Data for Community Health Assessments
Powell

Demographic Characteristics

The demographic make-up of a community is an important basis for setting the community's health priorities. Different age groups face different health concerns and require different types of interventions. Additionally, age and race specific population estimates are essential to consider when setting these priorities.

County Demographic Information			
2000 Population	**Current Population Estimates, 2008**	**Net Change**	**Population Density**
7,180	7,041	-139	3.0

Demographic Profile: Age and Sex										
Age Group	**County**					**Montana**				
	Number			**Percentage**		**Number**			**Percentage**	
	Male	Female	Total	Male	Female	Male	Female	Total	Male	Female
<1	32	30	62	0.7	1.1	6,576	6,197	12,773	1.4	1.3
1 – 4	110	101	211	2.6	3.7	24,747	23,594	48,341	5.1	4.9
5 – 9	153	128	281	3.6	4.7	29,903	28,391	58,294	6.2	5.9
10 – 14	166	152	318	3.9	5.6	31,154	29,282	60,436	6.4	6.1
15 – 19	255	200	455	5.9	7.3	34,388	32,209	66,597	7.1	6.7
<18	617	537	1154	14.3	19.6	113,112	107,246	220,358	23.3	22.2
18 – 24	499	216	715	11.6	7.9	50,516	44,716	95,232	10.4	9.3
25 – 44	1442	528	1970	33.5	19.3	119,677	116,620	236,297	24.7	24.1
45 – 64	1232	867	2099	28.6	31.7	139,114	139,127	278,241	28.7	28.8
65+	516	587	1103	12.0	21.5	62,066	75,246	137,312	12.8	15.6
Total	4306	2735	7041	100	100	484,485	482,955	967,440	100	100

Demographic Profile: Race / Ethnic Distribution				
Population Subgroup	**County**		**Montana**	
	Number	**Percentage**	**Number**	**Percentage**
White	6591	93.6	885,291	91.5
American Indian or Alaska Native	372	5.3	65,957	6.8
Other*	78	1.1	16,192	1.7

*Includes Black and Asian/ Pacific Islander, racial categories include people of Hispanic and non-Hispanic ancestry

**Source: Population Estimates Source: National Center for Health Statistics. Postcensal estimates of the resident population of the United States for July 1, 2000-July 1, 2008, by year, 'county, age, bridged race, Hispanic origin, and sex (Vintage 2008). Prepared under a collaborative arrangement with the U.S. Census Bureau; released May 14, 2009. Available from:'http://www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm as of September 2, 2009

Data for Community Health Assessments
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Behavioral Risk Factors

Some of the most important determinants of overall health are behavioral. Risk of developing many chronic diseases or communicable diseases, as well as experiencing injuries, can be greatly reduced by altering personal behavior. As such the following indicators are a way to measure the overall disease risk in a community and may be a good place to focus interventions.

The indicators below correlate with information found in the Behavioral Risk Factor Surveillance System (BRFSS).

Behavioral Risk Factor	Substance Use			Protective Factors	
	Tobacco Use (current smoking) (95% CI)	**Binge Drinking** (95% CI)	**Heavy Drinking** (95% CI)	**Always/ Nearly Always Wears Seatbelt** (95% CI)	**Condom Use as Contraception** (95% CI)
Total County	*See Region 4 Data*	*See Region 4 Data*	*See Region 4 Data*	*See Region 4 Data*	*See Region 4 Data*
Total Montana	19.3% (18.7-20.0)	16.9% (16.0-17.8)	5.9% (5.4-6.4)	88.4% (87.4-89.3)	15.2% (13.6-17.0)
County Adult 18-44	*See Region 4 Data*	*See Region 4 Data*	*See Region 4 Data*	*See Region 4 Data*	*See Region 4 Data*
Montana Adult 18-44	23.4% (22.3-24.6)	24.5% (22.9-26.3)	6.9% (6.1-7.8)	86.4% (84.6-88.0)	17.9% (16.0-19.9)
County Adult 45-64	*See Region 4 Data*	*See Region 4 Data*	*See Region 4 Data*	*See Region 4 Data*	*See Region 4 Data*
Montana Adult 45-64	19.6% (18.8-20.4)	14.1% (13.2-15.1)	5.9% (5.3-6.5)	89.6% (88.5-90.5)	6.5% (4.9-8.4)
County 65+	*See Region 4 Data*	*See Region 4 Data*	*See Region 4 Data*	*See Region 4 Data*	*Data Not Available*
Montana 65+	8.7% (8.0-9.4)	4.0% (3.5-4.7)	3.7% (3.1-4.3)	90.8% (89.6-91.9)	*Data Not Available*
Data Source/ Definition	Percent of all adults who reported having smoked at least 100 cigarettes in their entire lifetime and currently smoking either everyday or some days.2003-2008 data	Percent of all adults who reported at least one instance of having 5 or more alcoholic beverages on one occasion for men or 4 or more alcoholic beverages for women in the past 30 days. 2006-2008 data	Percent of all adults who reported having more than 2 drinks per day for men and more than 1 drink per day for women during the past 30 days. 2005-2008 data	Percent of all adults who reported "always" or "nearly always" using a seat belt when they drive or ride in a car. 2004, 2006 & 2008 data	Percent of all adults who reported using a condom as their current method of contraception. 2004, 2006 & 2008 data

Behavioral Risk Factor

Behavioral Risk Factor			County	Montana	Data Source/Definition
Lifestyle		**Inadequate Fruit and vegetable consumption** (95% CI)	*See Region 4 Data*	75.8% (74.8-76.8)	Percent of all adults who reported usually eating less than 5 servings of fruits and vegetables per day. 2003, 2005 & 2007 data
		No Leisure Time Physical Activity (95% CI)	*See Region 4 Data*	20.7% (20.1-21.3)	Percent of all adults who reported NOT participating in any physical activity or exercise outside of their regular job. 2003-2008 data
		Obesity (95% CI)	*See Region 4 Data*	21.6% (21.0-22.3)	Based on a Body Mass Index of 30 or greater, calculate from self-reported weight and height. 2003-2008 data
		Overweight (95% CI)	*See Region 4 Data*	37.8% (36.9-38.6)	Based on a Body Mass Index of 25 or greater but less than 30, calculate from self-reported weight and height. 2003-2008 data
Screening	**Cervical Cancer**	**Pap Test in past 3 years** (95% CI)	*See Region 4 Data*	83.0% (81.5-84.8)	Among women age 18 or older, percent of women reporting having a Pap Smear within the past 3 years. 2004, 2006 & 2008 data
	Breast Cancer	**Mammogram in past 2 years** (95% CI)	*See Region 4 Data*	71.9% (70.6-73.2)	Among women age 40 or older, percent who reported having a **mammogram in the past 2** years. 2004, 2006 & 2008 data
	Colon Cancer	**Blood Stool Test in Past 2 years** (95% CI)	*See Region 4 Data*	25.3% (24.2-26.4)	Among adults age 50 or older, percent who reported having a blood stool test using a home kit in the past 2 years. 2004, 2006 & 2008 data
		Sigmoidoscopy or Colonoscopy (95% CI)	*See Region 4 Data*	54.3% (53.0-55.6)	Among adults age 50 or older, percent who reported ever having a sigmoidoscopy or colonoscopy. 2004, 2006 & 2008 data

Powell Behavioral Risk Factor

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Chronic Disease

Core Indicator	County	Montana	Data Source/Definition
1. All Sites--Cancer	*See Region 4 Data*	455.5 (449.6-461.3)	Cancer incidence rates, 2003-2007. Age-adjusted incidence rate per 100,000 population (95% confidence interval) Montana Tumor Registry
2. Prostate Cancer incidence	*See Region 4 Data*	167.6 (162.5-172.7)	
3. Breast Cancer incidence	*See Region 4 Data*	119.5 (115.3-123.6)	
4. Colorectal Cancer incidence	*See Region 4 Data*	44.2 (42.4-46.0)	
5. Lung Cancer incidence	*See Region 4 Data*	64.7 (62.5-66.9)	
6. Stroke prevalence	*See Region 4 Data*	2.5% (2.3-2.8)	Ever diagnosed with a stroke BRFSS. 2003, 2005-2008 data
7. Diabetes prevalence	*See Region 4 Data*	6.2% (5.9-6.5)	Ever told by a doctor they had diabetes. BRFSS
8. Acute Myocardial Infarction prevalence	*See Region 4 Data*	4.1% (3.8-4.4)	Ever diagnosed with a heart attack. BRFSS 2003, 2005-2008 data
9. Current Asthma prevalence	*See Region 4 Data*	8.7% (8.3-9.2)	BRFSS 2003-2008 data

Hospitalization Rates

Core Indicator	County	Montana	Data Source/Definition
1. Stroke rate per 100,000 population	190.2 (151.3-240.1)	182.2 (178.6-185.9)	Hospitalizations: Age-adjusted rates calculated based on the primary diagnosis by the Montana Hospital Discharge Data System, based on data provided by the Montana Hospital Association Population denominators: NCHS bridged race estimates of the resident population of Montana for July 1, 2000-July 1, 2008 (Vintage 2008). 95% Confidence interval
2. Diabetes rate per 100,000 population	95.3 (64.5-138.8)	115.4 (112.4-118.5)	
3. Myocardial Infarction rate per 100,000 population	243.6 (199.2-298.6)	147.3 (144.1-150.6)	
4. Asthma rate per 100,000 population	63.7 (40.8-99)	71.7 (69.3-74.2)	

Chronic Disease and Hospitalization Rates

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Communicable Disease

Measures within this category include vaccination rates for communicable diseases and communicable disease incidence rates. Many diseases transmitted through person-to-person can be prevented through high level vaccination coverage of vulnerable populations (e.g., pertussis) or use of protective measures (e.g., sexually transmitted diseases).

Core Indicator	County	Montana	Data Source/Definition
1. Aggregated results from clinic reviews - proportion of children 24-35 months who have received all age-appropriate vaccines (4:3:1:3:3:1) by 24 months as recommended by the ACIP	44.4%	63.0%	Results are based on data reviewed during 2008 clinic reviews by the MT Immunization Program.
2. Adults aged 65+ ever immunized for pneumococcal Pneumonia	*See Region 4 Data*	70.7% (69.5-71.9)	BRFSS 2003-2008 data. Percent of adults aged 65 or older who reported ever receiving a pneumonia shot also called a pneumococcal vaccine
3. Adults aged 65+ immunized for Influenza in the past 12 months	*See Region 4 Data*	71.6% (70.4-72.7)	BRFSS 2003-2008 data. Percent of adults aged 65 or older who reported receiving an influenza vaccine (either as an injection or sprayed in their nose) in the past 12 months
4. Proportion of population ages 18+ receiving the influenza vaccine	*See Region 4 Data*	37.5% (36.8-38.3)	BRFSS 2003-2008 data. Received the flu shot in the past 12 months. BRFSS
5. Proportion of adolescents aged 13-17 years who have received ≥ 1 doses Tdap vaccine.	*See State Data*	44.2%	CDC National Immunization Survey-2008 Teen, United States
6. Chlamydia rate per 100,000 population	184.6	321.4	2008. DPHHS Communicable Disease Epidemiology Program
7. Gonorrhea rate per 100,000 population	0.0	12.8	2008. DPHHS Communicable Disease Epidemiology Program
8. Syphilis rate per 100,000 population	0.0	0.3	2008. DPHHS Communicable Disease Epidemiology Program
9. Tuberculosis rate per 100,000 population	0.0	0.9	2008. DPHHS Communicable Disease Epidemiology Program
10. Persons living with HIV disease prevalence per 100,000 population	*See State Data*	52.9	2008. DPHHS Communicable Disease Epidemiology Program. Based on number of reported cases of adult or pediatric HIV/ AIDS cases known to be living in Montana at the end of the year
11. Acute hepatitis C rate per 100,000 population	*See State Data*	0.4	2008. DPHHS Communicable Disease Epidemiology Program
12. Pertussis rate per 100,000 population	0.0	8.7	2008. DPHHS Communicable Disease Epidemiology Program
13. Salmonellosis rate per 100,000 population	28.4	13.5	2008. DPHHS Communicable Disease Epidemiology Program

Data for Community Health Assessments
Powell

Environmental Health

Environmental health indicators provide information about risks that can affect health status.

Environmental Health Indicator	County	Montana	Data Source/Definition
1. Air quality - percent of days sampled when air quality was unhealthy for sensitive groups	*See State Data*	0.2%	http://www.epa.gov/air/data/index.html EPA Air Quality Website Percentage is found by number of days when air quality was unhealthy for sensitive groups divided total # of days sampled by county (only 12 counties in Montana have sampling sites).
2. Water quality – Percent miles of assessed rivers and streams that fully support recreation	*See State Data*	61.2%	Percentage is found by number of miles of assessed rivers and streams fully supporting primary contact recreation divided by total # of miles of assessed rivers and streams *DEQ 2008 Integrated Water Quality Report for Montana, page 47– only published every other year (2010, 2012)*
3. Water quality – Percent miles of assessed rivers and streams *not* supporting recreation	*See State Data*	37.9%	Percentage is found by number of miles of assessed rivers and streams **not** supporting primary contact recreation divided by total # of miles of assessed rivers and streams *DEQ 2008 Integrated Water Quality Report for Montana, page 47– only published every other year (2010, 2012)*
4. Water quality – Percent acres of assessed lakes and reservoirs that fully support recreation	*See State Data*	44.6%	Percentage is found by number of acres of assessed lakes and reservoirs fully supporting primary contact recreation divided by total # of acres of assessed lakes and reservoirs *DEQ 2008 Integrated Water Quality Report for Montana, page 48– only published every other year (2010, 2012)*
5. Water quality – Percent acres of assessed lakes and reservoirs *not* supporting recreation	*See State Data*	55.4%	Percentage is found by number of acres of assessed lakes and reservoirs not supporting primary contact recreation divided by total # of acres of assessed lakes and reservoirs *DEQ 2008 Integrated Water Quality Report for Montana, page 48– only published every other year (2010, 2012)*
6. Lead exposure - Number of Reported Cases of children ≤13 years of age reported with blood levels exceeding ≥ 10 µg/dL	*See State Data*	15	Number of children 13 years and younger with reported blood levels of lead ≥10 µg/dL (from BLEDS) divided by total # of children 13 years and younger (2000 Census data) Not able to collect denominator data for # of children screened after 2008,
7. Number of public water supplies with at least one Total Coliform Rule health advisory issued	*See State Data*	6.8%	Percentage is found by number of systems with non-acute Total Coliform Rule MCL violations divided by total # of total public water systems (from DEQ CY 2009)

Environmental Health

Health Resource Availability

The federally designated Health Professional Shortage Area's (HPSA's) are one of the methods of assessing health resource availability. HPSA's are designated areas or populations that are determined to have inadequate number of health professionals to serve the area or population of a service area. Additionally, resources such as public health staff and funding can indicate the level of community investment in public health issues.

Health Resource	County	Montana	Data Source/Definition
1. Dental Health Professional Shortage Areas *(Includes geographic, population, and facility designations). For detailed information please see http://hpsafind.hrsa.gov/*	Yes	*Data not available*	Any of the following which the Secretary (Secretary of Health and Human Services and any other officer or employee of the Department to whom the authority involved has been delegated) determines has a shortage of dental health professional(s): (1) An urban or rural area (which need not conform to the geographic boundaries of a political subdivision and which is a rational area for the delivery of health services); (2) a population group; or (3) a public or nonprofit private medical facility.
2. Primary Care Health Professional Shortage Areas *(Includes geographic, population, and facility designations). For detailed information please see http://hpsafind.hrsa.gov/*	Yes	*Data not available*	Any of the following which the Secretary (Secretary of Health and Human Services and any other officer or employee of the Department to whom the authority involved has been delegated) determines has a shortage of primary medical care health professional(s): (1) An urban or rural area (which need not conform to the geographic boundaries of a political subdivision and which is a rational area for the delivery of health services); (2) a population group; or (3) a public or nonprofit private medical facility.
3. Local health department full-time equivalents employees (FTEs): number per total population	*Local Health departments encouraged to determine data*	---	---
4. Total operating budget of local health department: dollars per total population	*Local Health departments encouraged to determine data*	---	---

Health Resource Availability

Data for Community Health Assessments
Powell

Maternal Child Health

Maternal and child health (MCH) indicators provide information on the determinants, mechanisms, and systems that relate to the health and well-being of women and children. They include topics such as teen birth, child mortality at various ages, and risk factors during pregnancy, and can indicate issues such as access to and availability of health resources.

Maternal and Child Health Indicator	County	Montana	Data Source/Definition
1. Infant mortality (death within 1st year): rate per 1000 live births	*See Region 4 Data*	6.1 (5.5-6.7)	Vital Statistics (OVS) death and live birth data, 2004-2008. The number of infant (birth through 364 days of age) deaths, divided by the total number of live births, multiplied by 1,000.
2. Entrance into prenatal care in 1st trimester: percent of live births	80.1% (75.4-84.8)	83.9% (83.6-84.2)	Vital Statistics (OVS) live birth data, 2003-2007. The number of live births with prenatal care (PNC) reported as starting in the first trimester (first three months) of pregnancy, divided by the total number of live births (records with unknown timing of PNC initiation excluded), times 100.
3. Births to adolescents (15-17 years): rate per 1000 population	13.8 (6.4-26.2)	29.2 (27.9-30.5)	Vital Statistics (OVS) live birth data, 2004-2008. The number of live births to mothers 15-17 years of age, divided by the estimated population of females 15-17 years of age.
4. Low birth weight (< 2500 grams): percent of live births	9.3% (6.1-13.7)	7.3% (7.1-7.5)	Vital Statistics (OVS) live birth data, 2004-2008. The number of live births with a birthweight less than 2500 grams, divided by the total number of live births, unknown BW infants excluded.
5. Child mortality (1 through 14 years): rate per 100,000	*See Region 4 Data*	18.4 (15.3-21.9)	Vital Statistics (OVS) death data, 2004-2008, and U.S. Census Population Estimates, May 2009 release. The number of deaths to children 1 through 14 years of age, divided by the estimated population of children 1 through 14 years of age, multiplied by 100,000.
6. Neonatal (under 28 days of age) mortality: rate per 1000 live birth	*See Region 4 Data*	3.3 (2.9-3.8)	Vital Statistics (OVS) death and live birth data, 2004-2008. The number of deaths to infants under 28 days of age, divided by the total number of live births, multiplied by 1000.
7. Post neonatal (28 through 364 days of age) mortality: rate per 1000 live births	*See Region 4 Data*	2.7 (2.4-3.1)	Vital Statistics (OVS) death and live birth data, 2004-2008. The number of deaths to infants 28 through 364 days of age, divided by the total number of live births, multiplied by 1000. The number of live births with gestational diabetes reported during pregnancy, divided by the total number of live births (records with unknown gestational diabetes excluded), times 100
8. Gestational diabetes: percent of live births	5.3% (2.9-8.8)	2.5% (2.4-2.6)	Vital Statistics (OVS) live birth data, 2004-2008
9. Smoking during pregnancy: percent of live births	29.3% (23.3-36.3)	18.3% (18.1-18.6)	Vital Statistics (OVS) live birth data, 2003-2007. The number of live births with smoking reported during pregnancy, divided by the total number of live births (records with unknown smoking during pregnancy excluded), times 100.
10. Pre-term (<37 completed weeks gestation) birth: percent of live births	8.6% (5.5-12.9)	10.1% (9.8-10.4)	Vital Statistics (OVS) live birth data, 2004-2008. The number of live births at a gestational age of less than 37 completed weeks, divided by the total number of live births (records with unknown gestational age excluded), times 100.

Data for Community Health Assessments
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Mortality

The mortality data presented here are based on death certificates filed for Montanans, with the cause of death being classified according to the tenth revision of the International Statistical Classification of Diseases and Related Health Problems, usually referred to as ICD-10. They describe the mortality experience of residents of the county or region to which they refer.

Indicator	County	Montana	Data Source/ Definition
1. Median age at death (All Races)	76	78	Vital Statistics: death certificates, Montana resident data from 2004-2008. Total includes both sexes and all races. The age for which half the deaths in a population are at a younger age and half at an older age. In a population with an even number of decedents, the median is the average of the two "middle" ages.
• White	76	79	--
• American Indian	62.5	59	--
2. All Cancers mortality rate per 100,000 population	256.8 (206.6-315.7)	200.9 (197.5-205.0)	Vital Statistics: death certificates, Montana resident data from 2004-2008.
3. Unintentional injury death rate per 100,000 population	54.2 (32.7-84.6)	58.8 (56.7-60.9)	Vital Statistics: death certificates, Montana resident data from 2004-2008.
4. Motor Vehicle death rate per 100,000 population	5.7 (0.7-20.6)	25.6 (24.2 -27.1)	Vital Statistics: death certificates, Montana resident data from 2004-2008.
5. Percent of Motor Vehicle crashes involving alcohol	6.7%	10%	2003-2007 Montana Dept. of Transportation
6. Cerebrovascular Disease (including stroke) mortality rate per 100,000 population	57.1 (34.9-88.1)	49.7 (47.8-51.7)	Vital Statistics: death certificates, Montana resident data from 2004-2008. Includes subarachnoid, intracerebral, and intracranial hemorrhage, cerebral infarction, other strokes and certain other forms of Cerebrovascular diseases and their sequelae.
7. Chronic Liver Disease and Cirrhosis mortality rate per 100,000 population	20 (8.1-41.1)	12.7 (11.8-13.7)	Vital Statistics: death certificates, Montana resident data from 2004-2008.
8. Diabetes Mellitus mortality rates	37.1 (19.8-63.4)	27.1 (25.7-28.6)	Vital Statistics: death certificate Montana resident data from 2004-2008.
9. Pneumonia/ Influenza mortality	22.8 (9.9-44.9)	19.0 (17.8 -20.2)	Vital Statistics: death certificate Montana resident data from 2004-2008.
10. Chronic Lower Respiratory Disease (CLRD) mortality rate per 100,000 population	68.5 (43.9-101.9)	63.9 (61.7- 66.2)	Vital Statistics: death certificates, Montana resident data from 2004-2008. A death from bronchitis, emphysema, asthma or certain other obstructive pulmonary diseases. This group of causes is very similar to Chronic Obstructive Pulmonary Diseases (COPD). The categories differ in that CLRD does not contain "extrinsic allergic alveolitis," i.e. allergic alveolitis and pneumonitis due to inhaled organic dust.
11. Drug-related mortality rate per 100,000 population	22.8 (9.9-44.9)	13.8 (12.9 -14.9)	Vital Statistics: death certificates, Montana resident data from 2004-2008. Death for which the medical certifier of cause of death (usually a coroner, in such cases) believed the role of drugs to play important enough role in the death to mention them as one of several causes on the death certificate. Alcohol and tobacco use and abuse are not included in this measure. Because only a small percentage of death certifications have the benefit of autopsy findings or toxicology screens, this measure is likely under-reported.
12. Heart Disease mortality rate per 100,000 population	259.7 (209.1-318.8)	198.0 (194.6-202.0)	Vital Statistics: death certificates, Montana resident data from 2004-2008.Total includes both sexes and all races. The age for which half the deaths in a population are at a younger age and half at an older age. In a population with an even number of decedents, the median is the average of the two "middle" ages.
13. Work-related injury death rate per 100,000 population	0 (0-0)	3.7 (3.2-4.3)	Vital Statistics: death certificates, Montana resident data from 2004-2008.

Mortality

Sentinel Events

Measures within this category include events that should not ever happen in Montana residents, given that there are effective vaccines to prevent these diseases.

Core Indicator	County	Montana	Data Source/Definition
1. Number of measles cases	0	0	2008. DPHHS Communicable Disease Epidemiology Program
2. Number of invasive *Haemophilus influenza B* (HIB) cases in children aged < 5	0	0	2008. DPHHS Communicable Disease Epidemiology Program
3. Number of tetanus cases	0	1	2008. DPHHS Communicable Disease Epidemiology Program

Sentinel Events

Social and Mental Health

Social and mental health is as important to overall health as is physical health. These three components are interdependent on each other and must be equally targeted if the health of a person or a community is to be elevated.

Social/ Mental Health Indicator	County	Montana	Data Source/Definition
1. General health status fair or poor (95% CI)	*See Region 4 Data*	13.6% (13.1-14.2)	Percent all adults reporting their general health status as “fair” or “poor”. BRFSS 2003-2008 data
2. 14 or more days of “not good” mental health (95% CI)	*See Region 4 Data*	8.8% (8.3-9.2)	Percent all adults reporting their mental health was “not good” for 14 or more of the past 30 days. BRFSS 2003-2008 data
3. 3-yr Rate of Family Offenses: per 100,000 population (2007-2009)	75.6	76.5	Unlawful, nonviolent acts by a family member (or legal guardian) which threaten the physical, mental or economic wellbeing or morals of another family member, This offense includes Abandonment, Desertion, Neglect, Nonsupport, Nonviolent Abuse, Nonviolent Cruelty, and nonpayment of court-ordered alimony
4. Homicide rate: per 100,000 population	2.9	3.3	Aggregate Vital Statistics death certificate data from 1999-2008. Crude rate includes both sexes and all races.
5. Suicide rate: per 100,000 population	22.8	20.3	Aggregate Vital Statistics death certificate data from 1999-2008. Crude rate includes both sexes and all races.
6. 3-yr Domestic Abuse Rate: per 100,000 population (2007-2009)	396.9	438.6	Where a person (a) knowingly or purposely causes bodily injury to a family member, household member or partner, or (b) purposely or knowingly causes reasonable apprehension of bodily injury to a family member, household member or partner.
7. 3-yr Rate of Sex Offenses: per 100,000 population (2007-2009)	94.5	82.2	Any sexual act directed against another person, forcibly and/or against that person's will; or where the victim is incapable of giving consent. Includes: statutory rape, forcible fondling and deviate sexual conduct, sexual abuse of children, incest and other non forcible sex offenses.
8. 3-yr Rate of Rape: per 100,000 population (2007-2009)	*See Region 4 Data*	34.7	The carnal knowledge of a person, forcibly and/or against that person's will; or where the victim is incapable of giving consent because of his/her temporary or permanent mental or physical incapacity. Includes rape with an object and forcible sodomy.

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Socioeconomic Characteristics

It has been repeatedly shown that socioeconomic status has a huge impact on health. Those with lower socioeconomic status are more likely to engage in high risk behaviors such as tobacco use. They are less likely to have adequate health care coverage and less likely to get preventative health care. Lower socioeconomic status groups are often targeted for public health interventions.

Socioeconomic Measure	County	Montana	Data Source/Definition
Unemployment Rate	6.8	4.5%	2008, MT Department of Labor & Industry
Median Household Income	$37,027	$43,000	2007, Census Bureau Small Area Income & Poverty Estimates (SAIPE)
Percent High School Graduates or GED attainment of the population 25 years or older	82%	87%	2000 Census
Percent of population under the age of 65 without health insurance (95% confidence interval)	16.2 (+/- 2.8)	19 (+/-1.1)	2006, Census Bureau Small Area Health Insurance Estimates (SAHIE)
Percent of population below Federal Poverty Level	---	---	---
▪ Children <18	15%	19%	2000 Census
▪ Adults 18+	9%	13%	2000 Census
▪ Adults 65+	6%	9%	2000 Census
▪ All ages	10%	14%	2000 Census

Socioeconomic