

INTRODUCTION

Montana BRFSS, 2014

From 1981 to 1983, the Centers for Disease Control and Prevention (CDC) funded states in the U.S. to conduct point-in-time pilot surveys about health-related behaviors that were thought to be associated with an increased risk of disease and premature death. Montana has the distinction of having been one of the original 29 states to conduct the pilot surveys for CDC. Because of successful implementation of these pilot surveys, the CDC established the Behavioral Risk Factor Surveillance System (BRFSS) in 1984 and Montana was one of the 15 states to secure funding from CDC when this initiative formally began. BRFSS is an annual state-based telephone survey assessing the health status and behavioral risk factors of the non-institutionalized adult population 18 years of age and older. The BRFSS began with four primary goals:

1. To document health trends at the state level;
2. To identify emerging health issues;
3. To compare health behaviors across states; and
4. To measure progress toward the nation's health goals.

Through cooperative agreements between CDC and state departments of public health, the BRFSS expanded to include all 50 states, the District of Columbia, and several U.S. territories. BRFSS is now the largest continuously conducted telephone health survey in the world.

The BRFSS survey provides valuable information on health trends, chronic disease risks, and data for monitoring the effectiveness of policies, programs, and interventions. Subject areas include self-reported health status, access to health care, health awareness, use of preventive services, as well as knowledge and attitudes of health care and health care practices. Each year modifiable behaviors such as smoking, excessive alcohol consumption, obesity, and physical inactivity contribute to a substantial portion of the mortality and morbidity associated with chronic disease and unintentional injury. Underutilization of preventive health services (e.g. blood pressure, cholesterol, and cancer screenings) may also contribute to morbidity and premature death from many diseases. Measuring the prevalence of high-risk behaviors and preventive health service utilization provides information for developing and monitoring interventions designed to reduce premature death and disease. In 2014, 73% of Montana deaths were associated with modifiable health risk behaviors and conditions (Table A).

Healthy People 2020 (U.S. DHHS) is a national initiative designed to serve as a road map for improving the health of all people in the United States during the second decade of the 21st century. *Healthy People 2020 (HP2020)* builds on similar initiatives pursued over the past three decades. Objectives were developed to measure the health of the nation and our progress towards those goals.

Montana has a similar initiative, *Big Sky. New Horizons. A Healthier Montana: A Plan to Improve the Health of Montanans* (MT DPHHS), also known as the *State Health Improvement Plan (SHIP)*, that is targeted specifically to improving the health of Montanans to the highest possible level. *SHIP* is a five year plan, from 2013 to 2018, developed by the Department of Public Health and Human Services, along with over 130 outside organizations.

Data from the annual BRFSS survey are one of the primary means of monitoring progress towards achieving *HP2020* and *SHIP* health objectives. The objectives and targets of *HP2020* and *SHIP* are different because they have different time frames and *SHIP* measures are specific for current challenges of Montana residents. Table B summarizes Montana's progress toward *HP2020* and *SHIP* goals that were measured on the 2014 survey.

Table A: Behavioral Risk Factors Associated with the Leading Causes of Death in Montana, 2014*

Rank	Cause of Death	# of Deaths	% of Total Deaths ¹	Crude Rate ²	Associated Risk Factors ³
1	Cancer	2,040	21.7%	199.3	Smoking, high-fat diet, chronic alcohol abuse
2	Heart Disease	1,975	21.0%	193.0	Smoking, physical inactivity, hypertension, high-fat diet, high blood cholesterol, overweight
3	Chronic Lower Respiratory Disease	671	7.1%	65.6	Smoking, exposure to certain chemicals
4	Unintentional Injuries	608	6.5%	59.4	Binge and chronic drinking, non-use of safety belts
5	Cerebrovascular Disease (including stroke)	481	5.1%	47.0	High blood pressure, smoking, high blood cholesterol
6	Diabetes	253	2.7%	24.7	Overweight, physical inactivity, poor nutrition
7	Alzheimer's Disease	252	2.7%	24.6	Family history
8	Intentional Self-Harm	247	2.6%	24.1	Depression, alcohol or substance abuse, major stressor events
9	Pneumonia and Influenza	179	1.9%	17.5	Infection with pneumococcal bacteria or influenza virus, compromised immune system
10	Chronic Liver Disease	150	1.6%	14.7	Chronic alcohol abuse, Hepatitis B or Hepatitis C
Total deaths from leading causes		6,787	71.9%		

* Mortality data are from Montana Vital Statistics.

¹ Total deaths from all causes in 2014, excluding fetal deaths, were 9,414.

² Cause-specific crude death rates are per 100,000 estimated population.

³ Not a comprehensive or definitive lists of all associated risk factors.

Table B: HP2020¹ and SHIP² Objectives for Montana: Summary of Montana 2014 BRFSS Data³

Objectives	HP2020	SHIP	MT 2014
No Poor Mental Health Days	N/A	≥ 73	67.6
Usual Primary Care Provider	≥ 83.9	N/A	70.9
Annual Influenza Immunization	N/A	≥ 60	38.6
Pneumococcal Vaccination, Ages 65 and Older	≥ 90.0	≥ 80	70.3
No Leisure-Time Physical Activity	≤ 32.6	≤ 22	19.6
Overweight or Obese, BMI ≥ 25	N/A	≤ 54	63.0
Cigarette Smoking	≤ 12.0	≤ 19	19.9
Smokeless Tobacco Use	≤ 0.3	N/A	7.6
Binge Drinking During the Past Month	≤ 24.4	≤ 15	18.9
Use of Seat Belts	≥ 92.4	≥ 83	72.1

¹ U.S. Department of Health and Human Services. *Healthy People 2020*. Washington, DC, 2010.

² Montana Department of Public Health and Human Services. *Big Sky. New Horizons. A Healthier Montana: A Plan to Improve the Health of Montanans (SHIP)*. Helena, MT, 2012.

³ Objectives are for adults age 18 or older except as noted.

^{N/A} No objective for this plan.