

SUMMARY

Montana BRFSS, 2011

This report presents selected findings from the 2011 Montana Behavioral Risk Factor Surveillance System (BRFSS) survey. BRFSS is an annual statewide landline and cell phone survey of non-institutionalized Montana residents ages 18 years of age and older. The survey is conducted through a collaborative effort with the Division of Behavioral Surveillance of the Centers for Disease Control and Prevention (CDC) and the Montana Department of Public Health and Human Services (DPHHS).

Access to Health Care

- 15.4% of Montana adults who could not afford to see a doctor in the past year, similar to the national median (see Figure A, also Appendix B).
- The prevalence of uninsured Montana adults ages 18 – 64 years was 24.1% and the prevalence of no routine checkup in the past 12 months was 44.3%, considerably higher than the national medians of 21.3% and 33.5%, respectively.

Health Status and Outcomes

- 17.2% of Montana adults reported that their general health status was “fair” to “poor.”
- The percentages of Montana adults who reported being overweight, having any cardiovascular disease (heart attack, stroke, angina,) or current asthma were similar to the nation’s median.
- Montana adults reported less clinically diagnosed diabetes (8.0%) and less obesity (24.6%) than the national medians of 9.5% and 35.7%, respectively.

Health Risk Behaviors

- The percentage of Montana adults reporting no leisure-time physical activity (24.4%) was lower than the national median (26.2%).
- Binge drinking and heavy drinking were slightly more prevalent among Montanans than the national median.

Clinical Preventive Measures

- The prevalence of influenza vaccination for adults 65 years of age and older was 55.9%, lower than the nation’s median of 61.3%.

Population Subgroups

- Adults with less education (particularly those who have not completed high school), those with lower household incomes (<\$25,000), and American Indian/Alaska Natives more often reported risky health behaviors and poorer health outcomes than other population subgroups.

The results provided in this report have been weighted, as described in the methods section, to be representative of the non-institutionalized Montana adult population. **The BRFSS 2011 prevalence data should be considered a baseline year for data analysis and is not directly comparable to previous years of BRFSS data because of the changes in weighting methodology and the addition of the cell phone sampling frame.**