



# Nutrition, Physical Activity, Overweight, and Obesity Among Adults in Montana—2008





# Acknowledgements



This report was prepared by the Montana Nutrition and Physical Activity Program, Chronic Disease Prevention and Health Promotion Section, Public Health and Safety Division, Montana Department of Public Health and Human Services.

The following individuals contributed to the development and preparation of this report:





# Executive Summary

- In 2008, 37% of Montana adults were overweight and 24% were obese
- The prevalence of overweight was higher among men compared to women; the prevalence of obesity did not differ between sexes
  - Half of all Montana men were overweight and one-quarter were obese
  - One-third of all Montana women were overweight and one-quarter were obese
- Overweight and obesity was more prevalent among American Indians compared to whites
  - 70% of American Indians were overweight or obese
  - 61% of whites were overweight or obese
- The prevalence of obesity was higher in Eastern compared to Western Montana
- Montanans were more physically active than the rest of the US
  - 77% report engaging in some form of physical activity in the last month
  - 58% of Montana adults met US physical activity guidelines compared to 49% of US adults.
- Fruit and vegetable consumption were low in Montana
  - Only 25% of Montana adults report consuming 5 or more servings of fruits and vegetables a day
- In 2005, 78% of Montana moms breastfed their babies, exceeding Healthy People 2010 goals.
  - Montana exceeded the US on all breast-feeding indicators.

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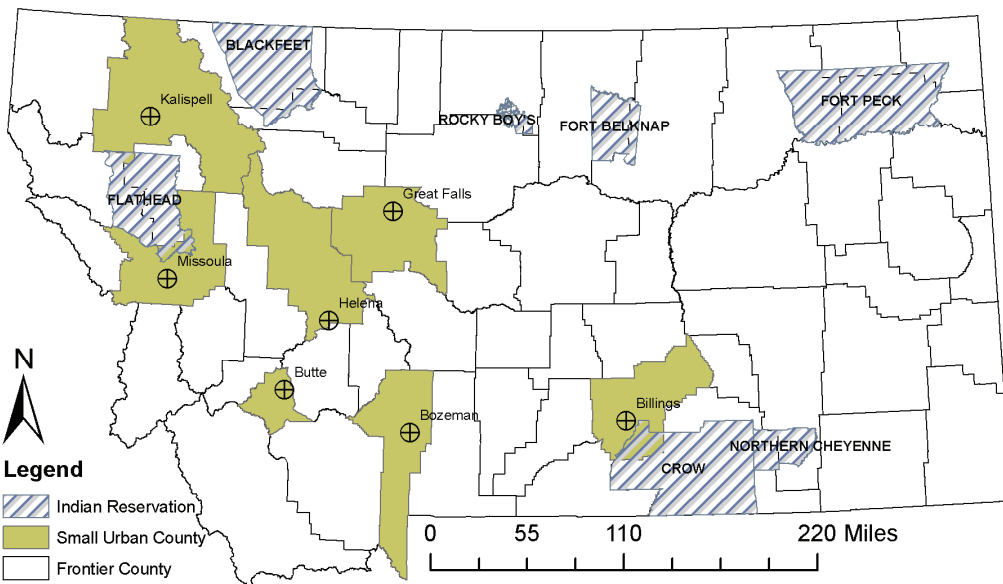
## Montana

Montana is the fourth largest state in the nation with a land area of 145,552 square miles and is among the most rural. The most recent estimate (2008) of Montana's total population is 967,440, resulting in a population density of just over six persons per square mile.<sup>1</sup> The majority of the state's population resides in western Montana, with the notable exception of Yellowstone County. The population density of western Montana is 12 persons per square mile compared to 4 persons per square mile in eastern Montana. Forty-nine of Montana's 56 counties are classified as frontier counties.<sup>2</sup> Seven counties are classified as small urban counties — 62% of Montana's population reside in one of these counties.

The median age is 39.5 years and 14% of Montana residents are 65 years of age or older.<sup>3</sup> Over 90% of Montana's population is white. American Indians comprise 6.8% of Montana's population and are the state's largest minority group.<sup>9</sup> Montana has 7 American Indian reservations and 12 tribes are formally represented in the sovereign tribal governments on these reservation.

Montana is also one of the poorest states in the nation. Montana ranked 41st in the nation in 2007 with a median household income of \$43,531 — 14% less than the US median household income (\$50,740).<sup>4</sup> In 2008, the Behavioral Risk Factor Surveillance System (BRFSS) found that 17% of all Montanans reported having no health care coverage. Uninsured adult Montanans were likely to be younger and report lower income and less education than adults with health care coverage (data not shown).<sup>5</sup>

Figure I-1: American Indian reservations and small urban counties in Montana.



# Introduction



## *Overweight and obesity*

Overweight and obesity have tremendous consequences on our nation's health and economics. The epidemic is linked to chronic diseases, such as coronary heart disease, stroke, and diabetes, as well as increased health care costs. American culture is characterized by environments that promote unhealthy choices. Public health approaches are needed that can create change for populations and can help make healthy choices easy, affordable, and available.

Overweight and obesity are defined by a measurement called the Body Mass Index (BMI). The BMI expresses the relationship (or ratio) of weight-to-height. Adults with a BMI of 25 to 29.9 are considered overweight, while adults with a BMI of 30 or more are considered obese.

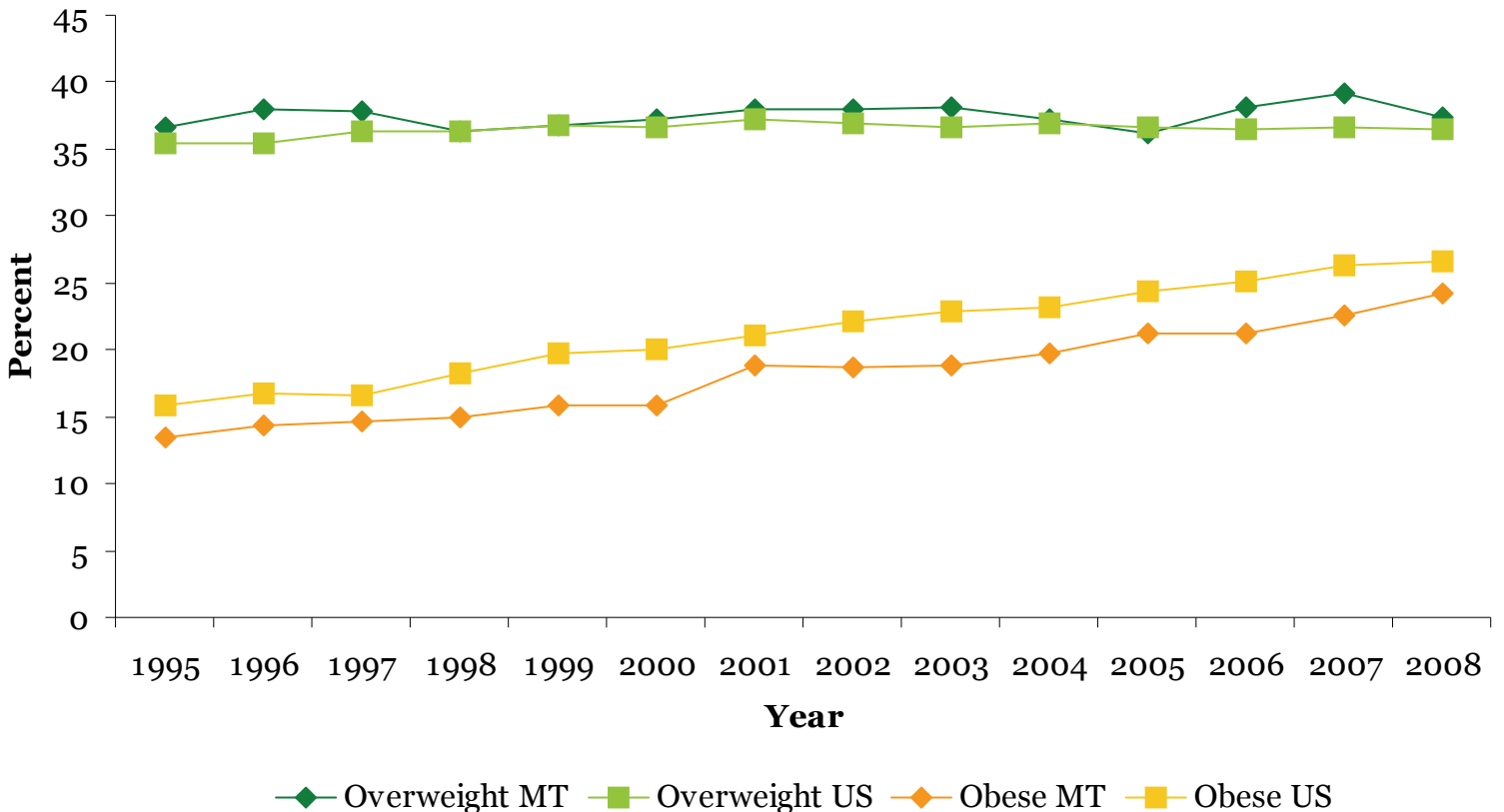
Montana had one of the lowest prevalences of adult obesity in the nation, at 23%. The prevalence of obese adults increased in the state for the second year in a row and according to the Centers for Disease Control and Prevention (CDC), obesity in the United States has reached epidemic proportions. Montana is not immune to this trend. In fact, the CDC reports that 62% of Montana adults are overweight or obese.<sup>5</sup>

In order to decrease the prevalence of obesity and improve the health of Montanans through policy and environmental changes and statewide/community interventions the following points should be followed by the majority of Montanans,

- Increased physical activity
- Increased fruit and vegetable consumption
- Decreased consumption of sugar-sweetened beverages
- Increased breastfeeding initiation, duration and exclusivity
- Decrease time spent viewing television
- Decreased intake of energy-dense foods<sup>6</sup>



**Figure 1. Prevalence of overweight and obesity in Montana and the US, 1995 to 2008**



*Overweight by Age and Gender*

In 2008, the prevalence of overweight in Montana adults was 37%, nearly identical to the prevalence of overweight in US adults. Since 1995, the prevalence of overweight has remained constant in both Montana and the US at about 37% of adults (Figure 1). The prevalence of overweight increases with age. In 2008, the prevalence of overweight was 22% among 18-24 year olds. Prevalence increased sharply to 39-41% of adults aged 25 or older, nearly double that of younger adults (Data not shown).

The prevalence of overweight is higher among men compared to women. In 2008, nearly half of all Montana men were overweight compared to about one-third of

# Overweight & Obesity



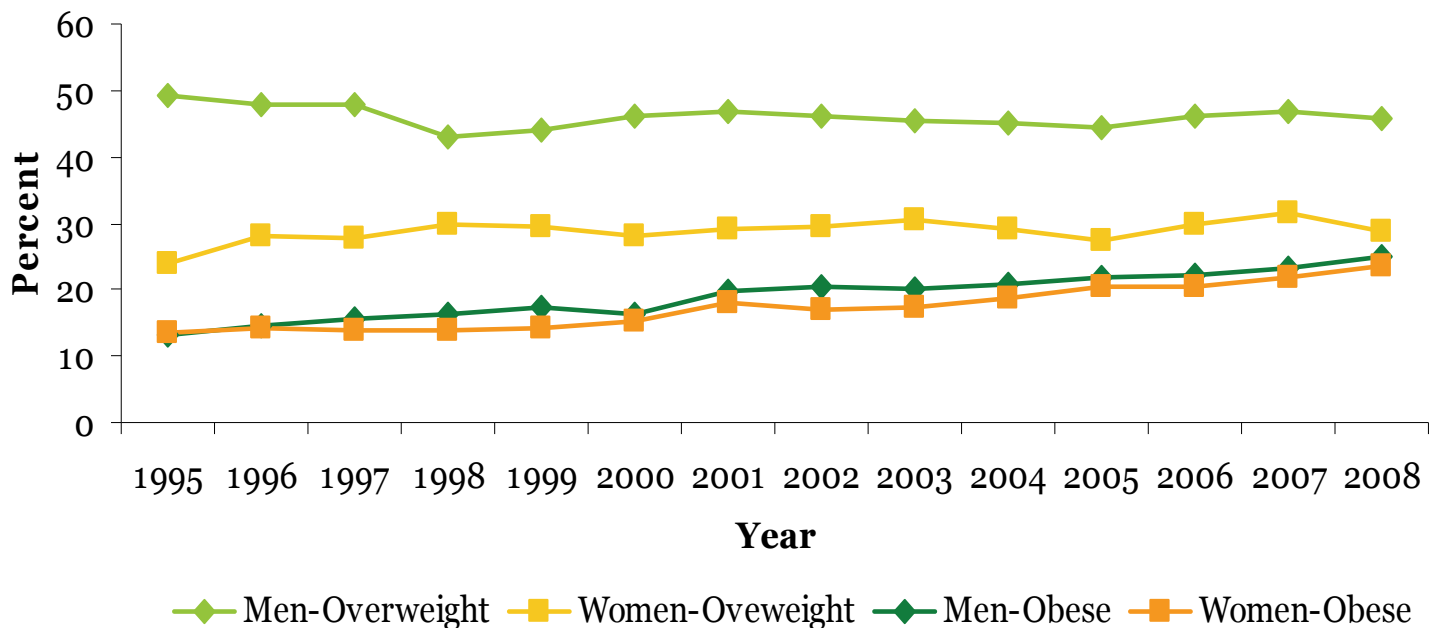
Montana women. The prevalence of overweight in men appears to have decreased slightly between 1997 and 1998, but has remained constant since. From 1995 to 1998, prevalence of overweight in women appears to have increased slightly and remained constant since (Figure 2). The prevalence of overweight was higher among Montana men in 2008 compared to US men (43%). However, the prevalence of overweight among Montana women was the same as US women (Data not shown).

## Obesity by Age and Gender

In 2008, 24% of Montana adults were obese, slightly less than the US prevalence of 27%. The absolute increase in the prevalence of obesity from 1995 to 2008 was the same (11 percentage points) for Montana and the US.

The prevalence of obesity by age does not follow the same pattern as the prevalence of overweight. Obesity is highest among middle-aged Montanans (age 45-64) at 27% in

**Figure 2. Prevalence of overweight and obesity among men and women, Montana, 1995-2008**





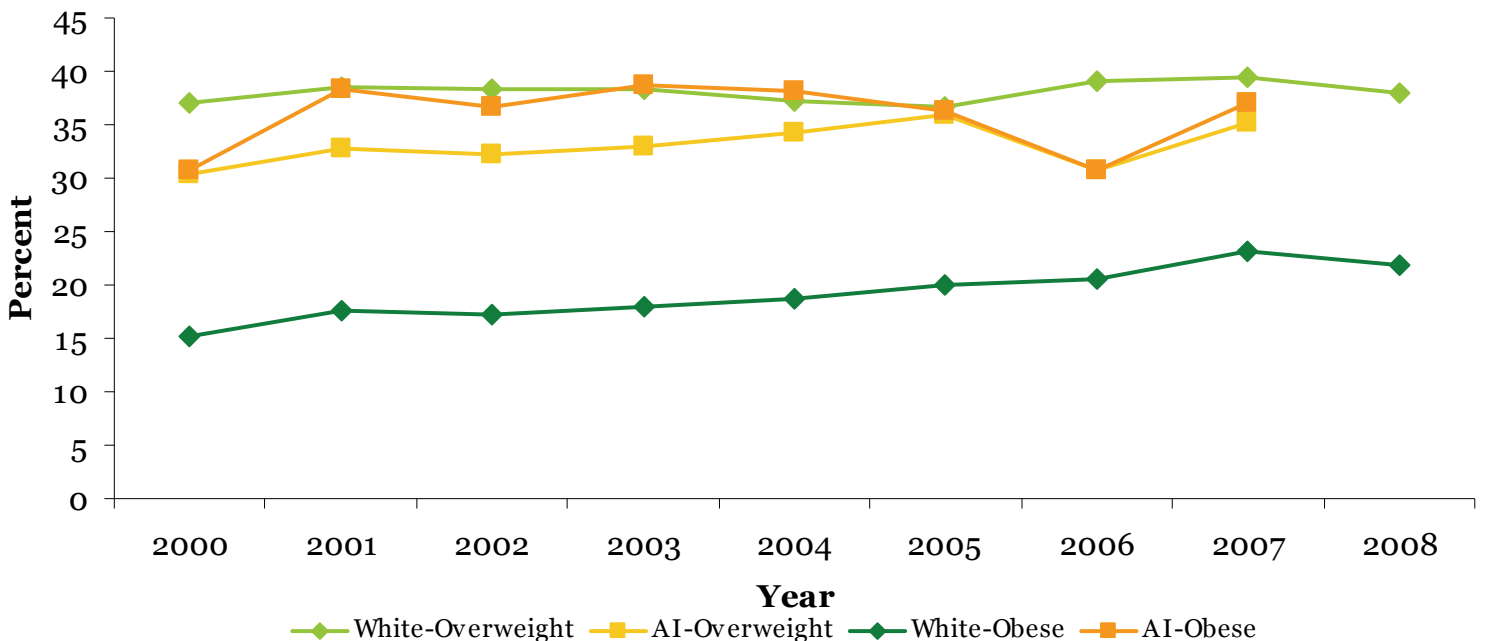
2008, compared to 22-24% of younger and older Montana adults (Data not shown).

Unlike overweight, the prevalence of obesity is not different by gender. In 2008, the prevalence of obesity among men and women was 25% and 24%, respectively. Both have increased at a similar, steady rate since 1995, when prevalence was 13% in both men and women (Figure 2). Montana men and women had about the same prevalence of obesity as US men and women in 2008, however prevalence of obesity in Montana in 1995 was 14-24% lower than the US. (Data not shown). In 1995, nearly two-thirds of women and 38% of men were normal weight. In 2008, over half of women and nearly two-thirds of men were overweight or obese.

### *Overweight and Obesity by Race*

The prevalence of obesity was higher among Montana Indians compared to whites from

**Figure 3. Prevalence of overweight and obesity among whites and American Indians in Montana, 2000-2008**



# Overweight & Obesity



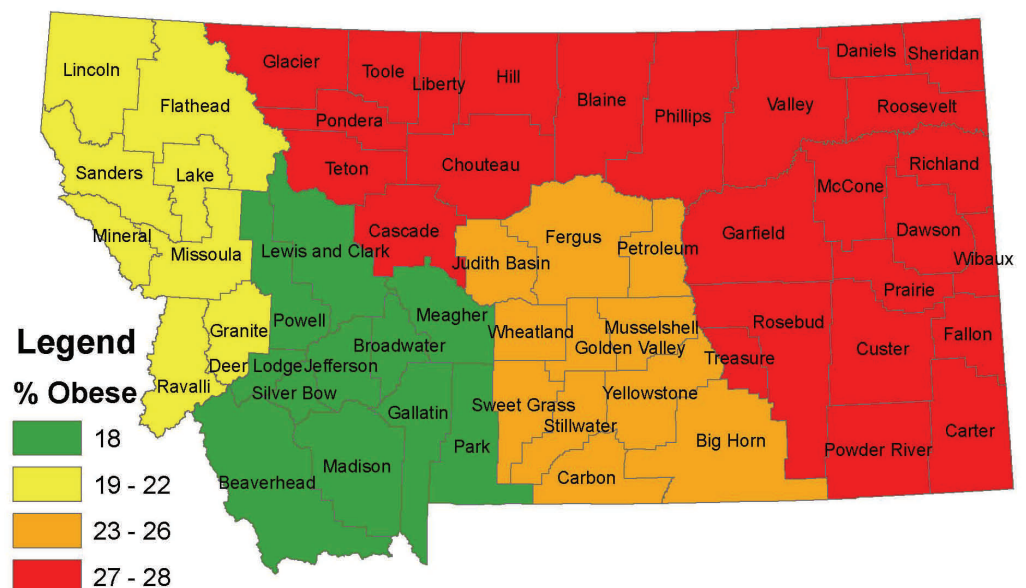
2000 to 2007. During the same time period, prevalence of obesity increased in both Montana Indians and whites, however obesity prevalence increased more slowly in Montana Indians (20% increase) compared to whites (50% increase). In 2000, the prevalence of obesity among Montana Indians was double that of whites, but in 2007 prevalence of obesity in whites had increased such that Montana Indian obesity prevalence was 60% higher than whites (Figure 3).

Prevalence of overweight has remained stable among both Montana Indians and whites, about 33% and 38% respectively. Overweight was more prevalent among whites compared to Montana Indians (Figure 3). However, since obesity is more prevalent among Montana Indians, fewer Montana Indians were normal weight in 2007 compared to whites (27% versus 37% respectively).

## *Obesity by county of residence*

While the prevalence of obesity in the State of Montana in 2007 was 21%, prevalence of obesity varied by region. Nearly one-third of adults residing in Eastern Montana (East of the Rocky Mountains) were obese in 2007, compared to about one-fifth of adults residing in Western Montana (Figure 4).

**Figure 4. Prevalence of obesity by Health Planning Region, Montana, 2007**





# Behaviors affecting overweight & obesity



The Centers for Disease Control and Prevention has identified six behaviors thought to help prevent or control overweight and obesity. They are:

- Increased physical activity
- Increased fruit and vegetable consumption
- Decreased consumption of sugar-sweetened beverages
- Increased breastfeeding initiation, duration and exclusivity
- Decrease time spent viewing television
- Decreased intake of energy-dense foods

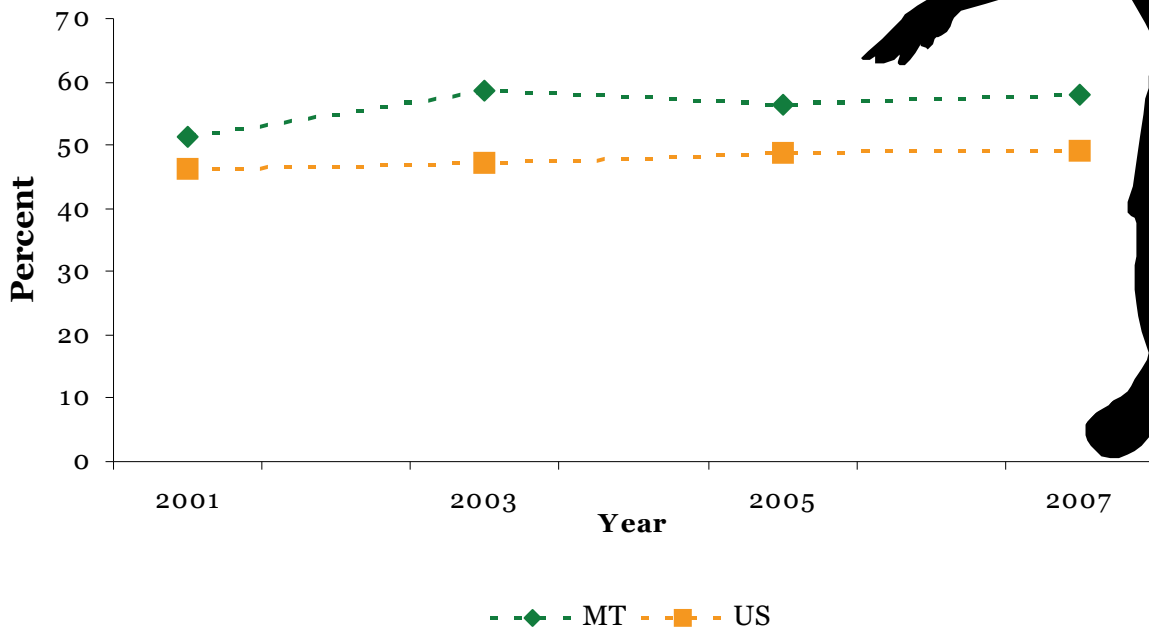
The Behavioral Risk Factor Surveillance System and the National Immunization Survey provide state-level data on three of these behaviors – physical activity, fruit and vegetable consumption, and breastfeeding. Physical activity and fruit and vegetable consumption are thought to help prevent and control overweight and obesity among the people who engage in these behaviors. Breastfeeding is thought to have a protective effect against overweight and obesity for children. Since breastfeeding requires participation by the mother, it is included in this report on Nutrition, Physical Activity, Overweight and Obesity Among Adults in Montana



## US Department of Health and Human Services' physical activity guidelines for American Adults (aged 18–64)

Adults should do 2 hours and 30 minutes a week of moderate-intensity, or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. Aerobic activity should be performed in episodes of at least 10 minutes, preferably spread throughout the week. Adults should also do muscle-strengthening activities that involve all major muscle groups performed on 2 or more days per week.<sup>7</sup>

**Figure 5. Prevalence of adults meeting US physical activity guidelines for adults 18-64 year old, Montana and the US, 2001-2007**



# Physical Activity



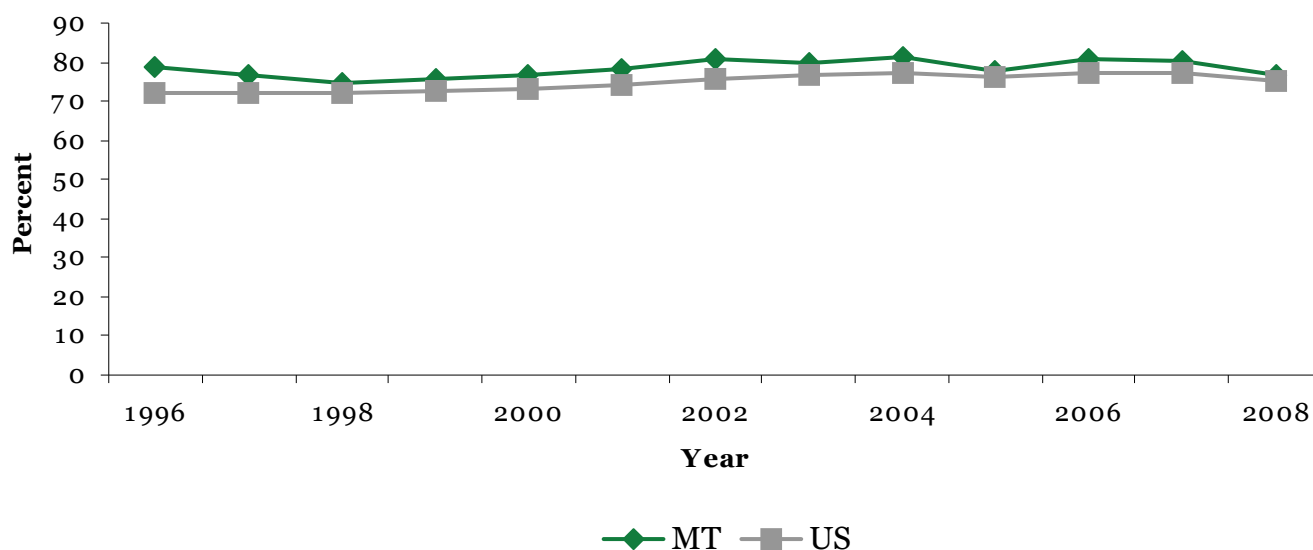
In 2008, 77% of Montana adults reported participating in some form of physical activity during the past month. The percent of adults reporting physical activity participation has remained constant since 1996, in both the US and Montana (Figure 6).

The percent of adults meeting US physical activity guidelines was 58% in Montana and 49% in the US, in 2007. Montana reported a higher percent of adults meeting physical activity guidelines compared to the US in all survey years. The percent of Montana adults meeting physical activity guidelines increased from 51% in 2001 to 58% in 2003 and has since remained constant (Figure 5).

Physical activity decreases with age. In 2007, 68% of adults aged 18-24 met physical activity guidelines. Among adults aged 25-64, about 60% met physical activity guidelines. Among adults over age 65, 46% met guidelines (Data not shown).

Meeting physical activity goals did not differ by gender in 2007, but did differ by race. Fifty percent of Montana Indians met physical activity guidelines compared to 58% of whites. Percent of Montana Indians meeting physical activity guidelines increased about 20 percent from 41% in 2001 (Data not shown).

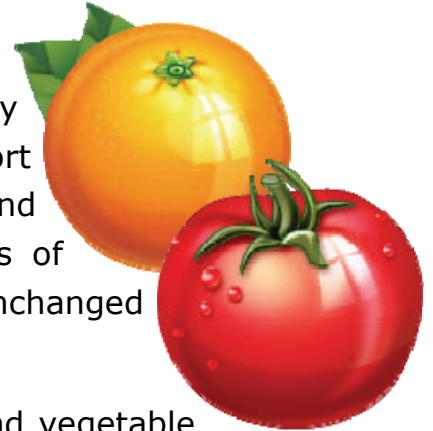
**Figure 6. Percent of adults who responded yes to the question "During the past month, did you participate in any physical activities?", Montana and the US, 1996-2008**





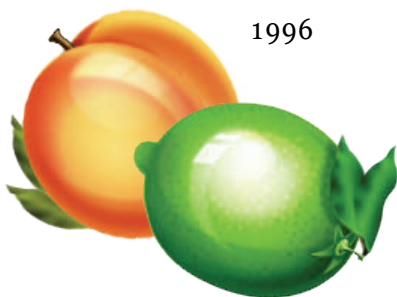
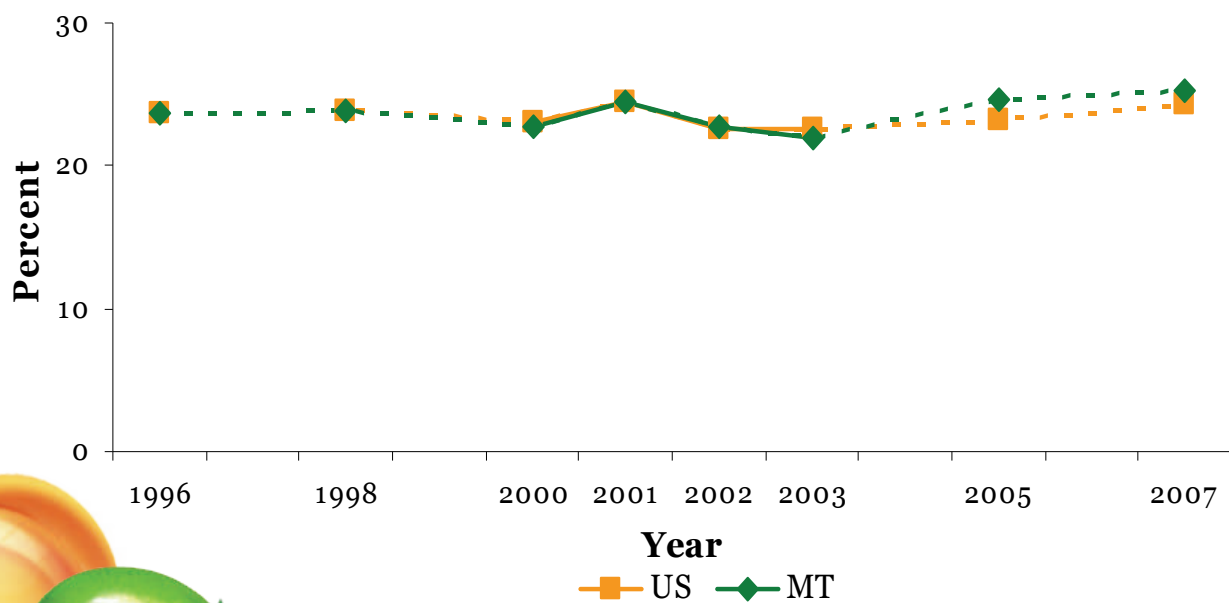
# Nutrition

The US Department of Agriculture recommends that adults consume at least five servings of fruits and vegetables every day.<sup>6</sup> In both Montana and the US, very few adults report meeting this guideline. In 2007, 25% of Montana adults and 24% of US adults reported consuming 5 or more servings of fruits and vegetables per day. This percent has remained unchanged since 1996 in both the US and Montana (Figure 7).



Montana women were more likely than men to meet fruit and vegetable consumption guidelines (29% compared to 21%, respectively) in 2007. Thirty percent of Montana adults over age 65 and 25% of adults aged 25-64 met guidelines compared to just 21% of adults aged 18-24 (Data not shown).

**Figure 7. Percent of adults who report consuming 5 or more servings of fruits and vegetables per day, Montana and the US, 1996-2007**



# Breast-feeding



Breastfeeding is associated with a reduced risk of pediatric overweight.<sup>9</sup> It also has many other health benefits for both women and children. Mothers who breastfeed have a decreased risk of breast cancer, ovarian cancer and type 2 diabetes. Infants who are breastfed have a lower risk of ear and respiratory infections, gastroenteritis, sudden infant death syndrome, and other illnesses.<sup>8</sup>



In 2005, Montana met Healthy People 2010 breast-feeding goals for percent ever breastfed and percent breast-feeding at 12 months and was within two percentage points of meeting goals for other indicators. Percent breast-feeding in Montana exceeded the US percent for all indicators in 2005 (Table 1).

**Table 1. Percent breast-feeding in Montana and the US, 2005.**

	Ever Breastfed	Breast-feeding at 6 months	Breast-feeding at 12 months	Exclusive Breast-feeding at 3 months	Exclusive Breast-feeding at 6 months
Healthy People 2010 goal <sup>10</sup>	75%	50%	25%	40%	17%
Montana	<b>78%</b>	48%	<b>27%</b>	38%	15%
US	74%	43%	21%	32%	12%

Source: Centers for Disease Control and Prevention. Provisional Data—National Immunization Survey, 2005 Births. August 2008. [www.cdc.gov/breastfeeding/data/NIS](http://www.cdc.gov/breastfeeding/data/NIS) data.



# Discussion

## *Overweight and Obesity and their Risk Factors*

In Montana in the year 2008, nearly two-thirds of adults were overweight or obese. The prevalence of overweight among Montana adults was similar to the national prevalence. The prevalence of obesity among Montana adults was lower than national prevalence, but appears to be increasing at the same rate. Within Montana, prevalence of overweight and obesity differed by race. Montana Indians had a 60% higher prevalence of obesity in 2008 compared to whites. The prevalence of overweight was higher in men compared to women, but the prevalence of obesity did not vary by gender. Overweight and obesity were most prevalent in middle aged adults (45-64) and least prevalent in adults under age 25. Obesity was also higher in Eastern compared to Western Montana.

Consumption of fruits and vegetables has many health benefits and may be helpful in preventing and controlling overweight and obesity. Physical activity is important for the prevention and control of overweight and obesity. Only one-quarter of adults reported consuming at least five servings of fruits and vegetables per day and 58% reported getting the recommended amount of physical activity; only 16% met both nutrition and physical activity recommendations. Only 10% of Montana Indian adults met both nutrition and physical activity guidelines in 2007. Among young adults, meeting nutrition guidelines was associated with meeting physical activity guidelines; 86% of young adults who reported meeting nutrition guidelines also reported meeting physical activity guidelines, though this was only 18% of the young adult population in 2007.

In 2007, Montana adults of normal BMI reported meeting nutrition recommendations more frequently than overweight or obese adults (29% versus 22-23% respectively). Normal weight adults were also more likely to meet physical activity guidelines compared to overweight or obese adults (59% compared to 55% and 45% respectively). However, only 20% of normal weight adults report meeting both nutrition and physical activity guidelines, therefore

# Discussion



most of these adults are at risk for overweight or obesity.

Obesity prevalence was highest in Health Planning Region 1 (see appendix), comprising extreme Eastern Montana. A large proportion of Montana's American Indian population also resides in this region. In 2007, fewer residents of Region 1 reported meeting nutrition recommendations (20%) and meeting physical activity recommendations (50%) compared to the rest of the state. Analysis of the National Health Interview Survey has also found that residents of rural area are more likely to be obese than urban counterparts. This association was particularly strong in non-white rural residents. The study also found that rural residents were more likely to be physically inactive compared to urban residents.<sup>11</sup> Rural residents have also been found to perceive fewer places available to them for exercise.<sup>12</sup>

## *Breastfeeding*

As of 2005, Montana met Healthy People 2010 goals for ever breastfeeding and breastfeeding at 12 months and came very close to meeting the other HP2010 breastfeeding goals. In addition to the previously mentioned benefits, breastfeeding has been shown to reduce post-partum weight retention, a major contributor to overweight and obesity in women.<sup>13</sup> A study of the Danish National Birth Cohort estimated that weight retention six month post-partum could be eliminated if women breastfed exclusively for six months and gained no more than 12 kg (26.4 lbs) during pregnancy.<sup>14</sup>



Analyses were conducted using SAS v9 (SAS Institute, Cary, Indiana), SUDAAN v9 (RTI, Durham, North Carolina), and Microsoft Excel 2003. Maps were generated using ArcMap Geographical Information Software (ESRI, Redlands, California).

### County of Residence

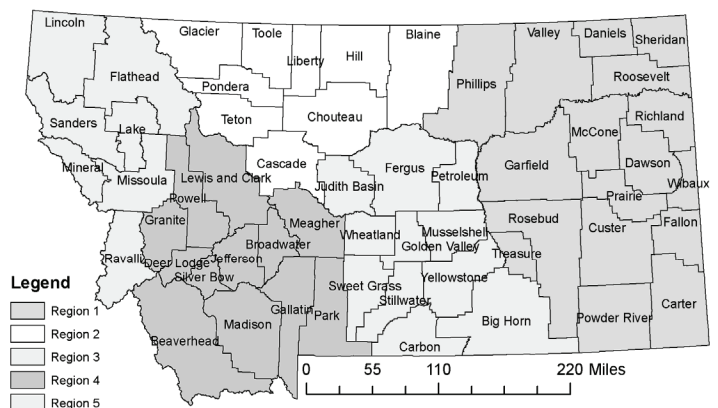
Definitions used for Montana’s “small urban” and “frontier” counties were based on the five urbanization levels classification obtained from the Office of Management and Budget as used in Health, United States, 2001 with Urban and Rural Health Chartbook.<sup>8</sup> During the past two decades, Montana’s total population did not exceed 1 million people; therefore, we combined small metropolitan counties (of which Montana has two) and non-metropolitan counties with a city of 10,000 or more population (of which Montana has five) into the category we defined as “small urban.” The remaining 49 counties, defined as non-metropolitan counties without a city of 10,000 or more population we defined as “frontier.” The terms “small urban” and “frontier” are used in this document as general descriptors only.

### Health Planning Regions

Montana Health Planning Regions are traditionally divided as follows: Region 1 represents eastern Montana and includes

Carter, Custer, Daniels, Dawson, Fallon, Garfield, McCone, Phillips, Powder River, Prairie, Richland, Roosevelt, Rosebud, Sheridan, Treasure, Valley and Wibaux counties; Region 2 represents north central Montana including Blaine, Cascade, Chouteau, Glacier, Hill, Liberty, Pondera, Teton, and Toole counties; Region 3 is located near Billings in central Montana including Big Horn, Carbon, Fergus, Golden Valley, Judith Basin, Musselshell, Petroleum, Stillwater, Sweet Grass, Wheatland, and Yellowstone counties; Region 4 represents southwestern Montana including Beaverhead, Broadwater, Deer Lodge, Gallatin, Granite, Jefferson, Lewis & Clark, Madison, Meagher, Park, Powell and Silver Bow counties; Region 5 represents northwestern Montana including Flathead, Lake, Lincoln, Mineral, Missoula, Ravalli and Sanders counties. (Figure A-1)

A-1. Montana Health Planning Regions



# Appendix:

## Data Sources, Methods, and Limitations



### Behavioral Risk Factor Surveillance System

Information on adult obesity and overweight prevalence, physical activity and nutrition were obtained from data collected using the Behavioral Risk Factor Surveillance System (BRFSS). The Montana BRFSS is an ongoing state-based, telephone survey to gather information regarding personal practices, attitudes, and knowledge of non-institutionalized adult Montanans (18 years of age and older) that contribute to the leading causes of disease in the state. For Montana, data were weighted to account for differences in probability of selection and to more closely reflect the adult population. For the US population (including District of Columbia), the median of the prevalence was used.

BRFSS questions asked and definitions:

1. About how much do you weigh without shoes?
2. About how tall are you without shoes?

Food frequency questions

3. How often do you drink fruit juices such as orange, grapefruit, or tomato?
4. Not counting juice, how often do you eat fruit?
5. How often do you eat green salad?
6. How often do you eat potatoes not including French fries, fried potatoes, or

potato chips?

7. How often do you eat carrots?
8. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (Example: A serving of vegetables at both lunch and dinner would be two servings.)

Physical activity questions

9. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?
10. Now, thinking about the moderate activities you do in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?
11. How many days per week do you do these moderate activities for at least 10 minutes at a time?
12. On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?
13. Now, thinking about the vigorous activities you do in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?
14. How many days per week do you do



# Appendix:

## Data Sources, Methods, and Limitations

these vigorous activities for at least 10 minutes at a time? Limitations:

15. On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

Self-reported height and weight were used to calculate BMI using the following formula:  $BMI = 703 * wt / lbs / (htin * htin)$ . Individuals with a BMI between 25 and 29.99 were categorized as overweight; those with a BMI over 30 were categorized as obese.

Food frequency questions were used to calculate the number of fruit and vegetable servings per day. Those reporting  $\geq 5$  servings of fruits and vegetables per day were categorized as meeting federal nutrition guidelines.

Physical activity questions were used to compute the minutes of moderate and vigorous physical activity per day. Those reporting moderate physical activity  $\geq 30$  minutes on  $\geq 5$  days per week were categorized as meeting moderate physical activity guidelines. Those reporting vigorous physical activity  $\geq 20$  minutes on  $\geq 3$  days per week were categorized as meeting vigorous physical activity guidelines. Those meeting moderate and/or vigorous physical activity guidelines were categorized as meeting physical activity recommendations.

First, respondents may have a tendency to under-report behaviors that are socially undesirable, unhealthy or illegal (e.g., drinking and driving or smoking), while over-reported information also is affected by the ability to fully recall past behaviors or health screening results. Second, telephone surveys exclude households without telephones (including households where residents use only wireless telephones), which may result in a biased survey population due to under-representation of certain segments of the population. An estimated four percent of Montana households are without telephones and may represent a population segment at high risk of preventable disease associated with low socioeconomic status. The National Health Interview Survey estimated that, in 2007, 14 percent of US households have only wireless telephones.<sup>15</sup> The magnitude of difference between wireless-only and landline telephone owners determines the degree to which disease estimates are affected by this coverage bias.

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# Appendix:

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