

INTERPRETING THE TABLES

Montana BRFSS, 2011

Each table presents a set of prevalence estimates weighted to represent the proportion of the non-institutionalized adult population age 18 years and older in Montana, unless a demographic sub-group is specified. Weighting adjusts for different probability of selection by the random dialing procedure and the varied demographic characteristics of the respondents (see Methods, page 5). As a result, for the table below, it is appropriate to state: **“Among Montana adults, 18 through 64 years of age, 24.1% did not have health care coverage in 2011.”** For this table, all adults include only those less than 65 years of age, because those age 65 years and older are expected to have Medicare coverage.

The survey questions that the tables are based on appear in the footnote of the table. For the full question and response categories from which the data were derived, see the “Questionnaires” link: www.brfss.mt.gov.

Weighted data are used in all calculations of prevalence. The weighted population estimate in the footnote provides the estimated number of adults in Montana who are characterized by a particular risk factor or behavior. The unweighted sample size (UnWt. N.) is the number of respondents who gave a particular response, but this is given only as an indicator of sample size. It is not appropriate to use unweighted numbers to compute prevalence estimates of risk factors and health conditions. Unless stated differently within the table, estimates do not include respondents who refused to answer the question, said “Don’t know/Not Sure” or the response is missing.

These tables also contain 95% confidence intervals (CI) for each estimate. The 95% CI is the range of values within which the true value falls with 95% certainty. The column headings of LL represent the lower limit and UL represent the upper limit of the 95% confidence interval. The confidence interval associated with the prevalence estimate for adults 18 to 64 years of age with no health care coverage ranges from 22.5% to 25.7%. The small width of this confidence interval indicates that the estimate is fairly precise (see Methods, page 6).

Risk factors or health conditions may be more or less common among Montana adults of various demographic groups. In general, where confidence intervals for two subgroups do not overlap, the subgroups can be said to be statistically different. Formal statistical tests, such as chi-square, are needed to evaluate statistically significant differences when confidence intervals overlap. For example from this table, “Men reported not having health care coverage more often than females (26.6 %, 21.4%).”

Table 3: Access to Health Care, Montana Adults, 2011

	No Health Care Coverage (ages 18–64) †			
	Wt. %	LL	UL	UnWt. N
All Adults:	24.1	22.5	25.7	1,422
Sex:				
Male	26.6	24.3	29.1	708
Female	21.4	19.5	23.5	714
Age:				
18 - 24	24.6	20.3	29.4	129
25 - 34	31.9	28.1	36.0	273
35 - 44	22.7	19.3	26.6	240
45 - 54	23.4	20.3	26.7	377
55 - 64	18.5	16.2	20.9	403
65+		Not Applicable		
Education:				
<High School	40.5	33.8	47.5	160
High School	31.8	28.8	34.9	583
Some College	22.5	20.0	25.3	416
College Degree	11.8	9.8	14.1	262
Income:				
<\$15,000	39.5	34.3	44.9	276
\$15,000 - \$24,999	43.6	39.4	48.0	450
\$25,000 - \$49,999	22.1	19.4	25.1	374
\$50,000 - \$74,999	13.9	10.9	17.6	109
\$75,000 +	6.0	4.3	8.3	83
Race/Ethnicity:				
White, non-Hispanic	23.8	22.2	25.5	1,260
AI/AN*	14.7	10.5	20.1	54
Other or Hispanic**	35.4	27.7	43.9	101
Disability:				
No Disability	23.8	21.9	25.7	936
Disability	24.6	21.7	27.8	397
Region:				
1- Eastern MT	18.6	14.7	23.3	124
2- N Central MT	21.7	18.5	25.3	252
3- S Central MT	22.9	19.4	26.9	228
4- Southwest MT	23.1	20.0	26.4	301
5- Northwest MT	28.0	25.1	31.0	493

† Do you have any kind of health care coverage (analysis limited to ages 18-64)? Total Sample Size: 6,908, Weighted Prevalence Estimate: 147,000.

* American Indian or Alaska Native only.

** All other non-White (including multi-racial or Hispanic).

This is a statistically significant difference because the confidence intervals do not overlap.

Following CDC guidance, data that are considered unreliable have been suppressed. If the total number of respondents in the sample (found in the footnote for each question in the table) is less than 50, then the data are not reported. If the half-width of the confidence interval is greater than 10 percentage points, the estimate is considered unreliable. In tables where NSD is presented, it means that there was "not sufficient data" to report, i.e., either too few respondents in the population subgroup that answered the question or too wide a confidence interval to give a reliable estimate.

The survey results that follow are the major demographic trends of each health risk behavior, chronic health condition, and health care access or utilization. **Only relationships or associations that are statistically significant are described in the corresponding text for each table.** Respondents who indicated "don't know," "not sure," or "refused" were excluded from the calculation of prevalence estimates. Therefore, the sample sizes used to calculate the estimates in this report vary. Appendix B contains a summary of selected 2011 health indicators for the nation, state, MMSAs, and health planning regions in Montana.

Important Changes in the 2011 Survey

Due to methodology changes, the 2011 BRFSS estimates should not be compared to BRFSS estimates from previous years; 2011 should be considered a new baseline for future estimates. Any trend lines produced from BRFSS data should show a break between 2010 and 2011 data. The methodological changes of adding cell phones and using a larger number of sociodemographic categories to weight the data will greatly improve the accuracy, coverage, validity, and representativeness of BRFSS data. For more information on these changes, please visit the CDC website: <http://www.cdc.gov/surveillancepractice/reports/brfss/brfss.html>