



# Heart to Heart

NEWS FROM ST. LUKE COMMUNITY HEALTHCARE

POSTAL  
CUSTOMER

NONPROFIT  
U.S. POSTAGE PAID  
MISSION VALLEY, MT  
ECPWSSDDM  
PI#90

## LEADING THE WAY

### St. Luke first in state to offer alternative pain relief services through new technologies

TO HELP REDUCE OPIOID USE AND ADDICTION in the Mission Valley, St. Luke Community Healthcare is offering several new therapies, programs and procedures for patients managing chronic pain.

As explained by the Department of Public Health and Human Services, addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.

Addiction is neither a crime nor a moral issue. “Addiction is a medical



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Tony Young, CRNA, points to soft tissue pictured on a new imaging machine recently purchased through a grant aimed at responding to the opioid and fentanyl addiction crisis.

condition, just like high blood pressure and diabetes,” said St. Luke Physician Dr. Megan Vigil.

The National Center for Drug Abuse Statistics states drug overdose deaths are up 30% year-over-year even though opioid prescribing in the U.S. has gone down by nearly 50% since 2012. In Montana there are 143 overdose deaths per year and the number is increasing at an annual rate of 9.94% - due mainly to illicit drugs.

Many individuals with addiction problems begin that journey with a prescription to diminish pain. Over time unresolved pain requires greater doses of medicine and patients may become addicted. Opioids like oxycodone and fentanyl present a particular problem

in our area. Unfortunately, individuals who move on to use illicit drugs don’t understand their black-market drug purchases often contain a deadly combination of products.

Addiction can destroy lives, families and work relationships. In some cases, substance abuse is intertwined with poverty and intergenerational traumas. While there are many issues involved in solving the opioid and fentanyl crisis, St. Luke is doing their part by offering several new treatment options to assist patients who manage chronic pain.

Medications for Opioid Use Disorder (MOUD) is a safe medical process using prescriptive medications. This method

continued on next page

## CONTINUITY OF CARE

### Many advantages to having family physician as OB doctor

DR. ISSAC BILLINGS’ PASSION IS FAMILY PRACTICE and for this reason he prefers to have a primary care relationship with his obstetric patients. Having a prior understanding of a client’s general physical health allows him to be more responsive to them when he is also their OB doctor.

Macayla Crandall, mother of a five-year-old and a one-year-old, appreciated the seamless personalized care Dr. Billings provided as both her family physician and OB doctor for the entirety of her last pregnancy. She said she appreciates the way he makes her kids feel with his patience and kindness. “He knows everybody (in the family) and when you have a health issue he can map it through the whole family,” she said. “He is a very good doctor.”

One advantage of being both a family care physician and an OB doctor for a woman includes having a better understanding of a mother’s mental health during pregnancy as this has an impact on the baby. Having a better understanding of home dynamics also provides insight for care. A patient’s relationship with the rest of their family is important as stress during pregnancy, especially for first-time mothers, can be great and effect both parents. Dr. Billings said in a family practice/OB relationship, “Stress on other family members (during the pregnancy) can be (also) be talked about,” as this can cause breakdowns in communication.

This more fully encompassing doctor-patient association allows for discussions that might not otherwise take place with an OB specialist. Examples of this include the importance of exercise or barriers to it, substance use with chemicals, tobacco, or cannabis, and understanding a patient’s health philosophy regarding vaccinations. More nuanced discussions create trust, and the patient comes away feeling less judged and with good information for making decisions about the health of their child. In family practice medicine, Dr. Billings says, “St. Luke is a good place that gives (doctors) the liberty to have appointments long enough to have those conversations. You have to

continued on next page

## COMMUNITY FEEDBACK APPRECIATED, WILL INFORM FUTURE WORK

A FEW MONTHS AGO WE REACHED OUT TO THE COMMUNITY, asking a wide cross section of people to participate in a Community Health Needs Assessment (CHNA) survey. We now have the results of that survey tabulated and while the results are not necessarily surprising, they are interesting and will be used to shape the focus of our activities and work for the future.

Almost 400 surveys were returned, a great result, and it included a nice representative cross section of people from all the communities of the Mission Valley. The final report will be published on our website for our community members to read and review.

One of the reassuring items about the survey and the results is that St. Luke Community Healthcare has been and will continue to work to address many of the items identified in the survey. I wanted to share a few interesting pieces of information from the survey and how St. Luke is presently offering solutions to help.

When asked what the top health concerns were in our community the following items were included in the top three: Illegal Drug use, Alcohol Abuse/Disorder, and Mental Health Issues.

St. Luke has been involved with a variety of community wide efforts to address substance use disorders (drug use and alcohol abuse/disorder). While the issue is complex and requires a multipronged approach one of the main ways St. Luke is working to address this is through our primary care clinics with the support of our physicians and mental health team. Several of our physicians are trained to provide medications for opioid use disorder (MOUD). MOUD has been shown to be a safe and effective therapy to help people with opioid dependency.

Respondents mentioned that the number one reason for



not exercising regularly was due to pain/mobility issues.

Pain and mobility issues are real and can limit a person’s ability to function. Fortunately, St. Luke has some options that may help. Patients can seek support through our physical therapy staff and explore participation in the PERSIST program, run by Theresa Kelly Mitchell DPT. Also, a physician referral to one of our interventional pain specialists may be an option to see if a procedure could help treat your issue.

Another interesting result from the survey indicated that 3 out of 4 respondents mentioned that their household primarily used St. Luke Community Healthcare the most when choosing a healthcare provider. Convenience, location and reputation were the primary reasons respondents chose St. Luke.

It is reassuring to learn that St. Luke remains the Community’s choice when it comes to household decisions for healthcare. As we celebrate 70 years of Community owned care, we are honored and committed to continually improving our service to improve our community’s health.

A big thank you to our Community Education Manager, Whitney Liegakos who did an excellent job overseeing the CHNA project and Katie Harding, our Quality Improvement Manager, who helped prepare our survey result report. The issues identified by our survey are not unique to our community and often are repeated in the CHNAs completed across the state of Montana. The good news is that our team at St. Luke has been working on these issues continuously over time and we will continue to do so, looking for ways to learn and collaborate with other stakeholders across our community and our great state.

*Steve*



new treatments (from page 1)

treats addiction using buprenorphine combined with naloxone to help with withdrawal and to manage cravings. The length of time a patient remains on medication varies but 12 weeks is a norm. Dr. Vigil is currently treating approximately 20 patients with this process and has seen a good success rate with few relapsing. Not enough people are asking for help, however. Dr. Vigil encourages those who may be fearful about seeking help to do so. Recovery is a process and MOUD can help patients on their journey to overcome addiciton.

Another program that offers a non-opioid answer to chronic pain is the six-week PERSIST Program. The science backed curriculum, developed by St. Luke Physical Therapist Theresa Kelly Mitchell, helps participants decrease their daily pain through education, exercise, community connections and mindfulness training. Mitchell reports she’s received positive feedback, with 11 of 17 enrollees completing the program and several graduates signing up to repeat the course. Mitchell hopes to create a community-based mentorship program using PERSIST graduates and plans to also create an online resource where



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St. Luke’s pain management team consists of Tony Young, CRNA; Craig Rider, Imaging Manager; Mike Dumouchel, CRNA; and Sue Harlan, RN.

participants can share their successes. St. Luke’s imaging department is utilizing the latest in advanced medical technologies thanks to a grant aimed at responding to the opioid and fentanyl addiction crisis. St. Luke is the only

hospital in the country, in a county of our size, to receive grant funding and the only hospital in the state to now offer cryoneurolysis. Grant monies brought four new pieces of equipment to the department - two of which can be used

directly as innovative treatments for pain. Cryoneurolysis, used for both acute and chronic pain, freezes the nerve that’s trasmitting a pain signal to the brain. The procedure disrupts the nerve’s signal thereby diminishing the experience of pain. This resets the nerve, calming the nerve’s excitability and decreasing inflammation. The treatment has been approved for use with knees and chest wall pain as well as other areas. Results last for 4-6 months and possibly longer. As this procedure degrades communication between the nerve and the brain rather than treating the source of the pain, it has allowed for improved outcomes with physical therapy and recovery processes. The first patient to use this procedure at St. Luke had so little pain following knee surgery he was able to push himself harder during recovery and did not need physical therapy. The new Cool-lief equipment provides radio frequency ablation, which involves burning the nerve and is used along the spine, hips, knees and shoulder. This procedure also resets the nerve and decreases inflammation. Altogether, the imaging department’s new equipment allows for St. Luke physicians to offer an additional 35 to 40 new procedures never before offered.

Primary Care Physician Dr. Isaac Billings, right, listens to one-year-old patient Easton Ashby's heart. Dr. Billings also provided OB services for Easton's mother, Macayla Crandall, second from left, during pregnancy and delivery. Easton's older brother, five-year-old Conor Ashby, left, is also cared for by Dr. Billings.



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Continuity of Care (from page 1)

have institutions be willing to make the time and not let the clock drive you.” An important advantage to the family practice-OB combination of care is the ability to speak with young people about the factors that go into avoiding unplanned pregnancies when they are not emotionally or financially ready to be parents. Dr. Billings lets young patients know they can always call his office to work through the dynamics of situations safely and encourages them to bring parents into the loop. Should a maternal-fetal healthcare specialist be called for, the family physician can provide knowledge to support the specialist. Specialists, when needed, can rely on the family physician as a team member, the patient’s first resource who provides for the nuances of prenatal care.

Medicare Annual Wellness Visits explained

MEDICARE ANNUAL WELLNESS VISITS ALLOW for a proactive approach to disease prevention by evaluating a patient’s current health and risk factors. St. Luke physician Dr. Ed Vizcarra shares what a visit typically entails and the benefits it delivers. Most of the visit, he explained, is about information gathering including routine measurments such as height, weight and blood pressure. First, a discussion takes place about any medical diagnoses a patient may have, and the actions being taken to remedy or control them. Current prescriptions are also reviewed. Next, patient screenings are discussed and ordered. Those may include blood tests for cholesterol, diabetes, kidney and or liver disease. Physicians will also speak with their patients about the importance of eye exams (especially if they have diabetes) and getting a colonoscopy (which Dr. Vizcarra recommends). Other tests for colon cancer may be offered including testing for blood in the stool, Cologuard and sometimes a Barium enema. Women are asked if they’ve had a pap smear, a mammogram, and a bone density test. Men are asked if they’ve been screened for prostate cancer. Appropriate screenings may be recommended. Doctors determine if a screening for the Hepatitis C antibody and or sexually transmitted diseases are needed. A patient’s history with tobacco use is recorded and a CT scan of the chest to check for lung cancer may be



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Dr. Ed Vizcarra visits with patient Donna Peck during a Medicare Annual Wellness Visit.

ordered. Patients with a family history of abdominal aortic aneurysms or men with a smoking history may require screening for this as well. Diabetic patients will get information about receiving appropriate education about their disease.

A “Get up and go test,” may also be given to help gauge a patient’s mobility. This is especially important for those who have experienced a fall. Screenings for memory and dementia as well as for depression may also be performed. Although many screenings are covered by Medicare, it is important to discuss coverage and costs with your physician, Advantage provider, (if you have one), or go to Medicare.gov for answers. It’s important for patients to be prepared ahead of time for what to expect. According to Dr. Vizcarra, the administering of vaccinations is an example of the need to understand how your particular plan works. The annual Medicare Wellness visit is not an exam, as it used to be. If medical issues need to be addressed during the visit, this is considered a “dual exam” and extra charges result. “Patients don’t like to be surprised by that,”Dr. Vizcarra noted. Advance care planning via the Montana POLST –“Provider Orders for Life Sustaining Treatment,” may also be discussed during a wellness visit. This document provides EMTs and physicians with your treatment wishes should you be found unconscious and unable to give them directions yourself. This form ensures your wishes about end-of-life treatment are honored.

FOUNDATION NEWS: Thank You for Fundraiser Support

A HUGE THANK YOU to everyone throughout the valley and beyond, who volunteered, donated, attended, sponsored and supported our event this fall as we raised funds for the in-house MRI project. St. Luke has had a long-time goal of bringing full time Magnetic Resonance Imaging (MRI) in-house. Over the years we’ve heard you loud and clear when you say that waiting lists and hours of travel time are more than just difficult, it impacts family, work, and life in general. We know too, that having access to essential and timely diagnostic care can greatly reduce the need for people to be transferred further from

home. It’s important to you, so it’s important to us. This year we raised a significant amount of funding that will pair with a grant we received- which means in-house MRI is now a reality! This year marks 70 amazing years that St. Luke Community Healthcare has been meeting the healthcare needs of our families, friends and neighbors



Teresa Nygaard

here in the valley. We are quite proud of our history, and even more privileged to serve you as we look to the future... You can help support the work of St. Luke Community Healthcare and the Foundation by contributing to any part of St. Luke that is close to your heart. You can also participate in our events or activities, or you may choose to leave a legacy. No matter how you wish to support the ongoing work of St. Luke Community Healthcare, the Foundation is here to walk you through it. Feel free to call Teresa Nygaard, Foundation Director, tnygaard@stlukehealthcare.org, 406-528-5324.



# Home Safety and Fall Prevention

AS ANYONE OVER THE AGE OF 50 CAN TELL YOU, getting older presents both blessings and challenges. Slipping and falling is a major challenge as we grow older. Department of Public Health and Human Services officials report that nearly one in three Montanans aged 65 and older reported falling at least once in the past 12 months and 95% of hip fractures are caused by falls. Most older folks are not quite as steady on their feet and need to take their time and move more slowly. Some adults take blood thinning medication, which can cause bleeding issues when they fall. These concerning statistics show how falling can not only impede a person’s mobility but also limit their independence and possibly end their life.

Dr. Alex Nutt works in the St. Luke Emergency Department. He says he sees people with injuries due to falls come into the emergency room almost every day. This is especially true this time of the year when the weather is changing, and people are unaccustomed to walking in icy conditions.

Consider what factors increase the risk of falling and take actions to mitigate those risks. According to the DPHHS, more than half of all falls occur at home. These can be reduced by:

- Removal of tripping hazards like throw rugs, cords, and walkway clutter.
- Keeping your home safe by repairing any broken steps and railing.
- Increasing traction on indoor and outdoor surfaces, (especially in the winter), with grip tape or anti-slip treads/strips and by removing snow and salt walkways.
- Ensuring lighting where there are steps, (especially entryways, stairways), and hallways is adequate for both day and night.
- Using a non-slip mat or strips on tub/shower floor, install a proper grab bar, and consider using a bath seat for safety in the bathroom.

Further considerations:  
Have you or a close family member fallen? (Note: according to the CDC, falling one time doubles a person’s chance of falling again.)  
Do medications cause you to feel dizzy? Review your medications with your healthcare provider and pharmacist to make sure meds are not increasing your risk of falling.

Am I afraid of falling and or is it difficult for me to walk? Do I deny myself activities because of my fear? Can I get out of a chair or



ENVATO PHOTO

Keeping walking paths clear of snow and ice during colder months can help mitigate fall risks.

off the couch easily? Be open with your doctor and discuss any falls you’ve taken or your fear of falling. Consider St. Luke physical therapy to build your balance, strength, and flexibility. Occupational therapists at St. Luke can provide a home safety assessment to address home safety concerns. Dr. Nutt recommends using pre-emptive measure like Yoga or Tai Chi so that you are strong enough to catch yourself if you start to fall. Be proactive about safety challenges by using St Luke’s resources and protect yourself.

If I fell, could I get myself off the ground and if I can’t get off the ground or floor, what’s my plan for getting assistance? Consider a personal waterproof alarm like “Life Alert,” that you can take in the bath.

Have your vision and hearing checked annually because having good eyesight and hearing help keep you on your feet.

The National Council on Aging (NCOA) and DPHHS have partnered to bring awareness to older Montanans to learn about their risk of falling. The NCOA has a free falls risk assessment tool, that can be accessed at: <https://www.ncoa.org/article/falls-free-checkup>. The Falls Free Check-Up is a questionnaire that assesses an individual’s risk of falling.

DPHHS offers falls prevention workshops like Stepping On and Stay Active and Independent for Life (SAIL) that can help reduce the risk of falling. Visit

the Montana Falls Prevention Program website at: <https://dphhs.mt.gov/publichealth/EMSTS/Prevention/FallPrevention/FallsPreventionClasses> or call 1-844-684-5848

## HEALTH WATCH

*For those experiencing suicidal thoughts, or know someone who is: please reach out.*

**The National Suicide Hotline is 988.**

*Calls are answered 24 hours a day, 7 days a week.*

[SuicidePreventionLifeline.org](https://suicidepreventionlifeline.org)

## PROVIDER DIRECTORY

**St. Luke Community Clinic – Ronan**  
**Family Medicine and Obstetrics**  
**406-676-3600**

Joanna Billings, DO  
John Foster, MD  
Laura Hoganson, MD  
David Springs, MD  
Megan Vigil, MD  
Ed Vizcarra, MD  
Peggy Martino, NP-C  
Katherine Mitchell, NP-C

**St. Luke Community Clinic – Ridgewater**  
**Family Medicine and Obstetrics**  
**406-883-3737**

Isaac Billings, DO  
Kelli Larson, DO  
Mike Schallock, PA-C  
Jamie Engeldrum, PA-C

**St. Luke Community Clinic – Southshore**  
**Family Medicine and Obstetrics**  
**406-883-2555**

Kena Lackman, MD  
Tyler Thorson, MD  
James Clough, DPM-Podiatry  
Steve Shepro, PA-C  
Mary Velk, PA-C

**St. Luke Community Clinic – St. Ignatius**  
**Family Medicine and Obstetrics**  
**406-745-2781**

Joanna Billings, DO  
David Springs, MD  
Simon Crawford, PA-C  
Steve Shepro, PA-C

**St. Luke Community Orthopedics**  
**406-528-5580**

Adrian T. Davis, MD  
Robert Alfiero, PA-C

**St. Luke Community General Surgery**  
**406-676-3600**

Zach Hovorka, DO  
Jesse Alfiero, PA-C

## EMERGENCY ROOM

Abi Nutt, MD	Cara Harrop, MD
Darren Brockie, MD	John Neely, MD
Ben Grass, MD	Alex Nutt, MD
Mark Harding, MD	Ronald D. Dean, DO
Phillip Anuta, DO	Aurbree Ruzkowski, DO

## SPECIALIST DIRECTORY

**INDEPENDENT SPECIALISTS PROVIDING SERVICES WITH ST. LUKE COMMUNITY HEALTHCARE**

### Cardiology

Morgan Kellogg, MD  
406-327-4646  
Matt Weiss, MD  
406-327-4646  
Douglas Waldo, MD  
406-327-4646  
Robert Minor, MD  
406-327-4646

### Podiatry

Stephen Latter, DPM  
406-755-5250

### Psychiatry

Eleanore Hobbs, MD  
406-676-3600

### Radiology

Northwest Imaging  
406-676-4441

### Ear, Nose and Throat

Kyle Tubbs, MD  
406-752-8330  
Kent Keele, DO  
406-752-8330

### Sleep Medicine

Kim Damrow, MD  
406-676-4441

### Maternal Fetal Medicine

M. Bardett Fausett, MD  
406-676-4441

### Neurology

Kurt Lindsey, MD  
406-752-5095

## EMPLOYEE OF THE QUARTER

**Quarter 2:**  
**Bill Moore,** Imaging

BILL IS ALWAYS POLITE AND KIND to his patients and fellow co-workers. He is punctual, knowledgeable, and willing to share his knowledge with others. Bill is well-liked and admired here at St. Luke. He consistently goes out of his way to help those around him without complaints. This award is well-deserved recognition for all Bill does!

**Quarter 3:**  
**Scotty Nelson,** EVS

SCOTTY IS ALWAYS WILLING to do whatever is needed to get the job done. He is very courteous to everyone he meets, including visitors, patients, and co-workers. He is cooperative and polite when asked for help. Scotty does a great job in keeping the hospital clean and takes pride in his work. It brightens your day to see him!





# ECF PROFILE: Morris “Mo” Prince

MORRIS PRINCE, AKA MO, was born on May 14, 1940, in Cotton Plants, Arkansas, a small town halfway between Little Rock and Memphis. Mo’s father was a sharecropper, growing and picking cotton. The second youngest of eight children, Mo grew up quickly and was expected to help on the farm and by age 10 he was picking and chopping cotton. He recalls plowing rows in the field with a mule-drawn plow. All the children worked and there was plenty of work to go around.

Their nearest neighbors were three miles away so, despite a lot of teasing and picking at each other, the children were close friends. Even farmers need breaks, so once a week Mo’s father would take his family to town, but not in the way you would think. He lifted a large box on the front of the tractor. In would climb Mo, his mother, and two of Mo’s siblings, and they rode three miles by tractor box into town to run errands and have some fun. Mo’s father would give the children .25 cents to go to the theatre for a show and popcorn. Mo loved when a Western was showing. His favorite was “Red Rider and Little Beaver.”

Mo’s mother raised the children and helped on the farm. He recalls her washing clothes for the whole family every week by hand in a big black pot with a fire underneath, letting them dry on the line in the fresh farm air, then ironing each item – including their sheets. Every morning she picked cotton until 11 a.m. then made a hot meal for the family, with homemade biscuits at each meal. Every Sunday she butchered two chickens and made homemade fried chicken for the family. Even the older children came home for that favorite meal each week. Looking back, Mo is amazed at how much she accomplished while still taking time to show love for each of her children.

When Mo was twelve the family moved to Las Cruces, New Mexico. Some of Mo’s older siblings had relocated there and his brother had opened a welding shop. Mo’s father joined work at the shop and the children upgraded from a very rural school with a total of 500 kids to an urban school of 1,200 kids in just the lower grades. It was quite a transition, but Mo settled into his new life and graduated high school in 1969. At age 19, Mo walked by an Air Force recruiting station and decided to go inside and “just hear them out.” Next thing he knew, he found himself in El Paso, Texas, for a physical and then being sworn into service. He went on to serve four years in the Air Force, largely at March Air Reserve Base in Riverside, California. This was a very active base at the time and Mo was stationed there during the Bay of Pigs and the JFK assassination.

Once Mo left the Air Force, he started attending a church in Riverside. There he met a young woman named Joetta Hendricks. On their first date the couple went roller skating. Mo recalls that he was quite skilled at skating whereas Joetta had never done it before. He began skating backwards to help teach her, but instead startled her, causing her to fall. Mo found this hilarious and started to laugh. He paid dearly for this decision. “It was a year and half before I got a second date!” Mo and Joetta have now been married for 56 years.

Mo and Joetta moved to Grant Pass, Oregon, to be near family. Mo found work at a local nursing home and Joetta became a school tutor and a secretary at the church they attended. The couple went on to adopt a son, Marty, and moved to Colorado for a couple of years so Mo could study ministry. They moved back to Riverside and Mo became an assistant pastor at a church and got heavily involved in the Pathfinders youth program there. It was the Pathfinders who actually gave Mo his nickname. Marty grew up to become a phlebotomist and the family enjoyed life in Oregon together.

Montana was a big change for Mo and Joetta, but Mo says it’s been his favorite place to live. They moved here a few years ago to care for Joetta’s aging mother. Joetta quickly put down roots, finding a church and becoming a secretary there as well. Mo was retired by this point and has experienced several health issues, which eventually led to him moving into St. Luke Extended Care Facility. Joetta lives close by and visits him often. Mo shares that his stay at St. Luke Extended Care Facility (ECF) has been great – and he would know, he worked in a nursing home for twenty-two years. He says he’s spoiled rotten, and the staff treat him incredibly well. Mo enjoys the Wednesday worship service and even prepares a message just in case the pastor can’t make it. A handful of times he’s been called on to do just that. Mo uses his tablet to stay in touch with family members who live out of the area, and he watches his local church service on YouTube. He says being at the ECF has provided him great peace of mind, given his medical concerns.

Mo takes in the world around him and observes how much human behavior has changed over time. He’d like to see more respect given all around, especially towards the elderly. “We have value – people do at any age.” He sees the value of kindness and uses his time to show kindness whenever he can. What a valuable lesson to share!



Morris “Mo” Prince

# NUTRITION CORNER



## Take charge of your health by Managing ABC’s of Diabetes

By Diane Grogan,  
St. Luke Certified Dietitian

NOVEMBER IS NATIONAL DIABETES AWARENESS MONTH which encourages communities to come together to bring attention to diabetes. Diabetes is a disease that occurs when a person’s blood glucose (also called blood sugar) is consistently too high.

According to the Centers for Disease Control and Prevention (CDC), there are over 36 million Americans who have diabetes, with statistics indicating that 1 in 4 individuals are unaware they have it. Unfortunately, what’s true nationwide is true for Montanans as well. It is estimated that over 9.0% of Montana’s population (over 77,000 people) have been diagnosed with diabetes, with another 24,000 Montanans having diabetes but not knowing they have it.

There are several “types” of diabetes, including type 1 and type 2. In type 1 Diabetes, the body doesn’t make insulin (or makes very little insulin) which is required to help the blood sugar get into the body’s cells so it can be used for energy, growth, and repair. Insulin supplementation is required to ensure that the body can use the glucose in the blood. Type 1 typically appears in adolescence and is thought to be caused by an autoimmune reaction.

In type 2 Diabetes, a body either does not make enough insulin or can’t use the insulin as well as it used to (this is often referred to as insulin resistance). Type 2 diabetes is a chronic disease that changes over time. People who are diagnosed with Type 2 diabetes may manage blood sugars with lifestyle changes (nutrition, activity, etc.) as well as with medications.

Risk factors associated with type 2 diabetes include:

- Being overweight or obese
- Being 45 years or older
- Having a family member (parent, sibling) with type 2 diabetes
- Engaging in physical activity less than 3 times a week
- Females that have ever had gestational diabetes (diabetes while pregnant) OR given birth to a baby weighing more than 9 pounds.
- Being American Indian, Hispanic, African American, Latino American, Pacific Islander, or Asian American.

Here are a few tips to get started on taking charge of your health and reducing your risk of developing diabetes or complications associated

**A** – is for A1C test  
**B** – is for blood pressure  
**C** – is for cholesterol

with a diagnosis of diabetes:  
Manage your ABC’s:  
A – is for the A1C test that is used to measure your average blood sugar levels; most health professionals will check your A1C three or four times per year.

B – is for blood pressure.  
C – is for cholesterol.  
Ask your healthcare provider what your ABC goals should be and what you can do to reach those goals.

Make Healthy Choices - Habits such as planning and eating healthy meals, being physically active, not using tobacco, and getting adequate rest may help you manage your ABCs. You don’t need to make all of the changes all at once...start slow. Small changes are often easier to maintain.

Take your medications as directed. Even if you are feeling well, it is important to take all medications and on time.

Reach or maintain a healthy weight. Take care of your mental health. Learning to manage stress and coping with your emotions will help you achieve your ABC goals.

Keep doing the things you can keep doing.

Work with your health care team... physicians and their assistants, registered nurses, registered dietitians, physical therapists, pharmacists, diabetes specialists and educators, and counselors.

Make good choices with respect to eating and activity habits and your checking blood sugar.

Keep learning and asking questions. As communities around the world unite this November to bring awareness to diabetes and preventing diabetes health problems, let us be reminded to support each other. By educating ourselves, gaining an understanding about diabetes, and caring for each other, we can create a world where we can “Take Charge of Tomorrow.”

Visit [niddk.nih.gov](http://niddk.nih.gov) for more information on preventing diabetes health problems.

# SL Heart to Heart

[www.stlukehealthcare.org](http://www.stlukehealthcare.org)

**IN RONAN:**  
St. Luke Community Hospital  
St. Luke Community Convenient Care  
St. Luke Community Extended Care  
St. Luke Community Oxygen & Medical Equipment  
St. Luke Community Hearing Center  
St. Luke Community Healthcare Foundation  
107 6th Ave. SW 406-676-4441  
St. Luke Community Clinic – Ronan 406-676-3600  
St. Luke Orthopedic Clinic 406-528-5580  
St. Luke General Surgery 406-676-3600  
126 6th Ave. SW

**IN POLSON:**  
St. Luke Community Clinic – Ridgewater 406-883-3737  
St. Luke Community Clinic – Ridgewater PT 406-883-2666  
107 Ridgewater Drive  
St. Luke Community Clinic – Southshore 406-883-2555  
104 Rufus Lane

**IN ST. IGNATIUS:**  
St. Luke Community Clinic – St. Ignatius  
330 Six Tracts Way  
406-745-2781

**The Heart of Healthcare  
in the Mission Valley**

