

INTERPRETING THE TABLES

Montana BRFSS, 2012

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 procedures 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, age 45 years or older, 32.9% experienced at least one fall in 2012.”** For this table, all adults include only those greater than 45 years of age, rather than all adults.

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 and 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 age 45 years or older who fell in the past year ranges from 31.4% to 34.4%. The small width of this confidence interval indicates that the estimate is fairly precise (see Methods, page 5).

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,

Table 18: Falls and Injuries, Montana Adults Age 45 Years or Older, 2012

	Ever Fall in Past 12 Months †			
	Wt. %	95% CI		UnWt. N
LL		UL		
All Adults:	32.9	31.4	34.4	2,050
Sex:				
Male	33.6	31.3	35.9	877
Female	32.3	30.3	34.3	1,173
Age:				
45 - 54	32.1	29.2	35.2	488
55 - 64	33.4	30.8	36.2	648
65+	33.6	31.4	35.9	906
Education:				
<High School	39.6	33.6	46.0	169
High School	31.9	29.4	34.6	655
Some College	34.0	31.2	36.9	592
College Degree +	30.7	28.2	33.3	631
Income:				
<\$15,000	46.5	41.7	51.4	330
\$15,000 - \$24,999	36.6	33.0	40.4	426
\$25,000 - \$49,999	33.5	30.7	36.5	553
\$50,000 - \$74,999	30.3	26.3	34.5	247
\$75,000 +	26.6	23.4	30.0	292
Race/Ethnicity:				
White, non-Hispanic	32.5	30.9	34.1	1,786
AI/AN*	42.7	34.8	51.0	153
Other or Hispanic**	34.0	26.3	42.7	85
Disability:				
Disability	45.4	42.6	48.2	980
No Disability	27.0	25.3	28.8	1,062
Region:				
1- Eastern MT	35.6	30.9	40.5	238
2- N Central MT	32.6	29.3	36.2	478
3- S Central MT	31.6	28.1	35.3	290
4- Southwest MT	33.8	30.7	37.1	355
5- Northwest MT	32.4	29.7	35.2	662

† Have you ever fallen in the past 12 months? Total Sample Size: 6,151, Weighted Prevalence Estimate: 143,700.

* American Indian or Alaska Native only.

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

“Adults with a disability reported experiencing a fall in the past year more often than adults without a disability (45.4% and 27.0%, respectively).” 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 health status, health care access and utilization, health risk behavior, and chronic health conditions. **All 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 2012 health indicators for the nation, state, and health planning regions in Montana.

Important Changes Beginning in 2011

Due to methodology changes, the 2012 BRFSS estimates should not be compared to BRFSS estimates from before 2011; 2011 is the 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 greatly improves 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>