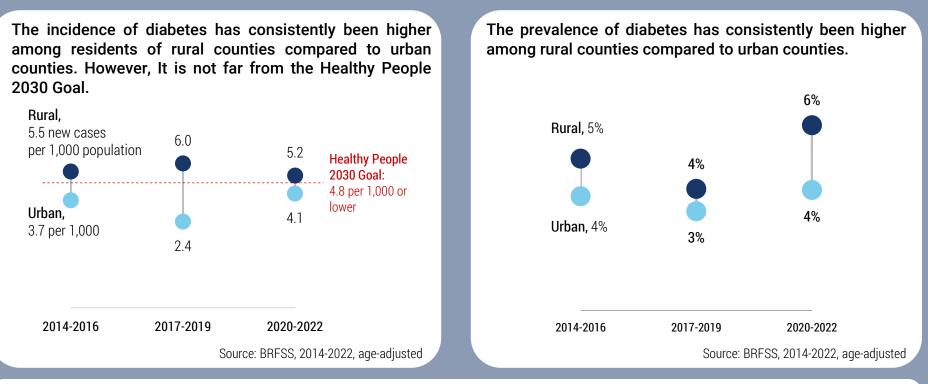
Diabetes in Montana among people in rural counties

Due to the significant health disparities people in rural areas experience in Montana, the Montana Diabetes Program (MDP), in collaboration with the CDC, will tailor and focus projects and funding related to diabetes prevention and management to this population.



What is MDP doing to address this disparity in the next few years?

- We have set goals to increase priority population participation in Montana's National Diabetes Prevention Program (DPP) 15% by 2029. Among National DPP sites that report to the MDP, only 1,635 Montanans living in rural areas have enrolled in the program since 2015 (30% of participants with a reported county of residence).
- O We are rolling out diabetes support programs and family healthy weight programs.
- We are contracting with sites to focus on rural Montanans as a priority population for quality improvement in diabetes care and prevention in the healthcare setting.

1 in 7 rural Montanans reported not being able to afford to see a doctor in the past year.

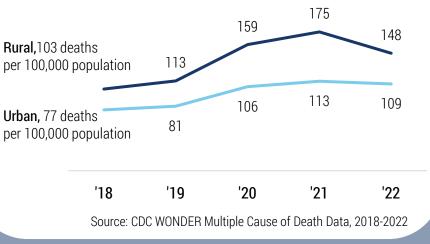


Diabetes-related retinal disease was reported by 13% of rural Montanans.

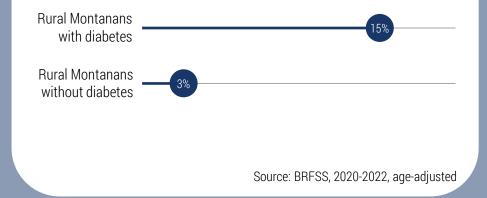
13%

Source: BRFSS, 2021, age-adjusted

Diabetes-related deaths among residents of rural counties was higher than among urban counties, although the rate has decreased since 2021.



Rural Montanans with diabetes reported having at least two other chronic diseases five times as often as those without diabetes.



Rural areas in this report refers to counties classified as noncore according to the Office of Management and Budget (OMB). In Montana, this is all counties except for ten: Carbon, Cascade, Flathead, Gallatin, Golden Valley, Jefferson. Lewis & Clark, Missoula, Silver Bow, and Yellowstone counties. **Age-adjusted data** reflect ages 18-85 years only. **Printing Note**: Formatted for 11" x 8.5" paper. **Published**: November 2024