

County Health Rankings

Mobilizing Action Toward Community Health

2010

Montana



Robert Wood Johnson Foundation



UNIVERSITY OF WISCONSIN

Population Health Institute

Translating Research into Policy and Practice

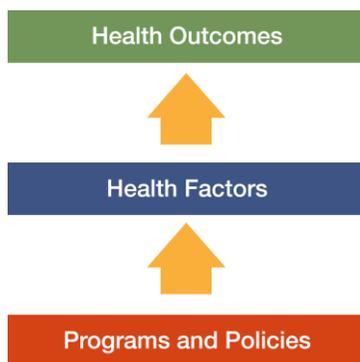
Introduction

Where we live matters to our health. The health of a community depends on many different factors, including quality of health care, individual behavior, education and jobs, and the environment. We can improve a community's health through programs and policies. For example, people who live in communities with ample park and recreation space are more likely to exercise, which reduces heart disease risk. People who live in communities with smoke-free laws are less likely to smoke or to be exposed to second-hand smoke, which reduces lung cancer risk.

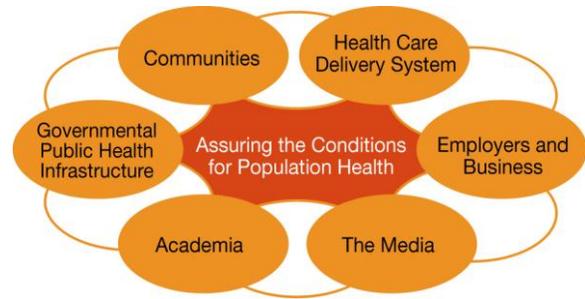
The problem is that there are big differences in health across communities, with some places being much healthier than others. And up to now, it has been hard to get a standard way to measure how healthy a county is and see where they can improve.

The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute are pleased to present the 2010 *County Health Rankings*, a collection of 50 reports that reflect the overall health of counties in every state across the country. For the first time, counties can get a snapshot of how healthy their residents are by comparing their overall health and the factors that influence their health, with other counties in their state. This will allow them to see county-to-county where they are doing well and where they need to improve. Everyone has a stake in community health. We all need to work together to find solutions. The *County Health Rankings* serve as both a call to action and a needed tool in this effort.

All of the *County Health Rankings* are based upon this model of population health improvement:



In this model, health outcomes are measures that describe the current health status of a county. These health outcomes are influenced by a set of health factors. These health factors and their outcomes may also be affected by community-based programs and policies designed to alter their distribution in the community. Counties can improve health outcomes by addressing all health factors with effective, evidence-based programs and policies.



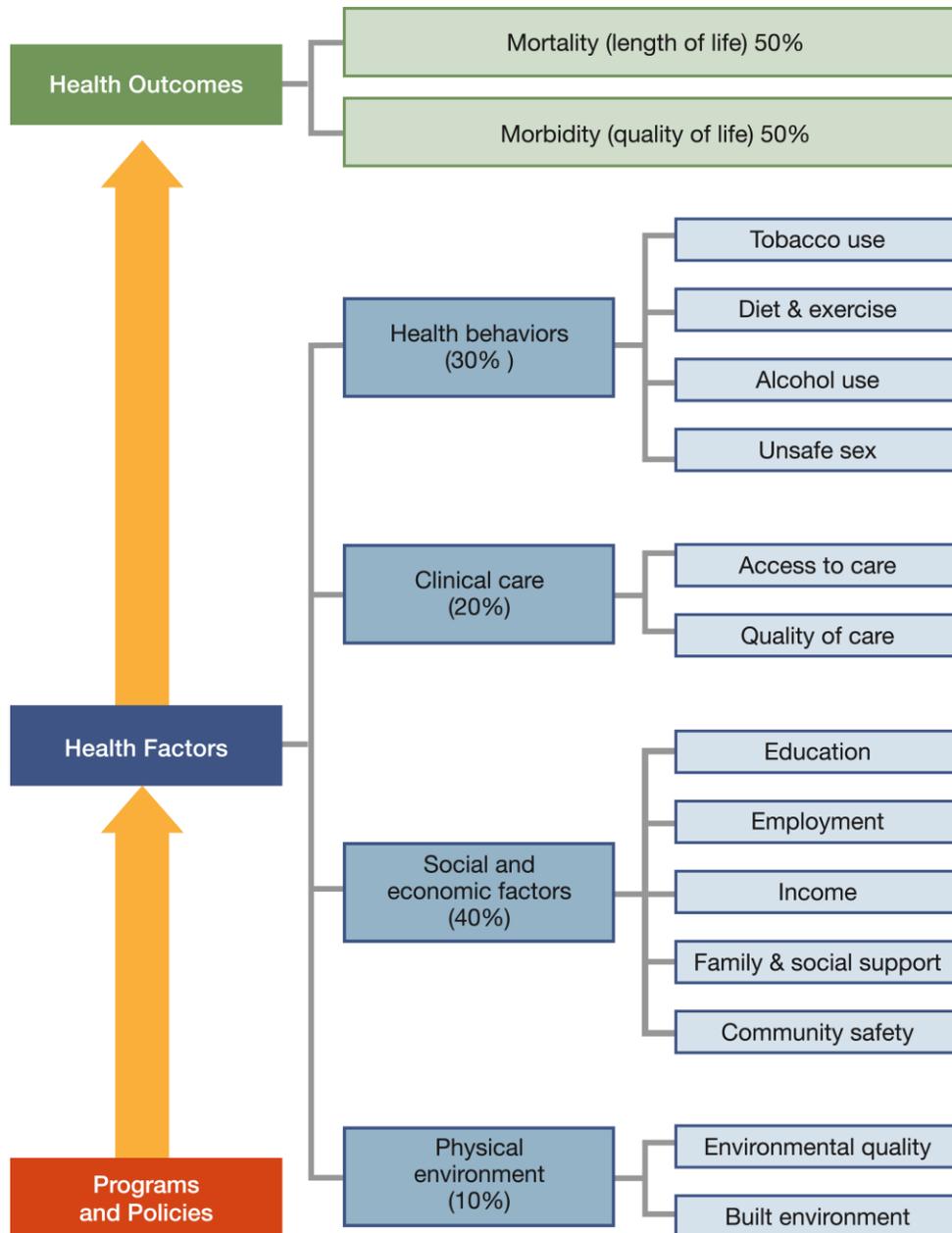
Institute of Medicine, 2002

To compile the *Rankings*, we built on our prior work in Wisconsin, worked closely with staff from the Centers for Disease Control and Prevention and Dartmouth College, and obtained input from a team of expert advisors. Together we selected a number of population health measures based on scientific relevance, importance, and availability of data at the county level. For a more detailed explanation of the choice of measures, see www.countyhealthrankings.org.

The Rankings

This report ranks Montana counties according to their summary measures of **health outcomes** and **health factors**, as well as the components used to create each summary measure. The figure below depicts the structure of the *Rankings* model. Counties receive a rank for each population health component; those having high ranks (e.g., 1 or 2) are estimated to be the “healthiest.”

Our summary **health outcomes** rankings are based on an equal weighting of mortality and morbidity measures. The summary **health factors** rankings are based on weighted scores of four types of factors: behavioral, clinical, social and economic, and environmental. The weights for the factors (shown in parentheses in the figure) are based upon a review of the literature and expert input but represent just one way of combining these factors.

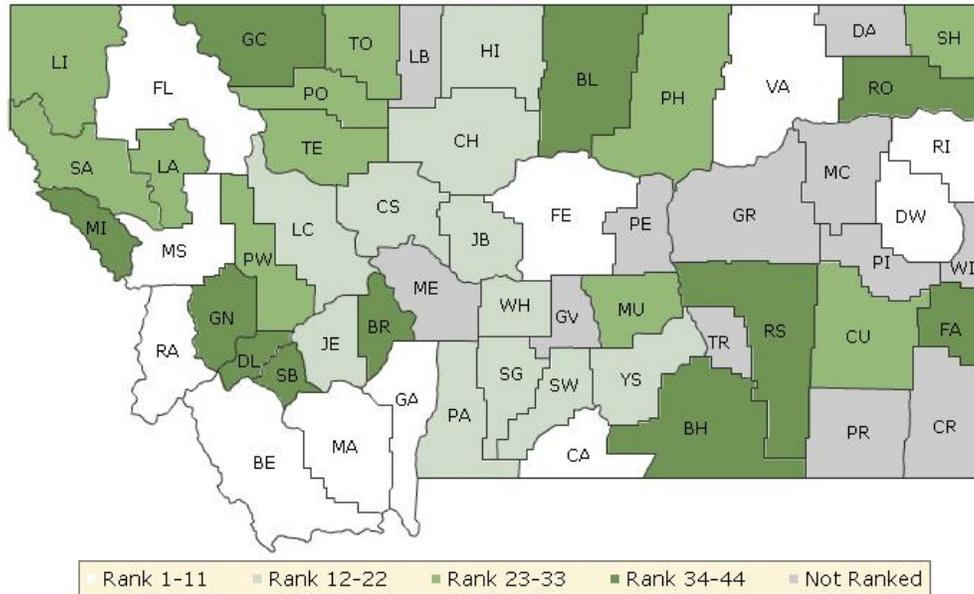


County Health Rankings model ©2010 UWPHI

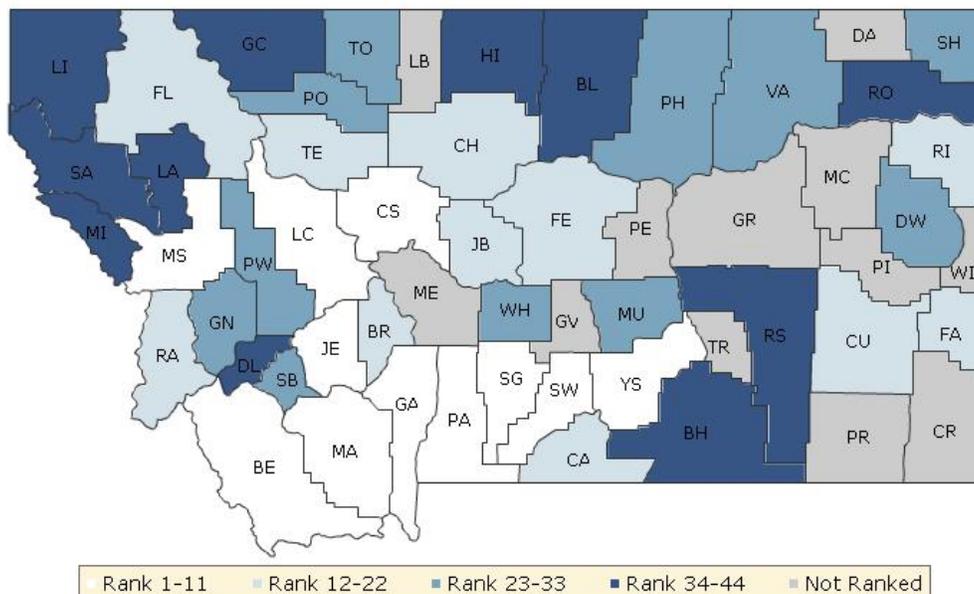
The maps on this page display Montana's counties divided into groups by health rank. The lighter colors indicate better performance in the respective summary rankings. The green map shows the distribution of summary health outcomes. The blue displays the distribution of the summary rank for health factors.

Maps help locate the healthiest and least healthy counties in the state. The health factors map appears similar to the health outcomes map, showing how health factors and health outcomes are closely related.

HEALTH OUTCOMES



HEALTH FACTORS



Summary Health Outcomes & Health Factors Rankings

Counties receive two summary ranks:

- Health Outcomes
- Health Factors

Each of these ranks represents a weighted summary of a number of measures.

Health outcomes represent how healthy a county is while health factors are what influences the health of the county.

Rank	Health Outcomes	Rank	Health Factors
1	Gallatin	1	Gallatin
2	Carbon	2	Lewis and Clark
3	Ravalli	3	Jefferson
4	Missoula	4	Park
5	Richland	5	Missoula
6	Fergus	6	Sweet Grass
7	Madison	7	Madison
8	Valley	8	Beaverhead
9	Beaverhead	9	Stillwater
10	Flathead	10	Yellowstone
11	Dawson	11	Cascade
12	Wheatland	12	Carbon
13	Jefferson	13	Judith Basin
14	Sweet Grass	14	Broadwater
15	Yellowstone	15	Fallon
16	Park	16	Teton
17	Cascade	17	Flathead
18	Lewis and Clark	18	Chouteau
19	Hill	19	Fergus
20	Stillwater	20	Richland
21	Chouteau	21	Custer
22	Judith Basin	22	Ravalli
23	Pondera	23	Dawson
24	Lincoln	24	Sheridan
25	Teton	25	Silver Bow
26	Sheridan	26	Wheatland
27	Toole	27	Phillips
28	Custer	28	Pondera
29	Musselshell	29	Granite
30	Sanders	30	Valley
31	Powell	31	Musselshell
32	Phillips	32	Powell
33	Lake	33	Toole
34	Fallon	34	Sanders
35	Granite	35	Deer Lodge
36	Silver Bow	36	Mineral
37	Broadwater	37	Lake
38	Blaine	38	Hill
39	Rosebud	39	Lincoln
40	Mineral	40	Rosebud
41	Big Horn	41	Blaine
42	Deer Lodge	42	Big Horn
43	Glacier	43	Roosevelt
44	Roosevelt	44	Glacier

Not Ranked: Carter, Daniels, Garfield, Golden Valley, Liberty, McCone, Meagher, Petroleum, Powder River, Prairie, Treasure, Wibaux

Health Outcomes Rankings

The summary health outcomes ranking is based on measures of mortality and morbidity. Each county's ranks for mortality and morbidity are displayed here. The mortality rank, representing length of life, is based on a measure of premature death: the years of potential life lost prior to age 75.

The morbidity rank is based on measures that represent health-related quality of life and birth outcomes. We combine four morbidity measures: self-reported fair or poor health, poor physical health days, poor mental health days, and the percent of births with low birthweight.

Rank	Mortality	Rank	Morbidity
1	Gallatin	1	Gallatin
2	Beaverhead	2	Pondera
3	Missoula	3	Valley
4	Ravalli	4	Richland
5	Fergus	5	Carbon
6	Carbon	6	Wheatland
7	Dawson	7	Madison
8	Lewis and Clark	8	Sweet Grass
9	Yellowstone	9	Ravalli
10	Richland	10	Fergus
11	Cascade	11	Flathead
12	Lincoln	12	Missoula
13	Madison	13	Jefferson
14	Flathead	14	Chouteau
15	Jefferson	15	Judith Basin
16	Park	16	Teton
17	Stillwater	17	Sheridan
18	Hill	18	Park
19	Powell	19	Toole
20	Valley	20	Sanders
21	Broadwater	21	Hill
21	Chouteau	22	Custer
21	Fallon	23	Stillwater
21	Granite	24	Dawson
21	Judith Basin	25	Yellowstone
21	Phillips	26	Rosebud
21	Sheridan	27	Musselshell
21	Sweet Grass	28	Cascade
21	Teton	29	Big Horn
21	Toole	30	Lincoln
21	Wheatland	31	Blaine
32	Musselshell	32	Lewis and Clark
33	Custer	33	Roosevelt
34	Lake	34	Silver Bow
35	Sanders	35	Beaverhead
36	Deer Lodge	36	Lake
37	Silver Bow	37	Phillips
38	Mineral	38	Powell
39	Pondera	39	Fallon
40	Blaine	40	Granite
41	Rosebud	41	Glacier
42	Big Horn	42	Broadwater
43	Glacier	43	Mineral
44	Roosevelt	44	Deer Lodge

Health Factors Rankings

The summary health factors ranking is based on four factors: health behaviors, clinical care, social and economic, and physical environment factors. In turn, each of these factors is based on several measures. Health behaviors include measures of smoking, diet and exercise, alcohol use, and risky sex behavior. Clinical

care includes measures of access to care and quality of care. Social and economic factors include measures of education, employment, income, family and social support, and community safety. The physical environment includes measures of environmental quality and the built environment.

Rank	Health Behaviors	Rank	Clinical Care	Rank	Social & Economic Factors	Rank	Physical Environment
1	Gallatin	1	Yellowstone	1	Gallatin	1	Wheatland
2	Musselshell	2	Lewis and Clark	2	Sweet Grass	2	Sanders
3	Park	3	Cascade	3	Jefferson	3	Chouteau
4	Sweet Grass	4	Park	4	Lewis and Clark	4	Fallon
5	Ravalli	5	Wheatland	5	Carbon	4	Mineral
6	Beaverhead	6	Missoula	6	Fallon	4	Roosevelt
7	Broadwater	7	Silver Bow	7	Richland	4	Teton
8	Madison	8	Custer	8	Teton	8	Big Horn
9	Phillips	9	Powell	9	Madison	9	Rosebud
10	Fergus	10	Jefferson	10	Judith Basin	10	Glacier
11	Stillwater	11	Deer Lodge	11	Toole	11	Gallatin
12	Jefferson	12	Flathead	12	Missoula	12	Jefferson
13	Missoula	13	Gallatin	13	Yellowstone	13	Granite
14	Granite	14	Fergus	14	Stillwater	14	Broadwater
15	Chouteau	15	Beaverhead	15	Sheridan	14	Musselshell
16	Lewis and Clark	16	Ravalli	16	Dawson	14	Sweet Grass
17	Flathead	17	Lake	17	Beaverhead	17	Lake
18	Judith Basin	18	Pondera	18	Park	18	Richland
19	Sanders	19	Carbon	19	Cascade	19	Deer Lodge
20	Teton	20	Lincoln	20	Chouteau	20	Judith Basin
21	Cascade	21	Stillwater	21	Custer	20	Sheridan
22	Silver Bow	22	Dawson	22	Valley	22	Cascade
23	Carbon	23	Madison	23	Broadwater	23	Pondera
24	Yellowstone	24	Broadwater	24	Phillips	24	Flathead
25	Sheridan	25	Fallon	25	Silver Bow	25	Custer
26	Dawson	26	Richland	26	Flathead	26	Stillwater
27	Custer	27	Sanders	27	Hill	27	Dawson
28	Valley	28	Rosebud	28	Fergus	28	Park
29	Lincoln	29	Valley	29	Wheatland	29	Hill
30	Fallon	30	Sheridan	30	Pondera	30	Yellowstone
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37	Lake	37	Blaine	37	Deer Lodge	37	Lewis and Clark
38	Toole	38	Teton	38	Blaine	38	Ravalli
39	Hill	39	Mineral	39	Lake	39	Carbon
40	Rosebud	40	Roosevelt	40	Sanders	40	Beaverhead
41	Roosevelt	41	Sweet Grass	41	Lincoln	41	Lincoln
42	Blaine	42	Glacier	42	Big Horn	42	Silver Bow
43	Big Horn	43	Phillips	43	Glacier	43	Valley
44	Glacier	44	Musselshell	44	Roosevelt	44	Toole

2010 County Health Rankings: Measures, Data Sources, and Years of Data

	Measure	Data Source	Years of Data
HEALTH OUTCOMES			
Mortality	Premature death	National Center for Health Statistics	2004-2006
Morbidity	Poor or fair health	Behavioral Risk Factor Surveillance System	2002-2008
	Poor physical health days	Behavioral Risk Factor Surveillance System	2002-2008
	Poor mental health days	Behavioral Risk Factor Surveillance System	2002-2008
	Low birthweight	National Center for Health Statistics	2000-2006
HEALTH FACTORS			
HEALTH BEHAVIORS			
Tobacco	Adult smoking	Behavioral Risk Factor Surveillance System	2002-2008
Diet and Exercise	Adult obesity	National Center for Chronic Disease Prevention and Health Promotion	2006-2008
Alcohol Use	Binge drinking	Behavioral Risk Factor Surveillance System	2002-2008
	Motor vehicle crash death rate	National Center for Health Statistics	2000-2006
High Risk Sexual Behavior	Chlamydia rate	National Center for Health Statistics	2007
	Teen birth rate	National Center for Health Statistics	2000-2006
CLINICAL CARE			
Access to Care	Uninsured adults	Small Area Health Insurance Estimates, U.S. Census	2005
	Primary care provider rate	Health Resources & Services Administration	2006
Quality of Care	Preventable hospital stays	Medicare/Dartmouth Institute	2005-2006
	Diabetic screening	Medicare/Dartmouth Institute	2003-2006
	Hospice use	Medicare/Dartmouth Institute	2001-2005
SOCIOECONOMIC FACTORS			
Education	High school graduation	National Center for Education Statistics ¹	2005-2006
	College degrees	U.S. Census/American Community Survey	2000/2005-2007
Employment	Unemployment	Bureau of Labor Statistics	2008
Income	Children in poverty	Small Area Income and Poverty Estimates, U.S. Census	2007
	Income inequality	U.S. Census/American Community Survey ²	2000/2005-2007
Family and Social Support	Inadequate social support	Behavioral Risk Factor Surveillance System	2005-2008
	Single-parent households	U.S. Census/American Community Survey	2000/2005-2007
Community Safety	Violent crime ³	Uniform Crime Reporting, Federal Bureau of Investigation	2005-2007
PHYSICAL ENVIRONMENT			
Air Quality⁴	Air pollution-particulate matter days	U.S. Environmental Protection Agency / Centers for Disease Control and Prevention	2005
	Air pollution-ozone days	U.S. Environmental Protection Agency / Centers for Disease Control and Prevention	2005
Built Environment	Access to healthy foods	Census Zip Code Business Patterns	2006
	Liquor store density	Census County Business Patterns	2006

¹ State data sources for KY, NH, NC, PA, SC, and UT (2007-2008).

² Income inequality estimates for 2000 were calculated by Mark L. Burkey, North Carolina Agricultural & Technical State University, www.ncat.edu/~burkeym/Gini.htm.

³ Homicide rate (2000-2006) from National Center for Health Statistics for AK, AZ, AR, CO, CT, GA, ID, IN, IA, KS, KY, LA, MN, MS, MT, NE, NH, NM, NC, ND, OH, SD, UT, and WV. State data source for IL.

⁴ Not available for AK and HI.

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