medicine
 Doctor's Offices
 Flathead City-County Health Department
 Flathead Community Health Center
 Glacier Medical Associates

Tobacco Use

American Cancer Society
 Doctor's Offices
 Flathead City-County Health Department
 Health Department
 Hospitals
 Medical Homes
 Montana Quit Line
 Nicotine Substitutes
 Our Office
 School System
 State Cessation Resource
 Summit

Substance Abuse

AA/NA
 Behavioral Health Access
 Chemical Dependency Center
 Community Medical Services
 Dickerson Counseling
 Doctor's Offices
 Flathead Valley Chemical Dependency Center
 Kalispell Regional Medical Center
 Mental Health Services
 New Life Clinic
 North Valley Behavioral Health
 Pain and Wellness Center
 Pathways
 Police Department
 Regional Prevention Programs
 Rimrock
 Veterans Affairs
 Western Montana Mental Health
 Wilderness Treatment Center

Respiratory Diseases

Doctor's Offices
 Flathead City-County Health Department
 Hospitals
 Rocky Mountain Heart and Lung

Appendices



Professional Research Consultants, Inc.

Appendix A:

Kalispell Regional Healthcare Cancer Program Diagnosis and Treatment Experience Survey Results

This survey was created in effort to gather insight on current and past patient experiences in the Cancer Service Line at Kalispell Regional Healthcare. The collected data will be used to continually improve upon the quality of the Cancer Service Line and will ensure smoother navigation through the continuum of patients and their family members.

What led to your cancer diagnosis?

Answers Given	Responses
Professional Screening Test	43%
Self Exams	29%
Pain	14%
Follow Up Appointment	14%

How many visits did you have until you were diagnosed?

Answers Given	Responses
1	14%
2	29%
3	43%
4	0%
5	0%
6	14%
7+	0%

How many physicians did you see before you were diagnosed?

Answers Given	Responses
1	14%
2	43%
3	14%
4	29%

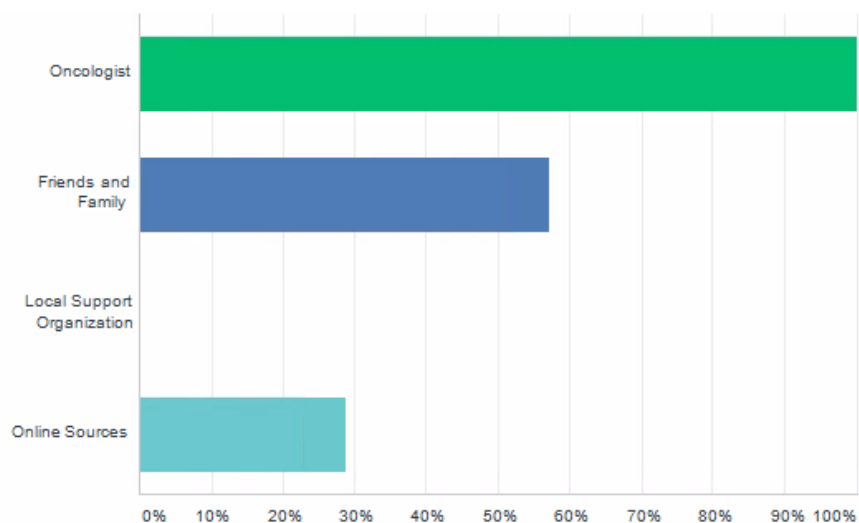
How well did you understand your diagnosis when it was presented to you?

Answer Choices	Responses
Extremely Clear	29%
Very Clear	71%
Somewhat Clear	0%
Not So Clear	0%
Not At All Clear	0%

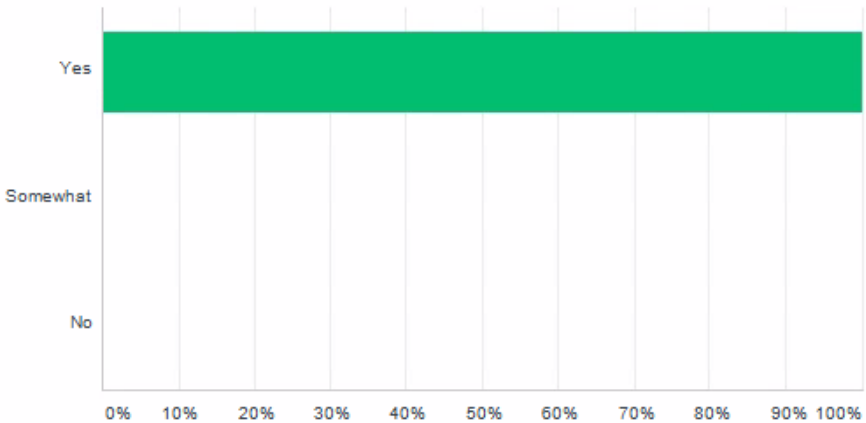
Did you receive written information on your cancer?

Answer Choices	Responses
Yes	86%
No	14%

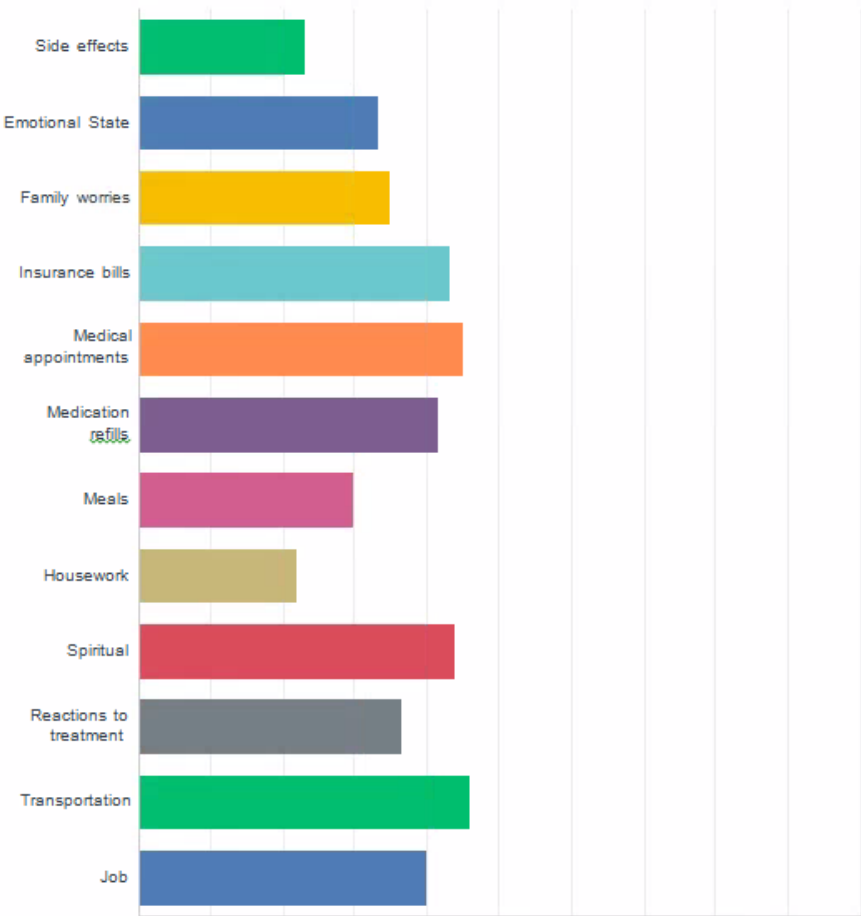
What sources did you use in thinking about treatment options? Select all that apply.



Did you feel involved in your treatment decisions?

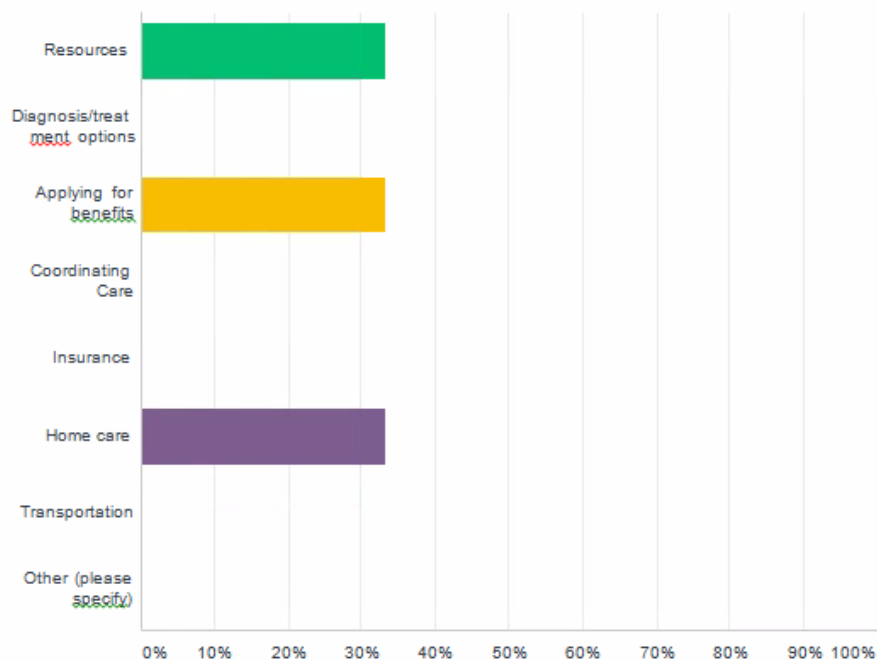


How do you rate the following problems you had during your treatment?



	Very Poor	Poor	Satisfactory	Good	Excellent
Side Effects	16.67%	33.33%	50.00%	0.00%	0.00%
Emotional State	16.67%	16.67%	16.67%	16.67%	33.33%
Family Worries	0.00%	16.67%	33.33%	33.33%	16.67%
Insurance Bills	0.00%	0.00%	33.33%	0.00%	66.67%
Medical Appointments	0.00%	0.00%	0.00%	50.00%	50.00%
Medication Refills	0.00%	16.67%	0.00%	33.33%	50.00%
Meals	0.00%	20.00%	60.00%	20.00%	0.00%
Housework	20.00%	60.00%	0.00%	20.00%	0.00%
Spiritual	0.00%	0.00%	0.00%	60.00%	40.00%
Reactions to Treatment	16.67%	0.00%	16.67%	33.33%	33.33%
Transportation	0.00%	0.00%	0.00%	40.00%	60.00%
Job	0.00%	25.00%	0.00%	25.00%	50.00%

What areas of your treatment would you have liked more assistance? Select all that apply.



Respondents were asked: Looking back now, knowing what you know now, is there any thing you would do different?

***Responses altered for purposes of clarity and understanding*

Responses
Understand recovery from surgery better
Taking more time deciding what choices to make as far as reconstruction
Used a homeopathic physician earlier

Appendix B:

Flathead County Focus Group Findings

Between June and August 2018, 182 community members participated in our primary data collection targeting low income and service users of Flathead City-County Health Department services including the Flathead Community Health Center. To ensure **geographic diversity** within the county, focus groups were held in Big Fork, Kalispell, and Columbia Falls. The largest number of participants (112) came from the five day long County Fair which included people from all over the county. To ensure participation **across the lifespan** we targeted youth through the library and a summer meal program and seniors through a walking group and an assisted living facility. To **target our patients and service users**, focus groups were advertised in all clinic locations, including the Hungry Horse clinic. Data was collected through focus groups and through individual conversations asking the same focus group questions:

- *What challenges to being healthy do you (or your family) face in Flathead County?*
- *What do you think is the most serious health issue facing Flathead County?*
- *What community strengths help you (or your family) to be healthy?*
- *What community services do you (or your family) need to be healthy?*

All identifying information to a person was removed. Data was analyzed for themes using ATLAS.ti 8.

Challenges to Being Healthy

Three themes emerged as challenges to being healthy: access to care (30.2%), food costs and availability (19.8%), and air quality (13.8%).

Within access to care, the need for dental care and the difficulty affording care were the most common issues. Many people with health insurance still referenced difficulties in affording care:

"It's less expensive to pay out of pocket for a family with kids- it makes you not want to see a doctor or do preventive things."

Other common themes around challenges with accessing care include lack of urgent care, insufficient hours for appointments, long waiting lines, and a lack of access to specialty care.

Food was the second most frequently mentioned challenge. The majority of people had difficulty affording foods. Other common challenges around food and healthy eating including low availability of foods, too much fast food availability, and issues around finding foods that family members would eat.

Air Quality was a frequently mentioned theme and the majority of responses came during a week when local air quality was poor due to wildfire smoke. Many participants linked their air quality concerns with a specific health issue, most often asthma.

Other key themes include: transportation/walkability issues (9.9%), a need for affordable indoor recreation/gyms (8.2%), and the high cost of living/lack of affordable housing (7.7%).

Most Serious Health Issue

The population overwhelmingly choose mental health and substance use as the most serious health issue in Flathead County with 42.6% of participants choosing it. Mental Health and Substance Use were analyzed separately, however the participants frequently linked the two together: stating that the greatest challenge is “mental health because that’s what causes the drugs.”

Beyond the connection between mental health and substance use, comments linked these two issues with other health needs:

“People whose health is seriously affected by drugs. Those who have no money to obtain health insurance are in poor health because of the drugs or other easily obtained items.”

Information on mental health and substance use called out pain management: “doctors tending to over-prescribe opioids.” Other specific issues called out include meth, alcohol, tobacco, depression, and suicide. Multiple participants also referenced the need for increased treatment: “cutbacks in mental health and treatment- frightening for people already frightened.”

Other common responses to the most serious health issue facing Flathead County include: access to care (11.5%), air quality (11.0%), obesity (9.3%), and chronic disease (8.2%). Interestingly, there was relatively little overlap between the topics that our participants thought were the greatest challenges in their own lives versus the greatest issue for the community.

Community Strengths for Health

The two most frequent strengths identified were access to the outdoors and the availability of healthy foods. The proximity to nature was most often connected to the ability to exercise to stay healthy. General community support and neighbors helping each other was a frequent comment such as: “People come together. Small time help.”

Great healthcare services and the hospitals were seen as a community strength. The Flathead City-County Health Department and Flathead Community Health Center were identified many times- an encouraging fact as these patients were targeted for the focus groups. The VA Clinic and Shepherd’s Hand (a free clinic) were both seen as community strengths.

Community Organization Strengths: Libraries, Churches, Senior Centers, Sparrow’s Nest, Salvation Army, Sunburst, Community Action Partnership of Northwest Montana, the Nurturing Center

Food strengths: SNAP, WIC, Backpack program, Vet Pantry, Feed the Flathead, and Feed the Kids

Fitness Strengths: the Summit, United Way/Gateway Center's walking program, the Wave

Community Services Needed

The biggest need was for more health services including dental and vision (33.5%). These specific needs included: more affordable care, better health insurance, more specialty care, and mammograms.

Economic services were identified as a need (9.9%) including: Homelessness, lack of affordable housing, high cost of living, poverty, transition services, and vocational services. Another common theme was the need for a referral system and education around health (7.1%).

Interestingly, additional services for mental health and substance use was not commonly cited (4.9%). No one needing services for air quality.