2017 Community Health Needs Assessment Report

Gallatin, Madison & Park Counties, Montana

Prepared for:

Bozeman Health Deaconess Hospital
Community Health Partners (CHP)
Gallatin City-County Health Department

By:

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Professional Research Consultants, Inc.

BOZEMAN HEALTH
DEACONESS HOSPITAL

We are excited to share with you the 2017 Community Health Needs Assessment (CHNA) report for Gallatin, Madison, and Park Counties. On behalf of our partners, Gallatin City-County Health Department and Community Health Partners, we hope you find the information in this report useful as you continue your important work in meeting the needs of our communities.

The purpose of the CHNA is to identify and prioritize the significant health needs of the communities served by Bozeman Health, and Bozeman Heath Deaconess Hospital (BHDH). The priorities identified guide the direction and scope of BHDH's Community Benefit Strategic Plan, and illuminate opportunities for collaboration, coordination, and partnership between organizations.

Utilizing the methods described in the following pages, the 2017 CHNA identifies eleven community health needs for the three-county region. In consideration of the CHNA identified health needs, community prioritization, key informant feedback, internal expertise, and available resources, BHDH selected six priority areas to guide our community benefit work over the next three years:

1. **Mental Health**
2. **Access to Health Services**
3. **Nutrition, Physical Activity and Weight**
4. **Substance Abuse**
5. **Heart Disease and Stroke**
6. **Injury and Violence**

Since our last CHNA in 2014, the impact of our actions - often times in partnership with community - has been overall health improvement. Specifically:

- More people have health insurance and are able to access preventive, primary, and specialized healthcare services.
- More of our aging adults are receiving vital health screenings – including for colon cancer.
- Mortality rates associated with cancers and Alzheimer's disease have fallen.
- The chronic lower respiratory disease (CLRD) mortality rate is lower than what is seen at state and national levels.
- Less people are dying from disease of the heart and stroke, and more people are having their cholesterol and blood pressure checked.
- More adults are being vaccinated against illnesses like influenza and pneumonia.

- Children are more likely to engage in healthy behaviors, like wearing bicycle helmets and getting regular exercise.
- Fewer adults use smokeless tobacco.

The above are just some of the accomplishments we have worked hard to achieve over the last several years. We look forward to continuing to fulfil our mission to improve community health and quality of life, as we have for more than 100 years.

The 2017 CHNA, including the six priority areas, was approved by the Bozeman Health Deaconess Hospital Board of Directors on October 23, 2017, and the Bozeman Health System Board of Directors on October 24, 2017.

The CHNA Report is widely available to the public and interested parties can view and download it on the Bozeman Health website. Paper copies are available upon request at the Community Health Resource Center at BHDH.

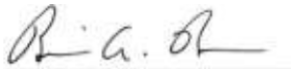
Written comments on this CHNA Report can be submitted to the Community Health Resource Center at BHDH:

Community Health Resource Center
Bozeman Health Deaconess Hospital
915 Highland Boulevard
Bozeman, MT 59715

Contact Bozeman Health's Program Manager for Community Health Improvement and Partnerships at 406-414-5548 or ccoburn@bozemanhealth.org with any questions.

In continued health,

John Hill
President and CEO
Bozeman Health



Brian Brown
Chair, Board of Directors
Bozeman Health

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Introduction

Professional Research Consultants, Inc.

Project Overview

Project Goals

This Community Health Needs Assessment, a follow-up to similar studies conducted in 2011 and 2014, is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in Gallatin, Madison, and Park counties, Montana. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- **To improve residents' health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents' health.
- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted on behalf of Bozeman Health Deaconess Hospital, Community Health Partners (CHP), and the Gallatin City-County Health Department by Professional Research Consultants, Inc. (PRC). PRC is a nationally recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for trending and comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through an Online Key Informant Survey.

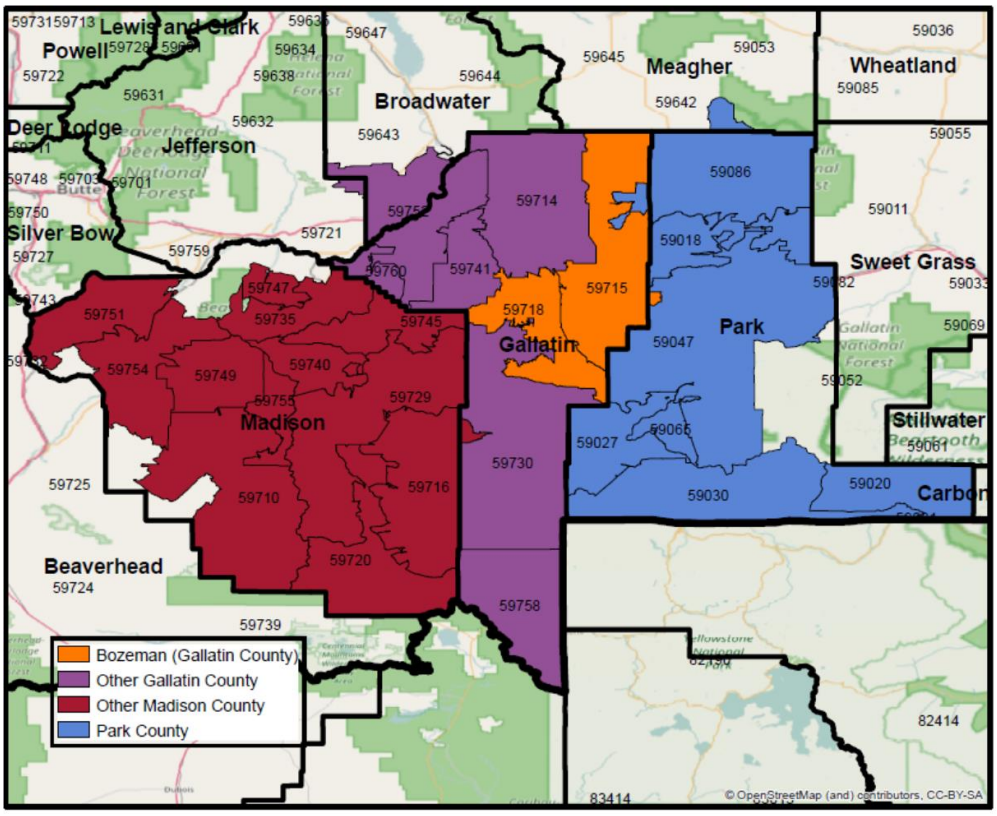
PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by Bozeman Health, Community Health Partners (CHP), the Gallatin City-County Health Department, and PRC and is similar to the previous surveys used in the region, allowing for data trending.

Community Defined for This Assessment

The study area for the survey effort (referred to as the "Total Area" in this report) is made up of three Montana counties (Gallatin, Madison, and Park); for survey indicators, the city of Bozeman is examined separately from the remainder of Gallatin County. This community definition, determined based on the ZIP Codes of residence of recent patients of Bozeman Health Deaconess Hospital, is illustrated in the following map. Bozeman Health Deaconess Hospital primarily serves Gallatin, Madison, and Park counties, with residents in these areas accounting for roughly 88% of total inpatient admissions in 2014 (including 78% in Gallatin County, 4% in Madison County, and 6% in Park County). Note that the current community definition does not include ZIP Code 59743, which was present in prior studies, but does include ZIP Codes 59081, 59082, and 59760, which were recently added. These differences in definition are marginal in their impact on the ability to trend to prior data.



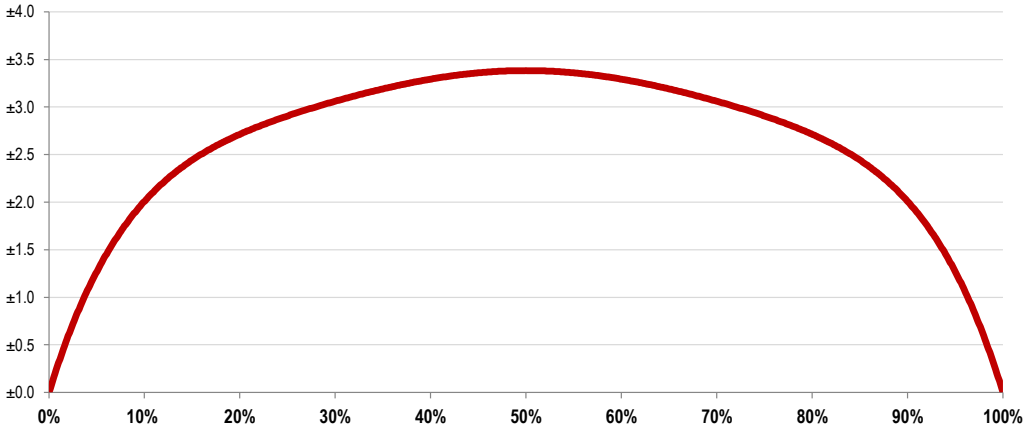
Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the *PRC Community Health Survey*. Thus, to ensure the best representation of the population surveyed a mixed-mode methodology was implemented. This included surveys conducted via telephone (landline and cell phone), as well as through online questionnaires.

The sample design used for this effort consisted of a stratified random sample of 850 individuals age 18 and older in the Total Area, including 200 in Bozeman, 305 in Other Gallatin County (505 total in Gallatin County), 195 in Madison County, and 150 in Park County. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the Total Area as a whole. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

For statistical purposes, the maximum rate of error associated with a sample size of 850 respondents is ±3.4% at the 95 percent level of confidence.

Expected Error Ranges for a Sample of 850 Respondents at the 95 Percent Level of Confidence



Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples:
- If 10% of the sample of 850 respondents answered a certain question with a "yes," it can be asserted that between 8.0% and 12.0% (10% ± 2.0%) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 46.6% and 53.4% (50% ± 3.4%) of the total population would respond "yes" if asked this question.

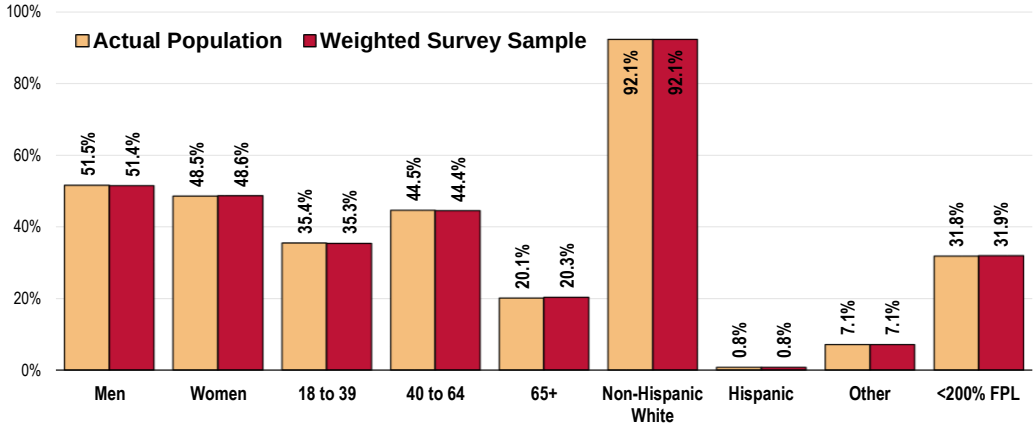
Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. And, while this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely gender, age, race, ethnicity, and poverty status) and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the Total Area sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child's healthcare needs, and these children are not represented demographically in this chart.]

Population & Survey Sample Characteristics

(Total Area, 2017)



Sources:
- Census 2010, Summary File 3 (SF 3). US Census Bureau.
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc.

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household *(e.g., the 2017 guidelines place the poverty threshold for a family of four at $24,400 annual household income or lower)*. In sample segmentation: "**low income**" refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice (<200% of) the poverty threshold; "**mid/high income**" refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey was implemented as part of the broader Community Health Needs Assessment process. A list of recommended participants was provided by Bozeman Health, Community Health Partners, and Gallatin City-County Health Department; this list included names and contact information for physicians/advanced practiced clinicians, public health/community health representatives, other health professionals, social services providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Participation

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 144 community stakeholders took part in the Online Key Informant Survey, as outlined below:

Online Key Informant Survey Participation		
Key Informant Type	**Number Invited**	**Number Participating**
Physician/Advanced Practice Clinician	98	36
Public Health/Community Health Representative	19	13
Other Health Professional	34	22
Social Services Provider	18	13
Other Community Leaders	115	60

Final participation included representatives of the organizations outlined below.

- Alcohol and Drug Services of Gallatin County
- American Indian Student Support Services
- AWARE
- Belgrade School District
- Big Sky Community Food Bank
- Big Sky Fire Department
- Big Sky Medical Center
- Big Sky School District
- Big Sky Youth Empowerment
- Billings Clinic Acorn Pediatrics
- Bozeman Health
- Bozeman Health Clinic
- Bozeman Health Deaconess Hospital
- Bozeman Health Internal Medicine
- Bozeman Health Urgent Care
- Bozeman Parks and Recreation Department
- Bozeman Police Department
- Bozeman School District
- Bridgercare
- Brookdale Springmeadows
- Cancer Support Community Montana
- City of Belgrade
- City of Bozeman
- City of Three Forks
- Community Health Partners
- Community West Outreach
- Cottonwood Case Management
- Ennis School District
- Gallatin City-County Health Department
- Gallatin County Commission
- Gallatin County Detention Center
- Gallatin County Government
- Gallatin Early Childhood Community Council
- Gallatin Valley Farm to School

- Gallatin Valley Land Trust
- Greater Gallatin United Way
- HAVEN
- Headwaters Area Food Bank
- Help Center 211
- Highgate Senior Living
- Hospice of Bozeman Health Frontier Home Health
- Human Resource Development Council
- LaMotte School District
- Livingston Food Resource Center
- Madison County
- Madison County Public Health Department
- Madison County Senior Care
- Madison Valley Medical Center
- Manhattan School District
- Mint Dental Studio
- Monforton School District
- Montana Independent Living Project
- Montana Nutrition and Physical Activity Program
- Montana State University
- NAMI
- Park County
- Park County Community Foundation
- Park County Government
- Park County Public Health Department
- Park County Sheriff's Office
- Park County Superintendent of Schools
- Shields Valley School District
- SNAP-Education Program
- Sprout Oral Health
- The Community Cafe
- Thrive
- Town of West Yellowstone
- West Yellowstone Police Department
- West Yellowstone School
- West Yellowstone Social Services
- Willing Workers Ladies Aid
- YMCA
- Youth Dynamics
- ZoeCare

Through this process, input was gathered from several individuals whose organizations work with low-income, minority populations, or other medically underserved populations.

Minority/medically underserved populations represented:

> *abused children, African-Americans, Arabs, children, construction laborers, crime victims, disabled, domestic violence victims, elderly, English as a second language, geographic barriers, Head Start participants, high school dropouts, Hispanics, HIV patients, HMK (Healthy Montana Kids) patients, homeless, immigrants, international students and families, LGBT, low-income, Medicare/Medicaid, mentally ill, migrant workers, minority students, Native Americans, non-English speaking, nursing home residents, pre-release clients, recent arrivals to the community, rural population, seasonal workers, service workers, students, substance abusers, teenagers, undocumented immigrants, uneducated, unemployed, uninsured/underinsured, veterans, women*

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such, and how these might be better addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are not necessarily based on fact.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for the Total Area were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Environmental Systems (CARES)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- Community Commons
- ESRI ArcGIS Map Gallery
- Montana Department of Public Health & Human Services
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Note that secondary data reflect county-level data.

Benchmark Data

Trending

Similar surveys were administered in the Total Area in 2011 and 2014 by PRC on behalf of Bozeman Deaconess Hospital, Community Health Partners (CHP), and the Gallatin City-County Health Department. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data

indicators are also included for the purposes of trending.

Montana Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data represent the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trends Data* published online by the Centers for Disease Control and Prevention. State-level vital statistics are also provided for comparison of secondary data indicators.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2015 PRC National Health Survey*; the methodological approach for the national study is identical to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across communities and sectors.
- Empower individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Healthy People strives to:

- Identify nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, State, and local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level) using question-specific samples and response rates. For secondary data indicators (which do not carry sampling error, but might be subject to reporting error), "significance," for the purpose of this report, is determined by a 5% variation from the comparative measure.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.

IRS Form 990, Schedule H Compliance

For Bozeman Health Deaconess Hospital, this Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of the hospital's reporting on IRS Form 990 Schedule H, the following table cross-references related sections.

IRS Form 990, Schedule H (2017)	See Report Page
Part V Section B Line 3a *A definition of the community served by the hospital facility*	11
Part V Section B Line 3b *Demographics of the community*	47
Part V Section B Line 3c *Existing health care facilities and resources within the community that are available to respond to the health needs of the community*	267
Part V Section B Line 3d *How data was obtained*	11
Part V Section B Line 3e *The significant health needs of the community*	21
Part V Section B Line 3f *Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups*	Addressed Throughout
Part V Section B Line 3g *The process for identifying and prioritizing community health needs and services to meet the community health needs*	23
Part V Section B Line 3h *The process for consulting with persons representing the community's interests*	14
Part V Section B Line 3i *The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)*	274

Summary of Findings

Significant Health Needs of the Community

The following "areas of opportunity" represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in Healthy People 2020. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); identified trends; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the community stakeholders (key informants) giving input to this process.

Areas of Opportunity Identified Through This Assessment	

Access to Healthcare Services	• **Barriers to Access**
	  ○ Inconvenient Office Hours [Other Gallatin]
	  ○ Finding a Primary Care Provider [Other Gallatin]
	  ○ Cost of a PCP Visit [Other Gallatin]
	  ○ Difficulty Getting a PCP Appointment [Other Gallatin]
	  ○ Lack of Transportation [Gallatin County]
	• Skipped Prescription Doses [Other Gallatin/Park County]
	• **Primary Care Physician Ratio**
	• Specific Source of Ongoing Care [Park County]
	• **Routine Medical Care [Adults]**
	• **Routine Medical Care [Children]**
	• Difficulty Understanding Health Professionals [Other Gallatin]
	• **Attendance at Health Promotion Events**
	• **Dental Insurance Coverage**
	• **Eye Exams**
	• "Fair/Poor" Ratings of Local Services [Other Gallatin]

Cancer	• **Cancer is a leading cause of death.** • **Prostate Cancer Deaths** • **Female Breast Cancer Incidence** • Prostate Cancer Incidence [Gallatin County] • **Cancer (Non-Skin) Prevalence** • **Female Breast Cancer Screening [Age 50-74]** • **Cervical Cancer Screening [Age 21-65]** • Colorectal Cancer Screening [Park County]

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Areas of Opportunity (continued)	
Dementias, Including Alzheimer's Disease	• Alzheimer's Disease Deaths [Park County] • Increasing Confusion/Memory Loss [Other Gallatin]
Diabetes	• **Diabetes Prevalence** • **Prevalence of Borderline/Pre-Diabetes** • **Blood Sugar Testing [Non-Diabetics]**
Heart Disease & Stroke	• **Cardiovascular disease is a leading cause of death.** • Prevalence of Heart Disease [Madison County] • **Prevalence of High Blood Pressure** • **High Blood Pressure Management** • Cholesterol Screening [Madison County] • **Overall Cardiovascular Risk**
Injury & Violence	• Unintentional Injury Deaths [Park County] ○ **Including Motor Vehicle Crash and Falls [Age 65+] Deaths** • **Falls [Age 45+]** • **Firearm-Related Deaths** • **Firearm Prevalence** ○ **Including in Homes With Children** • **Firearm Storage/Safety** • **Domestic Violence Experience** • **Seat Belt Usage** • **Texting/Emailing While Driving**
Mental Health	• **"Fair/Poor" Mental Health** • **Diagnosed Depression** • **Symptoms of Chronic Depression** • **Suicide Deaths** • Sought Help for Mental Health [Madison County] • Receiving Meds/Treatment for Mental Health [Other Gallatin] • Unable to Get Mental Health Services/Past Yr [Other Gallatin] • Sleep <7 Hours Per Night [Other Gallatin] • ***Mental Health ranked as a top concern in the Online Key Informant Survey*.**
Nutrition, Physical Activity, & Weight	• **Fruit/Vegetable Consumption** • Low Food Access [Park County] • 7+ Sugar-Sweetened Drinks/Past Week [Other Gallatin] • **Overweight & Obesity [Adults]** • **[Obese] Counseled About Weight** • **Overweight & Obesity [Children]** • **Leisure-Time Physical Activity** • Meets Physical Activity Guidelines [Other Gallatin/Park County] • Recreation/Fitness Facilities Per 100,000 [Park County]

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Areas of Opportunity (continued)	
Potentially Disabling Conditions	• **Activity Limitations** • "Fair/Poor" Physical Health [Other Gallatin County] • **Sciatica/Chronic Back Pain Prevalence**
Respiratory Diseases	• **Asthma Prevalence [Adults]** • Prevalence of COPD [Other Gallatin/Park County] • Use of Wood-Burning Stoves for Heat [Other Gallatin/Madison & Park counties] • **Use of Catalytic Converters in Wood Stoves** • Radon Testing [Other Gallatin/Madison & Park counties] • Flu Vaccine for Age 65+ [Park County] • Pneumonia Vaccine for Age 65+ [Park County]
Substance Abuse	• **Drinking & Driving** • Excessive Drinking [Gallatin County] • Seeking Professional Help [Madison County] • **Drug-Induced Deaths** • **Negatively Affected by Substance Abuse (Self or Other's)** • ***Substance Abuse ranked as a top concern in the Online Key Informant Survey*.**
Tobacco Use	• **Environmental Tobacco Smoke Exposure at Home** ○ **Including Among Homes With Children** • Current Use of E-Cigarettes [Gallatin County] • **Smoking Cessation**

Community Feedback on Prioritization of Health Needs

On September 13-15, 2017, Bozeman Health, Community Health Partners, and Gallatin City-County Health Department convened three groups of community stakeholders (representing community-based organizations and residents) to evaluate, discuss and prioritize health issues for Gallatin, Madison, and Park counties, based on findings of this Community Health Needs Assessment (CHNA). The meetings were held in the communities of Belgrade (where 21 attendees took part), Three Forks (8 attendees), and Bozeman (33 attendees). Professional Research Consultants, Inc. (PRC) began these meetings with a presentation of key findings from the CHNA, highlighting the significant health issues identified from the research (see Areas of Opportunity above). Following the data review, PRC answered any questions and facilitated a group dialogue. Finally, participants were provided an overview of the prioritization exercise that followed.

In order to assign priority to the identified health needs (i.e., Areas of Opportunity), a wireless audience response system was used in which each participant was able to register his/her ratings using a small remote keypad. The participants were asked to evaluate each health issue along two criteria:

- **Scope & Severity** — The first rating was to gauge the magnitude of the problem in consideration of the following:
    - *How many people are affected?*
    - *How does the local community data compare to state or national levels, or Healthy People 2020 targets?*
    - *To what degree does each health issue lead to death or disability, impair quality of life, or impact other health issues?*

  Ratings were entered on a scale of 1 (not very prevalent at all, with only minimal health consequences) to 10 (extremely prevalent, with very serious health consequences).

- **Ability to Impact** — A second rating was designed to measure the perceived likelihood of having a positive impact on each health issue. Ratings were entered on a scale of 1 (no ability to impact) to 10 (great ability to impact).

Individuals' ratings for each criteria were averaged for each tested health issue, and then these composite criteria scores were averaged to produce an overall score. This process yielded the following prioritized list of community health needs for the three-county region:

1. **Mental Health**
2. **Access to Healthcare Services**
3. **Nutrition, Physical Activity & Weight**
4. **Substance Abuse**
5. **Heart Disease & Stroke**
6. **Diabetes**
7. **Cancer**
8. **Injury & Violence**
9. **Tobacco Use**
10. **Potentially Disabling Conditions**
11. **Respiratory Diseases**

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in the Total Area, including comparisons among the individual communities, as well as trend data. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

Reading the Summary Tables

TREND SUMMARY
(Current vs. Baseline Data)

Survey Data Indicators: Trends for survey-derived indicators represent significant changes since 2011. Note that survey data reflect the ZIP Code-defined Total Area.

Other (Secondary) Data Indicators: Trends for other indicators (e.g., public health data) represent point-to-point changes between the most current reporting period and the earliest presented in this report (typically representing the span of roughly a decade).

Note that secondary data reflect county-level data.

In the following charts, Total Area results are shown in the larger, blue column. For survey-derived indicators, this column represents the ZIP Code–defined hospital service area; for data from secondary sources, this column represents findings for the three counties as a whole. *Tip: Indicator labels beginning with a "%" symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.*

The green columns [to the left of the Total Area column] provide comparisons between Bozeman and the balance of Gallatin County, as well as among the three counties (Gallatin, Madison, and Park), identifying differences for each as "better than" (☼), "worse than" (☁), or "similar to" (⛅) the combined opposing area/counties.

The columns to the right of the Total Area column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2020 targets. Again, symbols indicate whether the Total Area compares favorably (☼), unfavorably (☁), or comparably (⛅) to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.

Social Determinants	Each Sub-Area vs. Others: Bozeman	Other Gallatin	Gallatin County	Madison County	Park County	Total Area	Total Area vs. Benchmarks: vs. MT	vs. US	vs. HP2020	TREND
Linguistically Isolated Population (Percent)			0.7	1.6	0.3	0.7	0.4	4.6		
Population in Poverty (Percent)			13.2	10.7	12.3	12.9	15.2	15.5		
Population Below 200% FPL (Percent)			31.6	31.0	33.2	31.8	35.9	34.3		
Children Below 200% FPL (Percent)			31.8	37.6	30.8	32.0	44.0	44.0		
% Worry/Stress Over Rent/Mortgage in Past Year	23.8	34.4	27.1	18.4	23.2	26.1		31.6		
No High School Diploma (Age 25+, Percent)			3.3	5.8	4.2	3.6	7.2	13.4		
Unemployment Rate (Age 16+, Percent)			2.9	4.1	5.2	3.3	4.8	5.1		

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better | similar | worse

Overall Health	Each Sub-Area vs. Others: Bozerman	Other Gallatin	Gallatin County	Madison County	Park County	Total Area	Total Area vs. Benchmarks: vs. MT	vs. US	vs. HP2020	TREND
% "Fair/Poor" Physical Health	9.0	20.2	12.4	9.7	13.6	12.4	15.1	18.3		14.1
% Activity Limitations	24.5	30.6	26.4	17.5	28.6	26.1	23.9	20.0		20.2

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

Access to Health Services	Each Sub-Area vs. Others: Bozerman	Other Gallatin	Gallatin County	Madison County	Park County	Total Area	Total Area vs. Benchmarks: vs. MT	vs. US	vs. HP2020	TREND
% [Age 18-64] Lack Health Insurance	11.0	16.5	12.7	14.0	11.9	12.7	15.1	10.1	0.0	22.0
% [Insured 18-64] Have Coverage Through ACA	23.0	27.2	24.1	25.4	14.9	23.1		14.9		
% [Insured] Went Without Coverage in Past Year	4.8	3.4	4.4	1.8	7.2	4.6				8.3
% Inconvenient Hrs Prevented PCP Visit in Past Year	9.0	19.3	12.2	6.7	10.0	11.6				
% Cost Prevented Getting Prescription in Past Year	10.1	13.1	11.0	6.3	13.3	11.0		9.5		13.9
% Cost Prevented PCP Visit in Past Year	4.0	14.6	7.2	5.8	9.2	7.4				

Access to Health Services (continued)	Each Sub-Area vs. Others					Total Area	Total Area vs. Benchmarks			
	Bozeman	Other Gallatin	Gallatin County	Madison County	Park County		vs. MT	vs. US	vs. HP2020	TREND
% Difficulty Getting PCP Appointment in Past Year	12.3	25.9	16.5	8.9	8.0	14.9				
% Difficulty Finding PCP in Past Year	7.6	20.2	11.5	9.4	6.8	10.7				
% Transportation Hindered PCP Visit in Past Year	5.3	7.8	6.1	2.9	2.5	5.4				
% Language/Culture Prevented Care in Past Year	0.0	0.4	0.1	0.0	0.0	0.1				
% Skipped Prescription Doses to Save Costs	6.9	12.2	8.5	6.6	17.3	9.5		10.2		11.7
% Difficulty Getting Child's Healthcare in Past Year	1.3	4.4	2.4	2.3		2.4		3.9		3.4
% Have Difficulty Understanding Health Professionals	7.4	17.3	10.5	6.0	10.3	10.1				
Primary Care Doctors per 100,000			79.1	76.7	113.4	83.5	81.9	87.8		81.2
% [Age 18+] Have a Specific Source of Ongoing Care	81.5	83.4	82.1	74.1	70.7	80.1		74.0	95.0	79.7
% [Age 18-64] Have a Specific Source of Ongoing Care	80.3	83.9	81.4	71.8	70.7	79.6		73.1	89.4	78.6
% [Age 65+] Have a Specific Source of Ongoing Care			84.3	78.3	70.8	81.5		76.8	100.0	81.4

Access to Health Services (continued)	Each Sub-Area vs. Others: Bozeman	Other Gallatin	Gallatin County	Madison County	Park County	Total Area	Total Area vs. Benchmarks: vs. MT	vs. US	vs. HP2020	TREND
% Have Had Routine Checkup in Past Year	65.8	63.2	65.0	56.9	58.4	63.6	62.9	70.5		58.6
% Child Has Had Checkup in Past Year	91.2	69.7	83.4		74.6	82.1		89.3		71.5
% Two or More ER Visits in Past Year	5.2	8.5	6.2	7.7	7.5	6.5		8.5		5.4
% Rate Local Healthcare "Fair/Poor"	8.5	16.1	10.8	12.8	12.4	11.2		14.2		15.6

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

Arthritis, Osteoporosis & Chronic Back Conditions	Each Sub-Area vs. Others: Bozeman	Other Gallatin	Gallatin County	Madison County	Park County	Total Area	Total Area vs. Benchmarks: vs. MT	vs. US	vs. HP2020	TREND
% [50+] Arthritis/Rheumatism	37.5	39.9	38.3	27.5	36.4	37.1		32.0		32.5
% [50+] Osteoporosis	9.2	7.0	8.5	9.7	5.0	8.1		8.7	5.3	6.8
% Sciatica/Chronic Back Pain	20.0	29.8	23.0	20.3	25.4	23.1		19.4		18.9

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

Cancer	Each Sub-Area vs. Others: Bozeman	Other Gallatin	Gallatin County	Madison County	Park County	Total Area	Total Area vs. Benchmarks: vs. MT	vs. US	vs. HP2020	TREND
Cancer (Age-Adjusted Death Rate)			117.6	116.3	139.5	121.5	155.8	161.0	161.4	134.7
Lung Cancer (Age-Adjusted Death Rate)						25.5	39.5	42.0	45.5	
Prostate Cancer (Age-Adjusted Death Rate)						22.0	20.5	19.0	21.8	
Female Breast Cancer (Age-Adjusted Death Rate)						14.3	20.2	20.6	20.7	
Prostate Cancer Incidence per 100,000			133.6	67.9	120.5	121.9	127.3	123.4		
Female Breast Cancer Incidence per 100,000			142.3	86.6	136.0	134.7	122.7	123.4		
Lung Cancer Incidence per 100,000			37.1	44.9	42.8	39.1	58.2	62.6		
Colorectal Cancer Incidence per 100,000			32.5	34.1	29.8	32.1	39.9	40.6		
% Skin Cancer	7.4	6.9	7.2	9.8	7.7	7.5	7.7	7.7		6.3
% Cancer (Other Than Skin)	8.4	10.8	9.1	9.6	6.9	8.9	7.9	7.7		5.0
% [Women 50-74] Mammogram in Past 2 Years			71.8	69.0	49.0	68.1	73.0	80.3	81.1	74.2
% [Women 21-65] Pap Smear in Past 3 Years	80.8	61.2	74.5	71.6	63.8	73.1	81.3	84.8	93.0	88.7

Cancer (continued)	Each Sub-Area vs. Others					Total Area	Total Area vs. Benchmarks			
	Bozeman	Other Gallatin	Gallatin County	Madison County	Park County	Total Area	vs. MT	vs. US	vs. HP2020	TREND
% [Age 50-75] Colorectal Cancer Screening	72.9	71.6	72.5	63.9	53.0	69.2	62.4	74.5	70.5	61.8

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

Chronic Kidney Disease	Each Sub-Area vs. Others					Total Area	Total Area vs. Benchmarks			
	Bozeman	Other Gallatin	Gallatin County	Madison County	Park County	Total Area	vs. MT	vs. US	vs. HP2020	TREND
% Kidney Disease	3.7	3.2	3.5	0.5	2.0	3.1	2.5	3.6		2.9

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

Dementias, Including Alzheimer's Disease	Each Sub-Area vs. Others					Total Area	Total Area vs. Benchmarks			
	Bozeman	Other Gallatin	Gallatin County	Madison County	Park County	Total Area	vs. MT	vs. US	vs. HP2020	TREND
Alzheimer's Disease (Age-Adjusted Death Rate)			11.7		34.5	15.7	20.2	26.1		16.6
% [Age 45+] Increasing Confusion/Memory Loss in Past Yr	8.2	25.6	13.8	13.2	16.5	14.2		12.8		

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

Diabetes	Each Sub-Area vs. Others: Bozeman	Other Gallatin	Gallatin County	Madison County	Park County	Total Area	Total Area vs. Benchmarks: vs. MT	vs. US	vs. HP2020	TREND
Diabetes Mellitus (Age-Adjusted Death Rate)						8.5	21.1	21.1	20.5	18.1
% Diabetes/High Blood Sugar	9.1	10.2	9.4	7.6	10.9	9.5	7.9	14.5		4.1
% Borderline/Pre-Diabetes	3.4	13.8	6.6	4.2	2.8	6.0	1.5	5.7		3.7
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	46.2	47.6	46.7	48.1	47.5	46.9		55.1		44.1

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

Educational & Community-Based Programs	Each Sub-Area vs. Others: Bozeman	Other Gallatin	Gallatin County	Madison County	Park County	Total Area	Total Area vs. Benchmarks: vs. MT	vs. US	vs. HP2020	TREND
% Attended Health Event in Past Year	18.3	15.4	17.5	23.3	21.2	18.3				23.1

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

Family Planning	Each Sub-Area vs. Others: Bozeman	Other Gallatin	Gallatin County	Madison County	Park County	Total Area	Total Area vs. Benchmarks: vs. MT	vs. US	vs. HP2020	TREND
Teen Births per 1,000 (Age 15-19)			15.3		23.8	15.3	34.8	36.6		

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

Heart Disease & Stroke	Each Sub-Area vs. Others: Bozeman	Other Gallatin	Gallatin County	Madison County	Park County	Total Area	Total Area vs. Benchmarks: vs. MT	vs. US	vs. HP2020	TREND
Diseases of the Heart (Age-Adjusted Death Rate)			125.1	107.4	117.4	121.5	152.6	168.4	156.9	142.0
Stroke (Age-Adjusted Death Rate)						31.5	35.9	36.8	34.8	37.8
% Heart Disease (Heart Attack, Angina, Coronary Disease)	3.7	4.3	3.9	8.6	5.9	4.5		6.9		4.9
% Stroke	2.5	1.1	2.1	3.4	1.7	2.1	2.7	2.6		1.9
% Blood Pressure Checked in Past 2 Years	92.8	90.6	92.1	94.5	88.9	91.9		93.6	92.6	88.2
% Told Have High Blood Pressure (Ever)	28.1	32.9	29.5	38.9	29.9	30.2	29.1	36.5	26.9	24.4
% [HBP] Taking Action to Control High Blood Pressure						86.0		92.5		93.9

Heart Disease & Stroke (continued)	Each Sub-Area vs. Others: Bozeman	Other Gallatin	Gallatin County	Madison County	Park County	Total Area	Total Area vs. Benchmarks: vs. MT	vs. US	vs. HP2020	TREND
% Cholesterol Checked in Past 5 Years	86.4	87.7	86.8	79.3	81.9	85.6	74.6	87.4	82.1	80.4
% Told Have High Cholesterol (Ever)	20.5	21.7	20.8	29.6	26.1	22.1		33.5	13.5	25.6
% [HBC] Taking Action to Control High Blood Cholesterol			80.7	88.5	78.3	81.0		84.2		85.7
% 1+ Cardiovascular Risk Factor	76.3	86.3	79.4	80.9	85.5	80.2		83.0		66.8

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

HIV	Each Sub-Area vs. Others: Bozeman	Other Gallatin	Gallatin County	Madison County	Park County	Total Area	Total Area vs. Benchmarks: vs. MT	vs. US	vs. HP2020	TREND
HIV Prevalence per 100,000						26.2	46.4	353.2		
% [Age 18-44] HIV Test in the Past Year	23.7	12.9	20.6	20.8		20.7		21.3		14.1

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

Immunization & Infectious Diseases	Each Sub-Area vs. Others: Bozeman	Other Gallatin	Gallatin County	Madison County	Park County	Total Area	Total Area vs. Benchmarks: vs. MT	vs. US	vs. HP2020	TREND
% [Age 65+] Flu Vaccine in Past Year			72.1	62.2	55.5	68.4	61.4	58.9	70.0	54.7
% [High-Risk 18-64] Flu Vaccine in Past Year						48.3		48.0	70.0	34.8
% [Age 65+] Pneumonia Vaccine Ever			84.0	70.6	61.3	78.7	72.5	76.3	90.0	57.8
% [High-Risk 18-64] Pneumonia Vaccine Ever						51.0		38.7	60.0	24.4

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

Injury & Violence Prevention	Each Sub-Area vs. Others: Bozeman	Other Gallatin	Gallatin County	Madison County	Park County	Total Area	Total Area vs. Benchmarks: vs. MT	vs. US	vs. HP2020	TREND
Unintentional Injury (Age-Adjusted Death Rate)			34.9		60.1	39.8	55.5	41.0	36.4	44.6
Motor Vehicle Crashes (Age-Adjusted Death Rate)						13.1	20.0	10.6	12.4	21.4
% "Always" Wear Seat Belt	83.1	71.6	79.6	68.7	77.1	78.6	76.7	87.9	92.0	79.1
% Read/Sent Text or Email While Driving in the Past Month	41.6	39.0	40.8	33.9	34.4	39.5				26.0
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat	97.3	90.6	95.0	92.2		94.6		94.8		93.3

Injury & Violence Prevention (continued)	Each Sub-Area vs. Others: Bozeman	Other Gallatin	Gallatin County	Madison County	Park County	Total Area	Total Area vs. Benchmarks: vs. MT	vs. US	vs. HP2020	TREND
% Child [Age 5-17] "Always" Wears Bicycle Helmet						51.5		54.2		32.4
[65+] Falls (Age-Adjusted Death Rate)						69.0	83.6	59.0	47.0	
% [Age 45+] Fell in the Past Year	33.1	44.9	36.9	44.0	34.6	37.1		28.2		
Firearm-Related Deaths (Age-Adjusted Death Rate)						13.9	17.3	10.6	9.3	13.6
% Firearm in Home	55.6	72.0	60.7	74.2	70.2	62.8		33.8		71.5
% [Homes With Children] Firearm in Home	59.0	79.6	66.4	68.7		66.7		31.0		73.6
% [Homes With Firearms] Weapon(s) Unlocked & Loaded	20.4	19.6	20.1	29.9	21.3	21.0		20.4		15.8
Violent Crime per 100,000			192.9	73.4	244.7	191.9	277.9	395.5		
% Perceive Neighborhood as "Slightly/Not At All Safe"	5.1	11.6	7.1	0.2	6.0	6.5		15.3		
% Victim of Domestic Violence (Ever)	12.9	21.1	15.4	7.9	13.7	14.7		15.1		8.6

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better | similar | worse

Maternal, Infant & Child Health	Each Sub-Area vs. Others: Bozeman	Other Gallatin	Gallatin County	Madison County	Park County	Total Area	Total Area vs. Benchmarks: vs. MT	vs. US	vs. HP2020	TREND
No Prenatal Care in First Trimester (Percent)			25.7	30.2	24.6	25.8	29.8		22.1	
Low Birthweight Births (Percent)			7.0		6.0	6.6	7.3	8.2	7.8	
Infant Death Rate						5.0	5.8	5.9	6.0	6.6

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

Mental Health & Mental Disorders	Each Sub-Area vs. Others: Bozeman	Other Gallatin	Gallatin County	Madison County	Park County	Total Area	Total Area vs. Benchmarks: vs. MT	vs. US	vs. HP2020	TREND
% "Fair/Poor" Mental Health	13.5	16.7	14.5	12.7	14.6	14.3		15.5		6.7
% Diagnosed Depression	23.1	28.3	24.7	18.6	19.8	23.7	19.9	17.9		23.5
% Symptoms of Chronic Depression (2+ Years)	28.4	35.4	30.6	23.2	27.7	29.7		29.9		22.3
Suicide (Age-Adjusted Death Rate)			15.6		43.1	20.0	24.3	13.0	10.2	20.9
% Have Ever Sought Help for Mental Health	34.7	35.0	34.8	24.0	32.3	33.8		27.4		24.7
% Taking Rx/Receiving Mental Health Trtmt	12.1	24.1	15.8	10.2	12.9	15.0		13.6		

Mental Health & Mental Disorders (continued)	Each Sub-Area vs. Others: Bozeman	Other Gallatin	Gallatin County	Madison County	Park County	Total Area: Total Area	Total Area vs. Benchmarks: vs. MT	vs. US	vs. HP2020	TREND
% Unable to Get Mental Health Svcs in Past Yr	2.6	11.5	5.3	0.5	1.9	4.6		4.4		
% Typical Day Is "Extremely/Very" Stressful	9.5	13.8	10.9	13.4	8.3	10.7		11.7		8.6
% Average <7 Hours of Sleep per Night	26.9	39.9	30.9	25.7	36.9	31.3		39.5		

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

Nutrition, Physical Activity & Weight	Each Sub-Area vs. Others: Bozeman	Other Gallatin	Gallatin County	Madison County	Park County	Total Area: Total Area	Total Area vs. Benchmarks: vs. MT	vs. US	vs. HP2020	TREND
% Eat 5+ Servings of Fruit or Vegetables per Day	33.7	25.8	31.3	26.4	29.5	30.7		27.4		50.8
Population With Low Food Access (Percent)			20.0	30.2	33.9	22.6	24.3	22.4		
% Worried About Running Out of Food in Past Year	13.8	20.2	15.8	7.9	13.2	15.0		21.0		
% 7+ Sugar-Sweetened Drinks in Past Week	22.4	36.9	26.9	11.2	26.2	25.8		30.2		
% Healthy Weight (BMI 18.5-24.9)	39.2	26.3	35.3	34.9	33.5	35.0	37.3	32.9	33.9	45.1
% Overweight (BMI 25+)	59.6	73.4	63.8	64.6	66.1	64.1	61.0	65.2		53.2

Nutrition, Physical Activity & Weight (continued)	Each Sub-Area vs. Others: Bozeman	Other Gallatin	Gallatin County	Madison County	Park County	Total Area	Total Area vs. Benchmarks: vs. MT	vs. US	vs. HP2020	TREND
% Obese (BMI 30+)	25.5	34.0	28.1	27.9	27.7	28.0	23.6	33.4	30.5	12.3
% [Overweights] Perceive Self "About the Right Weight"	29.9	17.2	25.4	17.4	19.2	24.1				33.9
% Medical Advice on Weight in Past Year	19.4	24.3	20.9	15.3	15.6	19.9		20.4		16.9
% [Overweights] Counseled About Weight in Past Year	28.3	31.6	29.5	21.3	20.5	27.8		27.1		27.0
% [Obese Adults] Counseled About Weight in Past Year						44.7		40.8		58.5
% Children [Age 5-17] Overweight (85th Percentile)						29.3		24.2		16.6
% Children [Age 5-17] Obese (95th Percentile)						18.8		9.5	14.5	6.5
% No Leisure-Time Physical Activity	18.8	21.3	19.6	20.1	24.9	20.3	22.5	27.9	32.6	10.7
% Meeting Physical Activity Guidelines	30.7	21.3	27.8	21.0	17.6	26.1	24.5	23.6	20.1	
Recreation/Fitness Facilities per 100,000			17.9	26.0	12.8	17.7	14.1	10.1		
% Child [Age 2-17] Physically Active 1+ Hours per Day	61.3	64.3	62.3	58.1		61.7		47.9		42.9

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better | similar | worse

Oral Health	Each Sub-Area vs. Others: Bozeman	Other Gallatin	Gallatin County	Madison County	Park County	Total Area	Total Area vs. Benchmarks: vs. MT	vs. US	vs. HP2020	TREND
% [Age 18+] Dental Visit in Past Year	68.6	60.3	66.1	72.2	64.3	66.2	62.6	67.2	49.0	68.5
% Child [Age 2-17] Dental Visit in Past Year	83.9	89.7	85.8	90.4		86.5		90.7	49.0	74.2
% Have Dental Insurance	58.6	55.7	57.7	46.9	49.1	55.9		66.5		44.7

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

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Respiratory Diseases	Each Sub-Area vs. Others: Bozeman	Other Gallatin	Gallatin County	Madison County	Park County	Total Area	Total Area vs. Benchmarks: vs. MT	vs. US	vs. HP2020	TREND
CLRD (Age-Adjusted Death Rate)			36.0		36.6	36.7	50.4	41.4		39.8
Pneumonia/Influenza (Age-Adjusted Death Rate)						13.0	14.6	15.4		15.4
% COPD (Lung Disease)	4.2	12.6	6.8	3.8	12.1	7.3	5.7	9.5		5.0
% [Adult] Currently Has Asthma	11.3	9.9	10.9	10.2	11.3	10.9	8.9	9.5		7.3
% [Child 0-17] Currently Has Asthma	4.1	10.4	6.4	3.2		5.9		6.5		5.7
% House Tested for Radon Gas	50.4	41.4	47.6	26.1	29.7	43.9				

Respiratory Diseases (continued)	Each Sub-Area vs. Others: Bozeman	Other Gallatin	Gallatin County	Madison County	Park County	Total Area	Total Area vs. Benchmarks: vs. MT	vs. US	vs. HP2020	TREND
% Use a Wood-Burning Stove for Heat	10.9	22.6	14.5	35.6	38.8	19.0				30.3
% [Those Who Heat w/Wood Stove] Use a Catalytic Converter			30.8	32.6	26.3	29.8				42.7

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

Sexually Transmitted Diseases	Each Sub-Area vs. Others: Bozeman	Other Gallatin	Gallatin County	Madison County	Park County	Total Area	Total Area vs. Benchmarks: vs. MT	vs. US	vs. HP2020	TREND
Gonorrhea Incidence per 100,000			10.6	13.0	12.8	11.0	42.8	110.7		
Chlamydia Incidence per 100,000			367.4	116.7	184.9	326.8	412.9	456.1		
% Familiar with HPV	82.3	74.9	80.1	71.4	73.3	78.6				
% Received Info on HPV from Health Provider in Past 3 Yrs	30.0	22.9	27.8	21.1	23.1	26.8				
% [Unmarried 18-64] 3+ Sexual Partners in Past Year	6.3	5.8	6.1	7.2		6.3		10.3		8.5
% [Unmarried 18-64] Using Condoms	39.1	21.6	35.0	34.1		34.8		44.5		32.4

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

Substance Abuse	Each Sub-Area vs. Others: Bozeman	Other Gallatin	Gallatin County	Madison County	Park County	Total Area	Total Area vs. Benchmarks: vs. MT	vs. US	vs. HP2020	TREND
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)						6.0	13.6	10.5	8.2	7.7
% Current Drinker	65.0	65.1	65.0	69.1	53.1	63.8	58.0	59.7		69.9
% Excessive Drinker	27.4	23.0	26.0	24.0	16.8	24.7		22.2	25.4	23.8
% Drinking & Driving in Past Month	4.7	4.5	4.7	1.6	3.2	4.3	4.1	4.1		0.9
Drug-Induced Deaths (Age-Adjusted Death Rate)						10.0	15.3	15.8	11.3	8.9
% Illicit Drug Use in Past Month	1.8	4.6	2.7	3.3	1.2	2.5		3.0	7.1	1.9
% Ever Sought Help for Alcohol or Drug Problem	5.5	4.4	5.2	1.7	5.7	5.0		4.1		3.8
% Life Negatively Affected by Substance Abuse	49.0	46.6	48.2	51.4	47.6	48.4		32.2		

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better | similar | worse

Tobacco Use	Each Sub-Area vs. Others: Bozeman	Other Gallatin	Gallatin County	Madison County	Park County	Total Area	Total Area vs. Benchmarks: vs. MT	vs. US	vs. HP2020	TREND
% Current Smoker	9.6	14.3	11.1	10.1	15.5	11.5	18.9	14.0	12.0	9.8
% Someone Smokes at Home	5.3	6.0	5.5	4.9	11.1	6.2		10.2		4.0
% [Nonsmokers] Someone Smokes in the Home	3.4	2.8	3.2	1.6	1.0	2.8		3.9		2.0
% [Household With Children] Someone Smokes in the Home	6.8	4.5	6.0	9.5		6.5		10.2		1.3
% [Smokers] Received Advice to Quit Smoking						65.4		76.0		44.8
% [Smokers] Have Quit Smoking 1+ Days in Past Year						35.6		43.7	80.0	53.2
% Currently Use an Electronic Nicotine Delivery Device (E-Cigarettes)	4.5	6.1	5.0	3.0	0.0	4.2		3.8		4.2
% Smoke Cigars	5.8	2.7	4.9	2.9	5.7	4.8		3.6	0.2	3.3
% Use Smokeless Tobacco	4.9	3.5	4.5	7.3	3.7	4.6	8.2	3.0	0.3	8.8

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better | similar | worse

Vision	Each Sub-Area vs. Others					Total Area	Total Area vs. Benchmarks			
	Bozeman	Other Gallatin	Gallatin County	Madison County	Park County	Total Area	vs. MT	vs. US	vs. HP2020	TREND
% Eye Exam in Past 2 Years	54.0	52.4	53.5	48.4	54.1	53.3		59.3		49.2

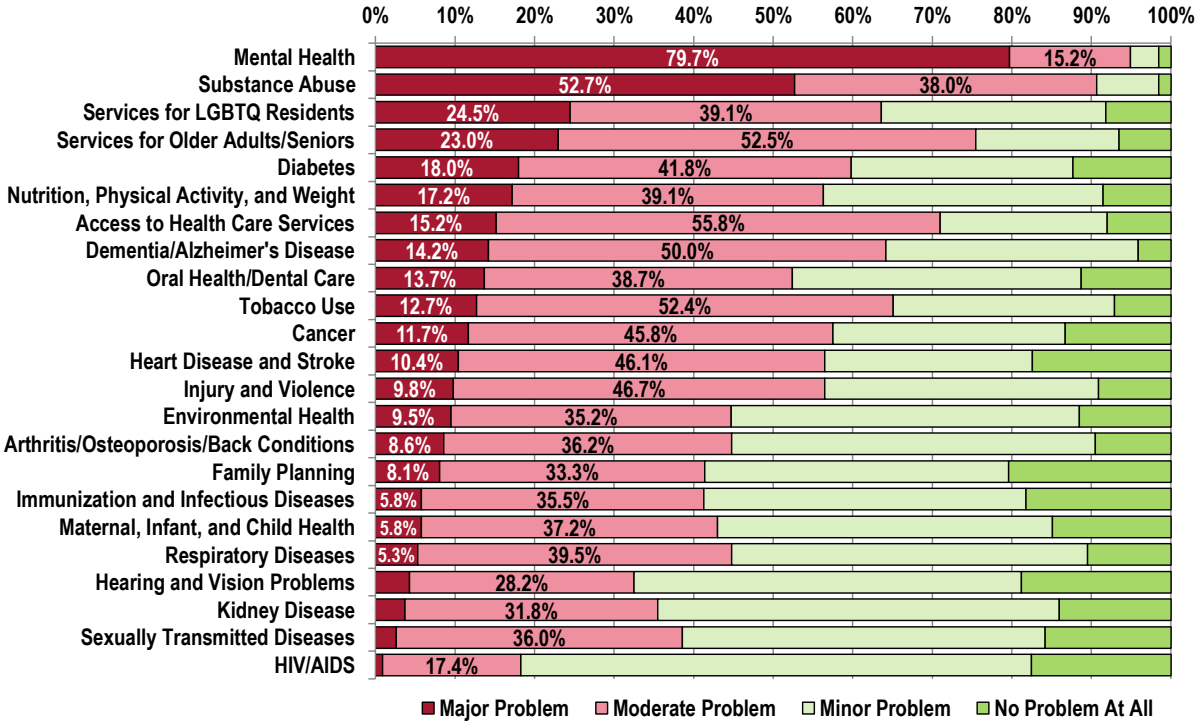
Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

Summary of Key Informant Perceptions

In the Online Key Informant Survey, community stakeholders were asked to rate the degree to which each of 23 health issues is a problem in their own community, using a scale of "major problem," "moderate problem," "minor problem" or "no problem at all." The following chart summarizes their responses; these findings are also outlined throughout this report, along with the qualitative input describing reasons for their concerns. (Note that these ratings alone do not establish priorities for this assessment, but rather are one of several data inputs considered for the prioritization process described earlier.)

Key Informants: Relative Position of Health Topics as Problems in the Community



Community Description

Professional Research Consultants, Inc.

Population Characteristics

Total Population

The Total Area (Gallatin, Madison, and Park counties), the focus of this Community Health Needs Assessment, encompasses just under 9,000 square miles and houses a total population of 118,798 residents, according to latest census estimates.

- The largest share of this population lives in Gallatin County.

Total Population
(Estimated Population, 2011-2015)

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Gallatin County	95,323	2,604.72	36.60
Madison County	7,767	3,588.21	2.16
Park County	15,708	2,802.91	5.60
Total Area	**118,798**	**8,995.84**	**13.21**
Montana	1,014,699	145,546.91	6.97
United States	316,515,021	3,532,070.45	89.61

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved March 2017 from Community Commons at http://www.chna.org.

Population Change 2000-2010

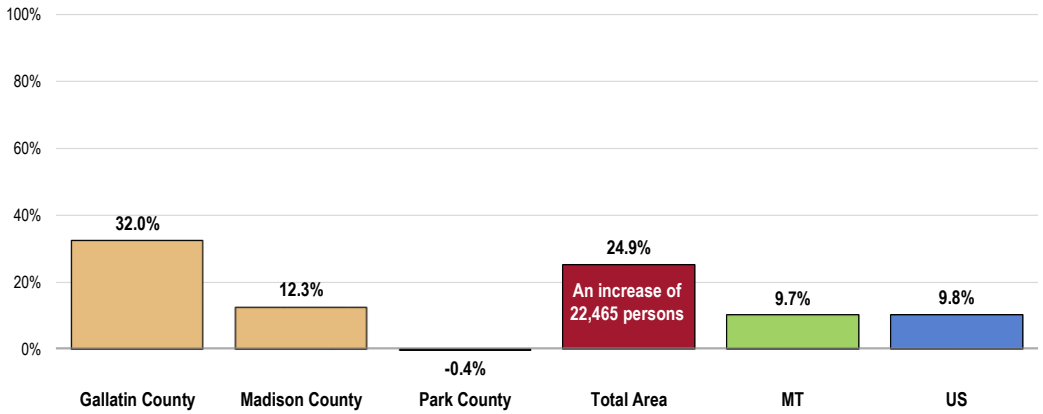
A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

Between the 2000 and 2010 US Censuses, the population of the Total Area increased by 22,465 persons, or 24.9%.

- This change is a greater proportional increase than seen across both the state and the national overall.
- Population growth is highest in Gallatin County, whereas the population in Park County decreased during this time.

Change in Total Population

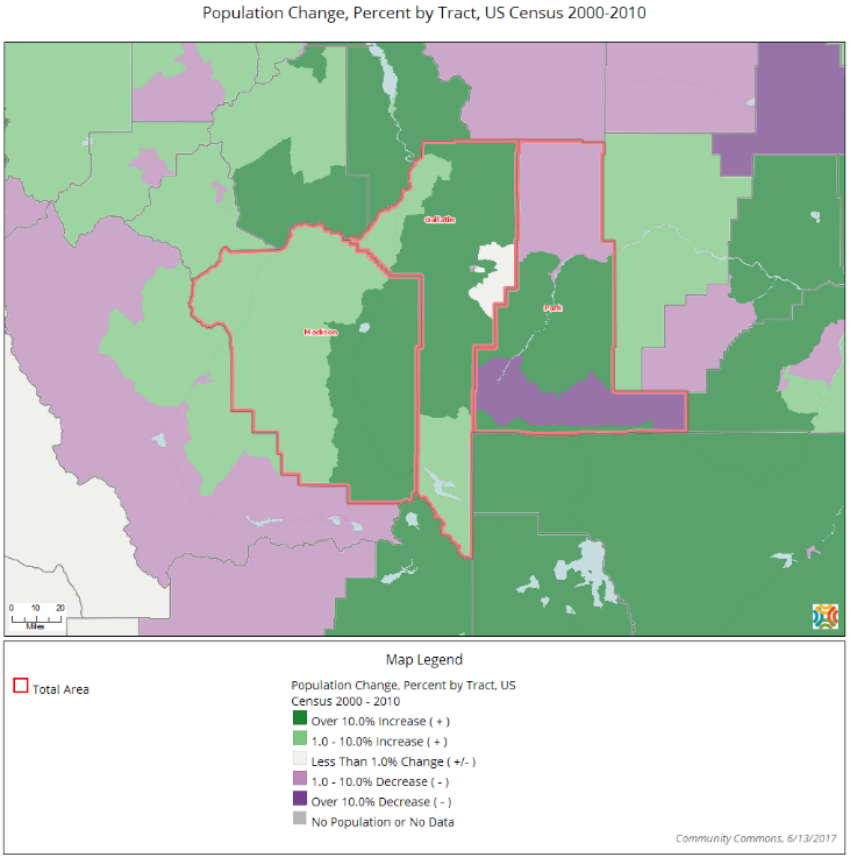
(Percentage Change Between 2000 and 2010)



Sources:
- Retrieved March 2017 from Community Commons at http://www.chna.org.
- US Census Bureau Decennial Census (2000-2010).

Notes:
- A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

Note the following map illustrating the 2000-2010 population change in the region.

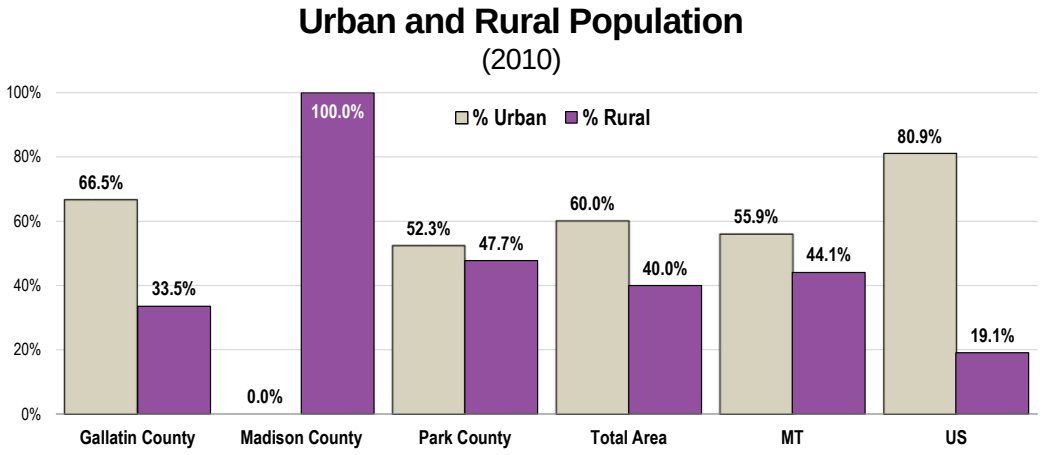


Urban/Rural Population

Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

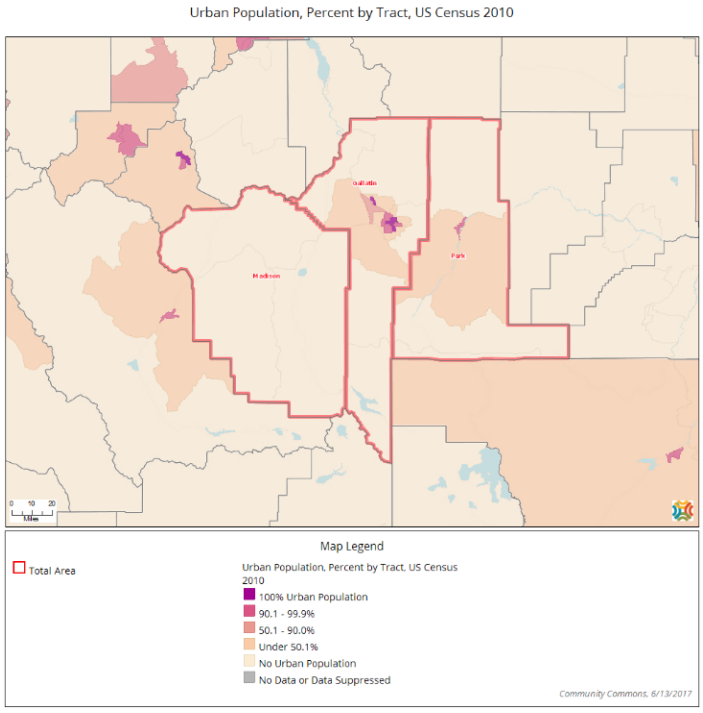
While 60.0% of the Total Area is urban, note the disparity by county (Madison County is 100% rural).

- Just over half of Montana is urban, while the US proportion is much higher.



Sources:
- US Census Bureau Decennial Census (2010).
- Retrieved March 2017 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.



Age

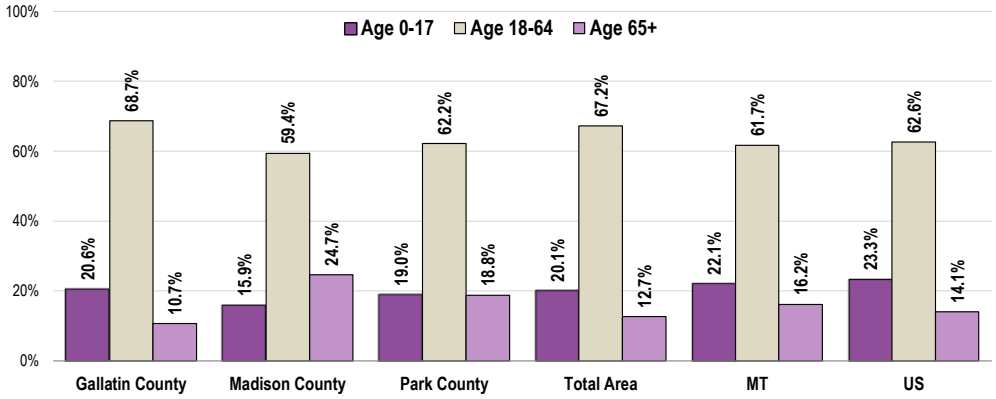
It is important to understand the age distribution of the population, as different age groups have unique health needs which should be considered separately from others along the age spectrum.

In the Total Area, 20.1% of the population are infants, children or adolescents (age 0-17); another 67.2% are age 18 to 64, while 12.7% are age 65 and older.

- The percentage of older adults (age 65+) is lower than the state and US figures.
- Viewed by county, note that about 1 in 4 Madison County residents is age 65+.

Total Population by Age Groups, Percent

(2011-2015)



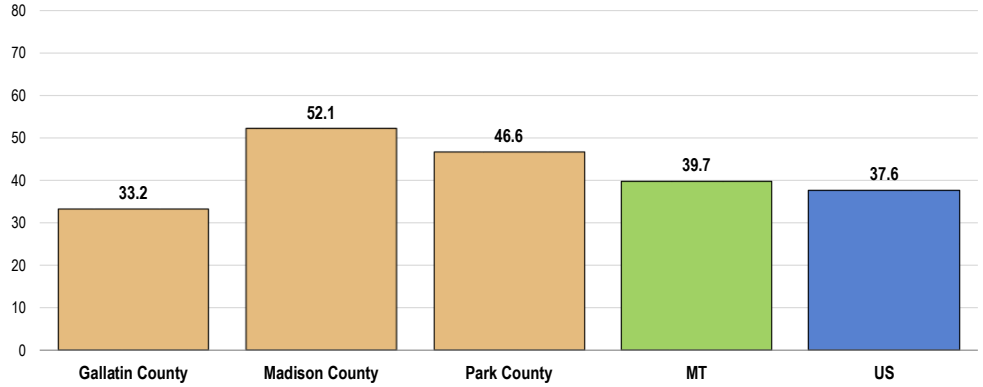
Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved March 2017 from Community Commons at http://www.chna.org.

Median Age

Gallatin County is younger than the state and the nation in that the median age is lower; Madison and Park counties are "older."

Median Age

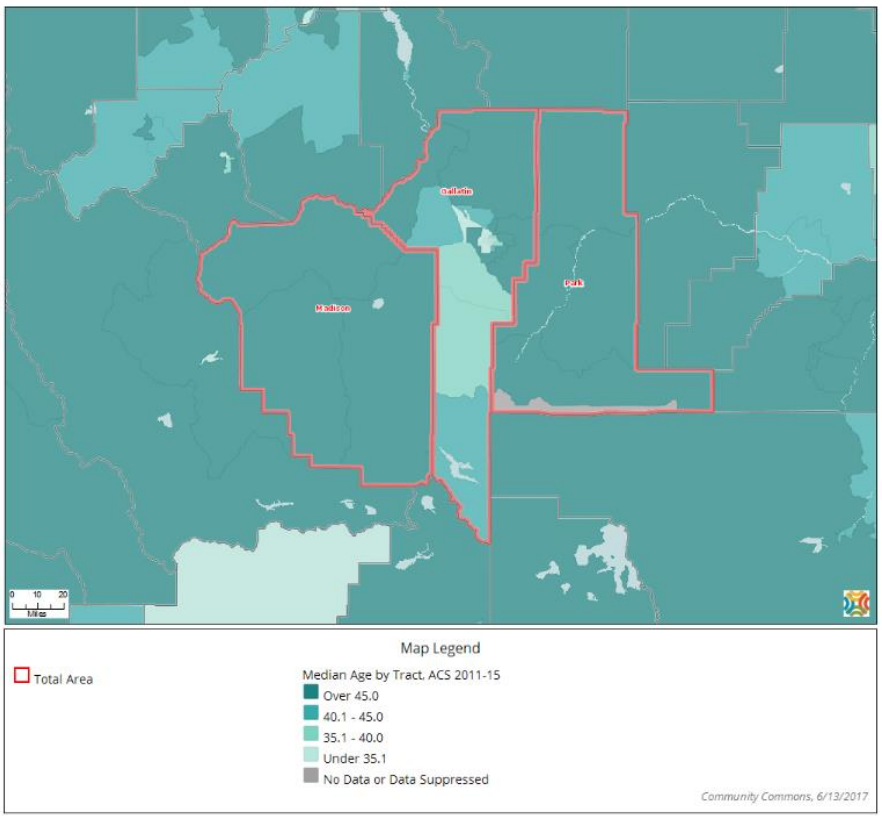
(2011-2015)



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved March 2017 from Community Commons at http://www.chna.org.
- The Total Area median age is not available.

- The following map provides an illustration of the median age in the Total Area, segmented by census tract.

Median Age by Tract, ACS 2011-2015



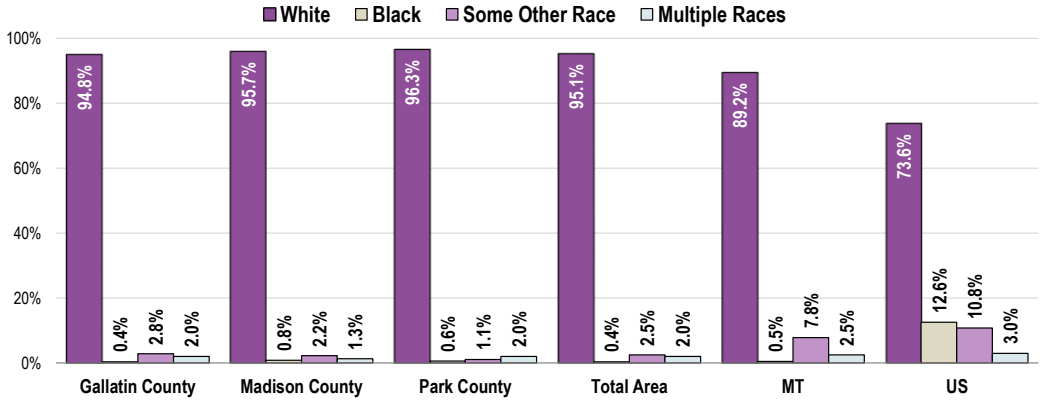
Race & Ethnicity

Race

In looking at race independent of ethnicity (Hispanic or Latino origin), a vast majority (95.1%) of residents in the Total Area is White.

- The Montana racial distribution includes a higher proportion of residents who identify as some other race (not White or Black).
- Nationally, the US population is less White, more Black, and more “other” race.

Total Population by Race Alone, Percent
(2011-2015)



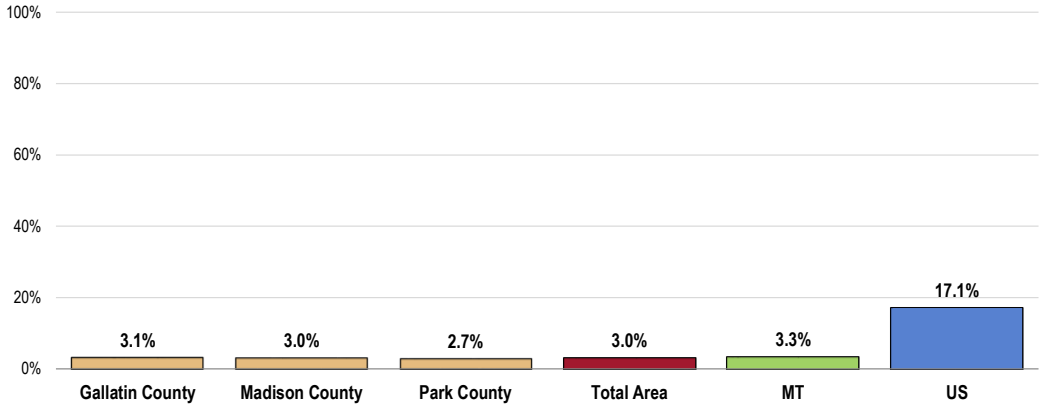
Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved March 2017 from Community Commons at http://www.chna.org.

Ethnicity

A total of 3.0% of Total Area residents are Hispanic or Latino.

- Slightly lower than the state percentage.
- Well below the US prevalence.
- Lowest in Park County.

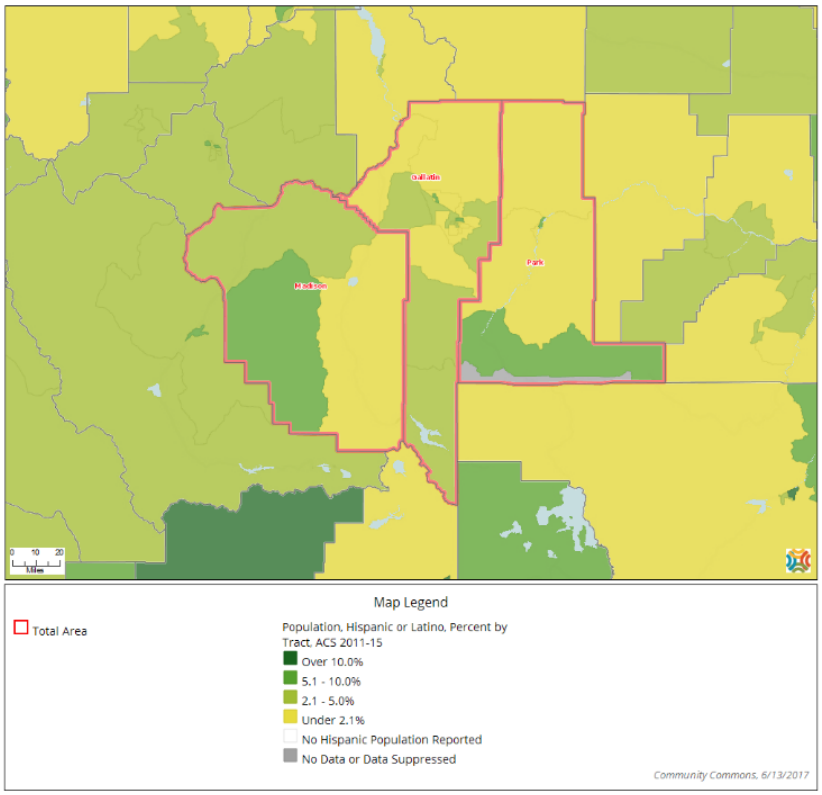
Hispanic Population
(2011-2015)



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved March 2017 from Community Commons at http://www.chna.org.

Notes:
- Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Population Hispanic or Latino, Percent by Tract, ACS 2011-2015

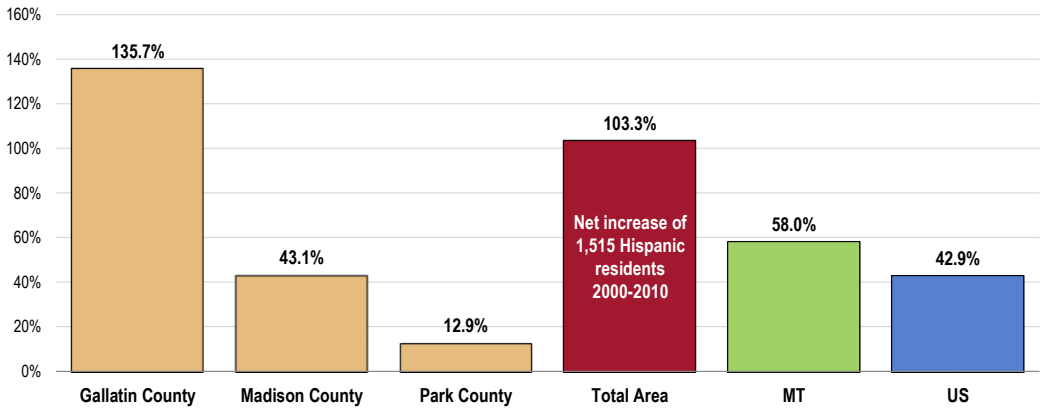


Between 2000 and 2010, the Hispanic population in the Total Area increased by 1,515 residents, or 103.3%.

- Much higher (in terms of percentage growth) than found statewide and nationally.
- Note the great disparity by county.

Hispanic Population Change

(Percentage Change in Hispanic Population Between 2000 and 2010)



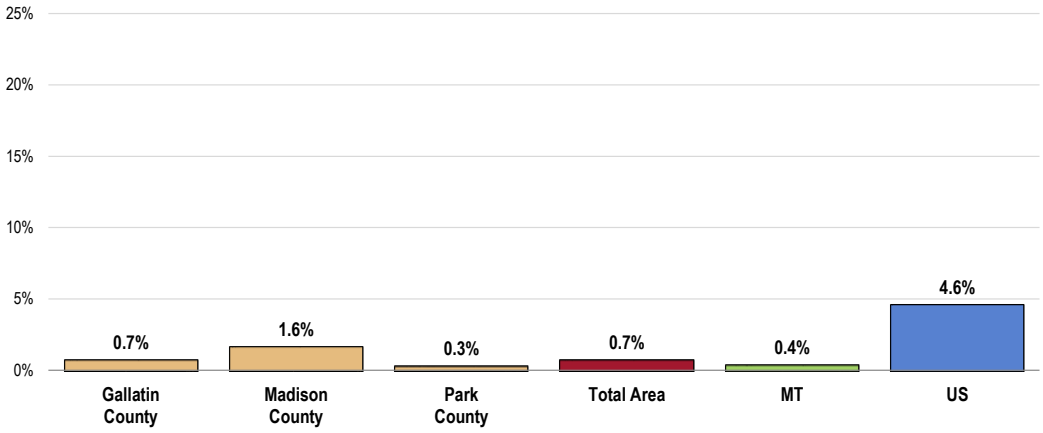
Sources:
- US Census Bureau Decennial Census (2000-2010).
- Retrieved March 2017 from Community Commons at http://www.chna.org.

Linguistic Isolation

Less than one percent (0.7%) of the Total Area population age 5 and older lives in a home in which no persons age 14 or older is proficient in English (speaking only English, or speaking English "very well").

- Higher than found statewide.
- Well below that found nationally.
- Unfavorably high in Madison County; lowest in Park County.

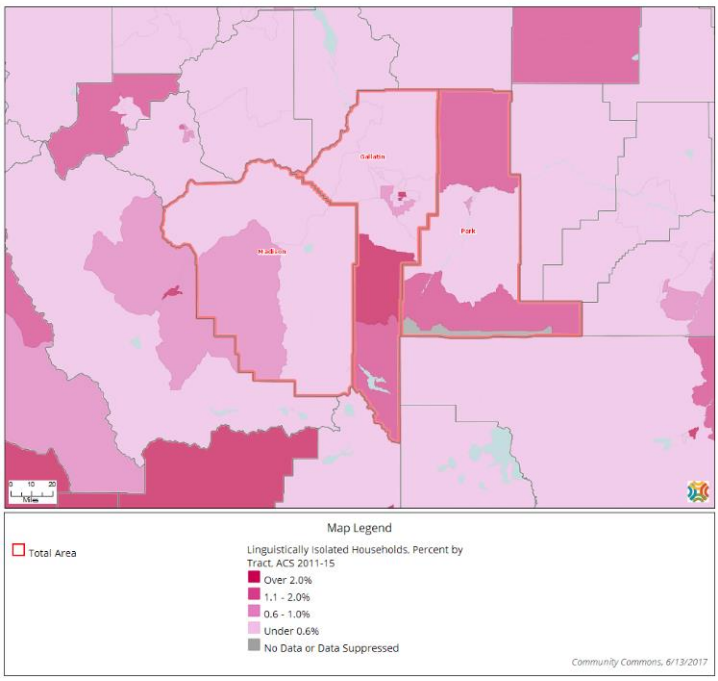
Linguistically Isolated Population
(2011-2015)



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved March 2017 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speak a non-English language and speak English "very well."

Population in Linguistically Isolated Households, Percent by Tract, ACS 2011-2015



Social Determinants of Health

About Social Determinants

Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.

- Healthy People 2020 (www.healthypeople.gov)

Poverty

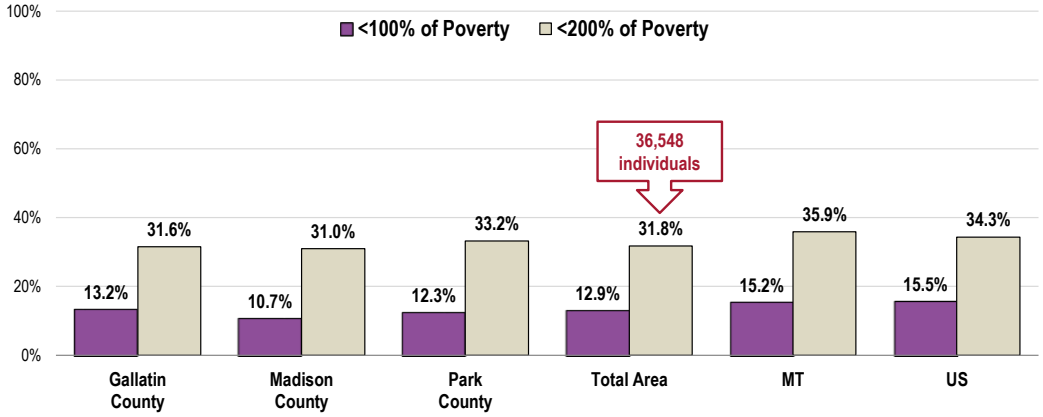
The latest census estimate shows 12.9% of the Total Area population living below the federal poverty level.

In all, 31.8% of Total Area residents (an estimated 36,548 individuals) live below 200% of the federal poverty level.

- Lower than the proportions reported statewide and nationally.

Population in Poverty

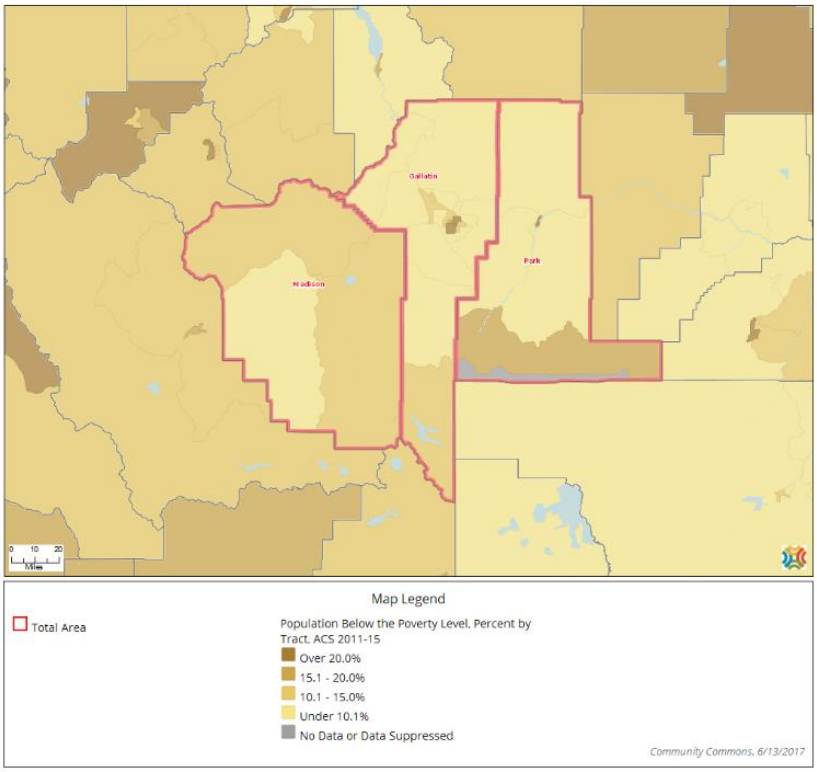
(Populations Living Below 100% and Below 200% of the Poverty Level; 2011-2015)



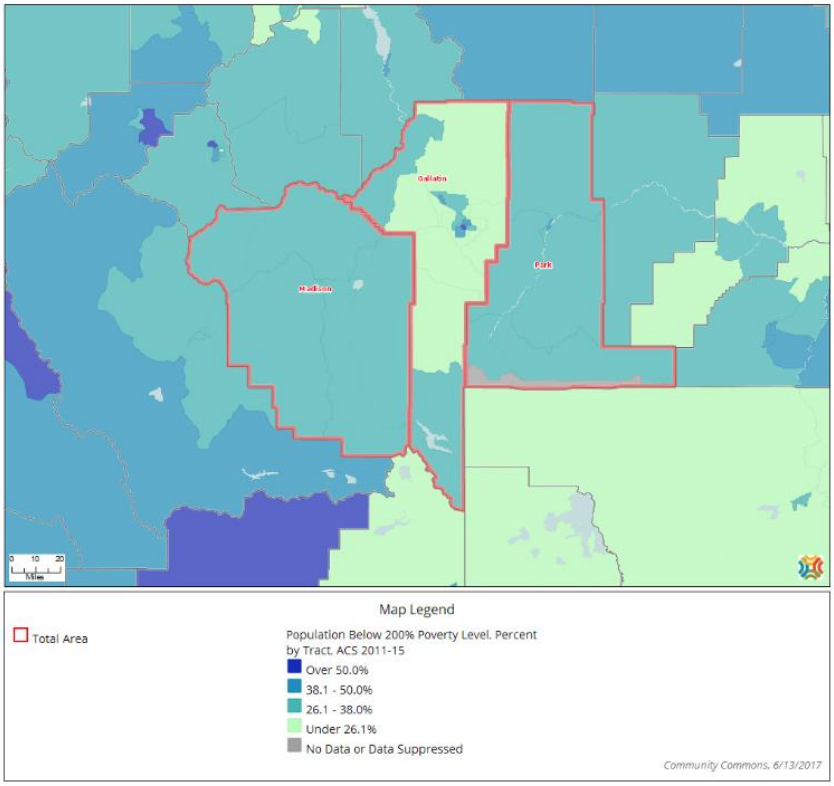
Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved March 2017 from Community Commons at http://www.chna.org.

Notes:
- Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Population Below the Poverty Level, Percent by Tract, ACS 2011-2015



Population Below 200% of Poverty, Percent by Tract, ACS 2011-2015



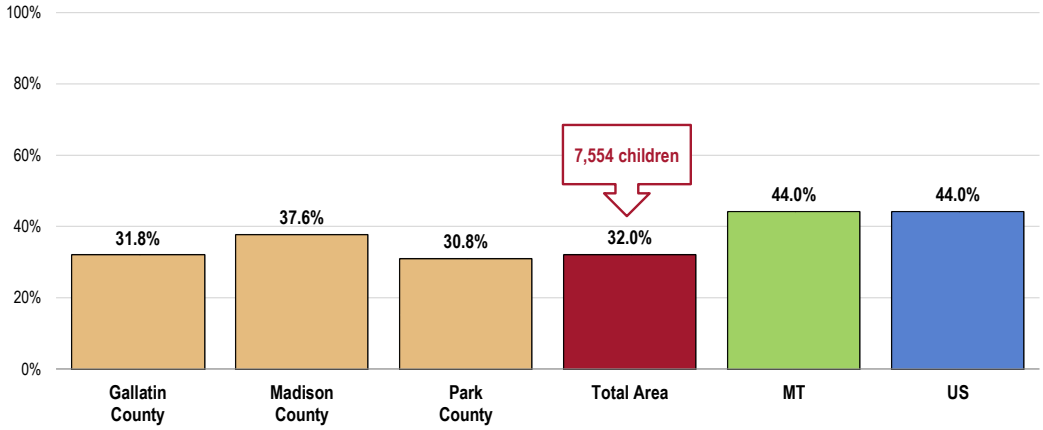
Children in Low-Income Households

Additionally, 32.0% of Total Area children age 0-17 (representing an estimated 7,554 children) live below the 200% poverty threshold.

- Below the proportions found statewide and nationally.
- Higher in Madison County.

Percent of Children in Low-Income Households

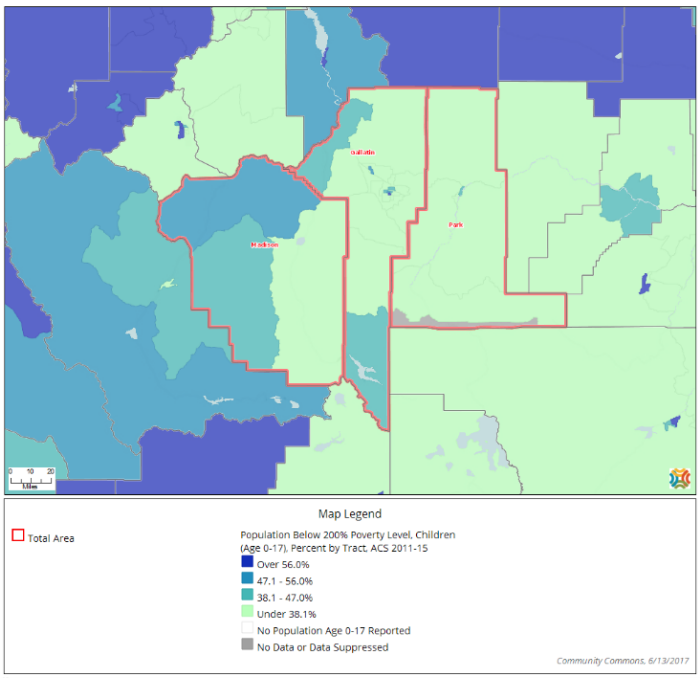
(Children 0-17 Living Below 200% of the Poverty Level, 2011-2015)



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved March 2017 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of children aged 0-17 living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Children (0-17) Living Below 200% of Poverty, Percent by Tract, ACS 2011-2015



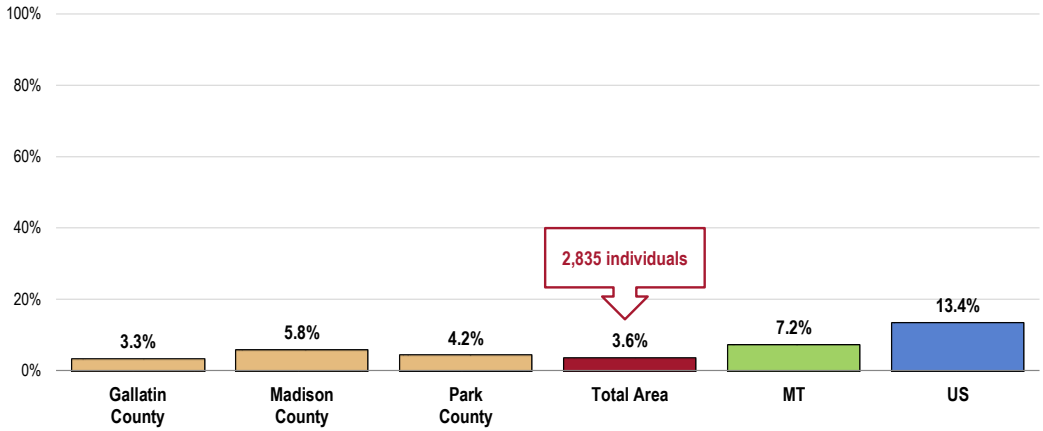
Education

Among the Total Area population age 25 and older, an estimated 3.6% (over 2,800 people) do not have a high school education.

- Half the statewide proportion and well below the US figure.
- Higher in Madison County.

Population With No High School Diploma

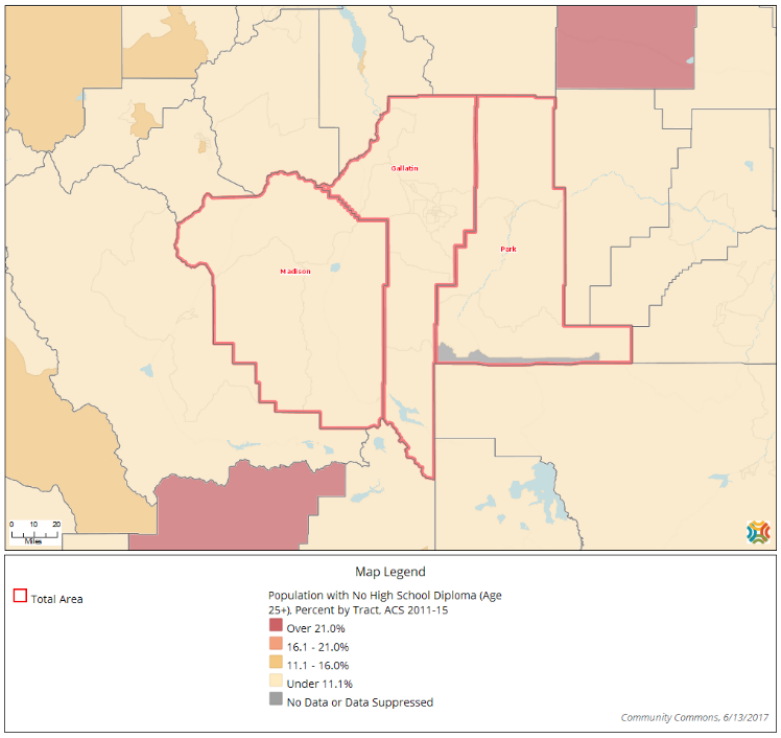
(Population Age 25+ Without a High School Diploma or Equivalent, 2011-2015)



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved March 2017 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because educational attainment is linked to positive health outcomes.

Population with No High School Diploma, Percent by Tract, ACS 2011-2015



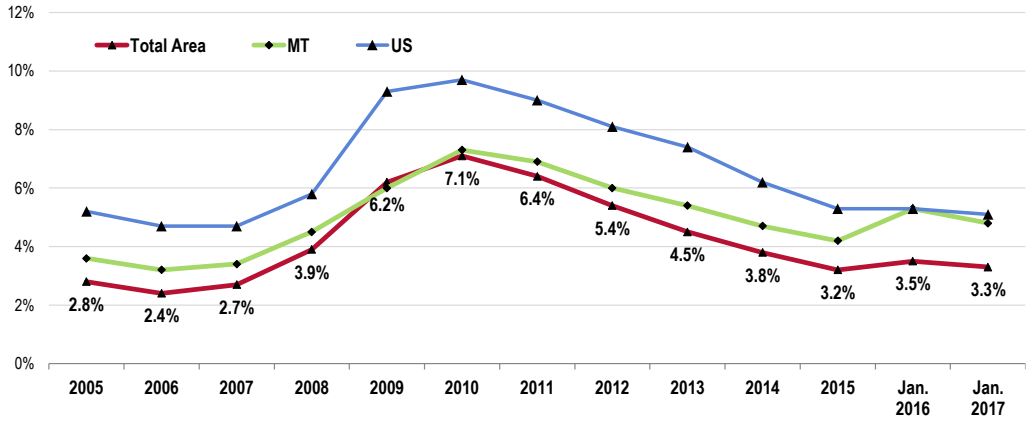
Employment

According to data derived from the US Department of Labor, the unemployment rate in the Total Area as of January 2017 was 3.3%.

- More favorable than the statewide and national unemployment rates.
- TREND: Unemployment for Total Area has trended downward since 2010, echoing the state and national trends.

Unemployment Rate

(Percent of Non-Institutionalized Population Age 16+ Unemployed, Not Seasonally-Adjusted)



Sources:
- US Department of Labor, Bureau of Labor Statistics.
- Retrieved March 2017 from Community Commons at http://www.chna.org.

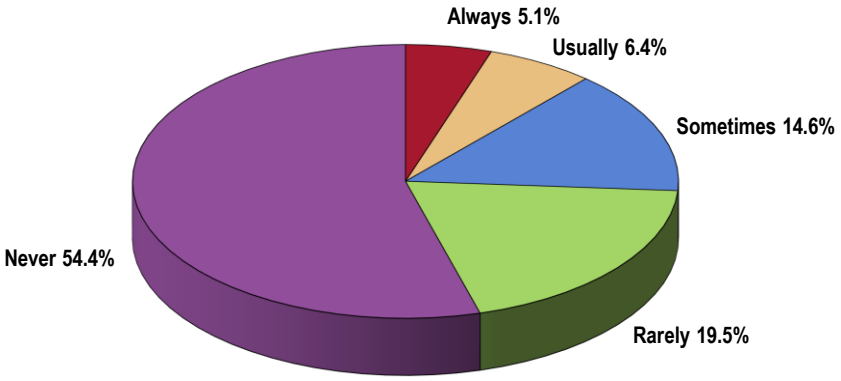
Notes:
- This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Housing Insecurity

While most surveyed adults rarely, if ever, worry about the cost of housing, a considerable share (26.1%) does, reporting that they were "sometimes," "usually," or "always" worried or stressed about having enough money to pay their rent or mortgage in the past year.

Frequency of Worry or Stress Over Paying Rent/Mortgage in the Past Year

(Total Area, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 81]
Notes: • Asked of all respondents.

NOTE:

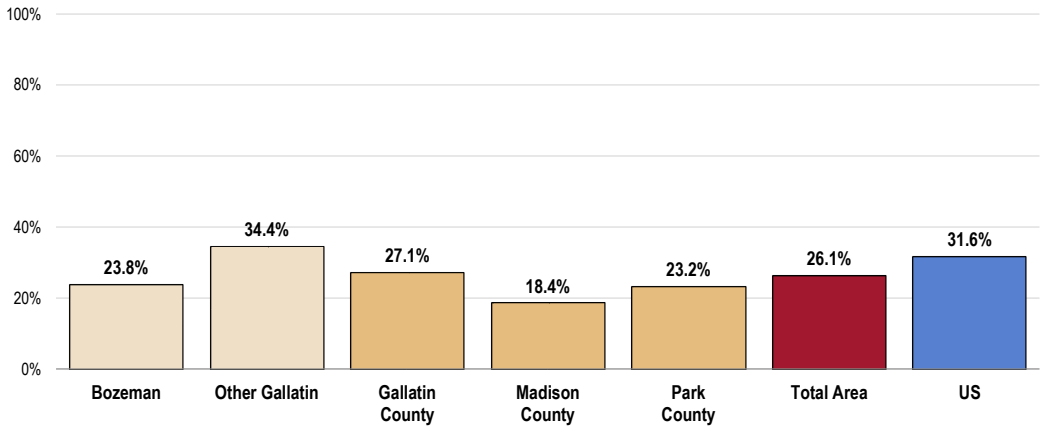
Differences noted in the text represent significant differences determined through statistical testing.

Where sample sizes permit, county-level (or city-level) data are provided.

Trends are measured against baseline data – i.e., the earliest year that data are available or that is presented in this report.

- Compared to the US prevalence, the Total Area proportion of adults who worried about paying for rent or mortgage in the past year is more favorable.
- In Gallatin County, housing insecurity is highest outside Bozeman.
- Viewed by county, the prevalence is favorably low in Madison County.

"Always/Usually/Sometimes" Worried About Paying Rent/Mortgage in the Past Year



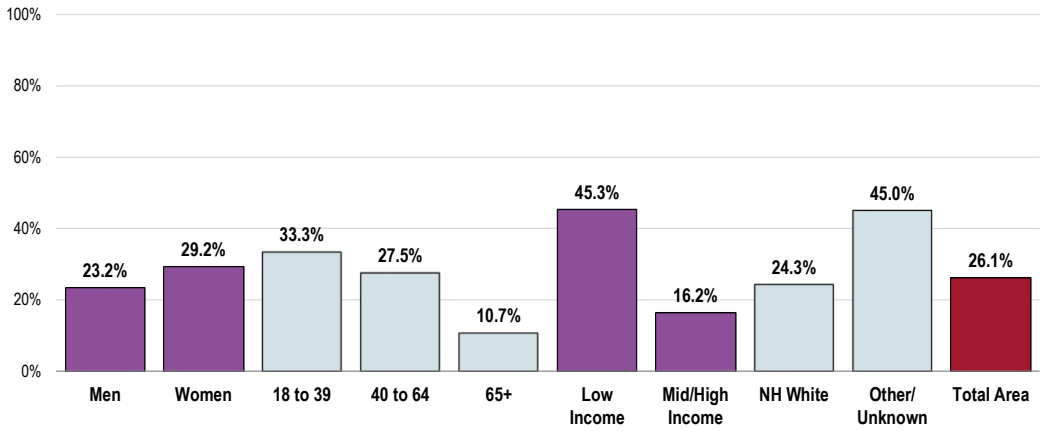
Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 81]
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- Adults more likely to report housing insecurity include women, younger adults (age 18-39; negative correlation with age), residents living at lower incomes, and adults who identify as other or unknown race.

Charts throughout this report (such as that here) detail survey findings among key demographic groups – namely by gender, age groupings, income (based on poverty status), and race/ethnicity.

"Always/Usually/Sometimes" Worried About Paying Rent/Mortgage in the Past Year

(Total Area, 2017)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 81]

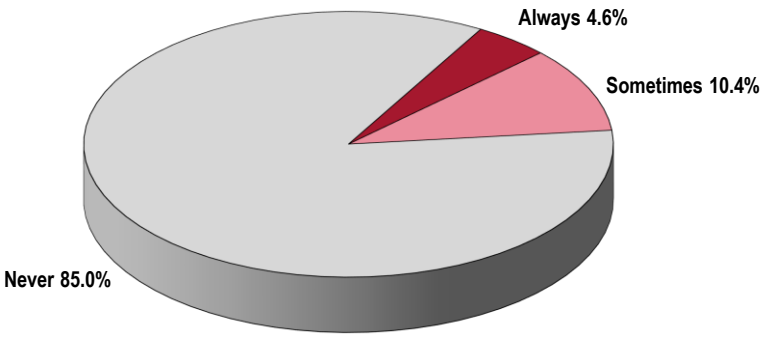
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Food Insecurity

In the past year, 15.0% of Total Area adults "often" or "sometimes" worried about whether their food would run out before they had money to buy more.

Worried About Food Running Out in the Past Year

(Total Area, 2017)

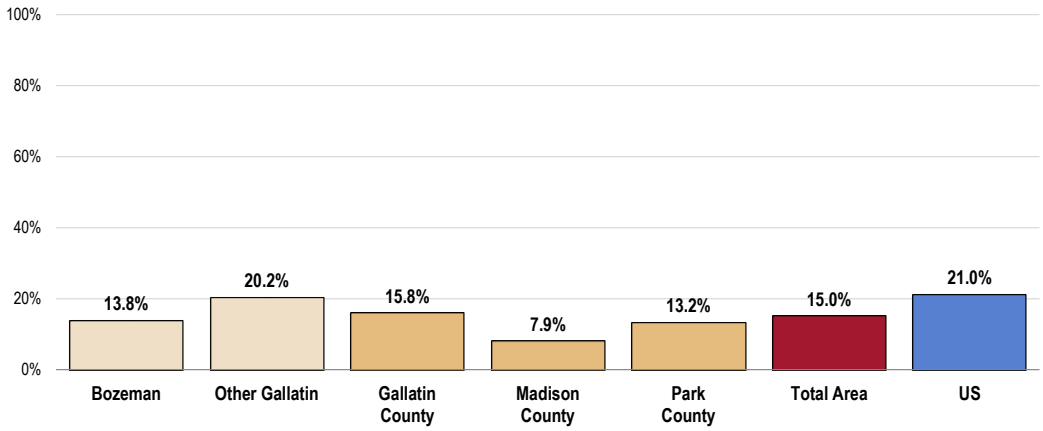


Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 104]

Notes:
- Asked of all respondents.

- Compared to US data, the Total Area prevalence is favorably lower.
- In Gallatin County, the percentages are statistically similar.
- By county: favorably low in Madison County.

Worried About Running Out of Food in the Past Year



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 104]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

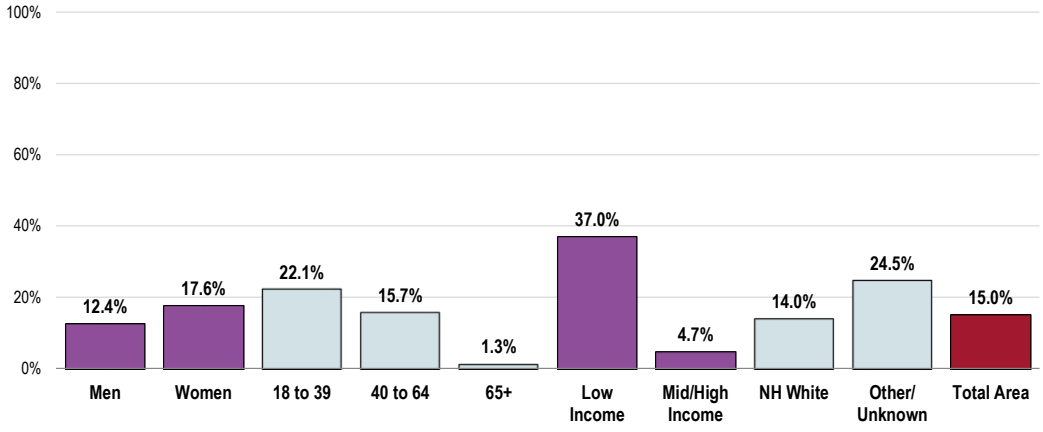
Notes:
- Asked of all respondents.
- Percentages represent combined "always" and "sometimes" responses.

Adults more likely to worry about running out of food include:

- Women.
- Young adults (negative correlation with age).
- Residents living at lower incomes especially.
- The difference by race is not statistically significant.

Worried About Running Out of Food in the Past Year

(Total Area, 2017)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 104]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Percentages represent combined "always" and "sometimes" responses.

General Health Status

Professional Research Consultants, Inc.

Overall Health Status

Evaluation of Health Status

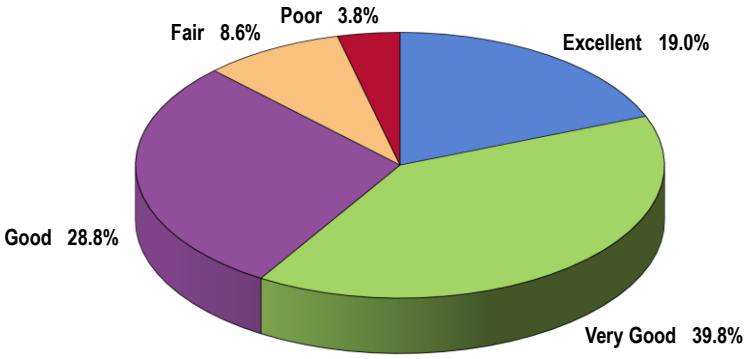
The initial inquiry of the PRC Community Health Survey asked respondents the following:

"Would you say that in general your health is: excellent, very good, good, fair, or poor?"

A total of 58.8% of Total Area adults rate their overall health as "excellent" or "very good."

- Another 28.8% gave "good" ratings of their overall health.

Self-Reported Health Status
(Total Area, 2017)

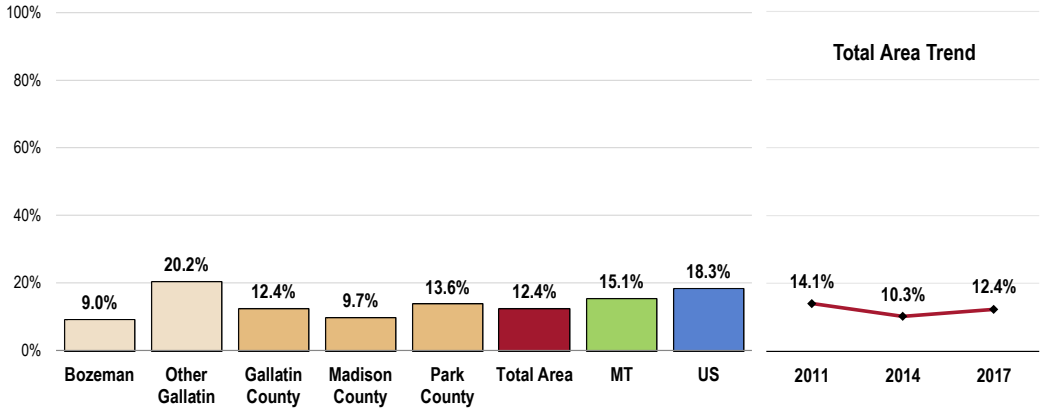


Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.

However, 12.4% of Total Area adults believe that their overall health is "fair" or "poor."

- Better than statewide and national findings.
- In Gallatin County, much less favorable outside Bozeman.
- Similar findings by county.
- TREND: No statistically significant change has occurred when comparing "fair/poor" overall health reports to previous survey results.

Experience "Fair" or "Poor" Overall Health



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Montana data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

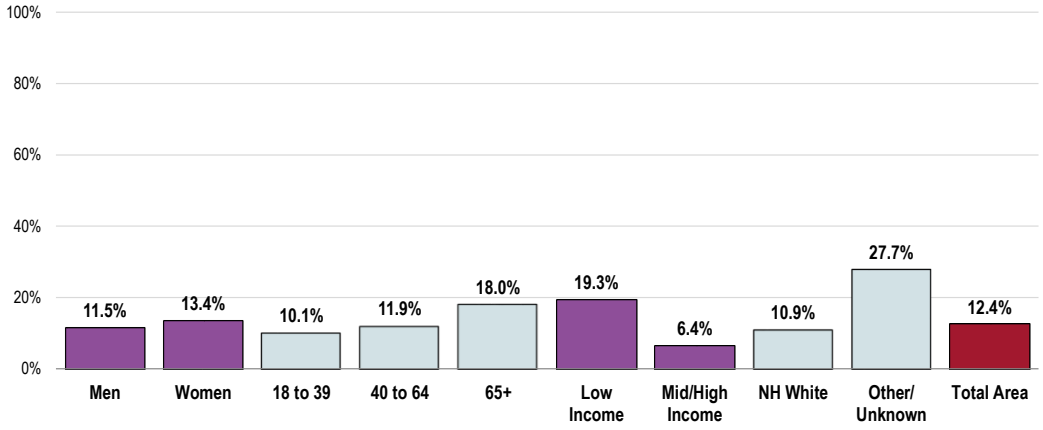
Notes:
- Asked of all respondents.

Adults more likely to report experiencing "fair" or "poor" overall health include:

- Seniors (age 65 and older).
- Residents living at lower incomes.
- Those who are Hispanic or non-White or who did not provide race/ethnicity information ("Other/Unknown").

Experience "Fair" or "Poor" Overall Health

(Total Area, 2017)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Limitations

About Disability & Health

An individual can get a disabling impairment or chronic condition at any point in life. Compared with people without disabilities, people with disabilities are more likely to:

- Experience difficulties or delays in getting the health care they need.
- Not have had an annual dental visit.
- Not have had a mammogram in past 2 years.
- Not have had a Pap test within the past 3 years.
- Not engage in fitness activities.
- Use tobacco.
- Be overweight or obese.
- Have high blood pressure.
- Experience symptoms of psychological distress.
- Receive less social-emotional support.
- Have lower employment rates.

There are many social and physical factors that influence the health of people with disabilities. The following three areas for public health action have been identified, using the International Classification of Functioning, Disability, and Health (ICF) and the three World Health Organization (WHO) principles of action for addressing health determinants.

- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.
- **Address the inequitable distribution of resources among people with disabilities and those without disabilities** by increasing: appropriate health care for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.
- **Expand the knowledge base and raise awareness about determinants of health for people with disabilities** by increasing: the inclusion of people with disabilities in public health data collection efforts across the lifespan; the inclusion of people with disabilities in health promotion activities; and the expansion of disability and health training opportunities for public health and health care professionals.

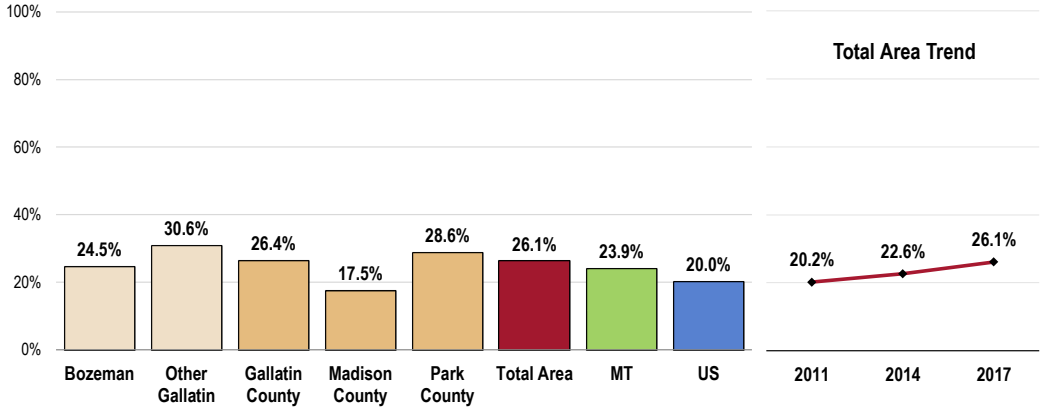
- Healthy People 2020 (www.healthypeople.gov)

A total of 26.1% of Total Area adults are limited in some way in some activities due to a physical, mental or emotional problem.

RELATED ISSUE:
See also *Potentially Disabling Conditions* in the **Death, Disease & Chronic Conditions** section of this report.

- Comparable to the prevalence statewide.
- Less favorable than the national prevalence.
- In Gallatin County, similar findings by area.
- By county, the prevalence is favorably low in Madison County.
- TREND: Marks a statistically significant increase in activity limitations since 2011.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Montana data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

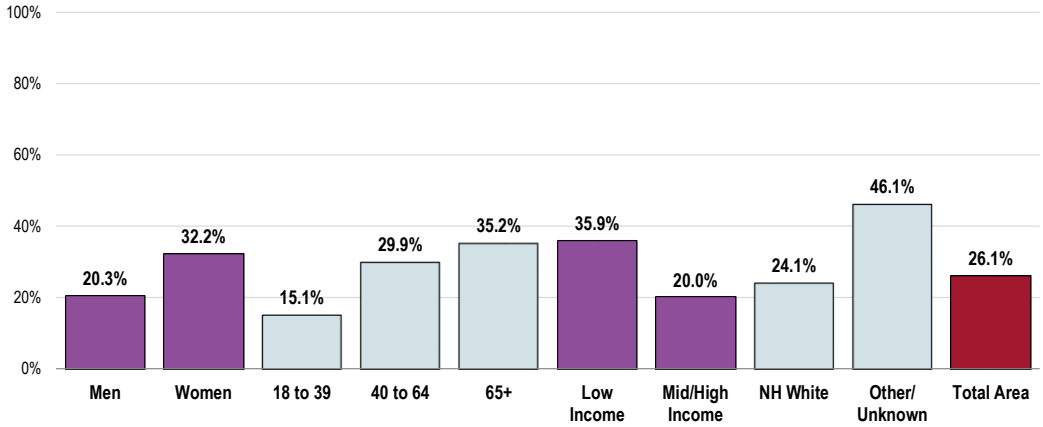
Notes:
- Asked of all respondents.

In looking at responses by key demographic characteristics, these adults are statistically more likely to report some type of activity limitation:

- Women.
- Adults age 40 and older (note the positive correlation with age).
- Residents in low-income households.
- Respondents of other or unknown race.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem

(Total Area, 2017)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]

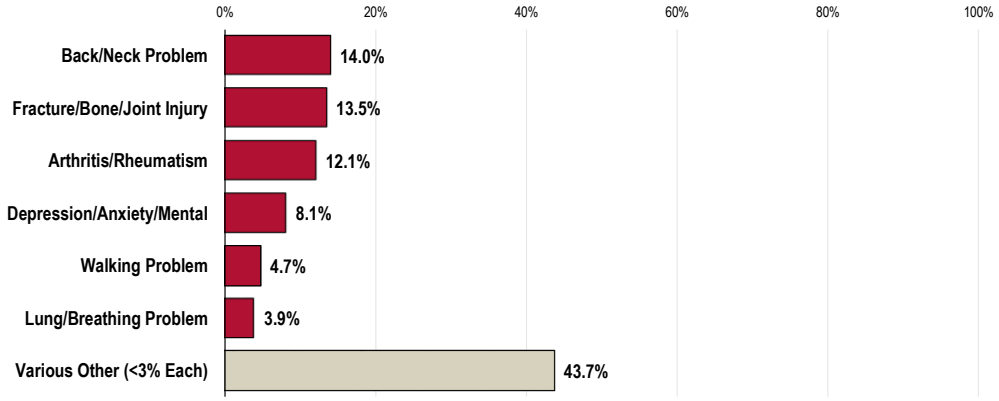
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among persons reporting activity limitations, these are most often attributed to musculo-skeletal issues, such as back/neck problems, fractures or bone/joint injuries, arthritis/ rheumatism, or difficulty walking.

Other limitations noted with some frequency include those related to mental health (depression, anxiety) and lung/breathing problems.

Type of Problem That Limits Activities

(Among Those Reporting Activity Limitations; Total Area, 2017)



Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 129]
Notes: ● Asked of those respondents reporting activity limitations.

Mental Health

About Mental Health & Mental Disorders

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders. Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases.

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: **risk factors**, which predispose individuals to mental illness; and **protective factors**, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The major areas of progress include evidence that:

- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
- The incidence of depression among pregnant women and adolescents can be reduced.
- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.
- There are potential indicated preventive interventions for schizophrenia.
- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.
- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression in children and increasing effective parenting.
- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.
- Implementation is complex, it is important that interventions be relevant to the target audiences.
- In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

- Healthy People 2020 (www.healthypeople.gov)

Evaluation of Mental Health Status

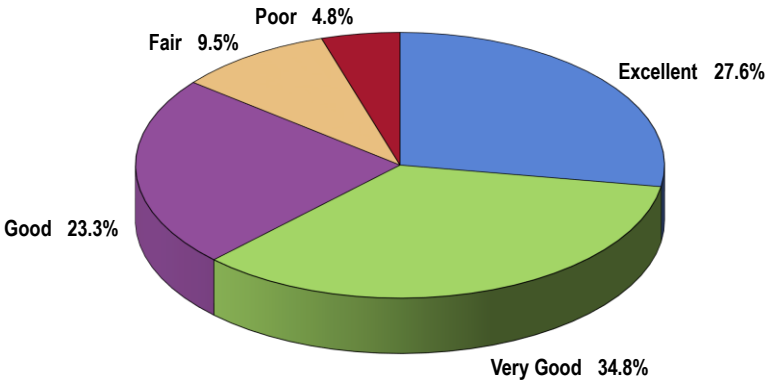
"Now thinking about your mental health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair, or poor?"

A total of 62.4% of Total Area adults rate their overall mental health as "excellent" or "very good."

- Another 23.3% gave "good" ratings of their own mental health status.

Self-Reported Mental Health Status

(Total Area, 2017)

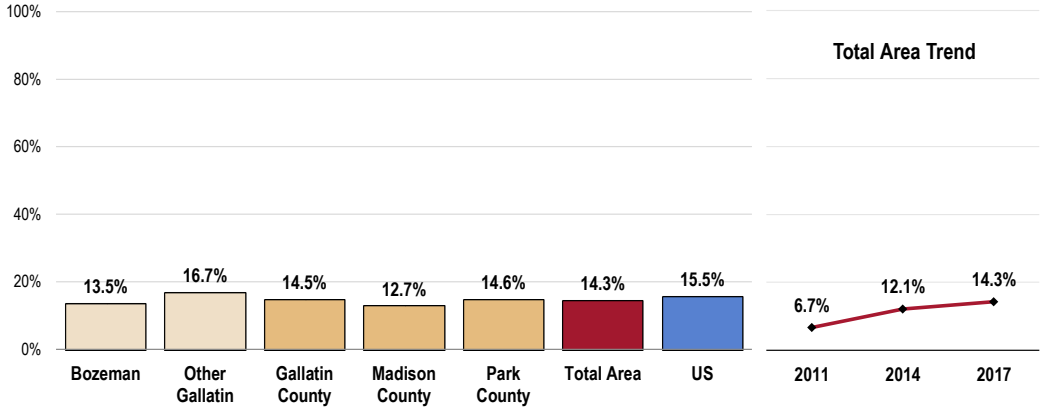


Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 116]
Notes: ● Asked of all respondents.

A total of 14.3% of Total Area adults, however, believe that their overall mental health is "fair" or "poor."

- Similar to the "fair/poor" response reported nationally.
- Similar findings within Gallatin County.
- Similar findings by county.
- TREND: Denotes a statistically significant increase over time.

Experience "Fair" or "Poor" Mental Health



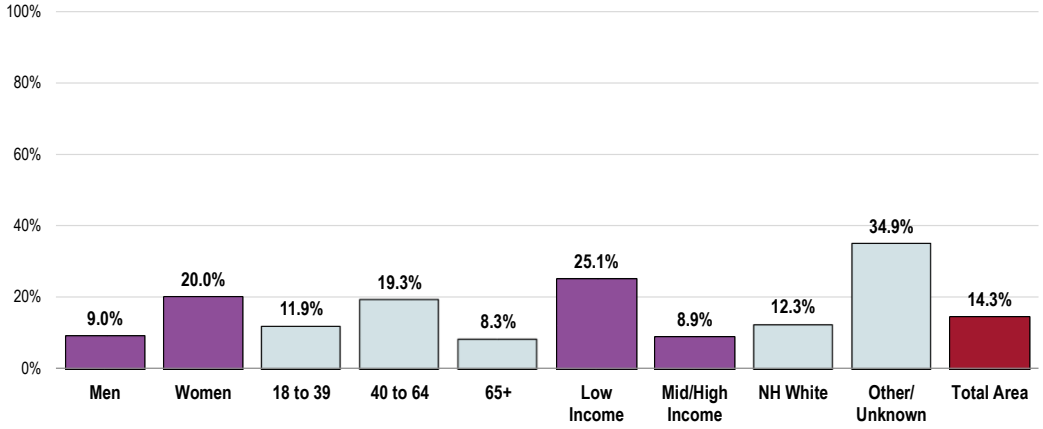
Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 116]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Women, adults age 40-64, low-income residents, and respondents of other or unknown race are much more likely to report experiencing "fair/poor" mental health than their demographic counterparts.

Experience "Fair" or "Poor" Mental Health

(Total Area, 2017)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 116]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

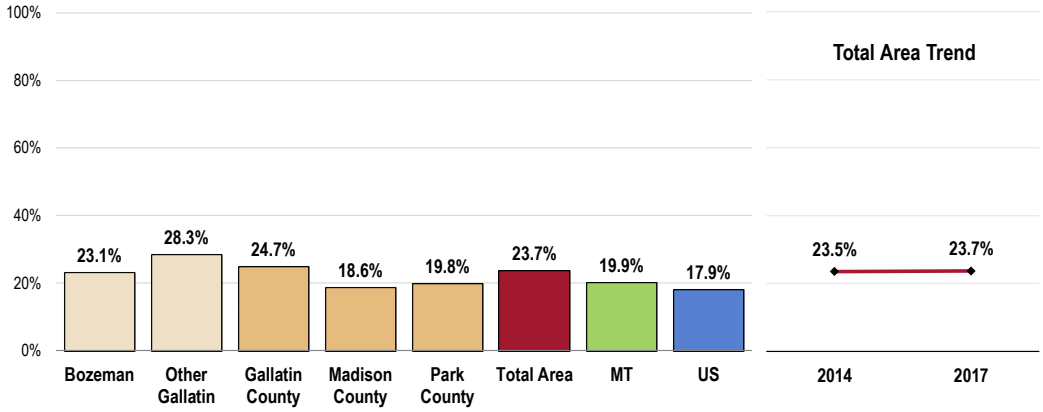
Depression

Diagnosed Depression

A total of 23.7% of Total Area adults have been diagnosed as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

- Worse than state and national findings.
- In Gallatin County, similar findings by area.
- Similar findings by county.
- TREND: Statistically unchanged since 2014.

Have Been Diagnosed With a Depressive Disorder



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 119]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Montana data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

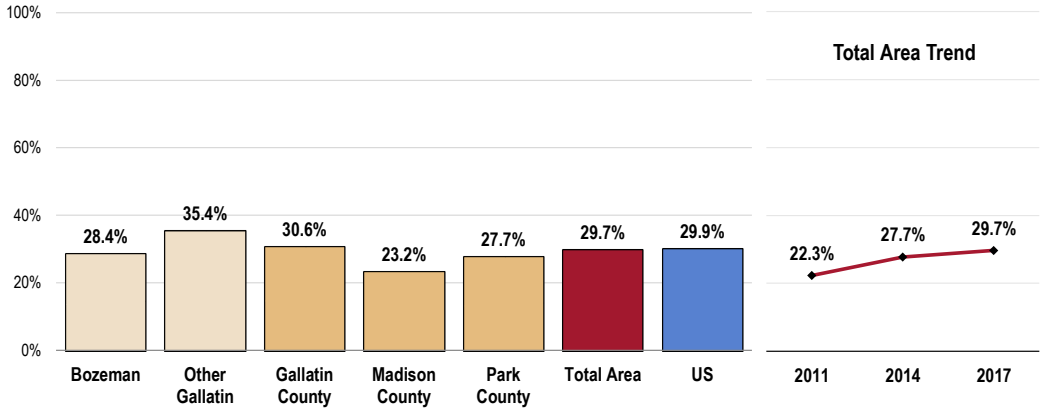
Notes:
- Asked of all respondents.
- Depressive disorders include depression, major depression, dysthymia, or minor depression.

Symptoms of Chronic Depression

A total of 29.7% of Total Area adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

- Almost identical to national findings.
- Similar by area in Gallatin County.
- Favorably low in Madison County when comparing by county.
- TREND: Marks a statistically significant increase over time.

Have Experienced Symptoms of Chronic Depression



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

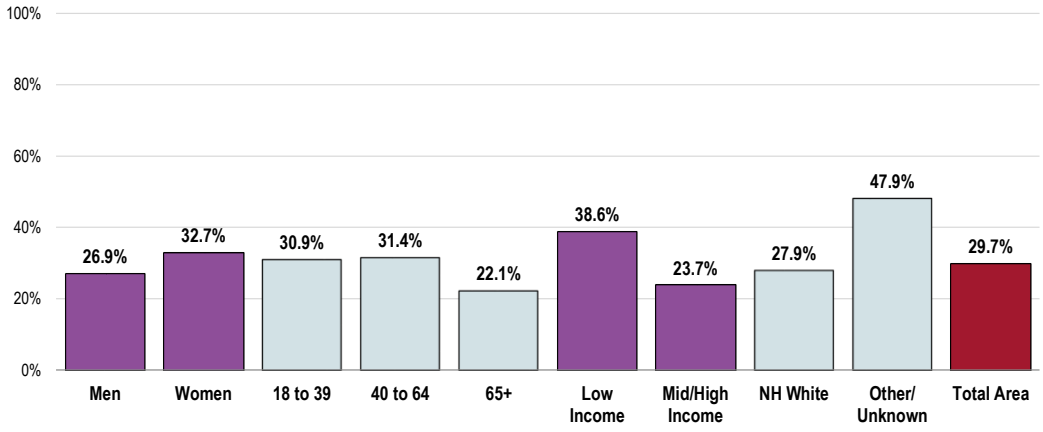
Notes:
- Asked of all respondents.
- Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Note that the prevalence of chronic depression is notably higher among:

- Adults under age 65.
- Adults with lower incomes.
- Respondents of other or unknown race.

Have Experienced Symptoms of Chronic Depression

(Total Area, 2017)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]

Notes:
- Asked of all respondents.
- Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Stress

More than 4 in 10 Total Area adults consider their typical day to be "not very stressful" (35.1%) or "not at all stressful" (11.6%).

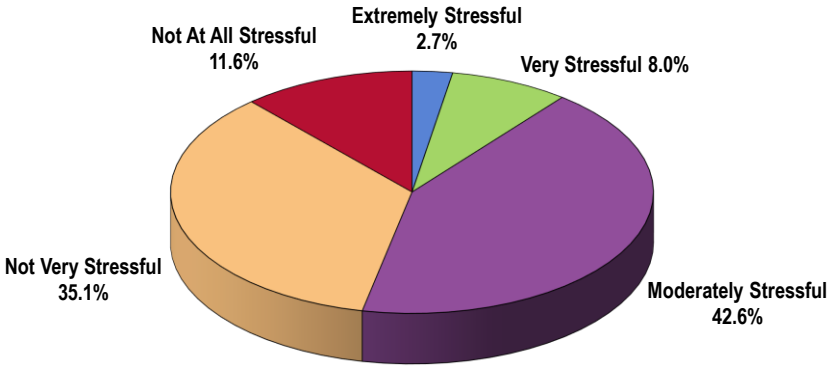
RELATED ISSUE:

See also *Substance Abuse* in the **Modifiable Health Risks** section of this report.

- Another 42.6% of survey respondents characterize their typical day as "moderately stressful."

Perceived Level of Stress On a Typical Day

(Total Area, 2017)

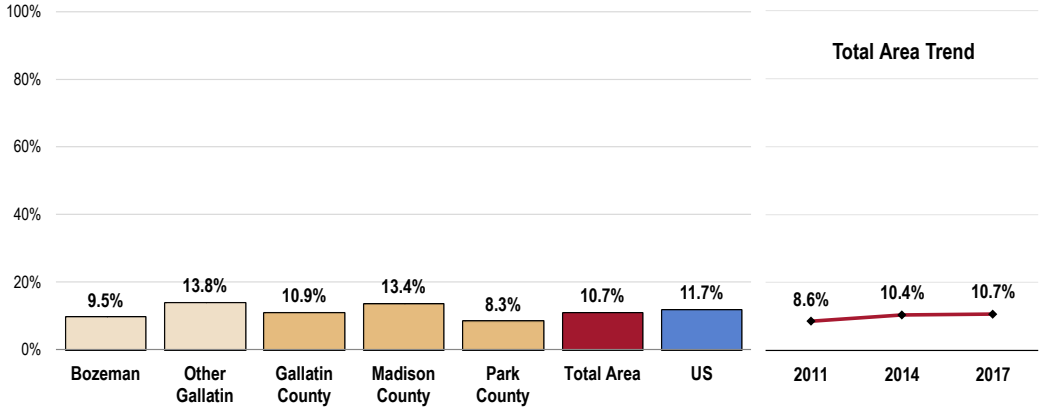


Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 118]
Notes: ● Asked of all respondents.

In contrast, 10.7% of Total Area adults experience "very" or "extremely" stressful days on a regular basis.

- Comparable to national findings.
- In Gallatin County, similar by community.
- Similar findings by county.
- TREND: Statistically similar to the 2011 findings.

Perceive Most Days As "Extremely" or "Very" Stressful



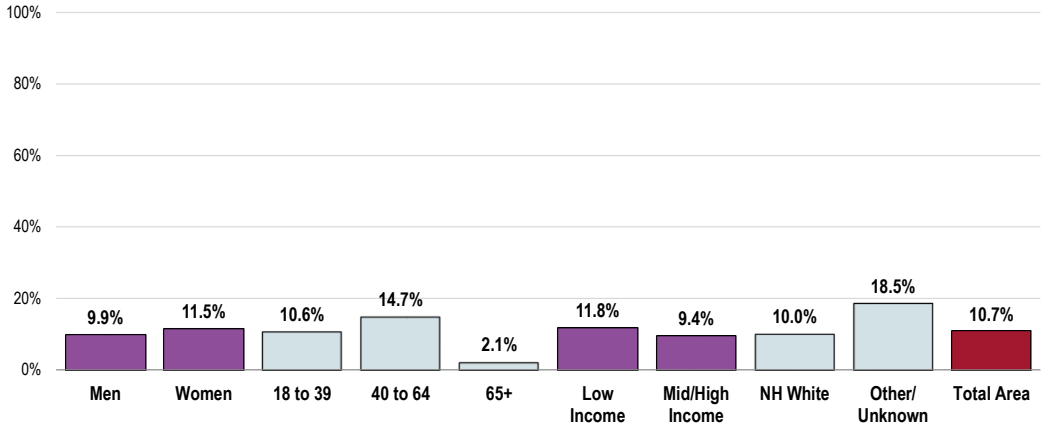
Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 118]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Note that high stress levels are much more prevalent among adults under age 65 in the Total Area.

Perceive Most Days as "Extremely" or "Very" Stressful

(Total Area, 2017)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 118]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Suicide

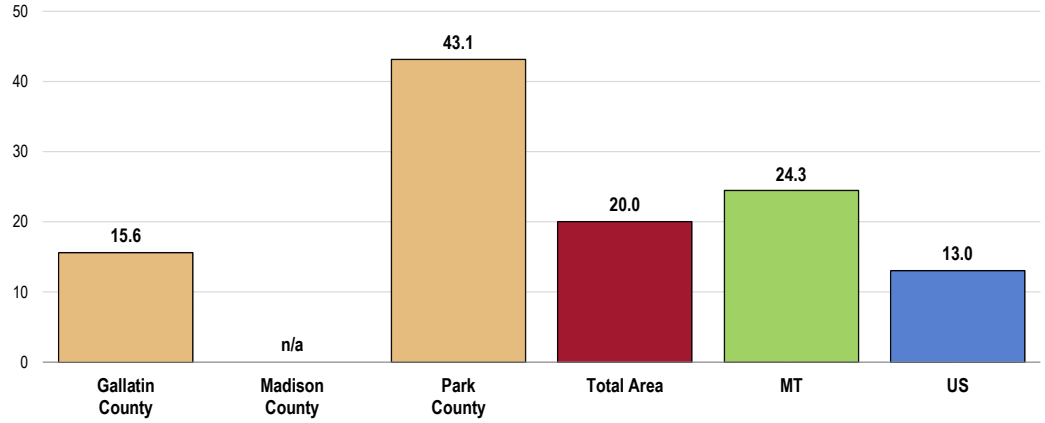
Between 2013 and 2015, there was an annual average age-adjusted suicide rate of 20.0 deaths per 100,000 population in the Total Area.

- Lower than the statewide rate.
- Higher than the national rate.
- Fails to satisfy the Healthy People 2020 target of 10.2 or lower.
- Considerably higher in Park County (data not available for Madison County).

Suicide: Age-Adjusted Mortality

(2013-2015 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 10.2 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-1]

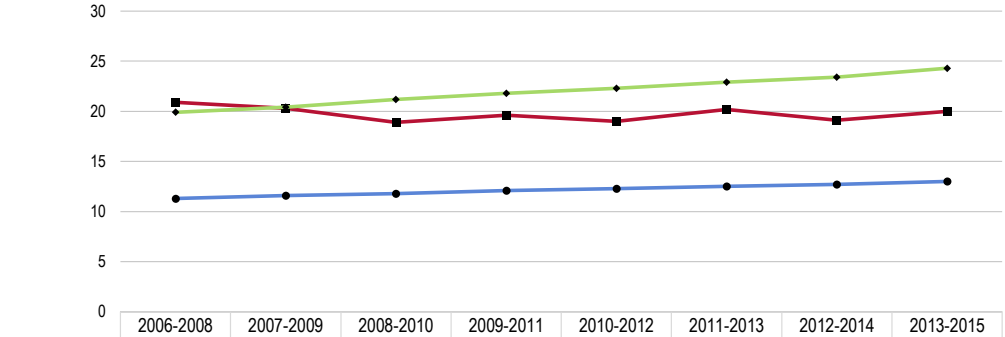
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The Total Area suicide rate has been stable over time; state and national rates have increased, as shown.

Suicide: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 10.2 or Lower



	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015
Total Area	20.9	20.3	18.9	19.6	19.0	20.2	19.1	20.0
MT	19.9	20.4	21.2	21.8	22.3	22.9	23.4	24.3
US	11.3	11.6	11.8	12.1	12.3	12.5	12.7	13.0

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-1]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

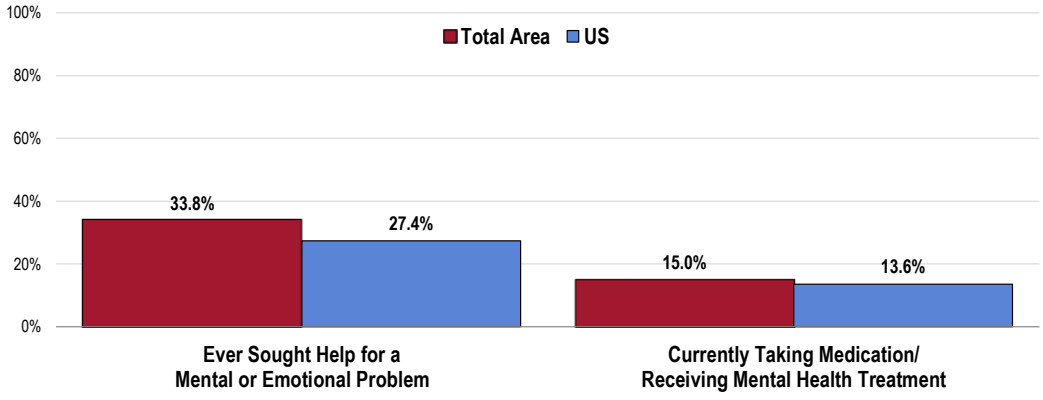
Mental Health Treatment

A total of 33.8% of Total Area adults acknowledge having ever sought professional help for a mental or emotional problem.

A total of 15.0% are currently taking medication or receiving treatment from a health professional for some type of mental health condition or emotional problem.

- Compared to national findings, Total Area adults are more likely to have ever sought help for a mental or emotional problem.
- The local prevalence of adults taking medication or receiving mental health treatment is similar to the US figure.

Mental Health Treatment



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 120-121]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

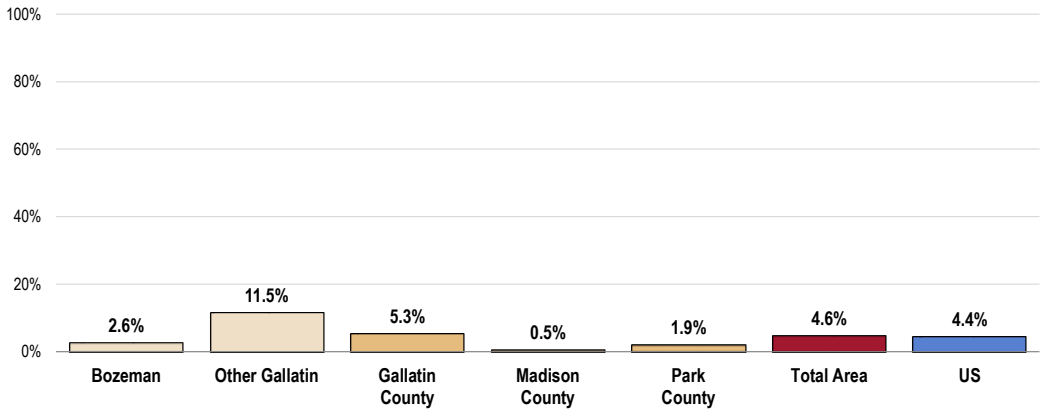
Notes:
- Reflects the total sample of respondents.

Difficulty Accessing Mental Health Services

A total of 4.6% of Total Area adults report a time in the past year when they needed mental health services but were not able to get them.

- Similar to the national finding.
- In Gallatin County, the prevalence is much higher outside Bozeman.
- Viewed by county, the prevalence is unfavorably high in Gallatin County.

Unable to Get Mental Health Services When Needed in the Past Year



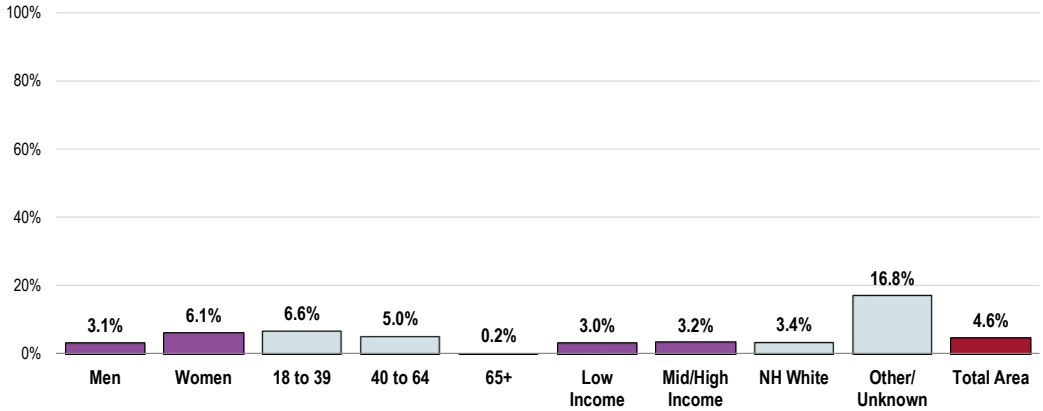
Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 122]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Access difficulty is notably more prevalent among women, adults under age 65 (negative correlation with age), and residents of other or unknown race.

Unable to Get Mental Health Services When Needed in the Past Year

(Total Area, 2017)

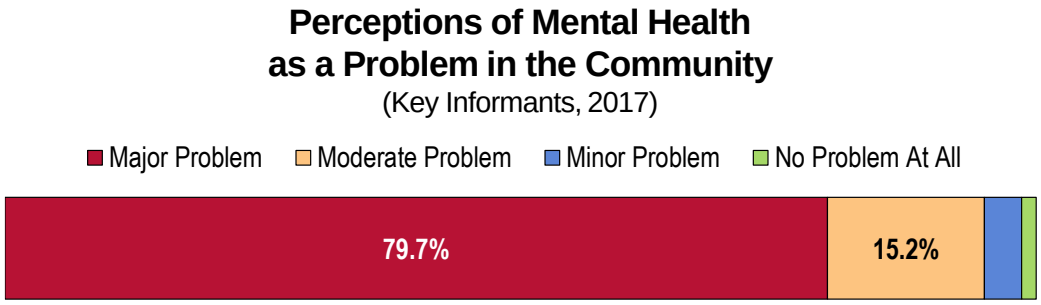


Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 122]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Mental Health

Eight in 10 key informants taking part in an online survey characterized *Mental Health* as a "major problem" in the community.



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Challenges

Among those rating this issue as a "major problem," the following represent what key informants see as the main challenges for persons with mental illness:

Access to Care/Services

> *As someone works directly with this population, I see many issues. One of the largest is acute care for psychiatric help. We are a community that prides ourselves on being able to address the needs of our families within our community, and with psychiatric care, we often have to send our kids and families away. This sends a message that we can't keep you safe at home. Another concern that comes up time and again, is the lack of resources for middle class families. Without funding to give free support to private insurance families, they oftentimes have to leave the community or create huge financial burdens in order to get their needs met. On a final note, suicide in young adults and teens is an epidemic in our community. At this time alone last year we had 5+ suicides. We need more suicide prevention in schools to help address this serious issue. – Community Leader (Gallatin County)*
>
> *Lack of available services and follow-through to ensure proper treatment. Long delays in crisis assessments and disorganized mental health service make our job in law enforcement/public safety harder than it has to be. We need to revamp local mental health services, ensure quick response to those in crisis and have the ability to provide continuing treatment to those in need. We are working on a jail diversion program to help those in crisis address the true problem and keep themselves out of jail. I would prefer our local hospital be staffed with mental health professionals to help us assist those in need. – Community Leader (Gallatin, Madison & Park Counties)*
>
> *There is not much access to mental health services in our community, which does not help our community members, nor does it do anything to reduce the stigma surrounding it. If someone has either public or private insurance, it is often difficult to find a provider who specializes in the field needed that will accept their coverage. With all the changes at Gallatin Mental Health this last year, it is difficult for those without access to resources to receive the care they need. I feel there needs to be more emphasis on prevention in regards to mental health. – Other Health Professional (Gallatin, Madison & Park Counties)*
>
> *Lack of mental health services, in general. The MHS available in our community is sparse and with continued turmoil and turnover. We have NO mental health services in-house outside of a CRT member for suicidal ideation/attempt and Hope House placement. We lack the appropriate services not only in the hospital, but for outpatient and follow-up purposes. MHS is an imperative need, specifically again, for those with no insurance or Medicaid. – Other Health Professional (Gallatin, Madison & Park Counties)*
>
> *Mental health is a real and ongoing part of full care for an individual that requires acute/crisis care, team care and the need for psychiatry, as well as access for those without insurance or Medicaid. Our mental health should be integrated with hospital and medical illness care, not separated. We are a*

community hospital that has a vision of healthcare for all. This is not true for mental health, and physicians feel this is due to financial/business reasons, not true healthcare needs. We need to fund and provide access to care for all people in our area. Mental health and drug addiction are important, and all PCP's are feeling the lack of support and services, as well as an attitude on the part of our administration in dealing honestly with physicians and healthcare providers regarding mental health and psychiatric services. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

We have a Crisis Response Team that works in tandem with the local police, and they are great but woefully understaffed. There are times where we page for a CRT evaluation, and we will wait hours before their on call staff can make it in, because that one person is covering a large swath of territory and may have multiple evaluations he/she has been called to do. In conjunction with CRT, there is Hope House, which is a small facility with very limited beds and staff and no juvenile beds. We often hold people for days at the hospital, waiting for a bed to open up at a psych facility. This is a bad arrangement for both the hospital and the patient that is suffering from a psychiatric disorder. A true psych hospital would be a godsend in this community, one that offered outpatient services as well. None of the local psychiatrists will take Medicare or Medicaid, so unless you have stellar insurance or a lot of money, your psych resources are very limited. And most people who suffer from mental illness have neither. – Other Health Professional (Gallatin, Madison & Park Counties)

Limited access to psychiatry, which is amplified by the fact that most psychiatrists in town do not see Medicare patients. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

There are not enough services for people that are in crisis but not a harm to themselves or others, especially in the older population. Someone with dementia and a mental health crisis doesn't have any local treatment options. – Other Health Professional (Gallatin, Madison & Park Counties)

Access to psychiatric evaluation and medication management, particularly for low-income and/or uninsured people. Crisis services are challenging to sustain with state funding/infrastructure. Children's services are very limited. – Public Health/Community Health Representative (Gallatin, Madison & Park Counties)

Access to someone who can address their mental health issue, knowledge of crisis resources, and continuity of care and commitment issues like alcohol and mental health disorders. – Physician/ Advanced Practice Clinician (Gallatin, Madison & Park Counties)

In a nutshell, it boils down to access to care and stigma. With regard to access, there are a limited number of providers available, and the majority of them are located in Bozeman. Even for people who live in Bozeman, accessing medication management, counseling services, or case management is a challenge, due to the high demand and scarcity of resources. Gallatin County is a large area. For those who need mental health services but live outside of Bozeman, there is an additional barrier to accessing the care they need. This even includes Belgrade, since transportation and time off work can come at a premium. While access to resources is certainly a challenge, stigma still serves as a deterrent to seeking help in the first place. If you combine the general societal stigma towards mental illness and add in the rural/farming/ranching mentality, it creates a huge hurdle for those who might be struggling. Sometimes people worry they'll be judged by others; some people judge themselves. – Physician/Advanced Practice Clinician (Gallatin County)

GVMH tries hard and does a good job; it just needs to be able to serve more people. I also wish I could call and get an appointment for clients. If people are working, it is hard for them to go on Tuesday to enroll; it would be nice to have the ability to make an appointment. – Public Health/ Community Health Representative (Gallatin County)

While Gallatin County is a leader in training and application of CIT on our Sheriff and Police officers, the ongoing treatment and service providers is lacking. A more stable source of services and providers is needed. – Community Leader (Gallatin, Madison & Park Counties)

No inpatient services available. Gallatin Mental Health Clinic is closing. Who is going to take care of these clients? Community is ill-equipped to deal with mental health issues. – Community Leader (Gallatin, Madison & Park Counties)

Limited services for mental health. Patients with mental health issues are a significant percentage of high utilization for ER. Difficult to get appropriate resources for mental health patients in the home. – Other Health Professional (Gallatin County)

Access to services in our community. It would be great if resource nights were offered at community spaces. The community café, for example. – Community Leader (Gallatin, Madison & Park Counties)

Access. With the changes at Gallatin Mental Health, we are seeing many folks in need. – Other Health Professional (Gallatin, Madison & Park Counties)

Access to care, with the mental health center collapsing. No inpatient care, and few prescribers are taking Medicaid. – Public Health/Community Health Representative (Gallatin, Madison & Park Counties)

Accessing any type of timely, appropriate and affordable care. Medicaid and insurance reimbursement. Crisis management. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

Lack of consistent acute crisis care, especially in dual diagnosis with substance abuse and mental health situations. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

Lack of mental health and psychiatric services in the community. – Public Health/Community Health Representative (Gallatin, Madison & Park Counties)

Access to care, diagnosis, public understanding, facilities. – Community Leader (Gallatin County)

A lack of access to services. Nearly every community health needs assessment done by any organization in Gallatin County cites a lack of access to mental health services as a major issue. An example of this is the high rate of turnover that has been seen repeatedly at the Gallatin Mental Health Center. – Public Health/Community Health Representative (Gallatin County)

Mental health patients need more crisis stabilization options, including long-term care. – Social Services Provider (Gallatin, Madison & Park Counties)

There are very limited resources in Bozeman to handle those in mental health crisis, especially for in-patient care and for those with chronic mental health conditions. There also are very few substance abuse/rehab/treatment programs in the area, and substance abuse and mental health go hand in hand. – Other Health Professional (Gallatin, Madison & Park Counties)

Lack of resources and funding to pay for mental health services. – Community Leader (Gallatin County)

Access to mental health resources: in town, within walking distance, and open 24/7. – Community Leader (Gallatin, Madison & Park Counties)

Access to psychiatry for medication management. Access time to counseling services for low income patients. – Other Health Professional (Gallatin, Madison & Park Counties)

Access to resources. Stigma. Emergency resources. We are still taking people with mental illness by sheriff out of town for treatment and then back to court. Not enough supportive case management and follow-up help. Hope House is often overwhelmed. Not enough integration with other medical providers and facilities in the Valley. – Other Health Professional (Gallatin, Madison & Park Counties)

Resources are limited in this community. There is no inpatient services for emergencies. – Other Health Professional (Gallatin County)

Access to crisis care and space. We often are keeping suicidal ideation patients for days to keep them safe. They are stuck in the hospital and losing precious intervention time and being watched by people without training or experience in dealing with mental illness and substance abuse. Getting people hooked into good counseling that they can afford is another problem. – Other Health Professional (Gallatin, Madison & Park Counties)

Access to care, specialists not accepting Medicaid. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

They have nowhere to go. It's a long wait to get into Gallatin Mental Health. – Other Health Professional (Gallatin, Madison & Park Counties)

Access to psychiatry. Failure to take personal responsibility for medical compliance and behavior. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

Lack of available psychiatric and counseling services, lack of adequate funding by the Montana legislature, lack of an inpatient treatment facility. – Social Services Provider (Gallatin, Madison & Park Counties)

Private therapists in the community have long wait lists or do not accept Medicaid. Gallatin Mental Health Center has long waitlists when they are staffed, high turnover, and inefficiency in addressing the mental health needs of our community as a whole. – Social Services Provider (Gallatin County)

Our community needs more mental health services for children. Hope House cannot take children and there needs to be a place for them to go to receive assistance. – Social Services Provider (Gallatin County)

Access and stigma. – Community Leader (Gallatin, Madison & Park Counties)

I think as a community we are doing better at recognizing the need for increased and effective mental health services but I'm still only seeing a majority of offerings during the traditional 8-to-5 Monday–Friday time period. Often, a person experiences a crisis outside of these office hours, and it becomes challenging to navigate them towards a useful community resource. – Social Services Provider (Gallatin, Madison & Park Counties)

Access to psychiatric care, inpatient psychiatric treatment facilities, acute ER evaluation by crisis

response, access to care coordinators. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

Lack of access to professional care and treatment. – Community Leader (Gallatin, Madison & Park Counties)

The Hope House, our only crisis stabilization center, had to close several times this year for extended periods of time due to lack of staffing. Physical plant limitations, has had a massive turnover, and lack of leadership. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

There is a mental health crisis currently in our community, with many members unable to access or afford treatment. Major barriers to accessing services. Limited providers, especially a psychiatrist for those who need it. I also think that more mental health outreach needs to be done to remove barriers to access, as well as mental health training for other agencies and providers who are frequently in contact with customers with active mental health. Also expand the CRT. – Social Services Provider (Gallatin, Madison & Park Counties)

Securing treatment. – Community Leader (Gallatin, Madison & Park Counties)

Lack of services. – Public Health/Community Health Representative (Gallatin County)

Affordable Care/Services

Our mental health situation is a disaster. We do not have reliable and effective mental health treatment, especially for those without insurance or on Medicaid. We have resources, but they are not that effective and are underfunded. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

Need for better long-term care for those with mental health issues. From the law enforcement perspective, we see the same persons frequently and they are in and out of counseling and/or protective custody. – Community Leader (Gallatin, Madison & Park Counties)

Not enough counselors in different languages; for example, Spanish. – Public Health/Community Health Representative (Gallatin County)

Having health insurance that covers the cost of providers and medications needed. The length of time it takes to get appointments for pediatric care. – Community Leader (Gallatin, Madison & Park Counties)

Finding affordable and easily accessible services. It's probably really more a function of how our entire state is set up. There's only one place in the state for people who are having acute mental health crises. Even then, you have to go before a judge to be admitted. It's really tough for families. I've known families who had to send their loved ones to Idaho because the system here is so bad. Even for more basic issues, it's tough for people to get the support they need. – Community Leader (Gallatin, Madison & Park Counties)

There are no psychiatrists who take Medicaid. There is no inpatient psych care. All the counselors have full practices and no centralized way to access them. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

There is a lack of mental health services available to those who cannot afford it and desperately need it. There is a population of people who are not eligible for Obamacare or Medicaid who cannot access this care, and a group of people who need education about possible resources (the homeless population). I feel that mental health is the crux of most issues in our society, and we, as a community, should do a better job of making it available and removing its taboo. – Community Leader (Gallatin, Madison & Park Counties)

Access to affordable care. Availability of qualified providers who can prescribe medications. Lack of outpatient and inpatient treatment for addiction. – Other Health Professional (Gallatin, Madison & Park Counties)

Affordable access to treatment. Addressing often-connected issues, such as homelessness. – Community Leader (Gallatin, Madison & Park Counties)

Psychiatrists do not accept Medicare, so it is hard to get my mostly Medicare patients in. Also hard to get counseling for Medicare patients because Medicare does not reimburse LCPCs. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

I know there are people with serious mental health issues that need proper medication and management for their disease. I am not qualified to speak to this issue other than to say that for low-income families that have a serious mental health issue with one of their kids, this is a huge problem, and there are not a lot of affordable resources out there to help them. But there are a large number of people with depression or attention issues that simply need to eat better, get more active, get more sleep and get outside to play more. We have become a sedentary society that eats a lot of junk food (including sweetened beverages of all kinds) and doesn't get enough sleep. I'm not sure what we can

do to help this issue other than to make it very easy for people to "do the right thing" and change the culture so that it becomes a community norm that we support healthy options. I think we are doing a lot to address these issues, but there is always more to do. – Community Leader (Gallatin, Madison & Park Counties)

Collapse of care at GCMH, with zero prescribing mental health providers in our community accepting Medicare/Medicaid public patients, and few therapists accepting new clients. MSU trains LCPCs but Medicare does not recognize LCPCs for reimbursement, further limiting referral options for patients for proven modalities such as CBT that could help patients manage chronic pain without opioids. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

Lack of affordable, consistent, available non-pharmacologic interventions. We also continuously struggle with the cowboy mentality in Montana; the stigma surrounding mental health issues makes seeking care difficult. – Public Health/Community Health Representative (Gallatin County)

Affordable mental health services, inconsistencies with the care Gallatin Mental Health Center provides, access to med management, crisis services for children. – Other Health Professional (Gallatin County)

Lack of access to affordable services, lack of services, stigma, lack of communication about where to find services. Lack of coordination of care. – Community Leader (Gallatin, Madison & Park Counties)

Finding low cost mental health service is challenging. People with the highest need often don't have the support they need, due to the available agencies being overwhelmed due to lack of resources. I have heard countless stories of needs not being met because of an inability to pay their copay or because the agency is woefully understaffed and can't meet the need. High agency turnover has also been cited as an issue for said clients. – Other Health Professional (Gallatin, Madison & Park Counties)

The lack of affordable resources available, education, and understanding continues to hinder the accessibility of services to those needing help in a timely manner. – Community Leader (Gallatin, Madison & Park Counties)

For those people who are under-insured and working, it is hard to afford. The mental health center is very hard to get into, with high staff turnover making it hard to build a relationship with a therapist. – Community Leader (Gallatin County)

Access to affordable care. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

Lack of affordable care for adults and teens. Hands down. This is a problem, especially with the challenges facing the Gallatin Mental Health Center. – Community Leader (Gallatin County)

Accessible support and treatment for low-income people. – Community Leader (Gallatin, Madison & Park Counties)

Lack of Providers

There are very few providers out there that will see Medicare patients. This is a major problem. In addition, many younger people have insurance that will not cover appropriate mental health services. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

Not enough psychiatrists, or they are not available. Not enough child psychiatrists. Need more room at the Hope House, or more places like the Hope House for people in crisis. People often say they can't afford to see a counselor/therapist. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

There are more people with mental health needs than the therapists in our community can currently handle. People are languishing on waiting lists or being turned away. – Community Leader (Gallatin, Madison & Park Counties)

Few providers for outpatient, and no providers for inpatient. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

Not enough access to mental health providers. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

Lack of counselor availability. There is often a three-week wait to see the counseling center at MSU. – Community Leader (Gallatin, Madison & Park Counties)

Our local mental health provider can't keep its psychiatrists or psych NPs employed. – Physician/ Advanced Practice Clinician (Gallatin, Madison & Park Counties)

Lack of providers. In particular, lack of providers that take Medicaid and Medicare. – Physician/ Advanced Practice Clinician (Gallatin County)

Access to psychiatrists across the spectrum is difficult. For Medicare and Medicaid even more so. We

have some good community resources in place but they are often overwhelmed/ understaffed. We have issues with everything from coordination of care and basic care of patients with complex psychiatric disorders to much needed work with substance abuse/ rehabilitation services and suicide prevention. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

Access to dedicated psychiatric specialty care for complex mental health (psychiatrists, psychiatric nurse practitioners, therapists, counselors, and case managers/social workers). GMHC has provided great care to many residents, but its current structure seems to be "burning out" providers with alarming regularity, leading to recurrent staff turnover. In addition, when GMHC staffing decreases, there is little or no availability of MCD, uninsured, or high-deductible insured patients to get community psychiatric care. I believe there should be closer involvement and support by BHDH with GMHC, including larger pools of psychiatric specialty providers to reduce burnout. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

The biggest challenges are: lack of providers; lack of providers who are social workers, covered by Medicare; and inability to retain newly graduated social workers or LCPC's , who often work at public clinics (GMHC, CHP) for a short period of time to get their practice hours in, then leave the area and/or go into private practice. – Community Leader (Gallatin County)

Denial/Stigma

While the stigma of seeking assistance is difficult in a very small community, access is really the primary hurdle. – Community Leader (Gallatin, Madison & Park Counties)

Access issues for youth; stigma. – Community Leader (Gallatin, Madison & Park Counties)

Stigma. Lack of resources. Resistance to seek help. Education on mental health. Drug and alcohol use as comorbidities. – Physician/Advanced Practice Clinician (Gallatin County)

Stigma, receiving consistent mental health services (high turnover), getting the right help in the right place at the right time. Western Montana Mental Health turnover, inconsistencies, move to the outskirts of town. Substance abuse services are poor. Funding always an issue and always getting cut. – Public Health/Community Health Representative (Gallatin, Madison & Park Counties)

There is a stigma around getting services for mental health. It seems that our Gallatin Mental Health Center is underfunded and under-capacity to serve the growing need in our community. – Community Leader (Gallatin County)

Stigma, access for rural communities, lack of resources in rural communities. Customers are reluctant to receive services from obvious mental health services/offices; they would prefer more anonymity. The public is unaware of existing resources. – Social Services Provider (Gallatin, Madison & Park Counties)

While much work has begun (Bozeman School District efforts), I have not seen uniformity across the school districts in the county. A stigma still exists and there is opportunity for improvement within the healthcare system for uniformity in early screening and finally, access to clinical services for co-occurring conditions (substance abuse treatment). – Public Health/Community Health Representative (Gallatin County)

Stigma associated with receiving help. Lack of an understanding as to how to access the help. Rural communities have very limited resources or knowledge of resources available. – Social Services Provider (Gallatin, Madison & Park Counties)

Stigma associated with accessing care; access to care. – Social Services Provider (Gallatin, Madison & Park Counties)

Vulnerable Populations

Lack of access for youth and homeless populations to adequate mental health facilities. – Community Leader (Gallatin County)

Access to adolescent and youth mental health. – Community Leader (Gallatin, Madison & Park Counties)

There needs to be more services for children struggling with mental health concerns. There are often long wait lists for mental health services for adults. – Social Services Provider (Gallatin County)

Poverty and the hopelessness that comes with it spirals people down into depression. Drug and alcohol abuse encourage the sense of hopelessness. This community needs to help students find their passions and a path to be content and successful with these hopes and dreams. This needs to be for intellectual, artistic and physical passions. A hopeful future is what all people deserve! – Community Leader (Gallatin, Madison & Park Counties)

Academic testing and support for children with learning disabilities. This leads to depression, substance abuse, and school dropouts. – Physician/Advanced Practice Clinician (Gallatin, Madison &

Park Counties)

Adult/senior suicide awareness and prevention. Substance abuse. – Public Health/Community Health Representative (Gallatin, Madison & Park Counties)

Mental health for children and teens. Until they are involved with the judicial system, there is little help or support for these kids. This results in dropping out of school and substance abuse. – Community Leader (Gallatin, Madison & Park Counties)

Access to mental health professionals for all incomes, but especially low-income folks. Dementia resources are especially scarce for low-income seniors. – Social Services Provider (Gallatin, Madison & Park Counties)

Children mental health services; crisis-response funding. – Community Leader (Gallatin, Madison & Park Counties)

Health Education

A lack of understanding of what is needed. A lack of services. A stigma attached to mental health. – Community Leader (Gallatin, Madison & Park Counties)

First, more awareness: The general population is not aware of their own mental health, how to improve their mental wellness, and available resources. Second, reduce stigma about mental illness: People think their mental health issues are their own personal problem. Need to de-stigmatize and make it a community concern. Third, reduce suicides: Need suicide prevention programs that are effective. Need funding to complete YAM (Youth Aware of Mental Health) study so this program can be widely implemented in Montana for suicide prevention. Fourth, integrated behavioral health in primary care settings. Sixth, residential care facilities and programs for teens/YA and for adults experiencing mental health crises. An outdoor-themed/based care facility, perhaps. Fifth, increased support for homeless w/ mental health issues. Sixth, ACES awareness and trauma-informed care integrated throughout organizations and businesses. Seventh, compassion-fatigue prevention for providers to provide optimal care. And last, increased support for children age 0-8 and parents' mental health. – Social Services Provider (Gallatin, Madison & Park Counties)

Prevalence/Incidence

Depression, anxiety are the two big ones. So many homeless have mental health issues. – Community Leader (Gallatin, Madison & Park Counties)

Mental health is one of the biggest issues facing our country right now with the increased gun violence incidence. Bozeman should take preventative measures by placing stricter gun control laws that will screen people for mental health disorders. We should speak about mental health as a community so people affected feel comfortable talking about it. Suicide is too common, especially among youth, so our community needs to take away the stigma and raise awareness about mental health disorders and how to deal with them. – Community Leader (Gallatin, Madison & Park Counties)

The rate of suicide and the amount of stress seen in school age population. Lack of access or the stigma associated with seeking mental health services. – Other Health Professional (Gallatin, Madison & Park Counties)

High rate of psychiatric disease, increasingly difficult to access mental health services due to transitions at the county mental health organizations. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

We have a mental health facility, but nothing that we do comes close to solving the problem. Some government agency or agencies have to see the problem and tax the rest of us to make more and better facilities and help for those that are mentally ill. – Community Leader (Gallatin, Madison & Park Counties)

Diagnosis/Treatment

Getting any kind of help with mental health issues. – Community Leader (Gallatin, Madison & Park Counties)

Across all medical spectrums, we see the adverse effects of undiagnosed and untreated mental health issues that impact people's ability to retain a job, create a safe family dynamic, take care of themselves physically, etc. And those, in turn, can affect their ability to lead healthy lives; they may not have health insurance because they can't work so they are afraid to go to the doctor because of cost ... it is all so layered and cyclical! And as usual, low-income and vulnerable populations are the most susceptible to mental health screenings and assistance and they often experience the biggest barriers to getting care. The lack of mental health resources and lack of awareness about these issues in our community is astounding. – Other Health Professional (Gallatin, Madison & Park Counties)

Suicide

Suicide, it is a concern for the state and our catchment areas. – Public Health/Community Health Representative (Gallatin, Madison & Park Counties)

Suicide is especially prevalent among teens and teens who are on SSRIs. – Other Health Professional (Gallatin County)

Montana has the highest suicide rate. – Other Health Professional (Gallatin, Madison & Park Counties)

With the high suicide rate and people with mental health issues, we significantly lack mental health resources. There is a lack of physicians and social workers who work in the mental health field. If we do find a place for them, it is typically out of county or state. – Other Health Professional (Gallatin, Madison & Park Counties)

Stress

Stress reduction for the population in general. Most people I encounter in this community struggle with stress and "busy/over-thinking-mind" to the point that it affects their physical and emotional (as well as mental) well-being. Treating stress with medication only masks the problem and doesn't help people work with the underlying causes of stress. People are not aware of mind-body connection practices that can improve their mental health, greatly enhancing the effects of medication and providing tools that are helpful even when life circumstances continue to provide challenges. Tools that enable people to relate to these challenges with more resilience, a perspective shift, confidence boost, etc. – Social Services Provider (Gallatin, Madison & Park Counties)

Death, Disease & Chronic Conditions

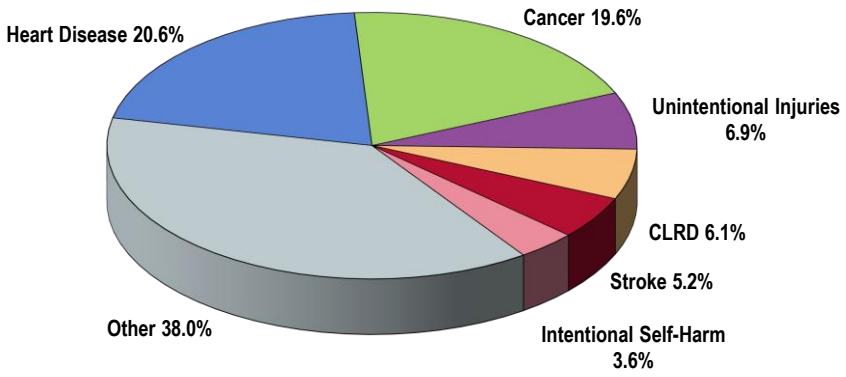
Professional Research Consultants, Inc.

Leading Causes of Death

Distribution of Deaths by Cause

Together, cardiovascular disease (heart disease and stroke) and cancers accounted for over 4 in 10 deaths in the Total Area in 2015.

Leading Causes of Death
(Total Area, 2015)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- CLRD is chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

For infant mortality data, see *Birth Outcomes & Risks* in the **Births** section of this report.

In order to compare mortality in the region with other localities (in this case, Montana and the United States), it is necessary to look at *rates* of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these "age-adjusted" rates provides the most valuable means of gauging mortality against benchmark data, as well as *Healthy People 2020* targets.

The following chart outlines 2013-2015 annual average age-adjusted death rates per 100,000 population for selected causes of death in the Total Area.

Each of these is discussed in greater detail in subsequent sections of this report.

Age-Adjusted Death Rates for Selected Causes

(2013-2015 Deaths per 100,000 Population)

	Total Area	MT	US	HP2020
Diseases of the Heart	121.5	152.6	168.4	156.9*
Malignant Neoplasms (Cancers)	121.5	155.8	161.0	161.4
Unintentional Injuries	39.8	55.5	41.0	36.4
Chronic Lower Respiratory Disease (CLRD)	36.7	50.4	41.4	n/a
Cerebrovascular Disease (Stroke)	31.5	35.9	36.8	34.8
Intentional Self-Harm (Suicide)	20.0	24.3	13.0	10.2
Alzheimer's Disease	15.7	20.2	26.1	n/a
Firearm-Related	13.9	17.3	10.6	9.3
Motor Vehicle Deaths	13.1	20.0	10.6	12.4
Pneumonia/Influenza	13.0	14.6	15.4	n/a
Drug-Induced	10.0	15.3	15.8	11.3
Diabetes Mellitus	8.5	21.1	21.1	20.5*
Cirrhosis/Liver Disease	6.0	13.6	10.5	8.2

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov.

Note:
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population and coded using ICD-10 codes.
- *The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-coded deaths.

Cardiovascular Disease

About Heart Disease & Stroke

Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than $500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the US population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use.

The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:

- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

Disease does not occur in isolation, and cardiovascular disease is no exception. Cardiovascular health is significantly influenced by the physical, social, and political environment, including: maternal and child health; access to educational opportunities; availability of healthy foods, physical education, and extracurricular activities in schools; opportunities for physical activity, including access to safe and walkable communities; access to healthy foods; quality of working conditions and worksite health; availability of community support and resources; and access to affordable, quality healthcare.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

Heart Disease Deaths

The greatest share of cardiovascular deaths is attributed to heart disease.

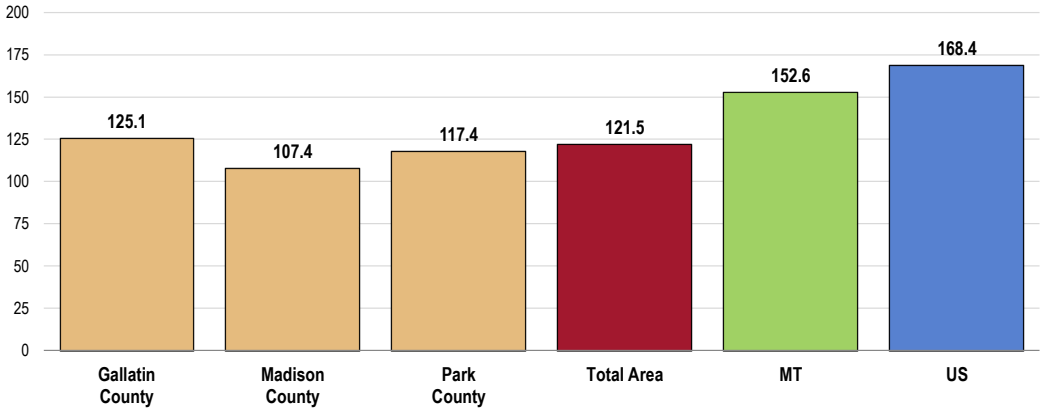
Between 2013 and 2015 there was an annual average age-adjusted heart disease mortality rate of 121.5 deaths per 100,000 population in the Total Area.

- Lower than the statewide and national rates.
- Satisfies the Healthy People 2020 target of 156.9 or lower (as adjusted to account for all diseases of the heart).
- Higher in Gallatin County.

Heart Disease: Age-Adjusted Mortality

(2013-2015 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 156.9 or Lower (Adjusted)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]

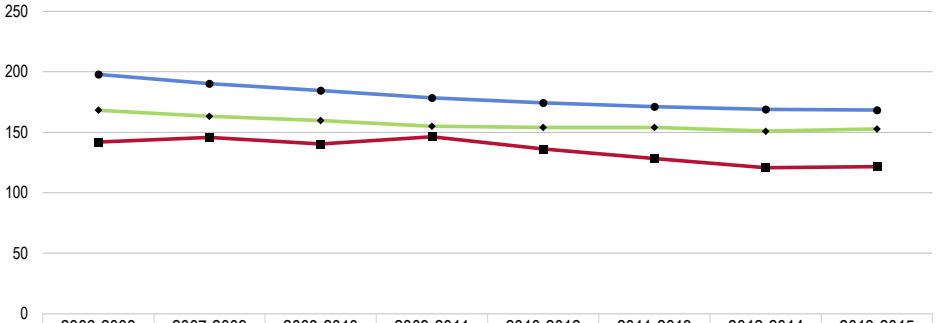
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

- TREND: The heart disease mortality rate has <u>decreased</u> in the Total Area, echoing the decreasing trends across Montana and the US overall.

Heart Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 156.9 or Lower (Adjusted)



	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015
Total Area	142.0	145.6	140.5	146.3	136.2	128.3	120.7	121.5
MT	168.2	163.1	159.7	155.1	154.0	154.1	151.0	152.6
US	197.9	190.3	184.7	178.5	174.4	171.3	169.1	168.4

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

Stroke Deaths

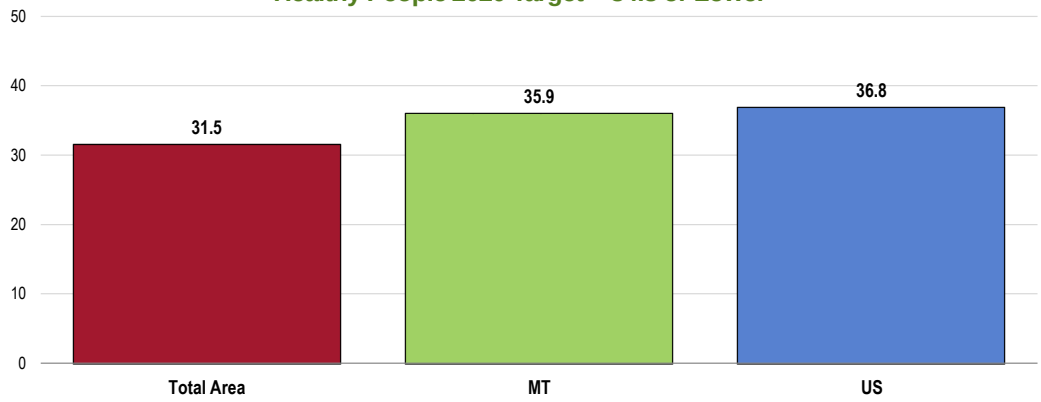
Between 2013 and 2015, there was an annual average age-adjusted stroke mortality rate of 31.5 deaths per 100,000 population in the Total Area.

- More favorable than the Montana and national rates.
- Satisfies the Healthy People 2020 target of 34.8 or lower.

Stroke: Age-Adjusted Mortality

(2013-2015 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 34.8 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

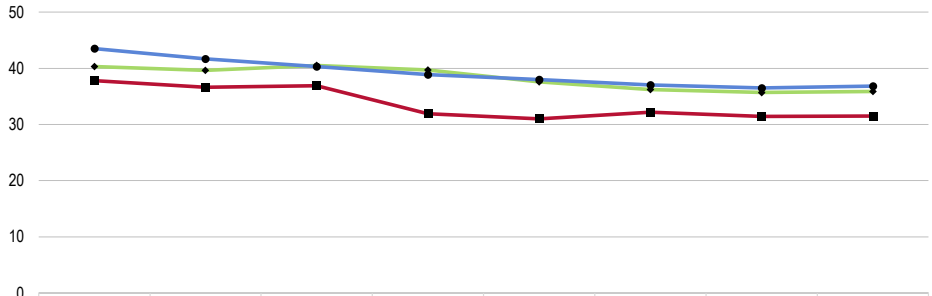
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The stroke rate has declined in the late 2000s but has since held steady.

Stroke: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 34.8 or Lower



	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015
Total Area	37.8	36.6	36.9	31.9	31.0	32.2	31.4	31.5
MT	40.3	39.6	40.5	39.7	37.6	36.2	35.7	35.9
US	43.5	41.7	40.3	38.9	38.0	37.0	36.5	36.8

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of PublicHealth Surveillance and Informatics. Data extracted May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

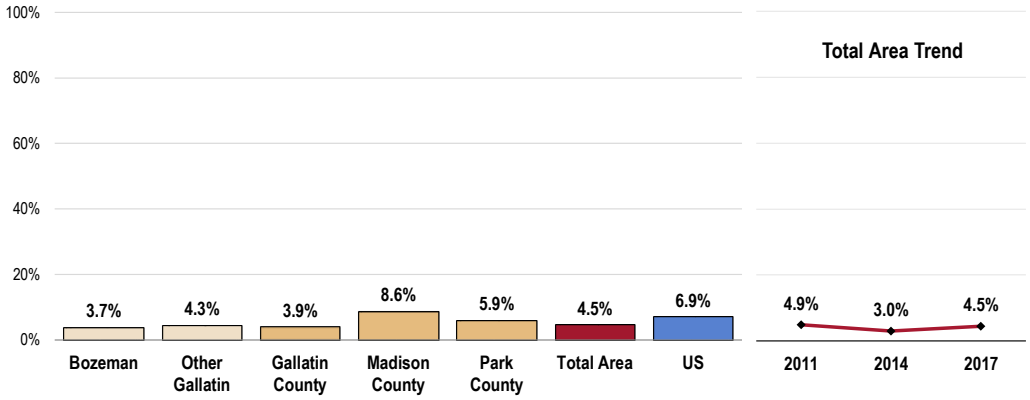
Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 4.5% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

- Below the national prevalence.
- Similar within Gallatin County; unfavorably high in Madison County.
- TREND: Statistically unchanged since 2011.

Prevalence of Heart Disease

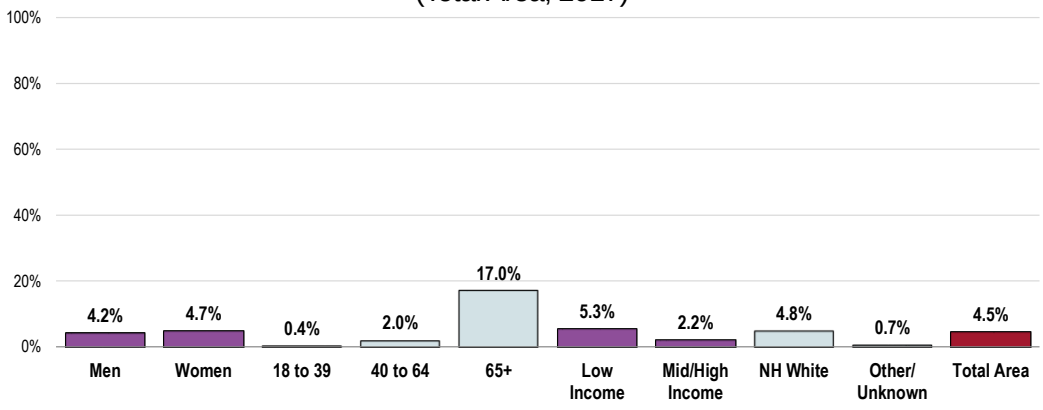


Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 146]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Includes diagnoses of heart attack, angina or coronary heart disease.

- Seniors (age 65+) and, to a lesser degree, non-Hispanic Whites are more likely to have been diagnosed with heart disease.

Prevalence of Heart Disease
(Total Area, 2017)



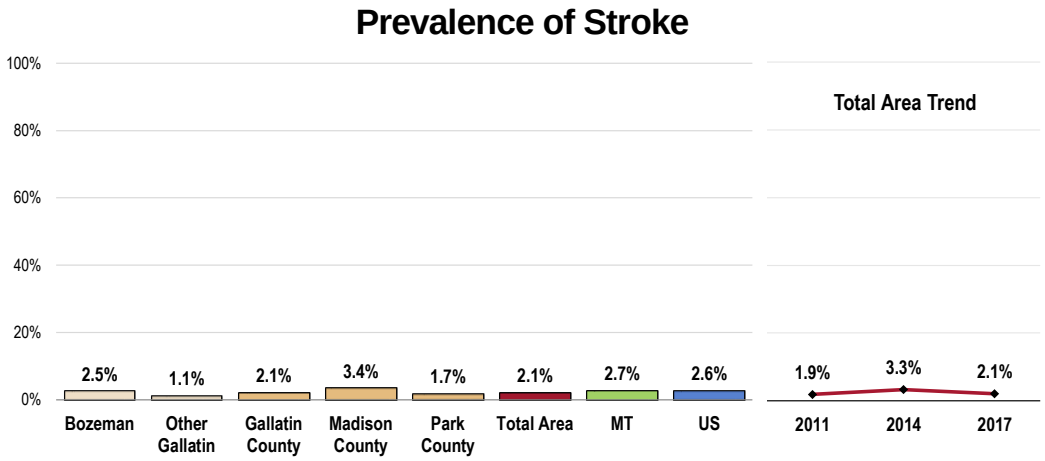
Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 146]

Notes:
- Asked of all respondents.
- Includes diagnoses of heart attack, angina or coronary heart disease.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Prevalence of Stroke

A total of 2.1% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Similar to statewide and national findings.
- Similar by community in Gallatin County; similar findings by county.
- TREND: Statistically unchanged over time.



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 35]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Montana data.

Notes:
- Asked of all respondents.

Cardiovascular Risk Factors

About Cardiovascular Risk

Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans with high blood pressure do not have it under control. High sodium intake is a known risk factor for high blood pressure and heart disease, yet about 90% of American adults exceed their recommendation for sodium intake.

- Healthy People 2020 (www.healthypeople.gov)

High Blood Pressure

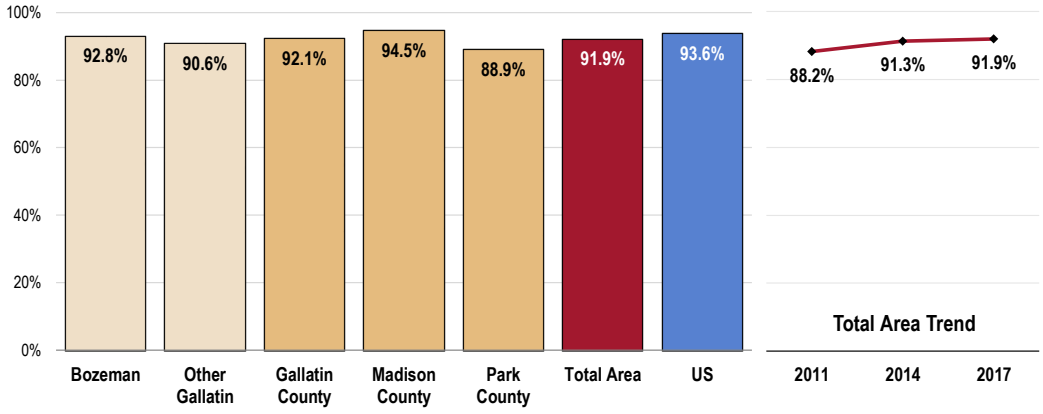
High Blood Pressure Testing

A total of 91.9% of Total Area adults have had their blood pressure tested within the past two years.

- Similar to national findings.
- Similar to the Healthy People 2020 target (92.6% or higher).
- In Gallatin County, similar by area.
- Similar findings by county.
- TREND: Marks a statistically significant increase over time.

Have Had Blood Pressure Checked in the Past Two Years

Healthy People 2020 Target = 92.6% or Higher



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 44]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-4]

Notes:
- Asked of all respondents.

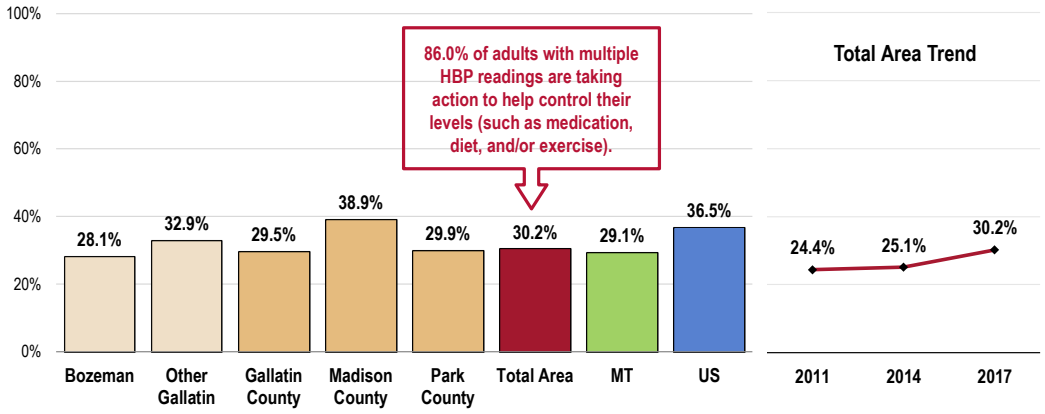
Prevalence of High Blood Pressure

A total of 30.2% of Total Area adults have been told at some point that their blood pressure was high.

- Comparable to the Montana prevalence.
- Lower than the national prevalence.
- Fails to satisfy the Healthy People 2020 target (26.9% or lower).
- Similar findings within Gallatin County.
- Unfavorably high in Madison County.
- TREND: Denotes a statistically significant increase from previous survey findings.
- Among adults with multiple high blood pressure readings, 86.0% are taking action to lower their blood pressure (such as medication, change in diet, and/or exercise).

Prevalence of High Blood Pressure

Healthy People 2020 Target = 26.9% or Lower



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 43, 147]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Montana data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-5.1]

Notes:
- Asked of all respondents.

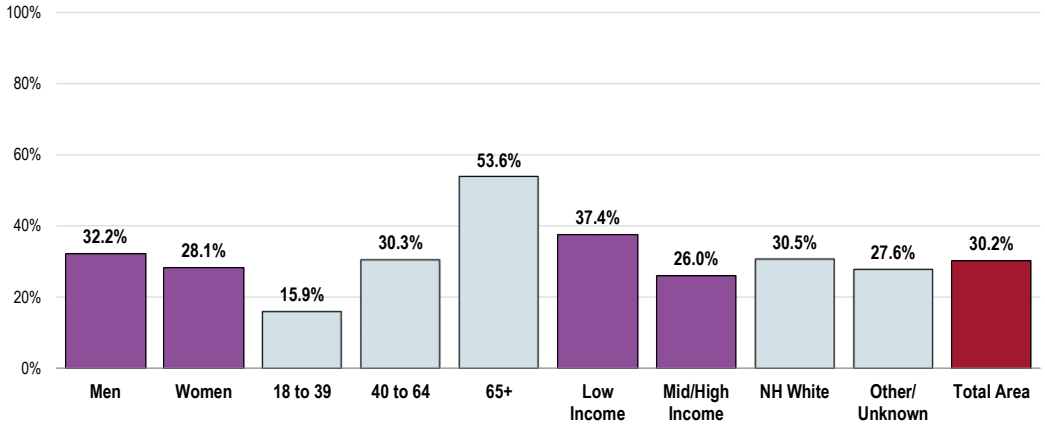
High blood pressure is more prevalent among:

- Adults age 40 and older, and especially those age 65+ (positive correlation with age).
- Residents in low-income households.

Prevalence of High Blood Pressure

(Total Area, 2017)

Healthy People 2020 Target = 26.9% or Lower



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 147]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-5.1]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

High Blood Cholesterol

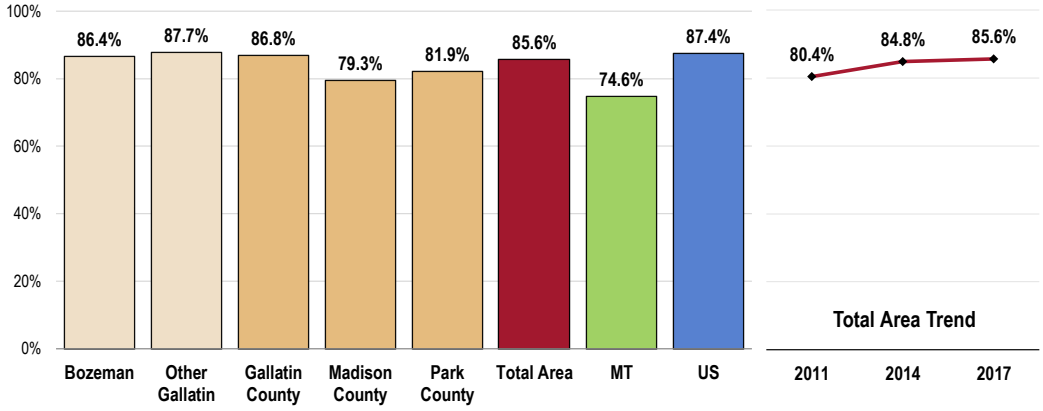
Blood Cholesterol Testing

A total of 85.6% of Total Area adults have had their blood cholesterol checked within the past five years.

- More favorable than Montana findings.
- Comparable to the national findings.
- Satisfies the Healthy People 2020 target (82.1% or higher).
- In Gallatin County, similar by area.
- Highest in Gallatin County; lowest in Madison County.
- TREND: Denotes a statistically significant increase in cholesterol screenings since 2011.

Have Had Blood Cholesterol Levels Checked in the Past Five Years

Healthy People 2020 Target = 82.1% or Higher



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 47]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Montana data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-6]

Notes:
- Asked of all respondents.

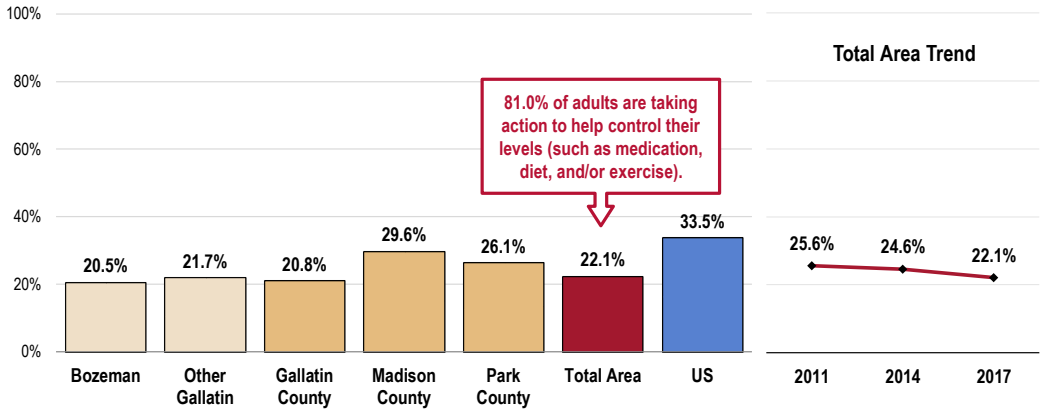
Prevalence of High Blood Cholesterol

A total of 22.1% of adults have been told by a health professional that their cholesterol level was high.

- Below the national prevalence.
- Fails to satisfy the Healthy People 2020 target (13.5% or lower).
- In Gallatin County, similar by area.
- Favorably low in Gallatin County; highest in Madison County.
- TREND: Statistically unchanged since 2011.
- Among adults with high blood cholesterol readings, 81.0% are taking action to lower their numbers (such as medication, change in diet, and/or exercise).

Prevalence of High Blood Cholesterol

Healthy People 2020 Target = 13.5% or Lower



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 46, 148]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-7]

Notes:
- Asked of all respondents.

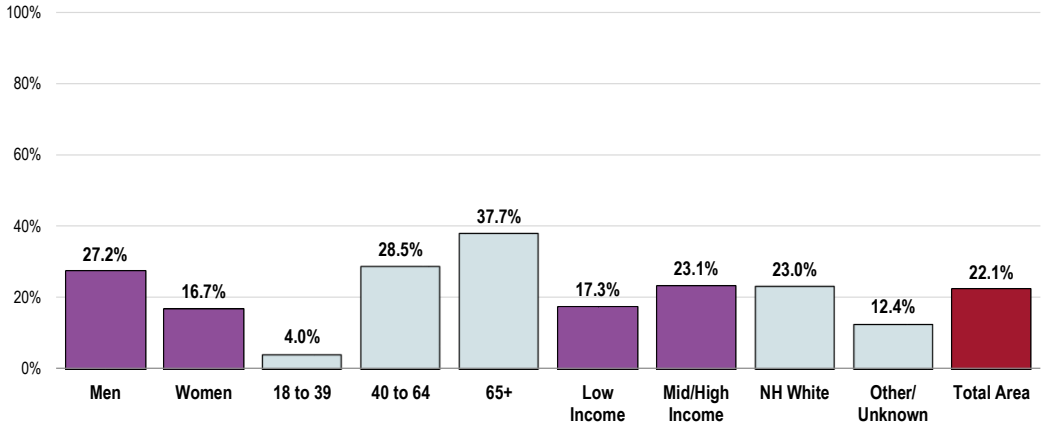
Further note the following:

- Men report a higher prevalence than women in the Total Area.
- There is a strong positive correlation between age and high blood cholesterol.

Prevalence of High Blood Cholesterol

(Total Area, 2017)

Healthy People 2020 Target = 13.5% or Lower



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-7]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

About Cardiovascular Risk

Individual level risk factors which put people at increased risk for cardiovascular diseases include:

- High Blood Pressure
- High Blood Cholesterol
- Tobacco Use
- Physical Inactivity
- Poor Nutrition
- Overweight/Obesity
- Diabetes

- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Three health-related behaviors contribute markedly to cardiovascular disease:

Poor nutrition. People who are overweight have a higher risk for cardiovascular disease. Almost 60% of adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.

Lack of physical activity. People who are not physically active have twice the risk for heart disease of those who are active. More than half of adults do not achieve recommended levels of physical activity.

Tobacco use. Smokers have twice the risk for heart attack of nonsmokers. Nearly one-fifth of all deaths from cardiovascular disease, or about 190,000 deaths a year nationally, are smoking-related. Every day, more than 3,000 young people become daily smokers in the US.

Modifying these behaviors is critical both for preventing and for controlling cardiovascular disease. Other steps that adults who have cardiovascular disease should take to reduce their risk of death and disability include adhering to treatment for high blood pressure and cholesterol, using aspirin as appropriate, and learning the symptoms of heart attack and stroke.

- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

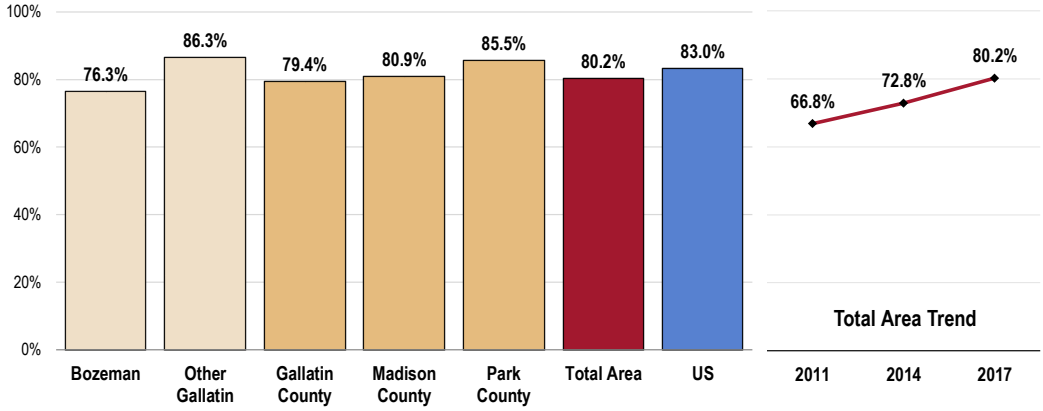
Total Cardiovascular Risk

RELATED ISSUE:
See also *Nutrition*, *Physical Activity*, *Weight Status*, and *Tobacco Use* in the **Modifiable Health Risks** section of this report.

A total of 80.2% of Total Area adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- Comparable to national findings.
- In Gallatin County, much higher outside Bozeman.
- Comparable findings by county.
- TREND: Denotes a statistically significant increase since 2011.

Present One or More Cardiovascular Risks or Behaviors



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

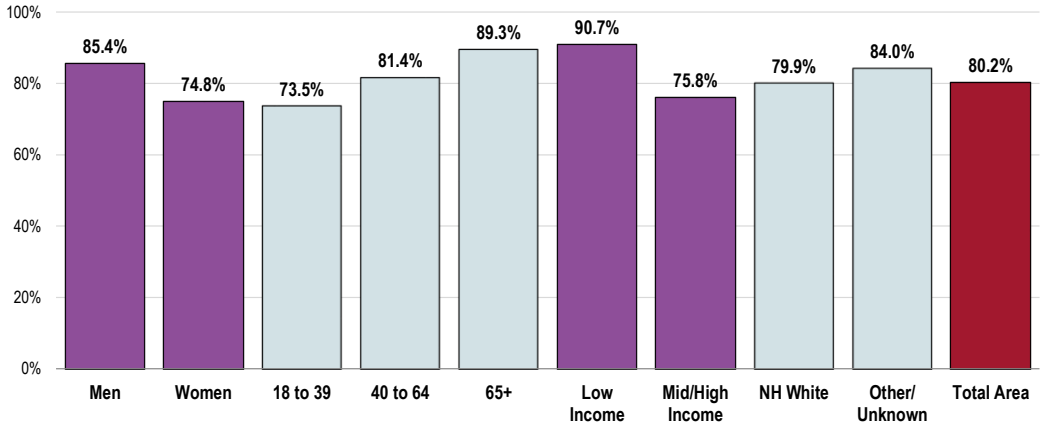
Notes:
- Asked of all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

Adults more likely to exhibit cardiovascular risk factors include:

- Men.
- Adults age 40 and older, and especially seniors (positive correlation with age).
- Respondents in low-income households.

Present One or More Cardiovascular Risks or Behaviors

(Total Area, 2017)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]

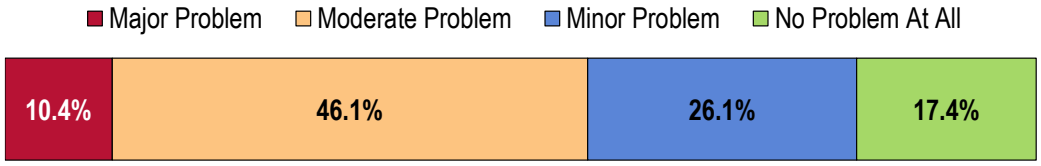
Notes:
- Asked of all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Heart Disease & Stroke

The greatest share of key informants taking part in an online survey characterized *Heart Disease & Stroke* as a "moderate problem" in the community.

Perceptions of Heart Disease and Stroke as a Problem in the Community

(Key Informants, 2017)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Prevalence/Incidence

By the amount of stroke and heart disease cases in the community. – Community Leader (Gallatin, Madison & Park Counties)

Only because this is the number-one killer and I would suspect that there are lots of people out there that either have heart disease or will develop heart disease unless they have the right information coupled with the right resources to manager or prevent this disease. – Community Leader (Gallatin, Madison & Park Counties)

High rates of these conditions, low health literacy, high tobacco use rates as well as high rates of poorly controlled diabetes. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

Major cause of mortality. Distance to emergency care for some area residents. – Other Health Professional (Gallatin, Madison & Park Counties)

As the population of Bozeman increases, the number of people affected is increasing. Our community does not have advanced cardiac or neurological care at this time. Patients in need of open-heart surgery or advanced stroke care have to be sent to other hospitals for services. – Other Health Professional (Gallatin, Madison & Park Counties)

I don't think it is any different than the national problem. Heart disease and stroke are the top killers nationwide and are problem here as elsewhere. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

Because it is a top reason for death and disability. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

Personal observation. – Community Leader (Gallatin, Madison & Park Counties)

Obesity

Obesity, poor diet, and lack of or limited activity. – Community Leader (Gallatin, Madison & Park Counties)

Significant about of obesity, drugs/alcohol use, tobacco use, lack of physical activity, uncontrolled HTN. Education. Resistance to seek preventative care. – Physician/Advanced Practice Clinician (Gallatin County)

Access to Care/Services

> *I am going on what I have heard people tell me when they have these types of physical concerns. There is a long wait period and then they may still need to travel for further services. – Community Leader (Gallatin, Madison & Park Counties)*

Health Education

> *Poor diet and nutrition education. – Community Leader (Gallatin, Madison & Park Counties)*

Cancer

About Cancer

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:

- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cancer Deaths

All Cancer Deaths

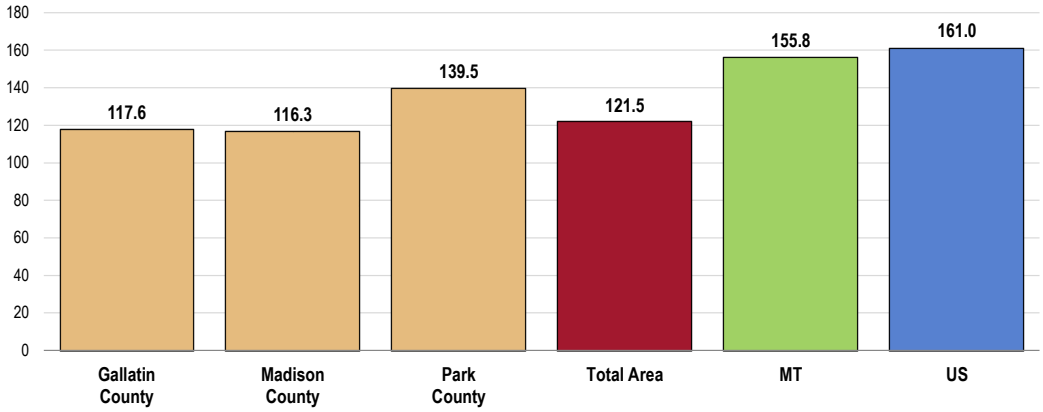
Between 2013 and 2015, there was an annual average age-adjusted cancer mortality rate of 121.5 deaths per 100,000 population in the Total Area.

- More favorable than the statewide and national rates.
- Satisfies the Healthy People 2020 target of 161.4 or lower.
- Highest in Park County.

Cancer: Age-Adjusted Mortality

(2013-2015 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 161.4 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]

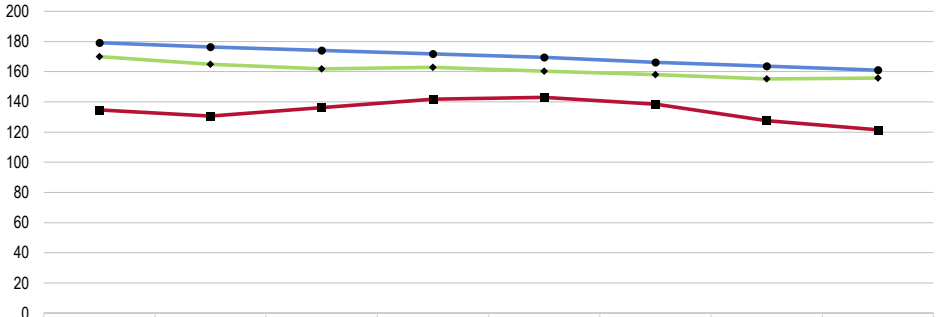
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: Cancer mortality in the Total Area has fallen in the most recent reporting periods. Statewide and nationally, declining mortality has been more consistent.

Cancer: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 161.4 or Lower



	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015
Total Area	134.7	130.7	136.1	141.9	143.0	138.6	127.6	121.5
MT	170.0	165.0	161.8	162.9	160.3	158.0	155.2	155.8
US	179.2	176.4	174.2	171.8	169.4	166.2	163.6	161.0

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Cancer Deaths by Site

Lung cancer is the leading cause of cancer deaths in the Total Area.

Other leading sites include prostate cancer and female breast cancer.

As can be seen in the following chart (referencing 2013-2015 annual average age-adjusted death rates):

- The Total Area **lung** and **female breast cancer** death rates are lower than the state and national rates.
- The Total Area **prostate cancer** death rate is higher than state and national rates.

Note that the Total Area lung and female breast cancer death rates satisfy the related Healthy People 2020 targets, whereas the local prostate cancer death rate is similar to the related goal.

Age-Adjusted Cancer Death Rates by Site

(2013-2015 Annual Average Deaths per 100,000 Population)

	Total Area	MT	US	HP2020
ALL CANCERS	121.5	155.8	161.0	161.4
Lung Cancer	25.5	39.5	42.0	45.5
Prostate Cancer	22.0	20.5	19.0	21.8
Female Breast Cancer	14.3	20.2	20.6	20.7

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov

Cancer Incidence

Incidence rates reflect the number of newly diagnosed cases in a given population in a given year, regardless of outcome. Here, these rates are also age-adjusted.

Incidence rate" or "case rate" is the number of new cases of a disease occurring during a given period of time.

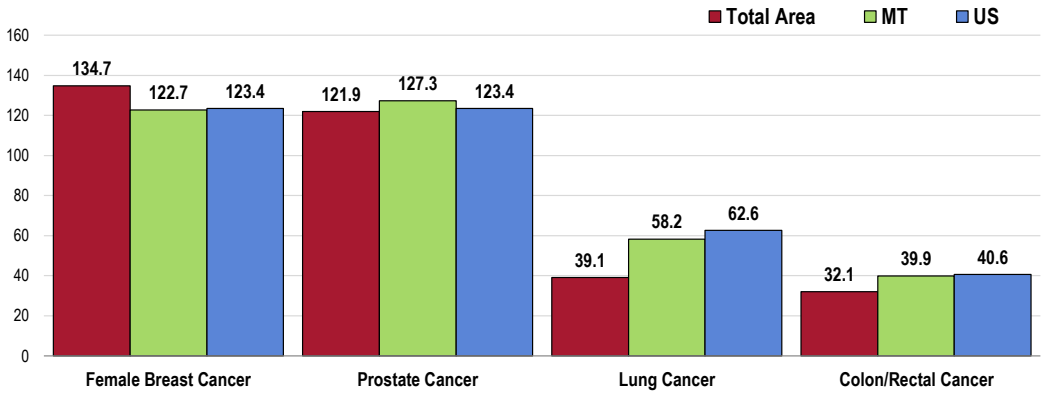
It is usually expressed as cases per 100,000 population per year.

The 2009-2013 Total Area annual average age-adjusted female breast cancer incidence rate is worse than the Montana and US rates.

- Note that the Total Area lung and colorectal cancer incidence rates are more favorable than state and national rates, whereas the local prostate cancer incidence rate is similar to Montana and US rates.

Cancer Incidence Rates by Site

(Annual Average Age-Adjusted Incidence per 100,000 Population, 2009-2013)



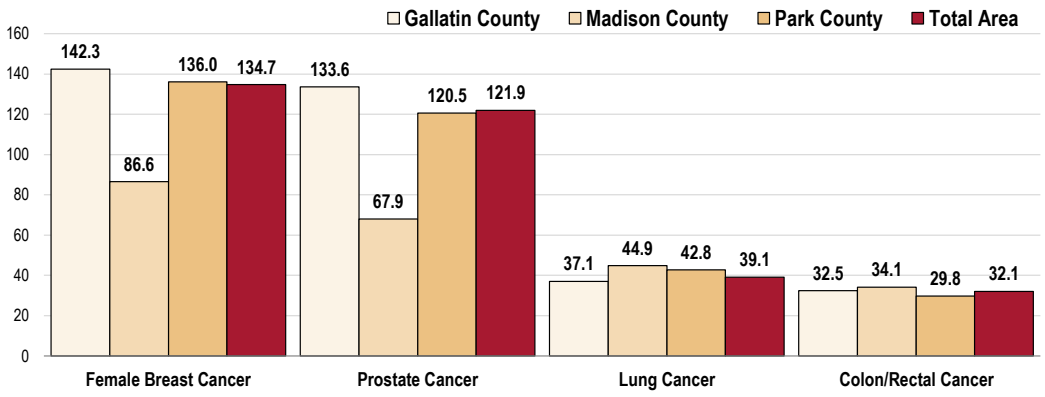
Sources:
- State Cancer Profiles.
- Retrieved March 2017 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

- Viewed by county, Madison County reports the lowest female breast and prostate cancer incidence rates when compared with Gallatin and Park counties; on the other hand, Gallatin reports the lowest lung cancer incidence rate, and Park County reports the lowest colorectal cancer incidence rate.

Cancer Incidence Rates by Site

(Annual Average Age-Adjusted Incidence per 100,000 Population, 2009-2013)



Sources:
- State Cancer Profiles.
- Retrieved March 2017 from Community Commons at http://www.chna.org.

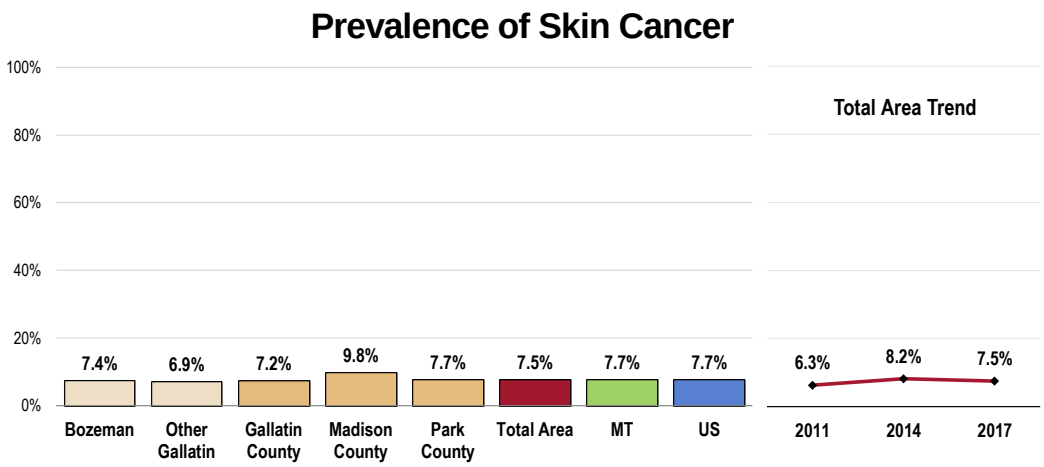
Notes:
- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

Prevalence of Cancer

Skin Cancer

A total of 7.5% of surveyed Total Area adults report having been diagnosed with skin cancer.

- Similar to what is found statewide and nationally.
- In Gallatin County, similar by area.
- Similar findings by county.
- TREND: The prevalence of skin cancer has remained statistically unchanged over time.



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 30]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Montana data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

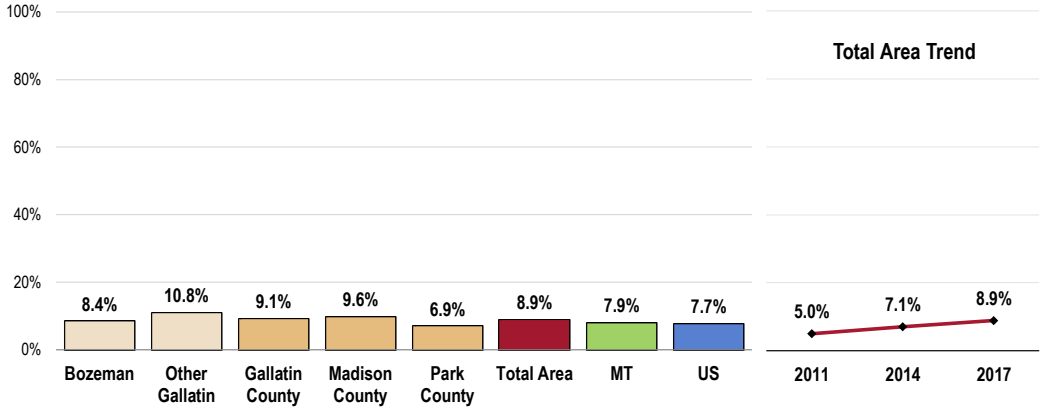
Notes:
- Asked of all respondents.

Other Cancer

A total of 8.9% of survey respondents have been diagnosed with some type of (non-skin) cancer.

- Similar to the statewide and national percentages.
- In Gallatin County, similar by community.
- Similar findings by county.
- TREND: The prevalence of cancer has increased significantly over time.

Prevalence of Cancer (Other Than Skin Cancer)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 29]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Montana data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Cancer Risk

RELATED ISSUE:
See also *Nutrition, Physical Activity, Weight Status,* and *Tobacco Use* in the **Modifiable Health Risks** section of this report.

About Cancer Risk

Reducing the nation's cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
- According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.

- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Screening levels in the community were measured in the PRC Community Health Survey relative to three cancer sites: female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

Female Breast Cancer Screening

About Screening for Breast Cancer

The US Preventive Services Task Force (USPSTF) recommends screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women age 40 and older.

Rationale: The USPSTF found fair evidence that mammography screening every 12-33 months significantly reduces mortality from breast cancer. Evidence is strongest for women age 50-69, the age group generally included in screening trials. For women age 40-49, the evidence that screening mammography reduces mortality from breast cancer is weaker, and the absolute benefit of mammography is smaller, than it is for older women. Most, but not all, studies indicate a mortality benefit for women undergoing mammography at ages 40-49, but the delay in observed benefit in women younger than 50 makes it difficult to determine the incremental benefit of beginning screening at age 40 rather than at age 50.

The absolute benefit is smaller because the incidence of breast cancer is lower among women in their 40s than it is among older women. The USPSTF concluded that the evidence is also generalizable to women age 70 and older (who face a higher absolute risk for breast cancer) if their life expectancy is not compromised by comorbid disease. The absolute probability of benefits of regular mammography increase along a continuum with age, whereas the likelihood of harms from screening (false-positive results and unnecessary anxiety, biopsies, and cost) diminish from ages 40-70. The balance of benefits and potential harms, therefore, grows more favorable as women age. The precise age at which the potential benefits of mammography justify the possible harms is a subjective choice. The USPSTF did not find sufficient evidence to specify the optimal screening interval for women age 40-49.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Mammography

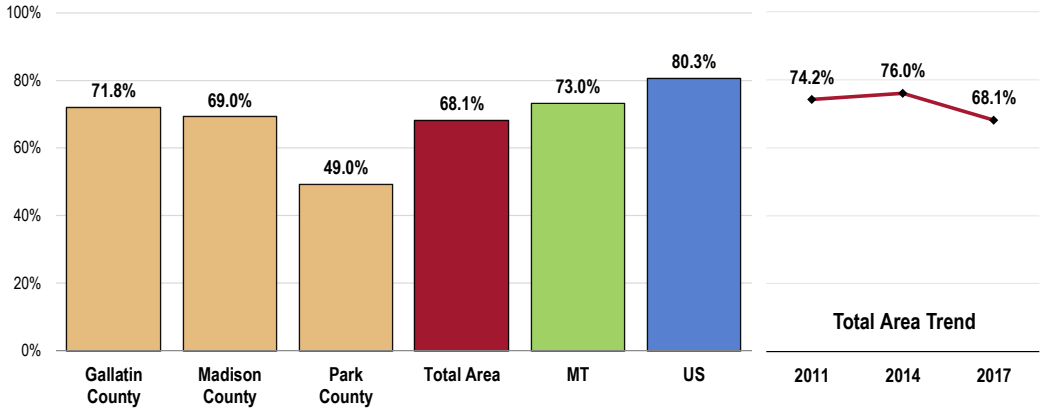
Among women age 50-74, 68.1% have had a mammogram within the past 2 years.

- Similar to statewide findings.
- Lower than national findings.
- Fails to satisfy the Healthy People 2020 target (81.1% or higher).
- Highest in Gallatin County; unfavorably low in Park County.
- TREND: Statistically unchanged since 2011.

Have Had a Mammogram in the Past Two Years

(Among Women Age 50-74)

Healthy People 2020 Target = 81.1% or Higher



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 Montana data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-17]

Notes:
- Reflects female respondents 50-74.

Cervical Cancer Screenings

About Screening for Cervical Cancer

The US Preventive Services Task Force (USPSTF) strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix.

Rationale: The USPSTF found good evidence from multiple observational studies that screening with cervical cytology (Pap smears) reduces incidence of and mortality from cervical cancer. Direct evidence to determine the optimal starting and stopping age and interval for screening is limited. Indirect evidence suggests most of the benefit can be obtained by beginning screening within 3 years of onset of sexual activity or age 21 (whichever comes first) and screening at least every 3 years. The USPSTF concludes that the benefits of screening substantially outweigh potential harms.

The USPSTF recommends against routinely screening women older than age 65 for cervical cancer if they have had adequate recent screening with normal Pap smears and are not otherwise at high risk for cervical cancer.

Rationale: The USPSTF found limited evidence to determine the benefits of continued screening in women older than 65. The yield of screening is low in previously screened women older than 65 due to the declining incidence of high-grade cervical lesions after middle age. There is fair evidence that screening women older than 65 is associated with an increased risk for potential harms, including false-positive results and invasive procedures. The USPSTF concludes that the potential harms of screening are likely to exceed benefits among older women who have had normal results previously and who are not otherwise at high risk for cervical cancer.

The USPSTF recommends against routine Pap smear screening in women who have had a total hysterectomy for benign disease.

Rationale: The USPSTF found fair evidence that the yield of cytologic screening is very low in women after hysterectomy and poor evidence that screening to detect vaginal cancer improves health outcomes. The USPSTF concludes that potential harms of continued screening after hysterectomy are likely to exceed benefits.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Pap Smear Testing

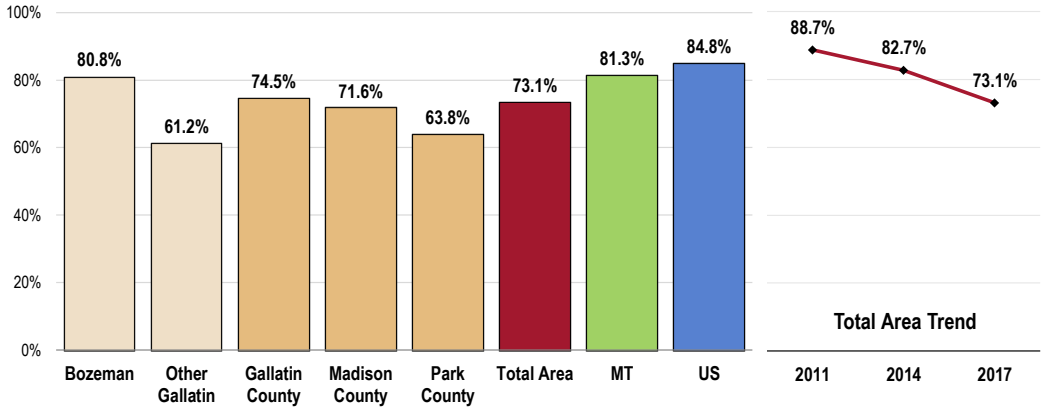
Among Total Area women age 21 to 65, 73.1% have had a Pap smear within the past 3 years.

- Lower than state and national findings.
- Fails to satisfy the Healthy People 2020 target (93% or higher).
- In Gallatin County, lower among women outside Bozeman.
- Similar findings by county.
- TREND: Marks a statistically significant decrease since 2011.

Have Had a Pap Smear in the Past Three Years

(Among Women Age 21-65)

Healthy People 2020 Target = 93.0% or Higher



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 Montana data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-15]

Notes:
- Reflects female respondents age 21 to 65.

Colorectal Cancer Screenings

About Screening for Colorectal Cancer

The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years.

The evidence is convincing that screening for colorectal cancer with fecal occult blood testing, sigmoidoscopy, or colonoscopy detects early-stage cancer and adenomatous polyps. There is convincing evidence that screening with any of the three recommended tests (FOBT, sigmoidoscopy, colonoscopy) reduces colorectal cancer mortality in adults age 50 to 75 years. Follow-up of positive screening test results requires colonoscopy regardless of the screening test used.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Colorectal Cancer Screening

Among adults age 50-75, 69.2% have had an appropriate colorectal cancer screening.

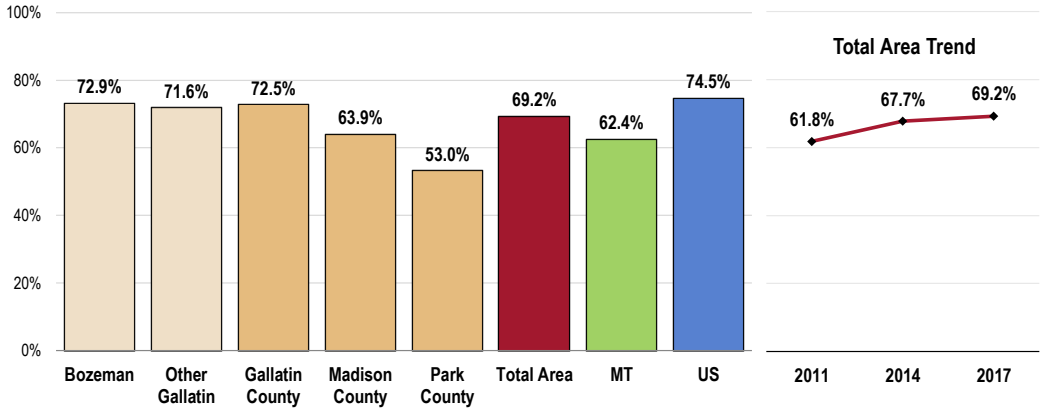
"Appropriate colorectal cancer screening" includes a fecal occult blood test within the past year and/or a lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.

- Higher than state findings.
- Similar to the US figure.
- Similar to the Healthy People 2020 target (70.5% or higher).
- In Gallatin County, similar findings by area.
- The prevalence is highest in Gallatin County and lowest in Park County.
- TREND: Denotes a statistically significant increase over time.

Have Had a Colorectal Cancer Screening

(Among Adults Age 50-75)

Healthy People 2020 Target = 70.5% or Higher



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 155]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 Montana data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-16]

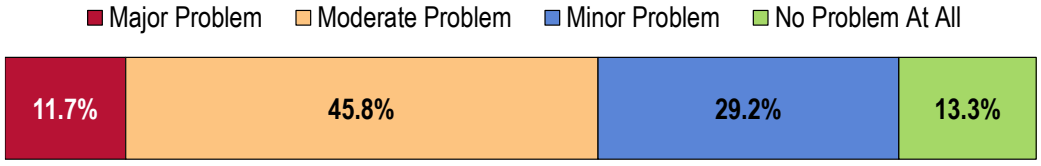
Notes:
- Asked of all respondents age 50 through 75.
- In this case, the term "colorectal screening" refers to adults age 50-75 receiving a FOBT (fecal occult blood test) in the past year and/or a lower endoscopy (sigmoidoscopy/colonoscopy) in the past 10 years.

Key Informant Input: Cancer

The greatest share of key informants taking part in an online survey characterized *Cancer* as a "moderate problem" in the community.

Perceptions of Cancer as a Problem in the Community

(Key Informants, 2017)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Prevalence/Incidence

> *By the amount of people that have been reported to have cancer or receiving treatment for cancer. – Community Leader (Gallatin, Madison & Park Counties)*
>
> *Seems to be a lot of people with various forms. – Community Leader (Gallatin, Madison & Park Counties)*
>
> *Major issue in all communities. – Community Leader (Gallatin, Madison & Park Counties)*
>
> *Only because I know it is one of the top causes of death and affects nearly everyone or their family at some point. I don't have any specific reason for choosing it other than that. – Community Leader*

(Gallatin, Madison & Park Counties)

It seems like more and more people are diagnosed every day but most lack the ability or finances for consistent prevention and treatment. – Community Leader (Gallatin, Madison & Park Counties)

Cancer is increasing in our community and touches lives in a drastic and dramatic way. It affects jobs, families and healthcare costs. Comprehensive care throughout the continuum is vital to the success of people affected by cancer and to help contain costs. Including palliative care, psychosocial support and recovery is also vital. – Community Leader (Gallatin County)

As one of the most prevalent, terrifying, and potentially devastating diagnosis for individuals and their families, I believe cancer is a problem at every scale—local, statewide, and national. For most types of cancer, early detection is key for effective treatment, and I believe access to regular screenings and education about the importance of this is very much lacking in our community and especially in the surrounding rural areas. Like I mentioned before, the amount of time, resources, and money that is saved by early detection of cancer is truly incredible and something that should be a priority for our community in terms of overarching healthcare goals. People who do not get regular, preemptive screenings are doing so for three main reasons: lack of education around the importance of early detection, barriers of cost to getting regular screenings, and lack of access to healthcare providers, especially in rural areas. These people will be even more vulnerable if there's no ACA. – Other Health Professional (Gallatin, Madison & Park Counties)

Cancer affects a large percentage of population through a life cycle. – Social Services Provider (Gallatin, Madison & Park Counties)

Lots of cancer, not enough oncologists. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

It feels like there are increasing rates of cancer and it is a devastating disease, not to mention devastating financially to the survivors. I would love to see more work done to improve the toxic exposures that we get every day but also to make cancer care more affordable. – Other Health Professional (Gallatin, Madison & Park Counties)

Aging Population

Growing number of older community members, risk for cancer increases with age. – Other Health Professional (Gallatin, Madison & Park Counties)

Early Diagnosis/Prevention

Cancer, if left untreated or poorly treated, is an "end of life" diagnosis. Early detection and proper treatment of most cancer is a quality of life issue. – Community Leader (Gallatin, Madison & Park Counties)

Lack of Pediatric Specialists

No access to pediatric subspecialists in this area. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

Respiratory Disease

About Asthma & COPD

Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at $20.7 billion.

Asthma. The prevalence of asthma has increased since 1980. However, deaths from asthma have decreased since the mid-1990s. The causes of asthma are an active area of research and involve both genetic and environmental factors.

Risk factors for asthma currently being investigated include:

- Having a parent with asthma
- Sensitization to irritants and allergens
- Respiratory infections in childhood
- Overweight

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include: children; women (among adults) and boys (among children); African Americans; Puerto Ricans; people living in the Northeast United States; people living below the Federal poverty level; and employees with certain exposures in the workplace.

While there is not a cure for asthma yet, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.

- Healthy People 2020 (www.healthypeople.gov)

[NOTE: COPD was changed to chronic lower respiratory disease (CLRD) with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.]

Age-Adjusted Respiratory Disease Deaths

Chronic Lower Respiratory Disease Deaths (CLRD)

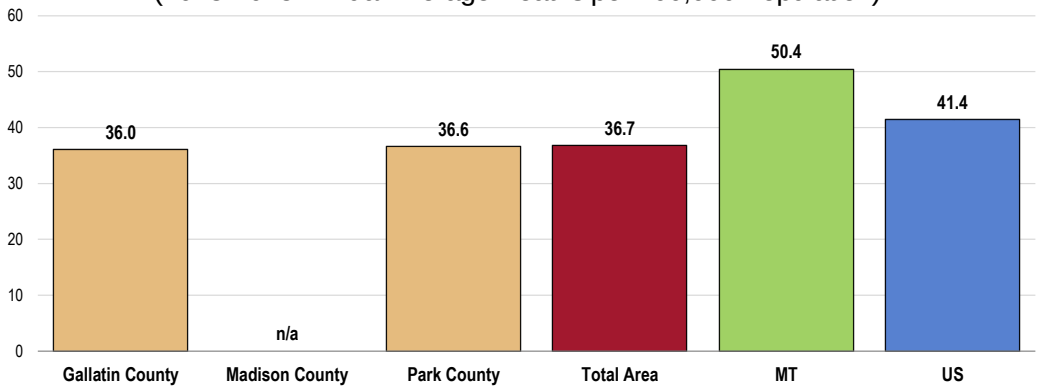
Note: COPD was changed to chronic lower respiratory disease (CLRD) in 1999 with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.

Between 2013 and 2015, there was an annual average age-adjusted CLRD mortality rate of 36.7 deaths per 100,000 population in the Total Area.

- Lower than found statewide and nationally.
- Similar findings by county (rate not available for Madison County).

CLRD: Age-Adjusted Mortality

(2013-2015 Annual Average Deaths per 100,000 Population)



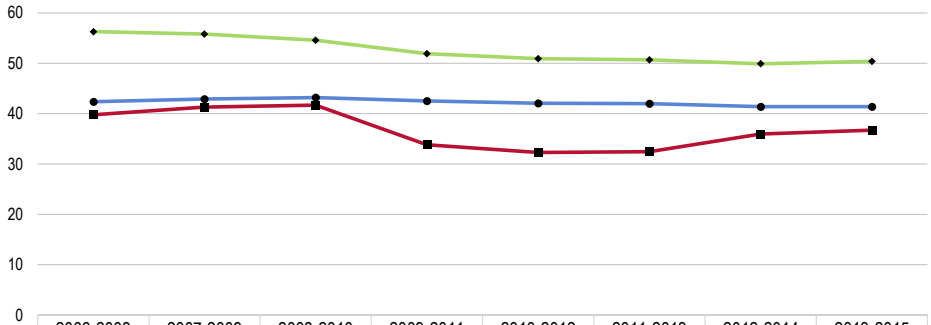
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- CLRD is chronic lower respiratory disease.

- TREND: Total Area CLRD mortality dropped in the late 2000s but has since leveled off and even increased slightly.

CLRD: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015
Total Area	39.8	41.3	41.7	33.8	32.3	32.5	36.0	36.7
MT	56.3	55.8	54.6	51.9	50.9	50.7	49.9	50.4
US	42.4	42.9	43.2	42.5	42.1	42.0	41.4	41.4

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- CLRD is chronic lower respiratory disease.

Pneumonia/Influenza Deaths

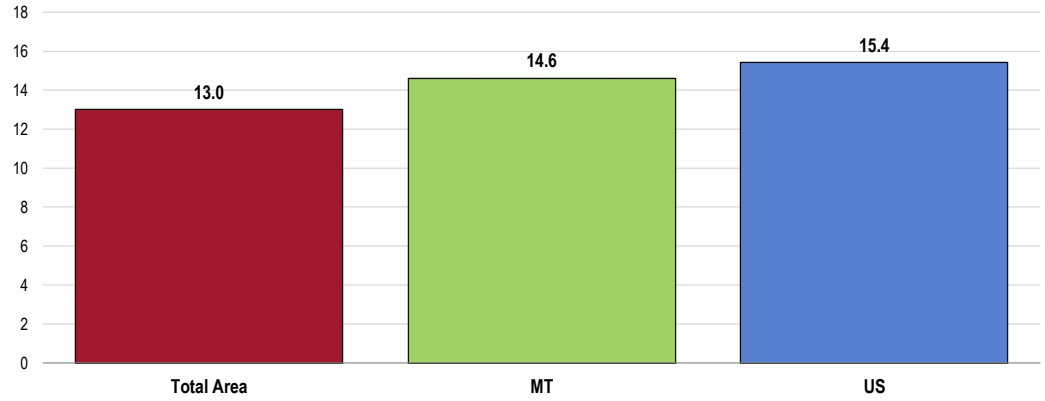
Between 2013 and 2015, the Total Area reported an annual average age-adjusted pneumonia influenza mortality rate of 13.0 deaths per 100,000 population.

- Lower than found statewide and nationally.

For prevalence of vaccinations for pneumonia and influenza, see also *Immunization & Infectious Diseases* in the **Infectious Disease** section of this report.

Pneumonia/Influenza: Age-Adjusted Mortality

(2013-2015 Annual Average Deaths per 100,000 Population)



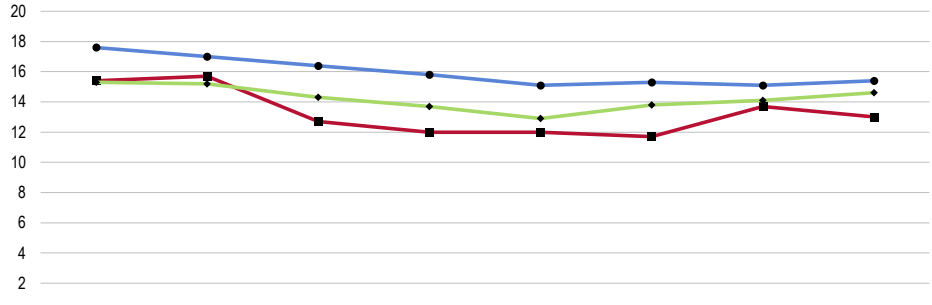
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The Total Area pneumonia/influenza mortality rate has not shown a clear trend over the past decade.

Pneumonia/Influenza: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015
Total Area	15.4	15.7	12.7	12.0	12.0	11.7	13.7	13.0
MT	15.3	15.2	14.3	13.7	12.9	13.8	14.1	14.6
US	17.6	17.0	16.4	15.8	15.1	15.3	15.1	15.4

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

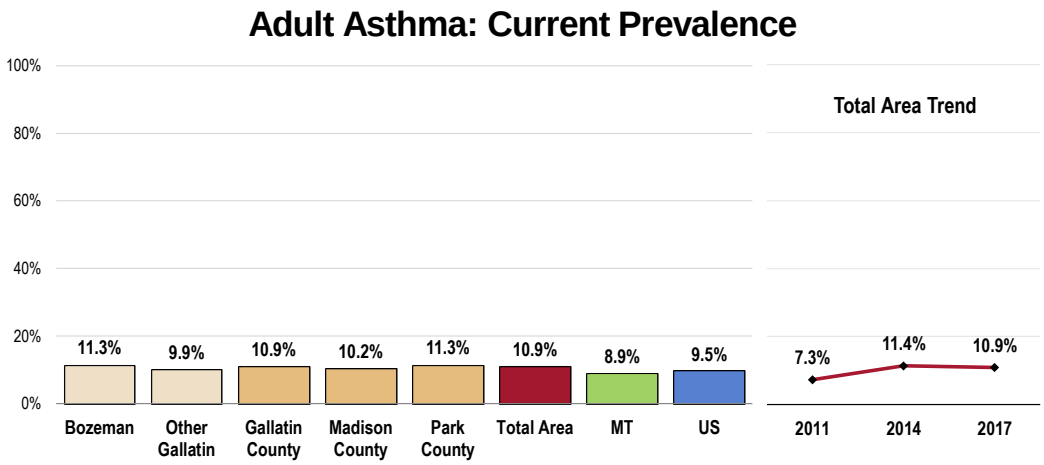
Asthma

Adults

Survey respondents were asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma and COPD.

A total of 10.9% of Total Area adults currently suffer from asthma.

- Similar to the statewide and US prevalence.
- In Gallatin County, statistically similar by area.
- Similar findings by county.
- TREND: The prevalence of adults with asthma has increased significantly since 2011.



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Montana data.

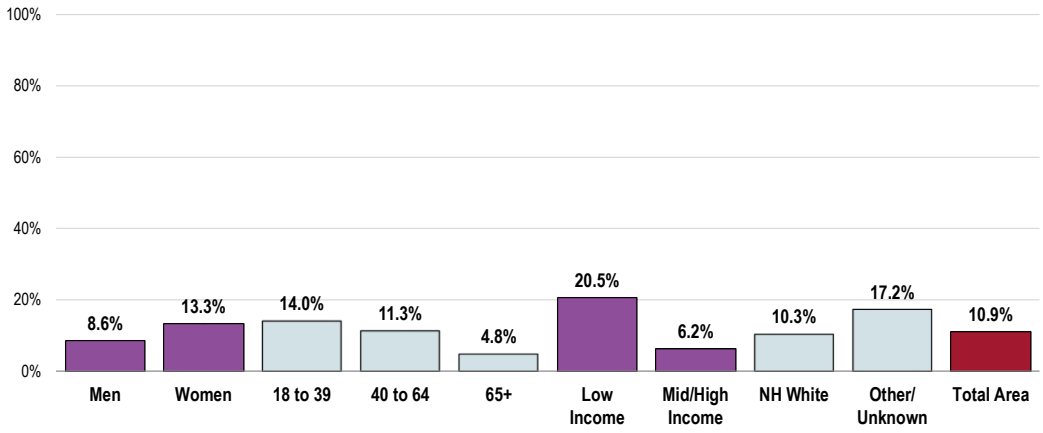
Notes:
- Asked of all respondents.
- Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.

The following adults are more likely to suffer from asthma:

- Women.
- Younger adults (age 18-39; negative correlation with age).
- Low-income residents.

Currently Have Asthma

(Total Area, 2017)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

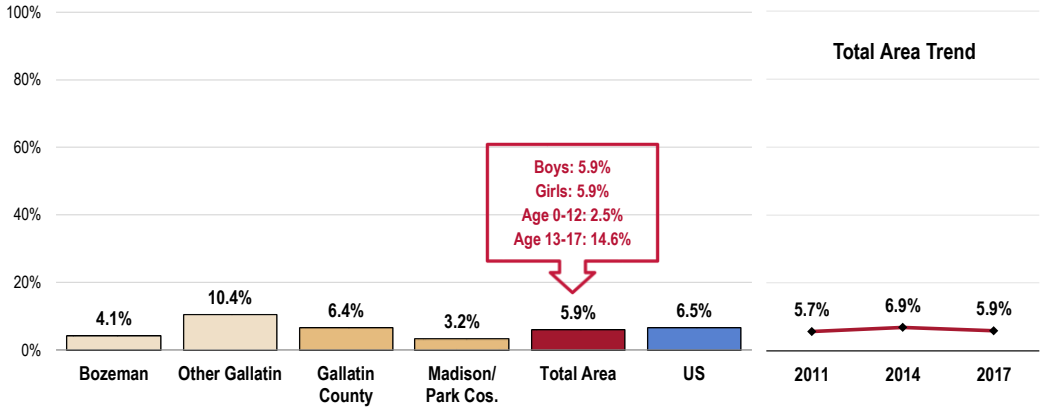
Children

Among Total Area children under age 18, 5.9% currently have asthma.

- Comparable to national findings.
- In Gallatin County, statistically similar findings by area.
- Similar findings when comparing Gallatin County to Madison and Park counties combined.
- TREND: Statistically unchanged over time.
- Children's asthma in the Total Area is statistically similar by gender but is much higher among teens than younger children.

Childhood Asthma: Current Prevalence

(Among Parents of Children Age 0-17)



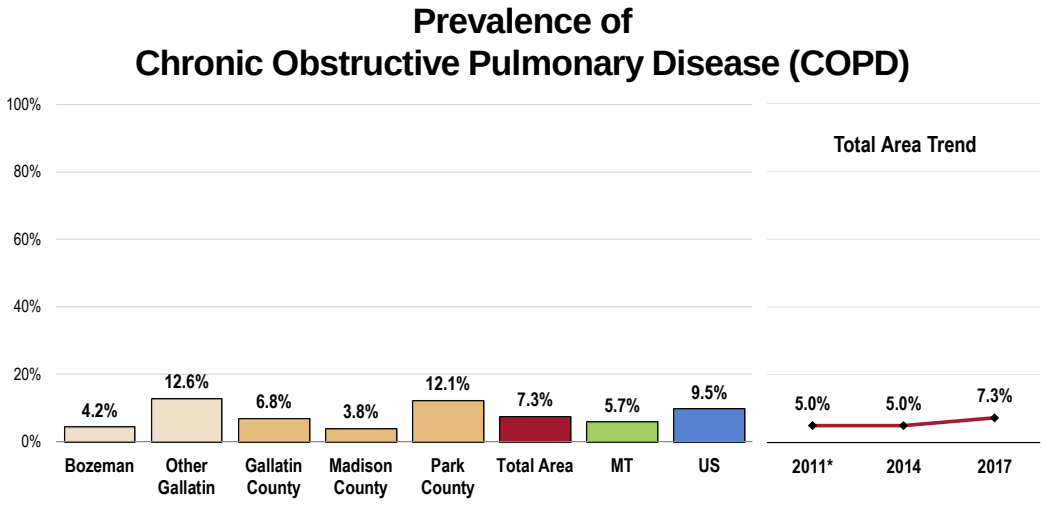
Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 157]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children 0 to 17 in the household.
- Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.

Chronic Obstructive Pulmonary Disease (COPD)

A total of 7.3% of Total Area adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

- Similar to the state and national prevalence.
- In Gallatin County, more prevalent outside Bozeman.
- The prevalence of COPD is lowest in Madison County, highest in Park County.
- TREND: In comparing to previous survey data, the change in prevalence is not statistically significant.
- *NOTE: In prior data, this question was asked slightly differently; respondents in 2011 were asked if they had ever been diagnosed with "chronic lung disease, including bronchitis or emphysema," rather than "COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema," as is asked currently.*



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 24]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Montana data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.
- *In 2011 data, the term "chronic lung disease" was used, which also included bronchitis or emphysema.

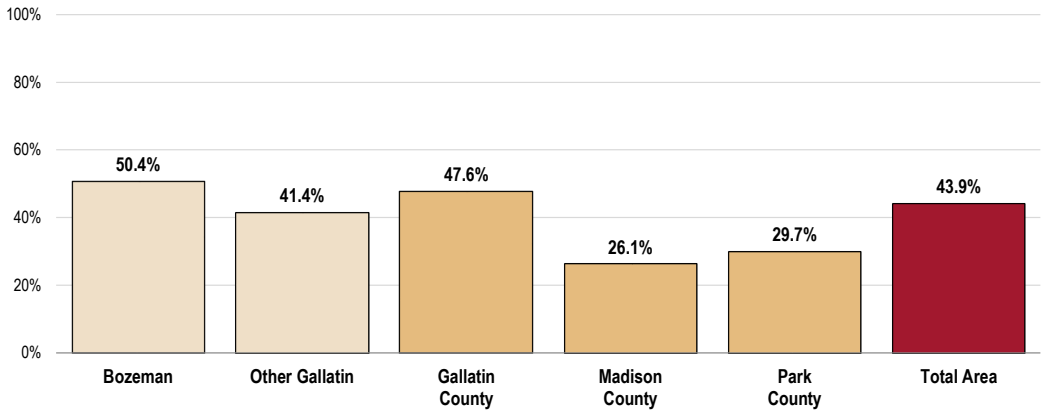
Air Quality

Radon Gas in Household Air

A total of 43.9% of Total Area adults say that their household air has been tested for the presence of radon gas.

- In Gallatin County, residents in Bozeman are more likely to have had their household air tested for radon than have residents living in the rest of the county.
- Viewed by county, radon testing is much higher in Gallatin County.

Household Air Ever Tested for Radon Gas



Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 303]
Notes: ● Asked of those respondent.

Residential Wood Burning

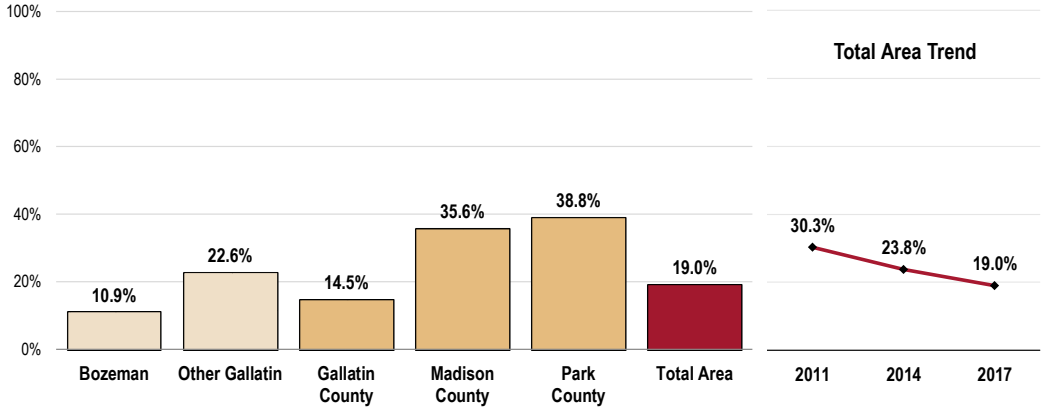
Wood smoke can affect everyone, but children, teenagers, older adults, people with lung disease (including asthma and COPD), and people with heart diseases are the most vulnerable.

A major health threat from smoke comes from fine particles (also called particle pollution, particulate matter, or PM). These microscopic particles can get into a person's eyes and respiratory system, where they can cause health problems such as burning eyes, runny nose, and illnesses such as bronchitis. In addition to particle pollution, wood smoke contains several toxic harmful air pollutants including: benzene, formaldehyde, acrolein and methane (according to the EPA).

A total of 19.0% of Total Area residents currently use a wood-burning stove to heat their homes.

- In Gallatin County, the prevalence is much higher outside Bozeman.
- Much lower in Gallatin County than either Madison or Park counties.
- TREND: Denotes a statistically significant decrease in the use of wood-burning stoves since 2011.

Use a Wood-Burning Stove to Heat the Home



Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 304]
Notes: ● Asked of all respondents.

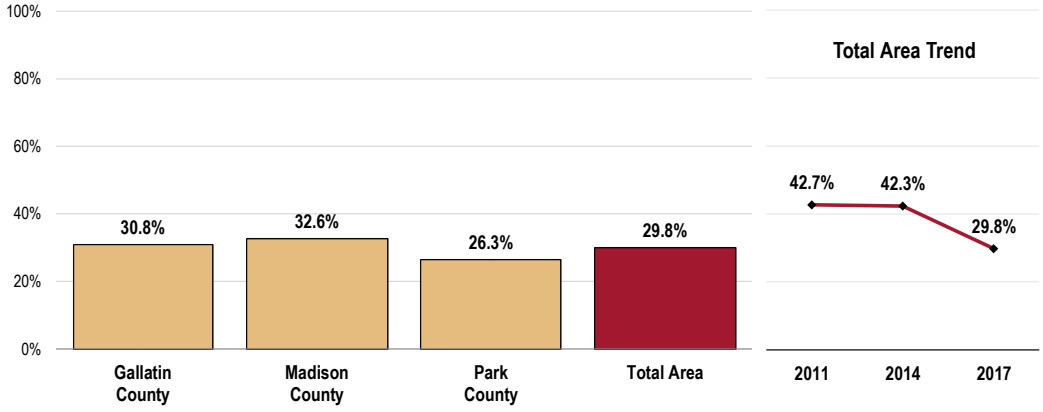
A catalytic converter is a device that enables a stove to work more cleanly and efficiently.

Among residents with wood-burning stoves, 29.8% report that their stove has a catalytic converter.

- Similar findings by county.
- TREND: Marks a statistically significant decrease from previous survey findings.

Use a Catalytic Converter in Wood Stove

(Total Area Respondents Who Use a Wood Stove for Heat)



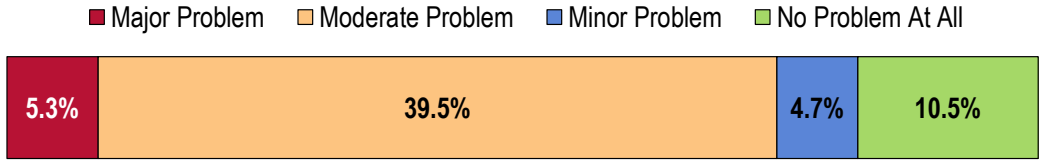
Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 305]
Notes: ● Asked of those respondents who use a wood-burning stove to heat their home.
● A catalytic converter is a device which enables the stove to work more cleanly and efficiently.

Key Informant Input: Respiratory Disease

The greatest share of key informants taking part in an online survey characterized *Respiratory Disease* as a "moderate problem" in the community.

Perceptions of Respiratory Diseases as a Problem in the Community

(Key Informants, 2017)



Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Contributors

> *There are a lot of people with COPD and the cold weather tends to exacerbate it for some people. Again, it goes back to having good resources for people to be able to manage the disease. – Other Health Professional (Gallatin, Madison & Park Counties)*

> *Tobacco use. – Physician/Advanced Practice Clinician (Gallatin County)*

Prevalence/Incidence

> *The amount of people I see with oxygen bottles. – Community Leader (Gallatin, Madison & Park Counties)*
>
> *The number of people requiring advanced care for respiratory diseases, including emergency department visits, hospitalizations, and continued care of chronic conditions is high and appears to be rising. – Other Health Professional (Gallatin, Madison & Park Counties)*

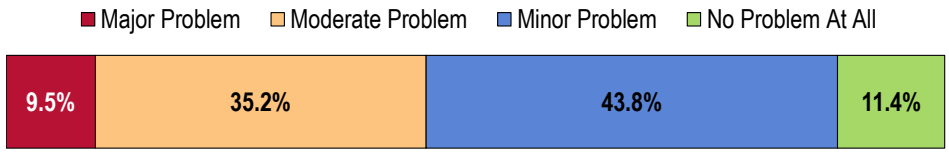
Lack of Specialists/Specialty Services

> *Access to specialty care. – Public Health/Community Health Representative (Gallatin County)*

Key Informant Input: Environmental Health

The greatest share of key informants taking part in an online survey characterized *Environmental Health* as a "minor problem" in the community.

Perceptions of Environmental Health as a Problem in the Community
(Key Informants, 2017)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Air Quality

> *We live in a valley where air can stagnate and hang for quite a while. In winter, many people use their fireplaces, and in spring and summer, people will burn their crops or gardens in prep for the next season. – Community Leader (Gallatin County)*
>
> *Large issue in all communities, especially with increased pollution and chemical use. – Community Leader (Gallatin, Madison & Park Counties)*
>
> *We continue to disregard the long-term effects of our pollution in this valley. The plant in Three Forks, the car exhaust, and agricultural chemicals present in our valley. I have witnessed the degradation of our air quality in Gallatin Valley; we have had many chances to stop the pollution. – Community Leader (Gallatin, Madison & Park Counties)*

Built Environment & Housing

> *Busy roads. Tobacco use. Drugs and alcohol use. – Physician/Advanced Practice Clinician (Gallatin County)*
>
> *Our mobile home courts are a main source of affordable housing and often have failing health conditions and hazards. – Social Services Provider (Gallatin, Madison & Park Counties)*

Toxic Exposures

> *We have a Superfund site in the middle of town. – Community Leader (Gallatin, Madison & Park Counties)*
>
> *I have become more aware recently of the toxic exposures that occur through even our feminine products but especially through our skincare products and makeup, and in our foods. – Other Health Professional (Gallatin, Madison & Park Counties)*

Water Quality

> *Septic systems are generally unmonitored and expensive to fix. There are also several community waste water systems that are not properly monitored and some do not work at all, yet little is done. They should be shut down immediately. Smoke because of summer fires is a problem without much solution. We needs to create more of a culture that encourages less automobile use. – Community Leader (Gallatin, Madison & Park Counties)*

Injury & Violence

About Injury & Violence

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as "accidents," "acts of fate," or as "part of life." However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may focus on:

- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

- Healthy People 2020 (www.healthypeople.gov)

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

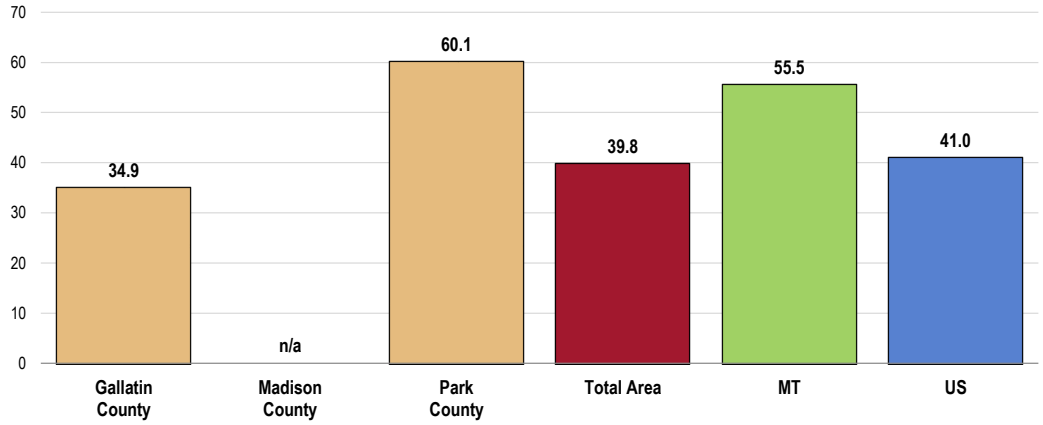
Between 2013 and 2015, there was an annual average age-adjusted unintentional injury mortality rate of 39.8 deaths per 100,000 population in the Total Area.

- More favorable than the Montana rate.
- Similar to the national rate.
- Fails to satisfy the Healthy People 2020 target (36.4 or lower).
- The mortality rate is higher in Park County (rate not available for Madison County).

Unintentional Injuries: Age-Adjusted Mortality

(2013-2015 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 36.4 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]

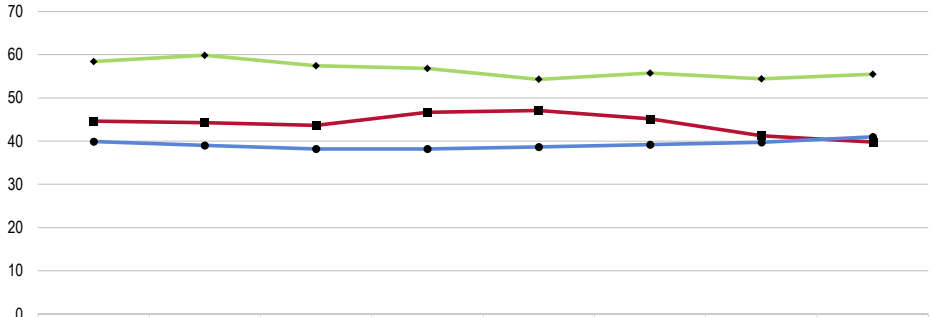
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: Accidental deaths have decreased in the most recent reporting periods in the Total Area; in contrast, the national unintentional injury mortality rate has increased slightly.

Unintentional Injuries: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 36.4 or Lower



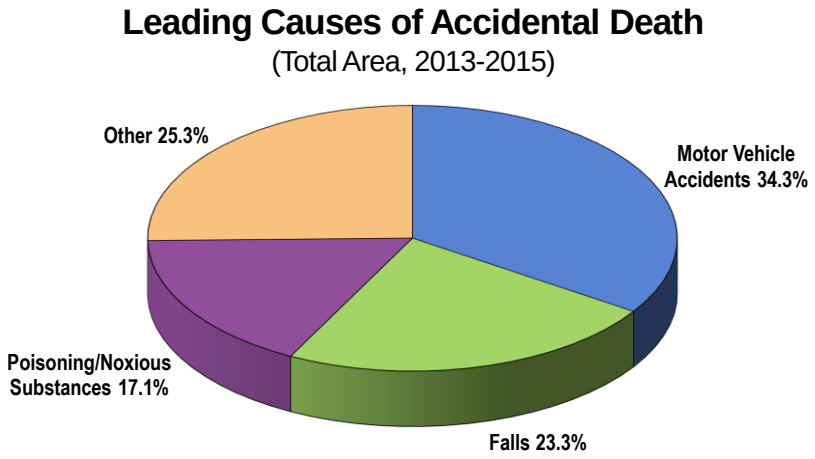
	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015
Total Area	44.6	44.3	43.7	46.7	47.1	45.2	41.3	39.8
MT	58.4	59.9	57.5	56.8	54.3	55.8	54.4	55.5
US	39.9	39.0	38.2	38.2	38.7	39.2	39.7	41.0

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Leading Causes of Accidental Death

Motor vehicle accidents, falls, and poisoning (including accidental drug overdose) accounted for 3 in 4 accidental deaths in the Total Area between 2013 and 2015.

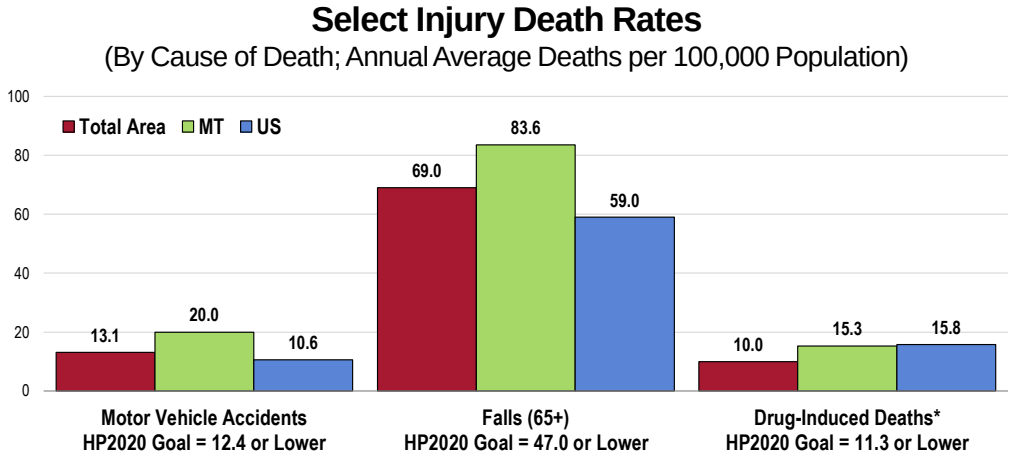


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

Selected Injury Deaths

The following chart outlines mortality rates for motor vehicle crashes, falls (among adults age 65 and older), and drug-induced deaths (both intentional and unintentional overdoses).

Total Area annual average age-adjusted mortality rates are worse than US rates for motor vehicle accidents and falls. In contrast, each of the Total Area mortality rates illustrated is better than the related state rates.



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-13.1, IVP-23.2, SA-12]
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
• *Drug-induced deaths include both intentional and unintentional drug overdoses.

Motor Vehicle Safety

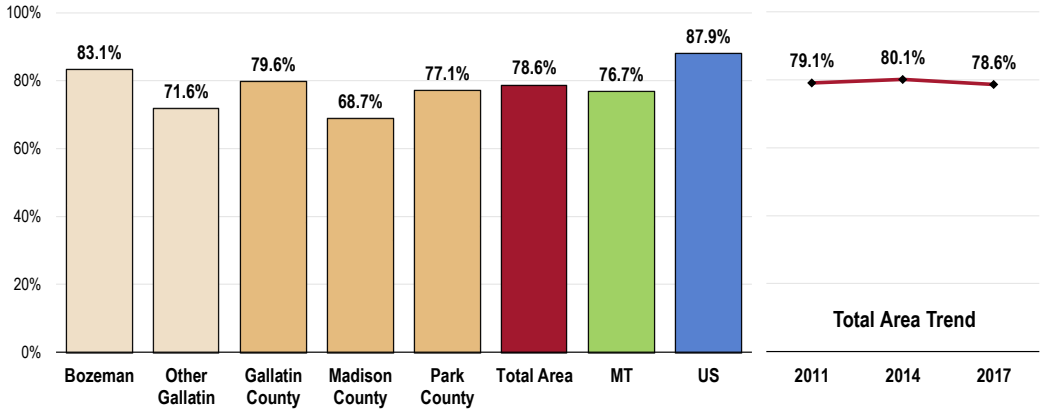
Seat Belt Usage - Adults

Most Total Area adults (78.6%) report "always" wearing a seat belt when driving or riding in a vehicle.

- Similar to the percentage reported in Montana.
- Lower than the percentage found nationally.
- Fails to satisfy the Healthy People 2020 target of 92.0% or higher.
- In Gallatin County, higher in Bozeman.
- Viewed by county, much lower in Madison County.
- TREND: No significant change since 2011.

"Always" Wear a Seat Belt When Driving or Riding in a Vehicle

Healthy People 2020 Target = 92.0% or Higher



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 307]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Montana data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-15]

Notes:
- Asked of all respondents.

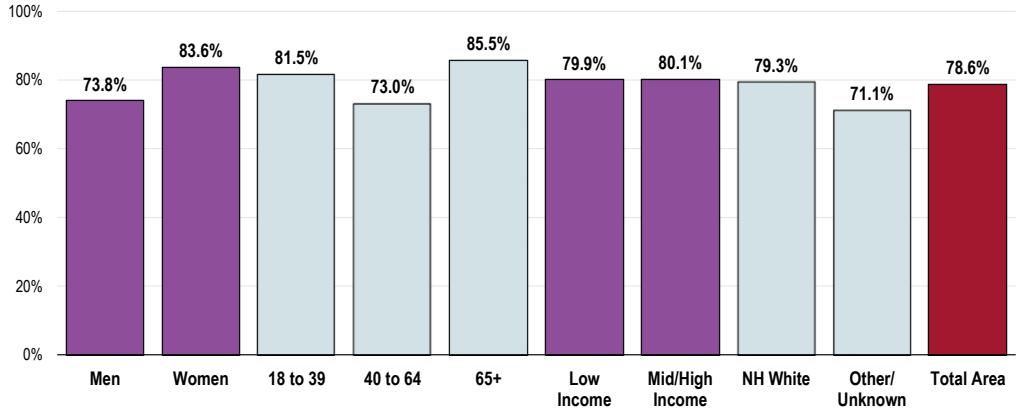
These population segments are <u>less</u> likely to report consistent seat belt usage:

- Men.
- Adults age 40 to 64.

"Always" Wear a Seat Belt When Driving or Riding in a Vehicle

(Total Area, 2017)

Healthy People 2020 Target = 92.0% or Higher



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 307]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-15]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

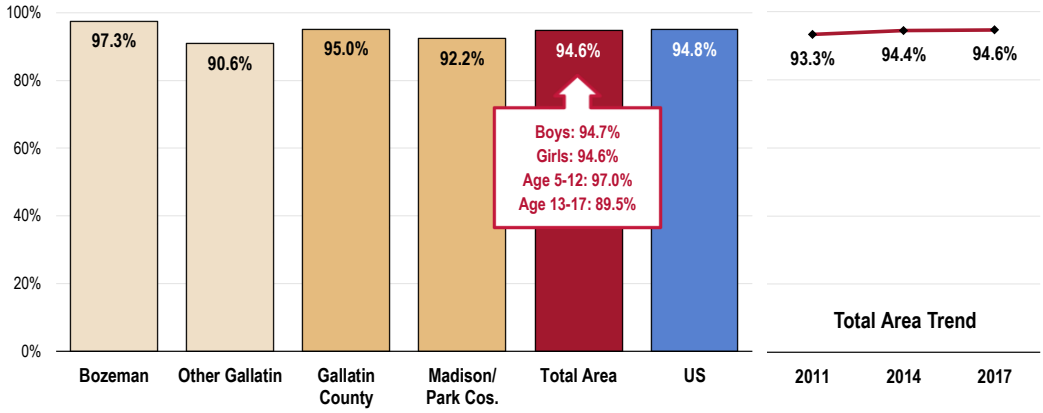
Seat Belt Usage - Children

A full 94.6% of Total Area parents report that their child (age 0 to 17) "always" wears a seat belt (or appropriate car seat for younger children) when riding in a vehicle.

- Almost identical to what is found nationally.
- In Gallatin County, statistically similar by area.
- Similar findings between Gallatin County and the combined Madison and Park counties.
- TREND: Statistically unchanged since 2011.
- No significant difference in seat belt usage by gender or age.

Child "Always" Wears a Seat Belt or Appropriate Restraint When Riding in a Vehicle

(Among Parents of Children Age 0-17)



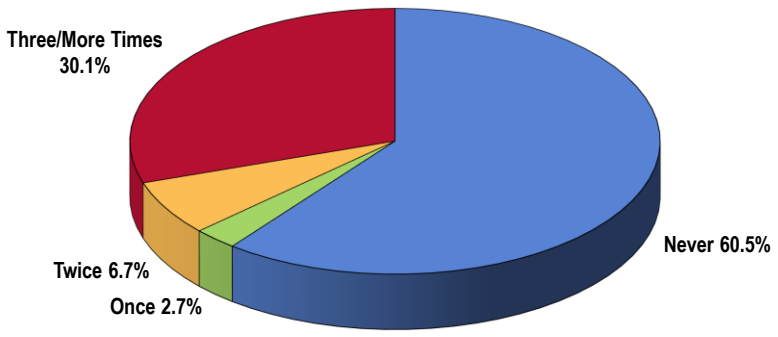
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 318]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents with children 0 to 17 in the household.

Distracted Driving

A total of 4 in 10 Total Area adults (39.5%) report that in the past month, they read or sent a text message or email while driving (and the car was in motion); this includes 30.1% who did so three or more times.

Frequency of Texting or Emailing While Driving in the Past Month

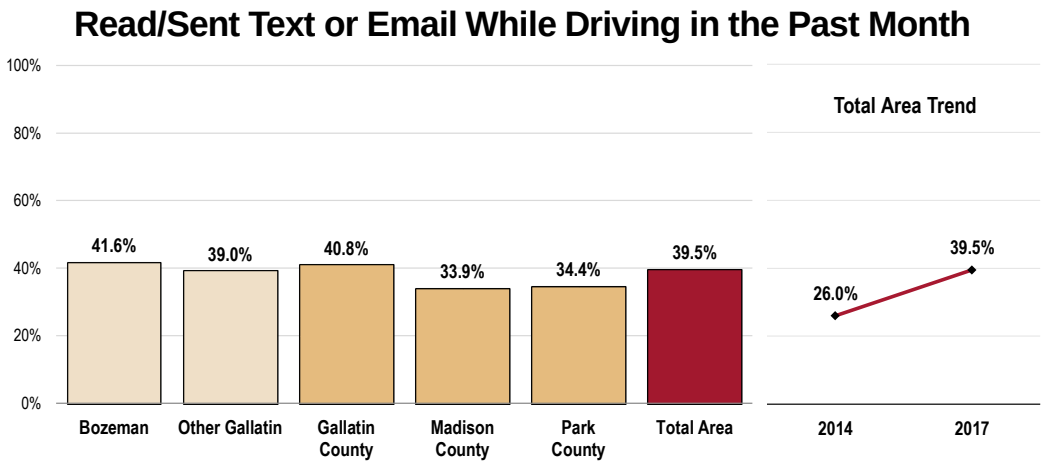
(Total Area, 2017)



Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 306]
Notes: ● Asked of all respondents.
● Includes texts and emails sent/received using "Voice to Text"/"Text to Voice" technology.

Texting or emailing while driving is highest in Gallatin County.

- TREND: The prevalence of distracted driving has increased significantly since 2014.



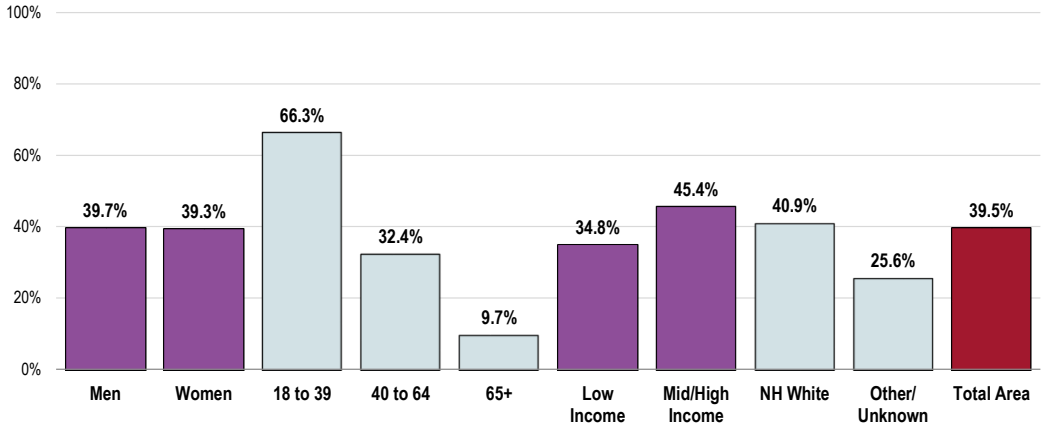
Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 306]
Notes: ● Asked of all respondents.
● Includes texts and emails sent/received using "Voice to Text"/"Text to Voice" technology.

The following population segments are more likely to report reading or sending a text message or email while driving in the past month:

- Young adults (strong negative correlation with age).
- Residents in upper-income households.
- Non-Hispanic Whites.

Read/Sent Text or Email While Driving in the Past Month

(Total Area, 2017)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 306]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Includes texts and emails sent/received using "Voice to Text"/"Text to Voice" technology.

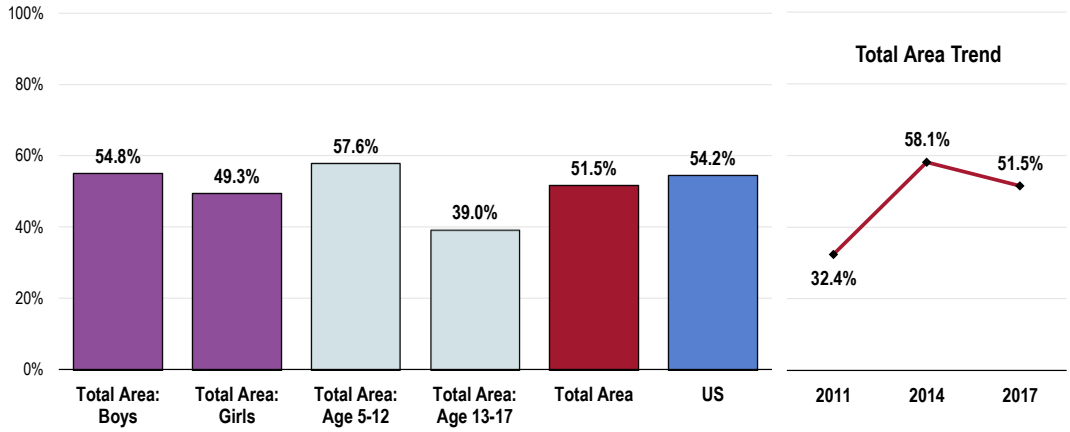
Bicycle Safety

Just over half (51.5%) of Total Area children age 5 to 17 are reported to "always" wear a helmet when riding a bicycle.

- Comparable to the national prevalence.
- TREND: Marking a statistically significant increase from 2011 survey findings (but lower than the 2014 figure).
- The prevalence is similar by child's gender but significantly higher among younger children (age 5-12) when compared with Total Area teens.

Child "Always" Wears a Helmet When Riding a Bicycle

(Among Parents of Children Age 5-17)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 317]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children age 5 to 17 at home.

Falls

Falls

Each year, an estimated one-third of older adults fall, and the likelihood of falling increases substantially with advancing age. In 2005, a total of 15,802 persons age ≥65 years died as a result of injuries from falls.

Falls are the leading cause of fatal and nonfatal injuries for persons aged ≥65 years … in 2006, approximately 1.8 million persons aged ≥65 years (nearly 5% of all persons in that age group) sustained some type of recent fall-related injury. Even when those injuries are minor, they can seriously affect older adults' quality of life by inducing a fear of falling, which can lead to self-imposed activity restrictions, social isolation, and depression.

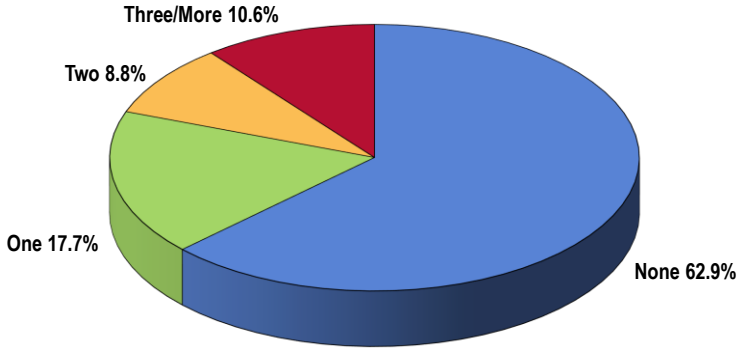
In addition, fall-related medical treatment places a burden on US healthcare services. In 2000, direct medical costs for fall-related injuries totaled approximately $19 billion. A recent study determined that 31.8% of older adults who sustained a fall-related injury required help with activities of daily living as a result, and among them, 58.5% were expected to require help for at least 6 months.

Modifiable fall risk factors include muscle weakness, gait and balance problems, poor vision, use of psychoactive medications, and home hazards. Falls among older adults can be reduced through evidence-based fall-prevention programs that address these modifiable risk factors. Most effective interventions focus on exercise, alone or as part of a multifaceted approach that includes medication management, vision correction, and home modifications.

- Division of Unintentional Injury Prevention, National Center for Injury Prevention and Control, CDC

Among surveyed Total Area adults age 45 and older, 37.1% fell at least once in the past year, including 10.6% who fell three or more times.

Number of Falls in Past 12 Months
(Among Adults Age 45 and Older; Total Area, 2017)



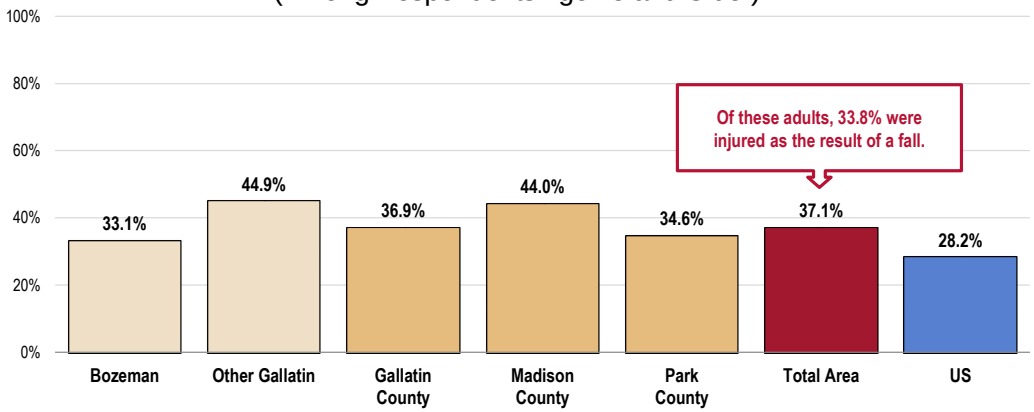
Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 125]
Notes: • Asked of all respondents age 45+.

- The prevalence of adults age 45+ who fell at least once in the past year is higher than the national proportion.
- In Gallatin County, the prevalence is much higher outside Bozeman.
- Similar findings by county.

Among those age 45+ who fell in the past year, 33.8% were injured as a result of the fall.

Fell One or More Times in the Past Year

(Among Respondents Age 45 and Older)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 125-126]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

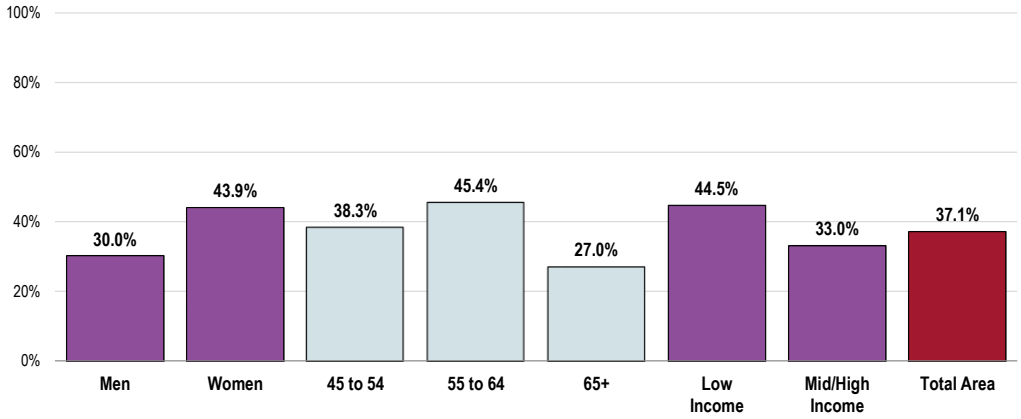
Notes:
- Asked of those respondents age 45 and older.

These population groups (age 45+) were more likely to have fallen in the past year:

- Women.
- Low-income residents.
- Interestingly, falls also appear to be more prevalent among those under age 65.

Fell One or More Times in the Past Year

(Among Respondents Age 45 and Older; Total Area, 2017)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 125]

Notes:
- Asked of those respondents age 45 and older.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Firearm Safety

Age-Adjusted Firearm-Related Deaths

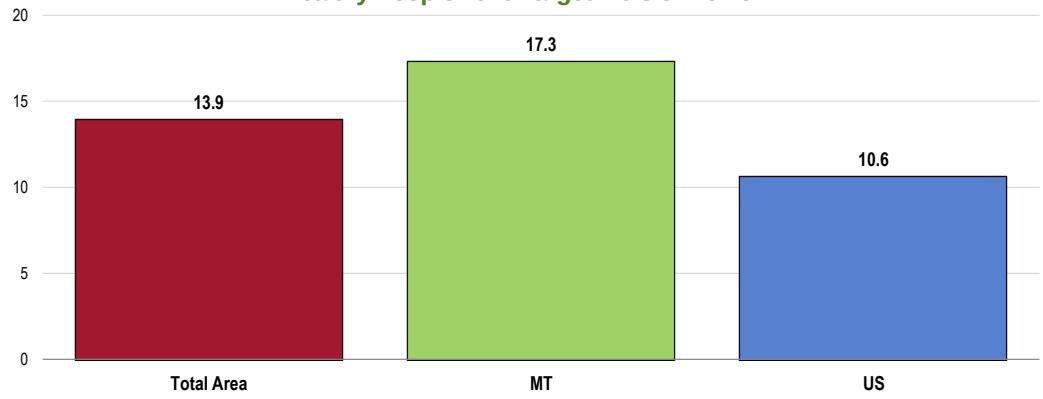
Between 2013 and 2015, there was an annual average age-adjusted rate of 13.9 deaths per 100,000 population due to firearms in the Total Area.

- Lower than found statewide.
- Higher than found nationally.
- Fails to satisfy the Healthy People 2020 objective (9.3 or lower).

Firearms-Related Deaths: Age-Adjusted Mortality

(2013-2015 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 9.3 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-30]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Presence of Firearms in Homes

Overall, 62.8% of Total Area adults have a firearm kept in or around their home.

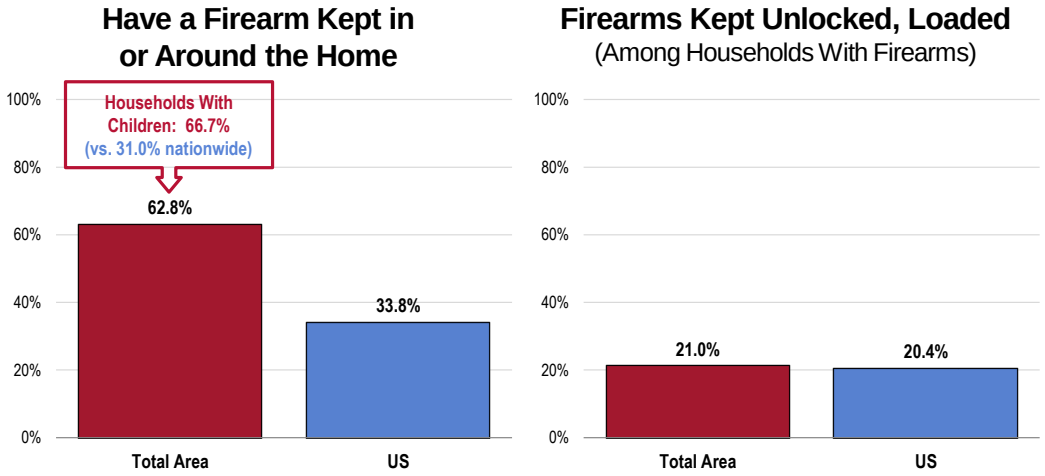
Survey respondents were asked about the presence of weapons in the home:

"Are there any firearms now kept in or around your home, including those kept in a garage, outdoor storage area, truck, or car? For the purposes of this inquiry, 'firearms' include pistols, shotguns, rifles, and other types of guns, but do NOT include starter pistols, BB guns, or guns that cannot fire."

- Much higher than the national prevalence.
- Among Total Area households with children, two-thirds (66.7%) have a firearm kept in or around the house (much higher than reported nationally).

Among Total Area households with firearms, 21.0% report that there is at least one weapon that is kept unlocked and loaded.

- Statistically similar to that found nationally.



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 51, 159-160]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

Intentional Injury (Violence)

Violent Crime

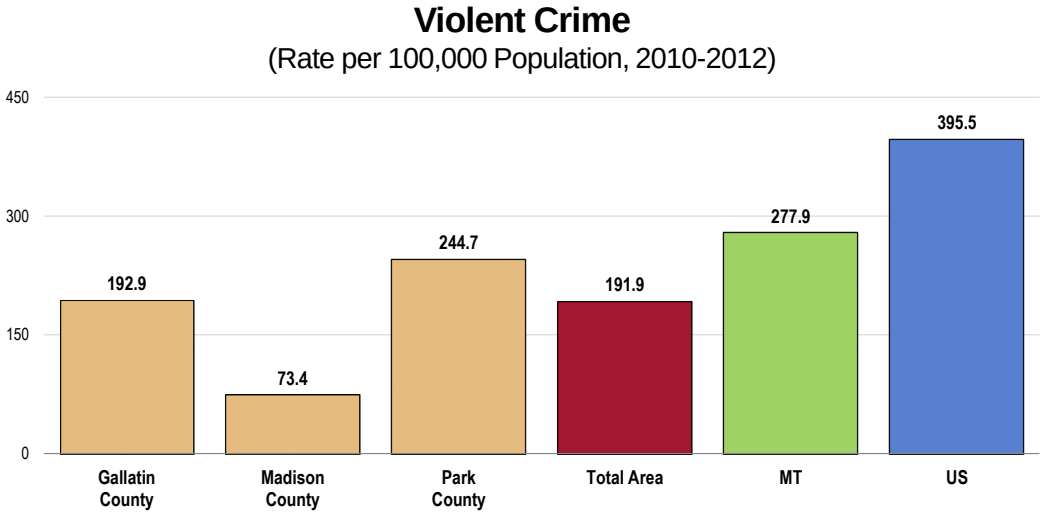
Violent Crime Rates

Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

Between 2010 and 2012, there were a reported 191.9 violent crimes per 100,000 population in the Total Area.

- Well below the state and US rates for the same period.
- The violent crime rate is highest in Park County and lowest in Madison County.



Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports.
- Retrieved March 2017 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
- Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics, but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

Family Violence

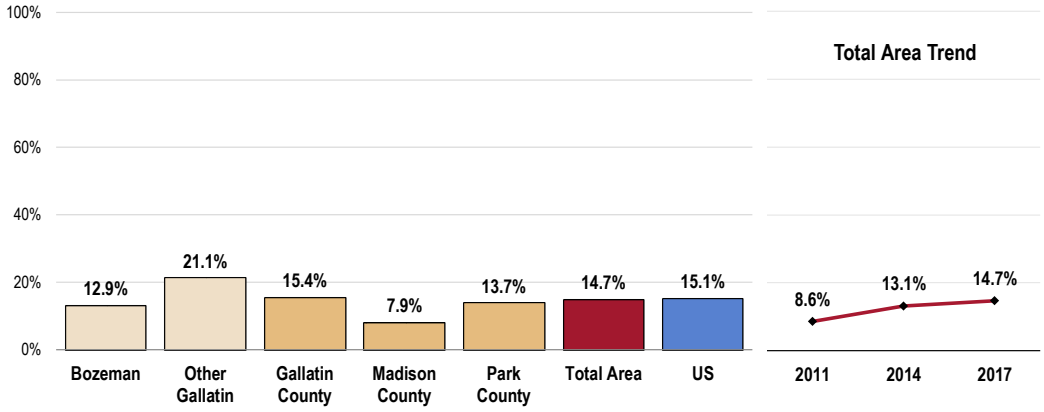
Respondents were told:

"By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner."

A total of 14.7% Total Area adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- Similar to national findings.
- In Gallatin County, much higher outside Bozeman.
- Viewed by county, favorably low in Madison County.
- TREND: Denotes a statistically significant increase over time.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 50]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

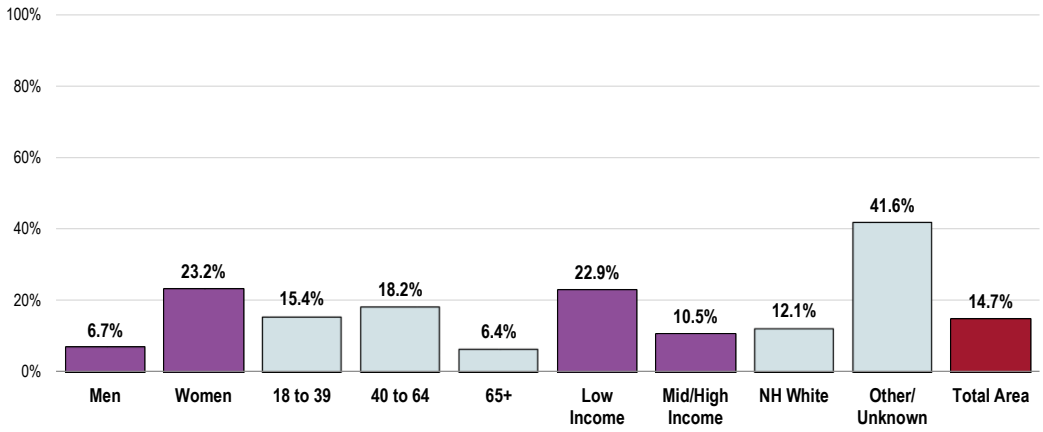
Notes:
- Asked of all respondents.

Reports of domestic violence are also notably higher among:

- Women.
- Adults under age 65.
- Those with lower incomes.
- Residents of other or unknown race.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner

(Total Area, 2017)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 50]

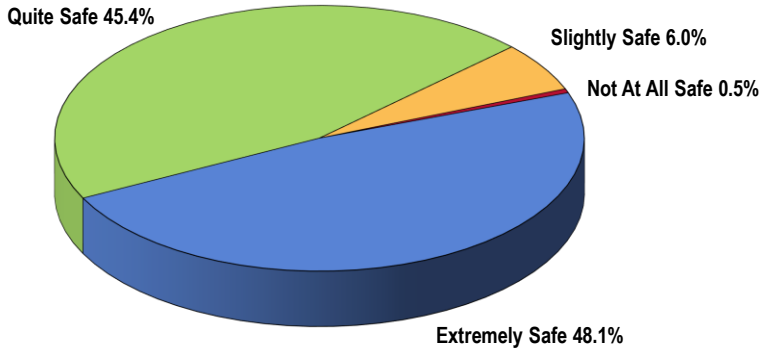
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Perceived Neighborhood Safety

While most Total Area adults consider their own neighborhoods to be "extremely safe" or "quite safe," 6.5% consider it only "slightly safe" or "not at all safe."

Perceived Safety of Own Neighborhood

(Total Area, 2017)



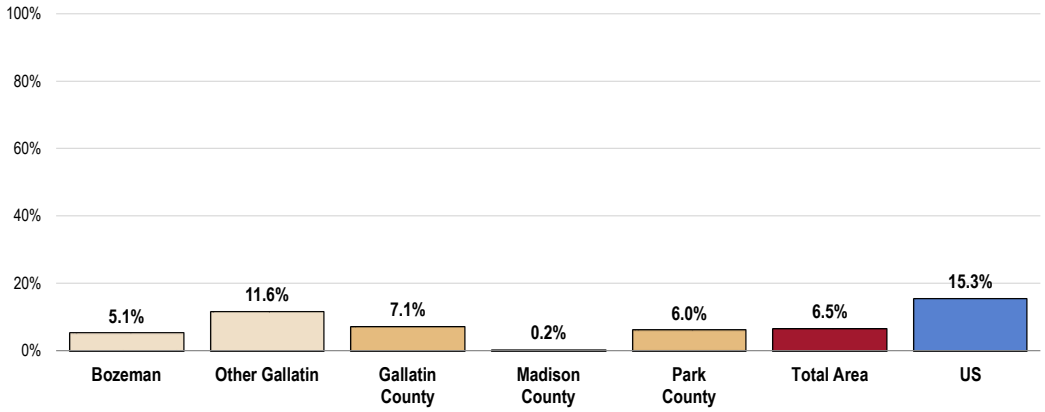
Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Compared with the US prevalence, local adults are less likely to consider their neighborhood to be unsafe.
- In Gallatin County, residents outside Bozeman are more than twice as likely to consider their neighborhoods unsafe.

- The prevalence is favorably low in Madison County when compared with Gallatin and Park counties.

Perceive Own Neighborhood as "Slightly" or "Not At All" Safe



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

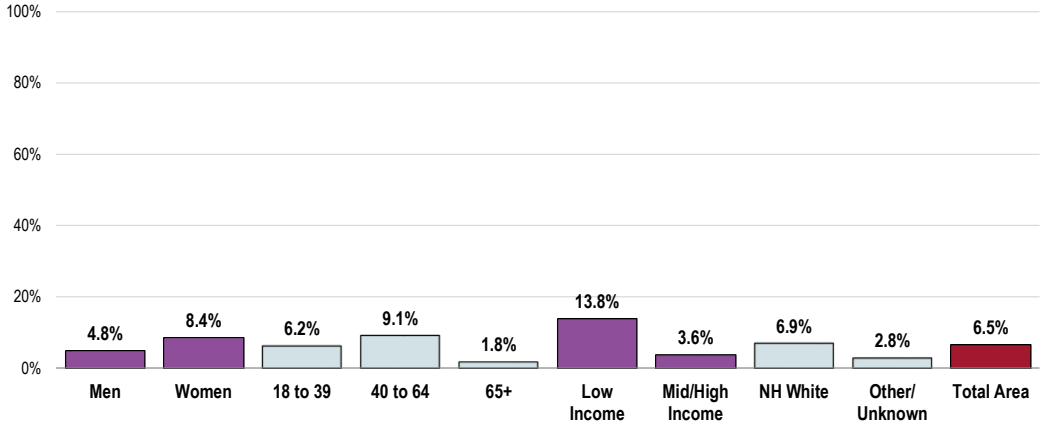
Notes:
- Asked of all respondents.

Reports of unsafe neighborhoods are notably higher among these residents:

- Women.
- Adults under age 65.
- Low-income residents.

Perceive Own Neighborhood as "Slightly" or "Not At All" Safe

(Total Area, 2017)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]

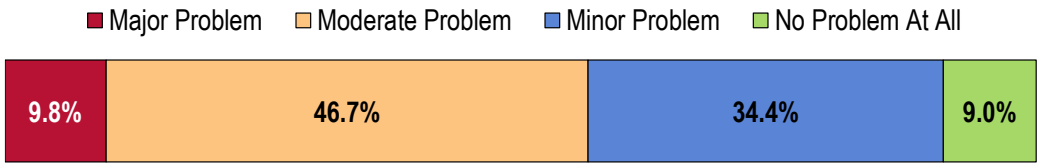
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Injury & Violence

The largest share of key informants taking part in an online survey characterized *Injury & Violence* as a "moderate problem" in the community.

Perceptions of Injury and Violence as a Problem in the Community

(Key Informants, 2017)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Domestic Violence

I think domestic violence is a major issue in our community, as well as injury to the homeless, especially by vehicles. – Social Services Provider (Gallatin, Madison & Park Counties)

[The local domestic violence shelter] sees approximately 1,000 victims of intimate partner violence annually. – Social Services Provider (Gallatin, Madison & Park Counties)

Domestic violence. Complete and total lack of acknowledgement that this is an issue in the Madison Valley and lack of services/support. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

I do not believe that DPHHS has sufficient staffing to handle the caseload presented. – Community Leader (Gallatin, Madison & Park Counties)

The service offered by Haven and Aspen are not always available to house folks that have immediate housing or protection needs. – Other Health Professional (Gallatin, Madison & Park Counties)

People are afraid to speak. They need more education and information about these issues and they need resources and solutions. – Public Health/Community Health Representative (Gallatin County)

If the ACA is repealed, protection of individuals and families who are suffering from domestic abuse will be threatened in terms of anonymously accessing healthcare. The abused partners will have fewer options to leave their abuser, especially if they or their children have existing medical needs and the abuser is their connection to that health insurance. Like a woman being treated for breast cancer or a child with a seizure disorder. Additionally, if the ACA is repealed, people with pre-existing conditions may be charged higher rates since the nondisclosure clause will go away. Basically, this could become a major problem because it will keep vulnerable populations in high risk situations. – Other Health Professional (Gallatin, Madison & Park Counties)

Child abuse prevention and management, not well coordinated or promoted. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

MVAs and domestic violence, often related to drugs and alcohol, are quite visible in the community. – Physician/Advanced Practice Clinician (Gallatin County)

I work in the field of interpersonal violence so this one is always high for me. Having a history of being a victim has significant health consequences including cancer, asthma, and irritable bowel syndrome. Also depression, anxiety, PTSD, substance abuse, relationship difficulties, suicidal ideation, loss of productivity, risk taking behavior ... the list goes on and on. – Other Health Professional (Gallatin, Madison & Park Counties)

Gun Safety

> *Gun safety: The reason I view this as a health issue and is a concern of mine is Montana has one of the highest suicide rates in the country. Given the extent of mental health issues and suicide in our county, the abundance of guns in our community is a problem. Not just that, but in recent years there have been several instances of children injured or killed while around guns or playing with guns. This is a tragedy that should never happen. Hunting and ranching are part of the way of life in Montana, and in many cases, gun ownership makes sense. That said, we should focus our discussions around gun safety at reducing unintentional injury and reducing suicide rates and not let those discussions get sidetracked by politics. – Physician/Advanced Practice Clinician (Gallatin County)*

Lack of Adequate Law Enforcement

> *Increase in community size and population. Lack of adequate law enforcement personnel and facilities. Significant increase in incidence of family and partner violence. – Other Health Professional (Gallatin, Madison & Park Counties)*

Sexual Violence

> *I hear so many stories of sexual violence with no retribution. Police telling victims, there's not enough evidence or it would take too long to process for a small percent chance that the charges will hold. Or that people who are being stalked have less rights than the stalker ... It's shameful. – Other Health Professional (Gallatin, Madison & Park Counties)*

Trauma

> *My observation is that the population is quite susceptible to significant trauma from accidents. Violence is less a part of this, but still a component. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)*

Diabetes

About Diabetes

Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes. Effective therapy can prevent or delay diabetic complications.

Diabetes mellitus:

- Lowers life expectancy by up to 15 years.
- Increases the risk of heart disease by 2 to 4 times.
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

The rate of diabetes mellitus continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with diabetes mellitus, and possibly earlier onset of type 2 diabetes mellitus, there is growing concern about the possibility that the increase in the number of persons with diabetes mellitus and the complexity of their care might overwhelm existing healthcare systems.

People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes.

Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Diabetes Deaths

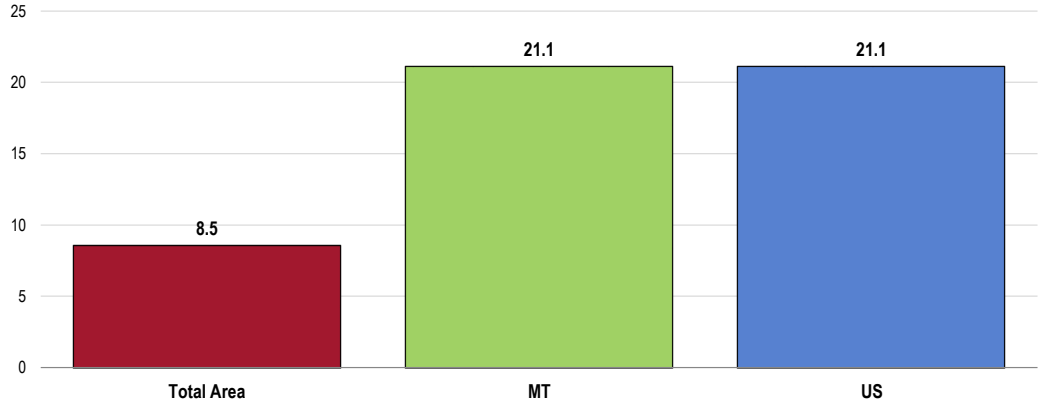
Between 2013 and 2015, there was an annual average age-adjusted diabetes mortality rate of 8.5 deaths per 100,000 population in the Total Area.

- Well below that found statewide or nationally.
- Satisfies the Healthy People 2020 target (20.5 or lower, adjusted to account for diabetes mellitus-coded deaths).

Diabetes: Age-Adjusted Mortality

(2013-2015 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 20.5 or Lower (Adjusted)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

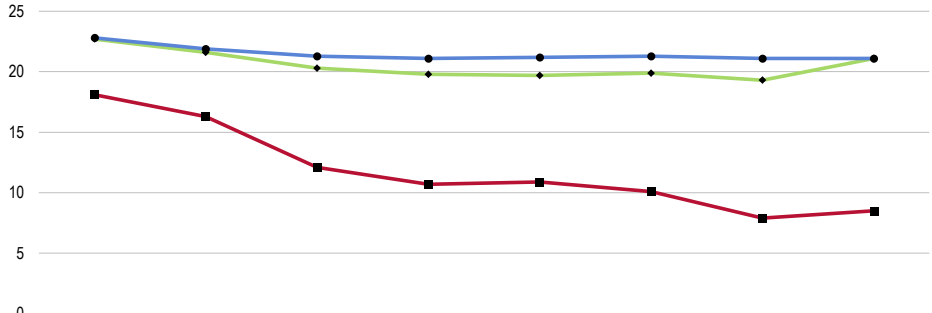
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.
- Raw counts for Gallatin, Madison and Park counties were too small to be calculated reliably.

- TREND: Diabetes mortality has decreased considerably over time in the Total Area.

Diabetes: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 20.5 or Lower (Adjusted)



	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015
Total Area	18.1	16.3	12.1	10.7	10.9	10.1	7.9	8.5
MT	22.7	21.6	20.3	19.8	19.7	19.9	19.3	21.1
US	22.8	21.9	21.3	21.1	21.2	21.3	21.1	21.1

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

Prevalence of Diabetes

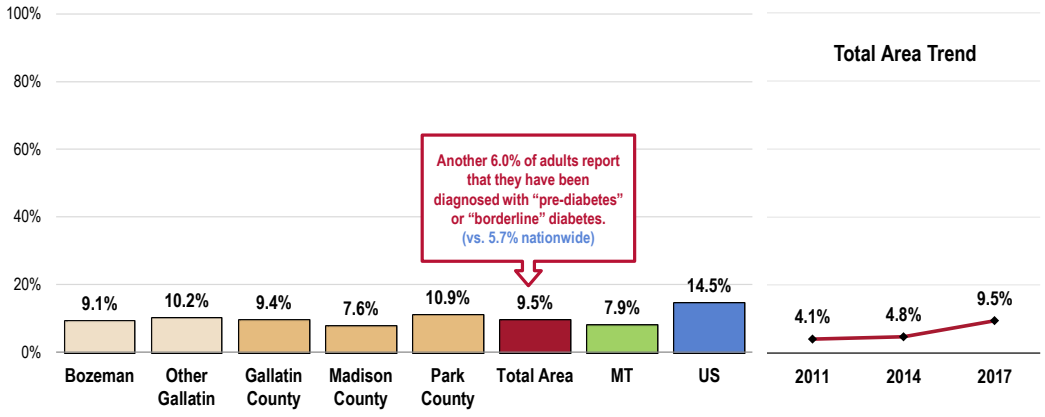
A total of 9.5% of Total Area adults report having been diagnosed with diabetes.

- Similar to the statewide proportion.
- Better than the national proportion.
- Similar findings within Gallatin County, as well as among the three counties.
- TREND: The diabetes prevalence has increased significantly over time in the Total Area.

In addition to the prevalence of diagnosed diabetes referenced above, another 6.0% of Total Area adults report that they have "pre-diabetes" or "borderline diabetes."

- Comparable to the US prevalence.

Prevalence of Diabetes



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Montana data.

Notes:
- Asked of all respondents.

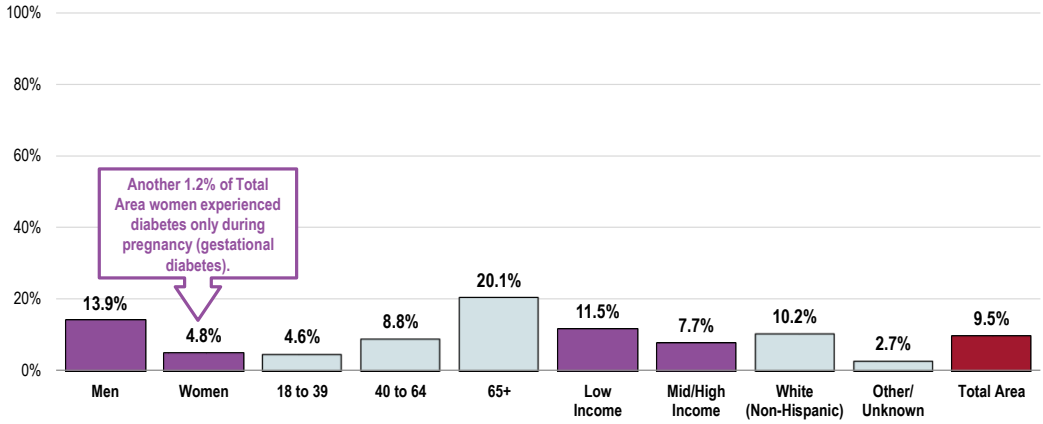
A higher prevalence of diagnosed diabetes (excluding pre-diabetes or borderline diabetes) is reported among:

- Men.
- Older adults (note the strong positive correlation between diabetes and age, with 20.1% of seniors diagnosed with diabetes).
- Non-Hispanic Whites.

Note that another 1.2% of Total Area women report having diabetes only during pregnancy (gestational diabetes).

Prevalence of Diabetes

(Total Area, 2017)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 158, 302]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Excludes gestational diabetes (occurring only during pregnancy).

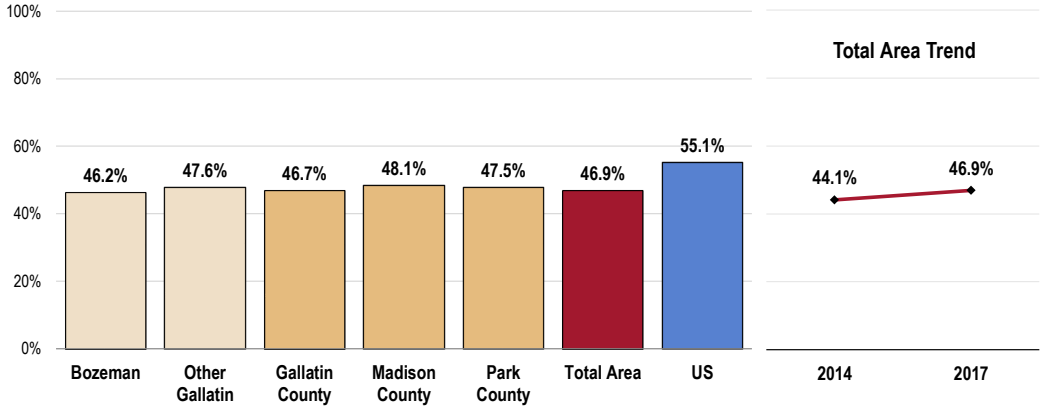
Diabetes Testing

Of area adults who have <u>not</u> been diagnosed with diabetes, 46.9% report having had their blood sugar level tested within the past three years.

- Lower than the national proportion.
- Similar findings by county (and also within Gallatin County).
- TREND: Statistically unchanged since 2014.

Have Had Blood Sugar Tested in the Past Three Years

(Among Nondiabetics)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 39]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

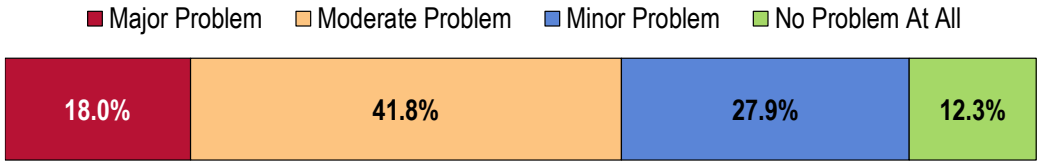
Notes:
- Asked of respondents who have not been diagnosed with diabetes.

Key Informant Input: Diabetes

Four in 10 key informants taking part in an online survey characterized *Diabetes* as a "moderate problem" in the community.

Perceptions of Diabetes as a Problem in the Community

(Key Informants, 2017)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Challenges

Among those rating diabetes as a "major problem," the biggest challenges for people with diabetes are seen as:

Access to Healthy Foods

Low-income households having access to healthy foods and awareness about diabetes related health concerns. – Social Services Provider (Gallatin, Madison & Park Counties)

Access to low-cost, low-carb foods, education barriers. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

Different challenges for T1 versus T2. Access to healthy food, coaching, and the tools and techniques to manage their chronic illnesses. – Community Leader (Gallatin, Madison & Park Counties)

Healthy food is expensive, there are not a lot of options for eating out when you suffer from diabetes, it's expensive to treat, I know a lot of people who suffer from this. – Community Leader (Gallatin, Madison & Park Counties)

Social determinants of health issue: access/affordability of healthy foods, education, physical activity. – Physician/Advanced Practice Clinician (Gallatin County)

Access to healthy, affordable foods with limited income, even if SNAP eligible. Diabetic testing supplies and over the counter medicines not covered by insurance, too expensive. Flexible, available transportation. – Social Services Provider (Gallatin, Madison & Park Counties)

Affordable Care/Services

Potential cuts to Medicare/Medicaid for elderly population. – Social Services Provider (Gallatin, Madison & Park Counties)

Personal impact and cost for related health complications. – Other Health Professional (Gallatin, Madison & Park Counties)

Accessing regular primary care for those without insurance or on Medicaid. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

Lack of affordable exercise opportunities. High cost of fresh fruits and vegetables to be part of a healthy diet. People are super busy and have little time to fit in exercise. – Social Services Provider (Gallatin, Madison & Park Counties)

Cost of care and physical disability from the disease process. – Community Leader (Gallatin, Madison & Park Counties)

Health Education

Health information and community wellness activities in outlying areas. – Public Health/Community Health Representative (Gallatin, Madison & Park Counties)

Obviously giving people the right information to manage their disease is very important. However, there are so many people with pre-diabetes that also need this information. But most importantly, they all need access (and information on how to access) to places where they can be active and access (and how to cook) to affordable healthy foods. – Community Leader (Gallatin, Madison & Park Counties)

Again, I would say there is a lack of preemptive healthcare in terms of access and education about preventing diabetes, especially in children and seniors. The intersectionality between low-income populations, lack of access to healthcare, lack of access to mental health and counseling services, lack of knowledge about proper nutrition, diet, exercise, inability to afford healthcare ... it's just like, ugh, where does this cycle of disadvantage even start and end?! And how do you break the cycle ... and I think it is access to education and preventative care and then also making it affordable and taking away the unknowns about the experience and the cost. – Other Health Professional (Gallatin, Madison & Park Counties)

Access to Care/Services

Delay of treatment; cost of care. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

Access to medication, education, supportive services, and exercise opportunities in town (Livingston specifically). – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

Diagnosis/Treatment

Diagnosing and arresting. – Community Leader (Gallatin, Madison & Park Counties)

Lifestyle

Trying to maintain a healthy lifestyle. – Community Leader (Gallatin, Madison & Park Counties)

Prevalence/Incidence

Approximately 30% of the people we serve in our food pantry are diabetic. The challenges for this population include: health/nutrition education and consistent access to healthful food. – Community Leader (Gallatin, Madison & Park Counties)

Alzheimer's Disease

About Dementia

Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—to such an extent that it interferes with a person's daily life. Dementia is not a disease itself, but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean a person has dementia. Alzheimer's disease is the most common cause of dementia, accounting for the majority of all diagnosed cases.

Alzheimer's disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer's disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat and prevent Alzheimer's disease are found.

- Healthy People 2020 (www.healthypeople.gov)

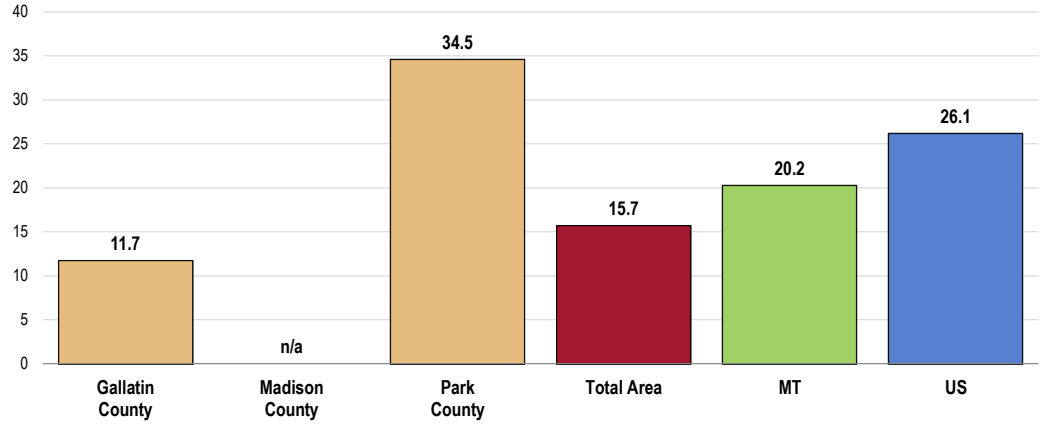
Age-Adjusted Alzheimer's Disease Deaths

Between 2013 and 2015, there was an annual average age-adjusted Alzheimer's disease mortality rate of 15.7 deaths per 100,000 population in the Total Area.

- More favorable than the statewide and national rates.
- The rate is much higher in Park County than in Gallatin County (the rate for Madison County is unavailable).

Alzheimer's Disease: Age-Adjusted Mortality

(2013-2015 Annual Average Deaths per 100,000 Population)



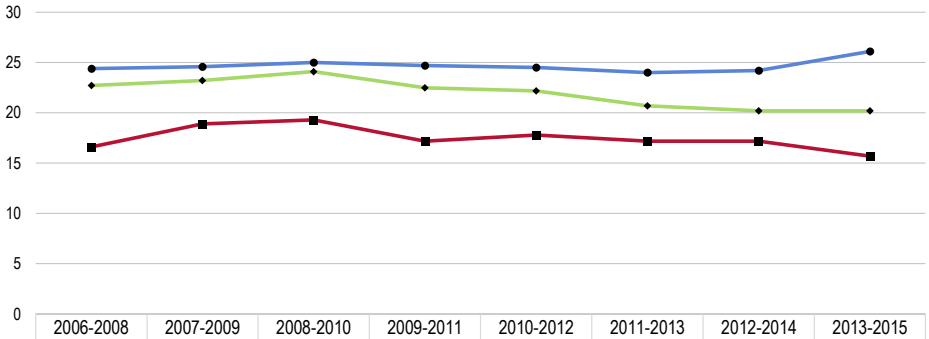
Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.

Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: No clear trend is evident with regard to the Alzheimer's disease mortality rate in the Total Area. While the state rate has decreased over time, the US rate has increased in recent years.

Alzheimer's Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015
Total Area	16.6	18.9	19.3	17.2	17.8	17.2	17.2	15.7
MT	22.7	23.2	24.1	22.5	22.2	20.7	20.2	20.2
US	24.4	24.6	25.0	24.7	24.5	24.0	24.2	26.1

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

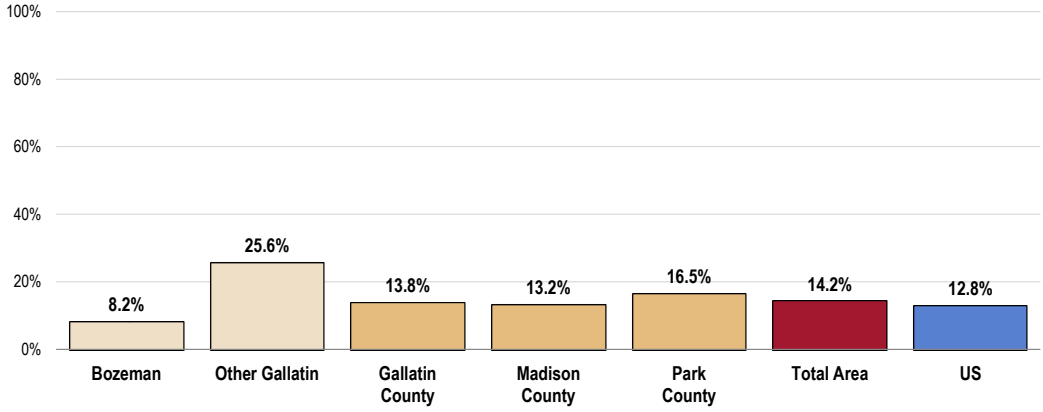
Progressive Confusion/Memory Loss

A total of 14.2% of adults age 45 and older report experiencing confusion or memory loss in the past year that is happening more often or getting worse.

- Comparable to the US prevalence.
- The proportion by area in Gallatin County is considerably higher outside Bozeman.
- Similar findings by county in the Total Area.

Experienced Increasing Confusion/Memory Loss in Past Year

(Among Respondents Age 45 and Older)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

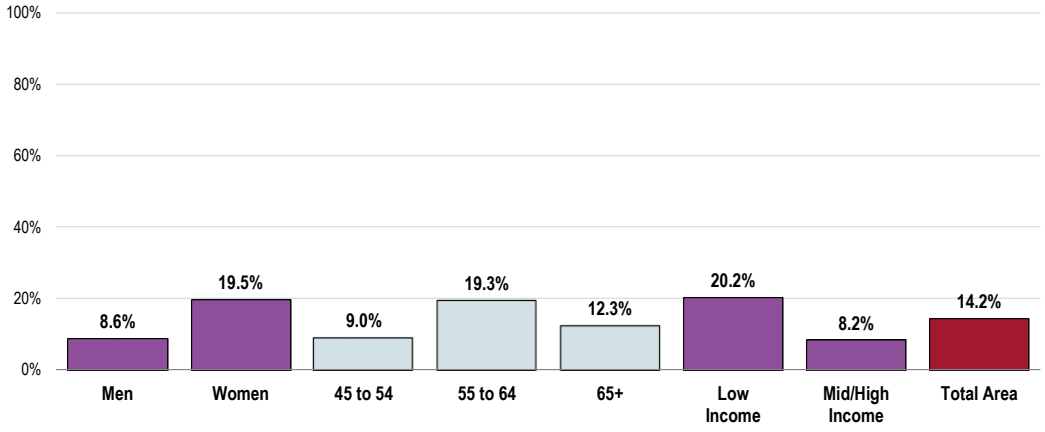
Notes:
- Asked of those respondents age 45 and older.

A higher prevalence of progressive confusion/memory loss is reported among:

- Women.
- Adults age 55 to 64.
- Low-income residents.

Experienced Increasing Confusion/Memory Loss in Past Year

(Among Respondents Age 45 and Older; Total Area, 2017)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]

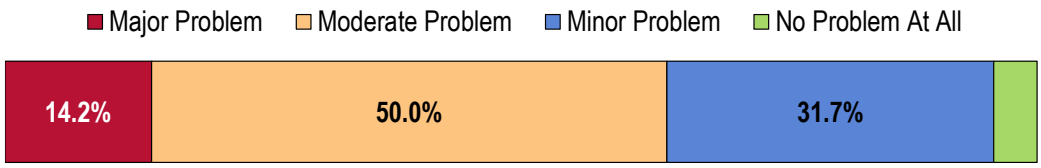
Notes:
- Asked of those respondents age 45 and older.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Dementias, Including Alzheimer's Disease

Half of key informants taking part in an online survey are most likely to consider *Dementias, Including Alzheimer's Disease* as a "moderate problem" in the community.

Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community

(Key Informants, 2017)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Aging Population

The population that we serve is aging. – Community Leader (Gallatin, Madison & Park Counties)

Our population of baby boomers is significant and the rise in dementia/Alzheimer's disease, along with lack of facilities to meet their needs that are cost conducive. Many of the elderly population do not have long-term care or the financial means to move into assisted-living facilities or appropriate facilities for long-term care outside of short term rehab that is only covered with Medicare when medically necessary. Also, our population of alcohol-induced-dementia–related services is significantly problematic not only for the above reasons (lack of family support/burned out family members, etc.) but facilities that will not accept due to behaviors. – Other Health Professional (Gallatin, Madison & Park Counties)

Elderly population and percentage of incidence. – Social Services Provider (Gallatin, Madison & Park Counties)

Population is growing older and more people are affected themselves or are serving as caregivers to those with dementia. – Community Leader (Gallatin, Madison & Park Counties)

Growing, aging population in our community. – Community Leader (Gallatin, Madison & Park Counties)

Affordable Care/Services

Cost and time to provide care along with impact to family member's ability to hold outside job when needed. – Other Health Professional (Gallatin, Madison & Park Counties)

Lacking affordable resources for our aging community members. It is more about support of the families caring for older seniors, especially those with dementia. – Community Leader (Gallatin, Madison & Park Counties)

We see a lot of people with dementia that have very few financial resources. Families are burdened with how to care for their loved ones, most cannot afford the $6,000–$10,000 per month it requires to place a loved one in a secure facility. We see a lot of elderly people with dementia who have no involved family and it consumes a vast amount of time and energy getting APS involved and applying for long term Medicaid and then finding a facility that will accept them. Montana does not have good policies in place when it come to APS getting involved with people who are not able to care for themselves and are not safe to release from the hospital. It becomes this debate between APS and the Crisis Response Team and hospital employees as to who is responsible for finding proper placement. A neuro-psych evaluation is often required and very few doctor's want to deem someone incompetent so these folks are just in limbo being held by the hospital due to lack of safe discharge plan. More & more common. – Other Health Professional (Gallatin, Madison & Park Counties)

Access to Care/Services

Again, extremely limited resources and care options in our community for individuals suffering from dementia or Alzheimer's. – Community Leader (Gallatin, Madison & Park Counties)

I have seen the dramatic effect this has on families. One of the hardest pieces is finding care for a loved one with dementia. Someone either gives up their life, their earnings and their well-being to care for their loved one, or puts them in a home they can afford which they may not be comfortable with, or a rare few can afford good long-term care. – Other Health Professional (Gallatin, Madison & Park Counties)

There is very little coordination of services or good home care services for this population. Also, there is limited education for providers about how to take care of these patients. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

Prevalence/Incidence

High occurrence with minimal support and resources. – Public Health/Community Health Representative (Gallatin, Madison & Park Counties)

50% of hospice patients have dementia. If there are not resources this is a difficult disease to manage in the home. – Other Health Professional (Gallatin County)

The amount of friends and people that I know that have been reported to have the disease. – Community Leader (Gallatin, Madison & Park Counties)

Impact on Caregivers/Families

> *There are not enough resources for the family/caregiver to tap into if they cannot afford an assisted living/private home care that specializes in dementia/Alzheimer's. If there are support groups for families, it is not well advertised. – Other Health Professional (Gallatin, Madison & Park Counties)*
>
> *There can be years of care needed for each person with dementia and often little resources or support for caregivers. – Other Health Professional (Gallatin, Madison & Park Counties)*

Kidney Disease

About Kidney Disease

Chronic kidney disease and end-stage renal disease are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are responsible for premature death and exact a high economic price from both the private and public sectors. Nearly 25% of the Medicare budget is used to treat people with chronic kidney disease and end-stage renal disease.

Genetic determinants have a large influence on the development and progression of chronic kidney disease. It is not possible to alter a person's biology and genetic determinants; however, environmental influences and individual behaviors also have a significant influence on the development and progression of chronic kidney disease. As a result, some populations are disproportionately affected. Successful behavior modification is expected to have a positive influence on the disease.

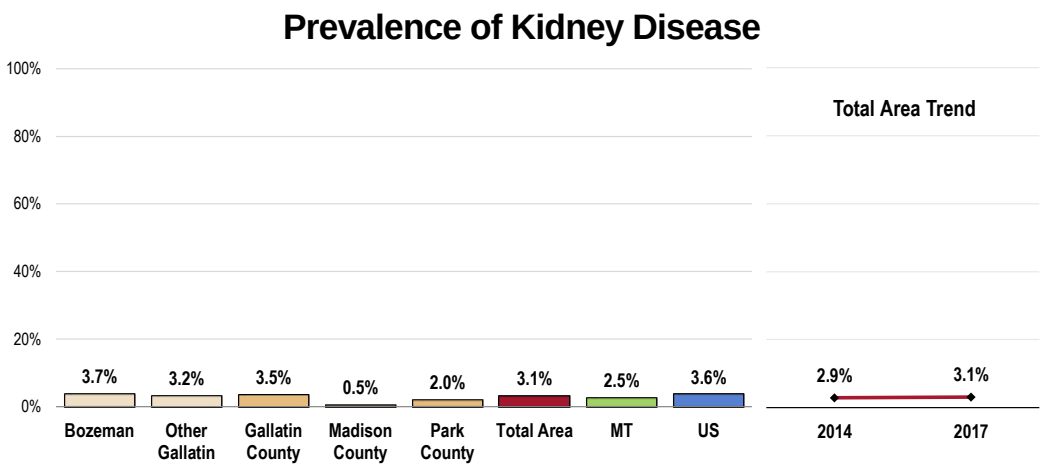
Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the national Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes in persons at risk.

- Healthy People 2020 (www.healthypeople.gov)

Prevalence of Kidney Disease

A total of 3.1% of Total Area adults report having been diagnosed with kidney disease.

- Similar to the state and national proportions.
- Prevalence is particularly low in Madison County when compared against Gallatin and Park counties.
- TREND: Statistically unchanged since 2014.

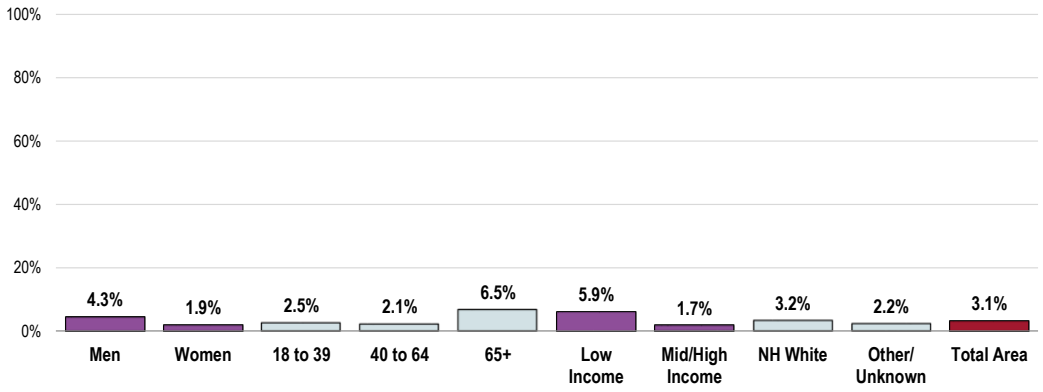


Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 32]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Montana data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- A higher prevalence of kidney disease is reported among seniors (age 65+) and low-income residents in the Total Area.

Prevalence of Kidney Disease
(Total Area, 2017)

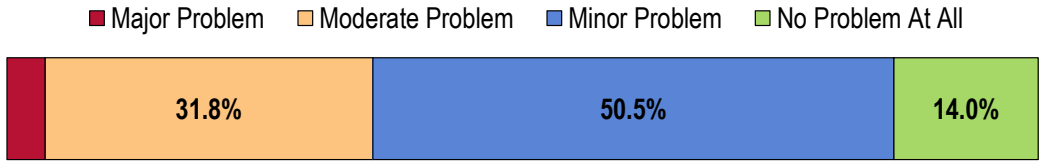


Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 32]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Kidney Disease

Roughly one-half of the key informants taking part in an online survey generally characterized *Kidney Disease* as a "minor problem" in the community.

Perceptions of Kidney Disease as a Problem in the Community
(Key Informants, 2017)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Prevalence/Incidence

> *I know a lot of people on dialysis. – Community Leader (Gallatin, Madison & Park Counties)*
>
> *Increased number of diabetic patients evolving into chronic illness. – Community Leader (Gallatin, Madison & Park Counties)*
>
> *High incidence related to increase in diabetes. Expense and time commitment when individuals require dialysis. – Other Health Professional (Gallatin, Madison & Park Counties)*

Access to Care/Services

> *I don't think it is a problem, per se, but there is extremely limited access to healthcare for someone that has chronic kidney disease. – Community Leader (Gallatin, Madison & Park Counties)*

Potentially Disabling Conditions

About Arthritis, Osteoporosis & Chronic Back Conditions

There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than $128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones). In the United States, an estimated 5.3 million people age 50 years and older have osteoporosis. Most of these people are women, but about 0.8 million are men. Just over 34 million more people, including 12 million men, have low bone mass, which puts them at increased risk for developing osteoporosis. Half of all women and as many as 1 in 4 men age 50 years and older will have an osteoporosis-related fracture in their lifetime.

Chronic back pain is common, costly, and potentially disabling. About 80% of Americans experience low back pain in their lifetime. It is estimated that each year:

- 15%-20% of the population develop protracted back pain.
- 2-8% have chronic back pain (pain that lasts more than 3 months).
- 3-4% of the population is temporarily disabled due to back pain.
- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

Americans spend at least $50 billion each year on low back pain. Low back pain is the:

- 2nd leading cause of lost work time (after the common cold).
- 3rd most common reason to undergo a surgical procedure.
- 5th most frequent cause of hospitalization.

Arthritis, osteoporosis, and chronic back conditions all have major effects on quality of life, the ability to work, and basic activities of daily living.

- Healthy People 2020 (www.healthypeople.gov)

Arthritis, Osteoporosis, & Chronic Back Conditions

A total of 37.1% of Total Area adults age 50 and older report suffering from arthritis or rheumatism.

RELATED ISSUE:

See also *Overall Health Status: Activity Limitations* in the **General Health Status** section of this report.

- Statistically similar to that found nationwide.

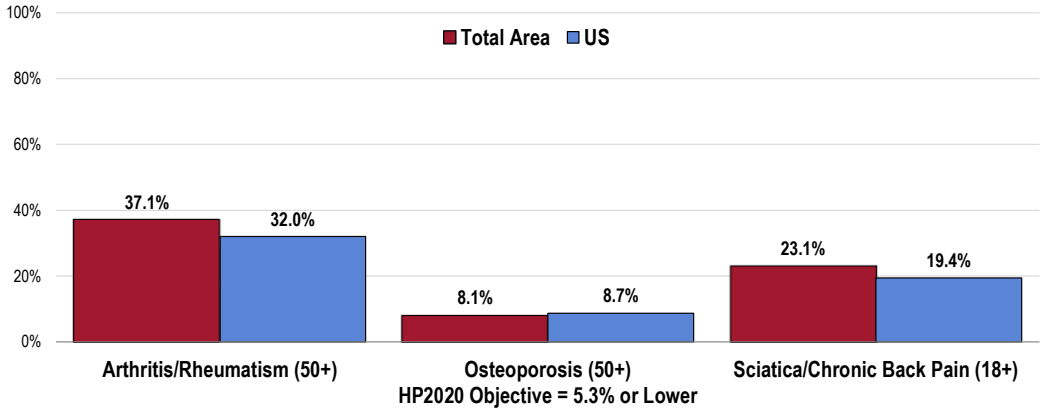
A total of 8.1% Total Area adults age 50 and older have osteoporosis.

- Similar to that found nationwide.
- Fails to satisfy the Healthy People 2020 target of 5.3% or lower.

A total of 23.1% of Total Area adults (age 18 and older) suffer from chronic back pain or sciatica.

- Comparable to that found nationwide.
- TREND: Prevalence has significantly increased over time (not shown).

Prevalence of Potentially Disabling Conditions



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 28, 161-162]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AOCBC-10]

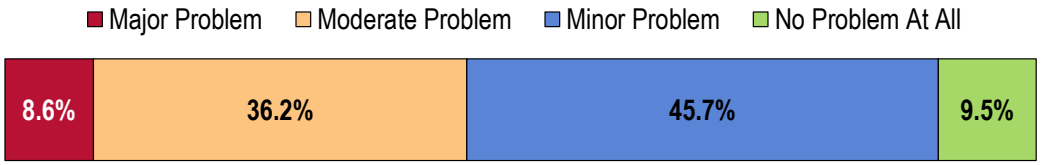
Notes:
- The sciatica indicator reflects the total sample of respondents; the arthritis and osteoporosis columns reflect adults age 50+.

Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions

A plurality of key informants taking part in an online survey characterized *Arthritis, Osteoporosis & Chronic Back Conditions* as a "minor problem" in the community.

Perceptions of Arthritis/Osteoporosis/Back Conditions as a Problem in the Community

(Key Informants, 2017)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Prevalence/Incidence

> *Many community members suffer from various orthopedic issues, which can result in significant pain, disability, and impairment. There is a sizable community of blue-collar workers that support the rapid growth in our area and are often employed in positions that cause and/or contribute to increased pain and disability. In a job setting such as construction, there are limited options available to workers with regard light duty, medical appointments, alternative employment etc. This creates a situation where workers are "stuck" in a job that continues to worsen their orthopedic and pain issues. In turn, this leads to greater disability, decreased quality of life, and poorer health outcomes. – Physician/Advanced Practice Clinician (Gallatin County)*

This is a very common disease and affects a large population. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

Aging Population

Quite a few older people. – Community Leader (Gallatin, Madison & Park Counties)

Impacts elderly and ability to work for people in physical occupations. – Other Health Professional (Gallatin, Madison & Park Counties)

The population that we serve is older. We have an extensive exercise program that addresses many of these conditions. – Community Leader (Gallatin, Madison & Park Counties)

Elderly retirement population, high construction employment, female population. – Social Services Provider (Gallatin, Madison & Park Counties)

Access to Care/Services

There is a huge wait to be seen in the spine clinics. Only one doctor in town performs spinal nerve root injections. Access is very limited. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

Many people are seen for chronic back pain and either don't see a primary or can't get in to see one. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

Health Education

These conditions lead to chronic pain. Lack of education on chronic pain and management outside pain medication. Issues with over prescribing of opioid pain medication. – Physician/Advanced Practice Clinician (Gallatin County)

Lifestyle

Active lifestyle in our community and these conditions are debilitating. – Community Leader (Gallatin, Madison & Park Counties)

Vision & Hearing Impairment

About Vision

Vision is an essential part of everyday life, influencing how Americans of all ages learn, communicate, work, play, and interact with the world. Yet millions of Americans live with visual impairment, and many more remain at risk for eye disease and preventable eye injury.

The eyes are an important, but often overlooked, part of overall health. Despite the preventable nature of some vision impairments, many people do not receive recommended screenings and exams. A visit to an eye care professional for a comprehensive dilated eye exam can help to detect common vision problems and eye diseases, including diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration.

These common vision problems often have no early warning signs. If a problem is detected, an eye care professional can prescribe corrective eyewear, medicine, or surgery to minimize vision loss and help a person see his or her best.

Healthy vision can help to ensure a healthy and active lifestyle well into a person's later years. Educating and engaging families, communities, and the nation is critical to ensuring that people have the information, resources, and tools needed for good eye health.

- Healthy People 2020 (www.healthypeople.gov)

RELATED ISSUE:

See also *Vision Care* in the **Access to Health Services** section of this report.

About Hearing & Other Sensory or Communication Disorders

An impaired ability to communicate with others or maintain good balance can lead many people to feel socially isolated, have unmet health needs, have limited success in school or on the job. Communication and other sensory processes contribute to our overall health and well-being. Protecting these processes is critical, particularly for people whose age, race, ethnicity, gender, occupation, genetic background, or health status places them at increased risk.

Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such a social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition, biological causes of hearing loss and other sensory or communication disorders include: genetics; viral or bacterial infections; sensitivity to certain drugs or medications; injury; and aging.

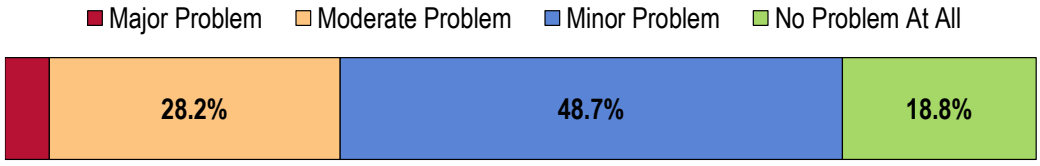
As the nation's population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

- Healthy People 2020 (www.healthypeople.gov)

Key Informant Input: Vision & Hearing

Key informants taking part in an online survey most often characterized *Vision & Hearing* as a "minor problem" in the community.

Perceptions of Vision and Hearing as a Problem in the Community
(Key Informants, 2017)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Affordable Care/Services

> *High-cost care items with minimal or limited insurance coverage to assist payment (even with Medicare/Medicaid), as well as few in-town providers (Livingston). – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)*

> *Affordability is a problem for many seniors and low-income families, rendering it inaccessible. – Other Health Professional (Gallatin, Madison & Park Counties)*

Aging Population

> *A growing elderly population. – Community Leader (Gallatin, Madison & Park Counties)*

Lack of Providers

> *There are no hearing or vision professionals in our community. – Community Leader (Gallatin, Madison & Park Counties)*

Infectious Disease

Professional Research Consultants, Inc.

Influenza & Pneumonia Vaccination

About Influenza & Pneumonia

Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the nation, accounting for 56,000 deaths annually. Pneumonia mortality in children fell by 97% in the last century, but respiratory infectious diseases continue to be leading causes of pediatric hospitalization and outpatient visits in the US. On average, influenza leads to more than 200,000 hospitalizations and 36,000 deaths each year. The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths (1,270 of which were of people younger than age 18) between April 2009 and March 2010.

- Healthy People 2020 (www.healthypeople.gov)

Flu Vaccinations

Among Total Area seniors (age 65+), 68.4% received a flu shot within the past year.

- Higher than the state and national findings.
- Similar to the Healthy People 2020 target (70% or higher).
- The prevalence is highest among Gallatin County seniors and lowest among Park County seniors.
- TREND: Marks a statistically significant increase since 2014.

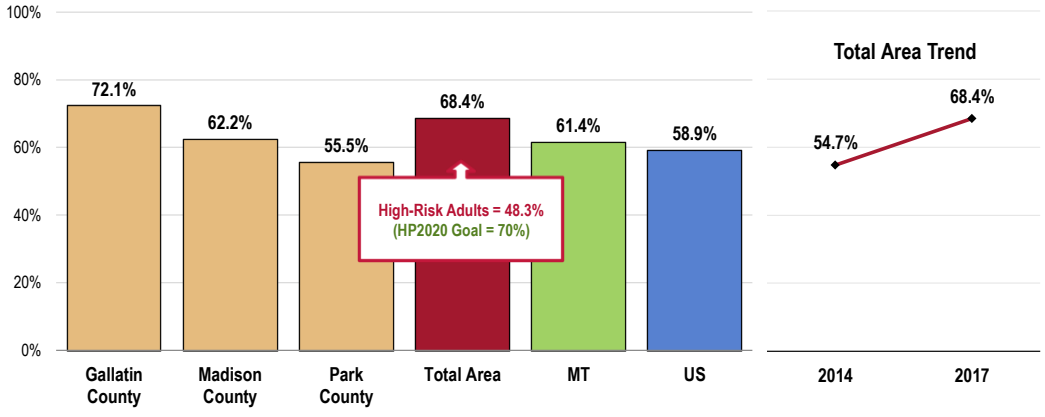
"High-risk" includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

A total of 48.3% of high-risk adults age 18 to 64 received a flu shot within the past year.

Older Adults: Have Had a Flu Vaccination in the Past Year

(Among Adults Age 65+)

Healthy People 2020 Target = 70.0% or Higher



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 163-164]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Montana data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-12.12]

Notes:
- Reflects respondents 65 and older.
- "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.

Pneumonia Vaccination

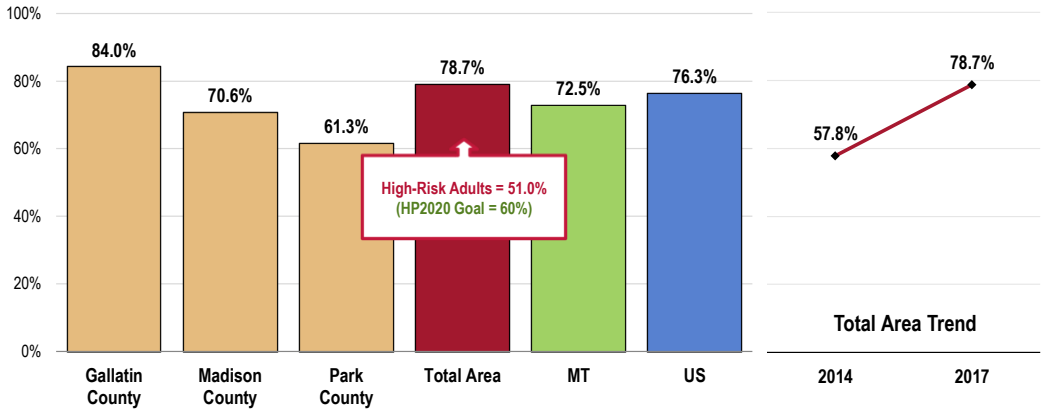
Among Total Area adults age 65 and older, 78.7% have received a pneumonia vaccination at some point in their lives.

- Higher than the Montana finding.
- Similar to the national finding.
- Fails to satisfy the Healthy People 2020 target of 90% or higher.
- Highest in Gallatin County; lowest in Park County.
- TREND: Denotes a statistically significant increase since 2014.
- A total of 51.0% of high-risk adults age 18 to 64 have ever received a pneumonia vaccination.

Older Adults: Have Ever Had a Pneumonia Vaccine

(Among Adults Age 65+)

Healthy People 2020 Target = 90.0% or Higher



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 165-166]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Montana data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives IID-13.1, IID-13.2]

Notes:
- Reflects respondents 65 and older.
- "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.

HIV

About HIV

The HIV epidemic in the United States continues to be a major public health crisis. An estimated 1.1 million Americans are living with HIV, and 1 in 5 people with HIV do not know they have it. HIV continues to spread, leading to about 56,000 new HIV infections each year.

HIV is a preventable disease, and effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50% of new HIV infections occur as a result of the 21% of people who have HIV but do not know it.

In the era of increasingly effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and healthcare programs.

There are gender, race, and ethnicity disparities in new HIV infections:

- Nearly 75% of new HIV infections occur in men.
- More than half occur in gay and bisexual men, regardless of race or ethnicity.
- 45% of new HIV infections occur in African Americans, 35% in whites, and 17% in Hispanics.

Improving access to quality healthcare for populations disproportionately affected by HIV, such as persons of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention. People getting care for HIV can receive:

- Antiretroviral therapy
- Screening and treatment for other diseases (such as sexually transmitted infections)
- HIV prevention interventions
- Mental health services
- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important. Prevention work with people living with HIV focuses on:

- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

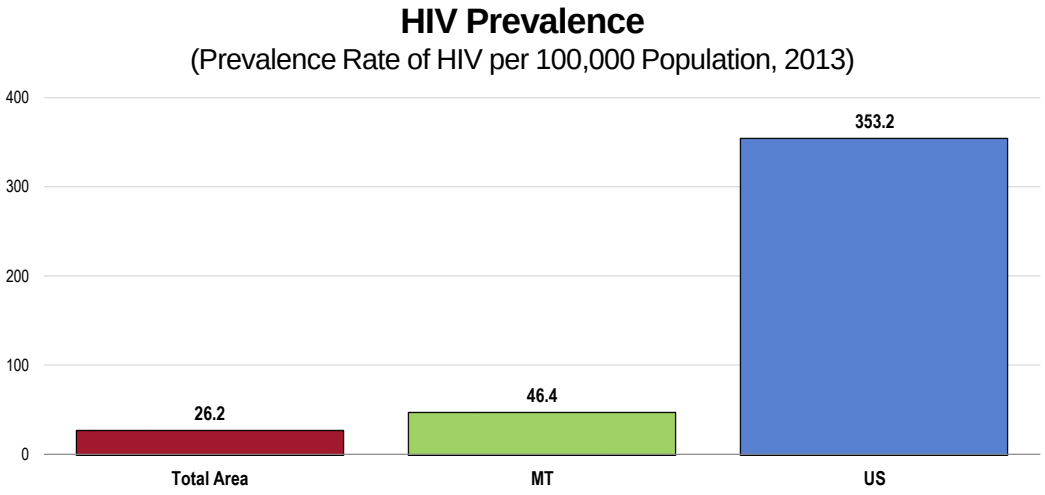
Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

- Healthy People 2020 (www.healthypeople.gov)

HIV Prevalence

In 2013, there was a prevalence of 26.2 HIV cases per 100,000 population in the Total Area.

- Lower than the statewide prevalence.
- Significantly lower than the national prevalence.



Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Retrieved March 2017 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

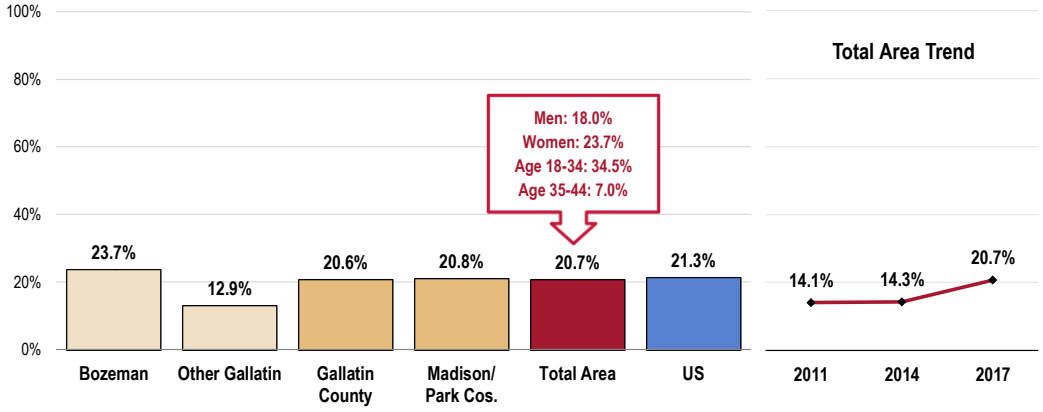
HIV Testing

Among Total Area adults age 18-44, 20.7% report that they have been tested for human immunodeficiency virus (HIV) in the past year.

- Similar to the proportion found nationwide.
- In Gallatin County, the difference is not statistically significant.
- Similar findings by county (Gallatin vs. the combined Madison and Park counties).
- TREND: Testing has remained statistically stable since 2011.
- Statistically similar testing prevalence when viewed by gender; much higher among younger adults (age 18-34) when compared with those age 35-44.

Tested for HIV in the Past Year

(Among Adults Age 18-44)



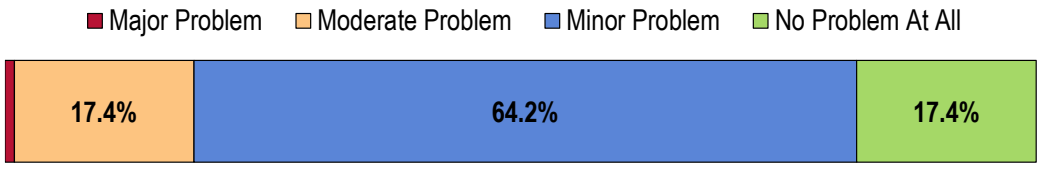
Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 167]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Reflects respondents age 18 to 44.

Key Informant Input: HIV/AIDS

Almost two-thirds of key informants taking part in an online survey most often characterized *HIV/AIDS* as a "minor problem" in the community.

Perceptions of HIV/AIDS as a Problem in the Community

(Key Informants, 2017)



Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Sexually Transmitted Diseases

About Sexually Transmitted Diseases

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. Several factors contribute to the spread of STDs.

Biological Factors. STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- **Asymptomatic nature of STDs**. The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.
- **Gender disparities**. Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.
- **Age disparities**. Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.
- **Lag time between infection and complications**. Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

Social, Economic and Behavioral Factors. The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors. Social, economic, and behavioral factors that affect the spread of STDs include: racial and ethnic disparities; poverty and marginalization; access to healthcare; substance abuse; sexuality and secrecy (stigma and discomfort discussing sex); and sexual networks (persons “linked” by sequential or concurrent sexual partners).

- Healthy People 2020 (www.healthypeople.gov)

Chlamydia & Gonorrhea

In 2014, the chlamydia incidence rate in the Total Area was 326.8 cases per 100,000 population.

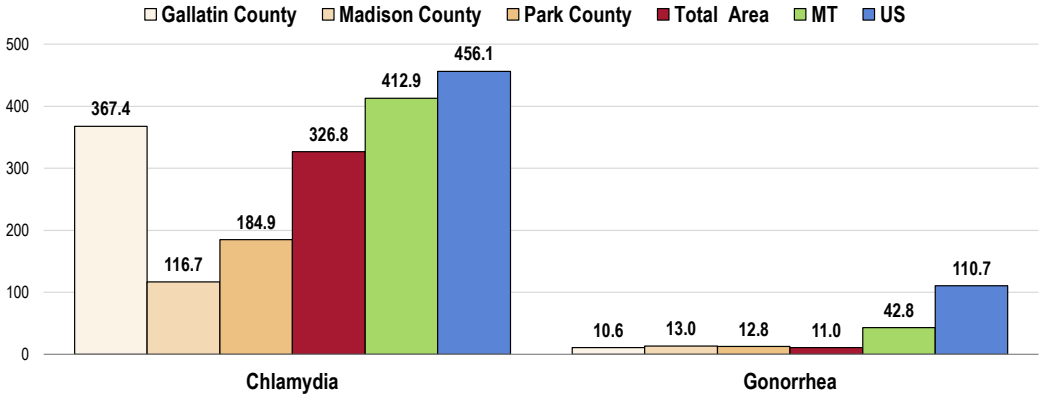
- Notably lower than the Montana and US incidence rates.
- Highest in Gallatin County; lowest in Madison County.

The Total Area gonorrhea incidence rate in 2014 was 11.0 cases per 100,000 population.

- Notably lower than the state and national rates.
- Lowest in Gallatin County.

Chlamydia & Gonorrhea Incidence

(Incidence Rate per 100,000 Population, 2014)



Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Retrieved March 2017 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

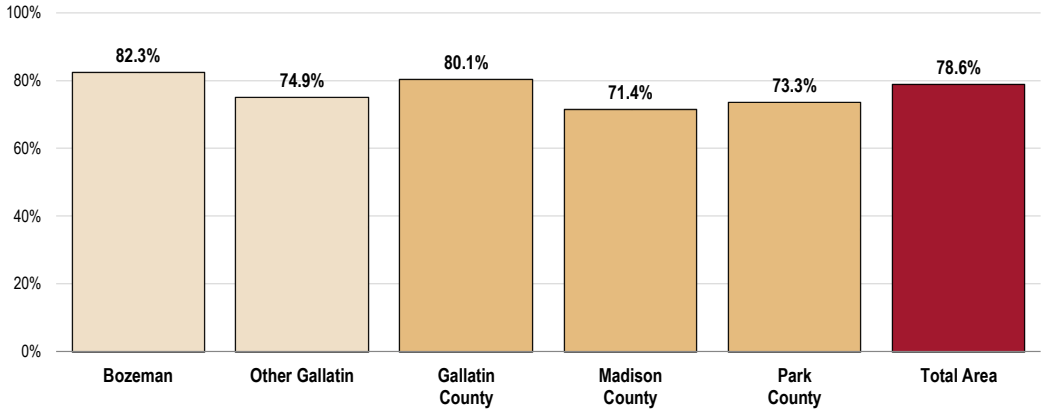
Human Papillomavirus (HPV)

Human papillomavirus (HPV) is a common infection that can cause several types of cancer in men and women.

More than three-fourths of respondents (78.6%) report being familiar with the human papillomavirus (HPV) prior to participating in the community health survey.

- In Gallatin County, familiarity is higher in Bozeman.
- By county, the percentage is highest in Gallatin County; lowest in Madison County.

Familiar with Human Papillomavirus (HPV)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 311]

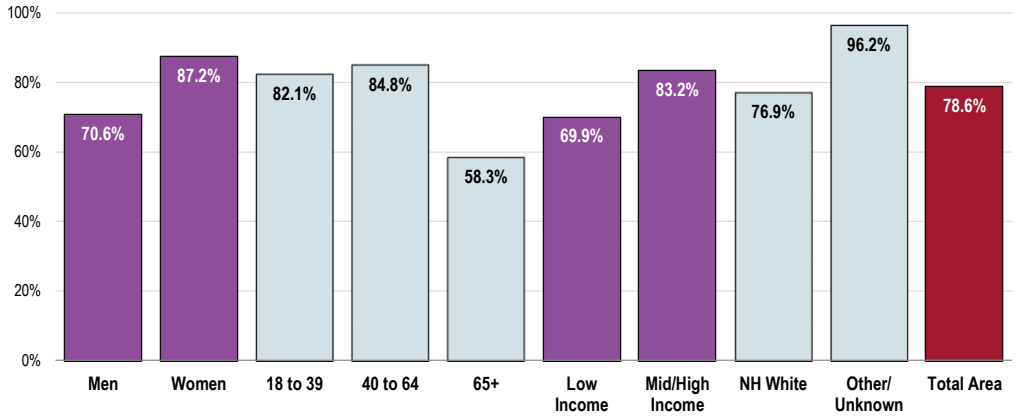
Notes:
- Asked of all respondents.

Area adults less likely to be familiar with HPV include:

- Men.
- Seniors (age 65+).
- Lower-income residents.
- Non-Hispanic Whites.

Familiar with Human Papillomavirus (HPV)

(Total Area, 2017)



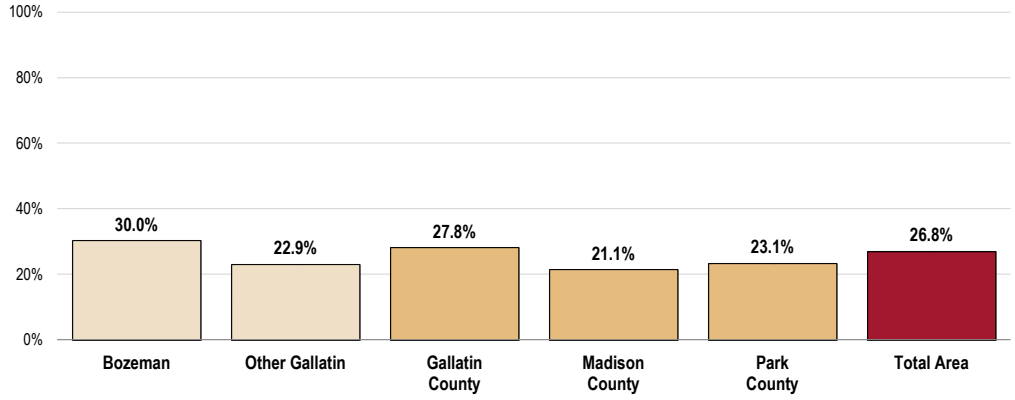
Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 311]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

A total of 26.8% of Total Area adults indicate that a doctor or other health professional has given them information about HPV (written or spoken) in the past three years.

- This is statistically similar within Gallatin County.
- Statistically similar findings by county.

Received Info on HPV from a Health Professional in the Past Three Years



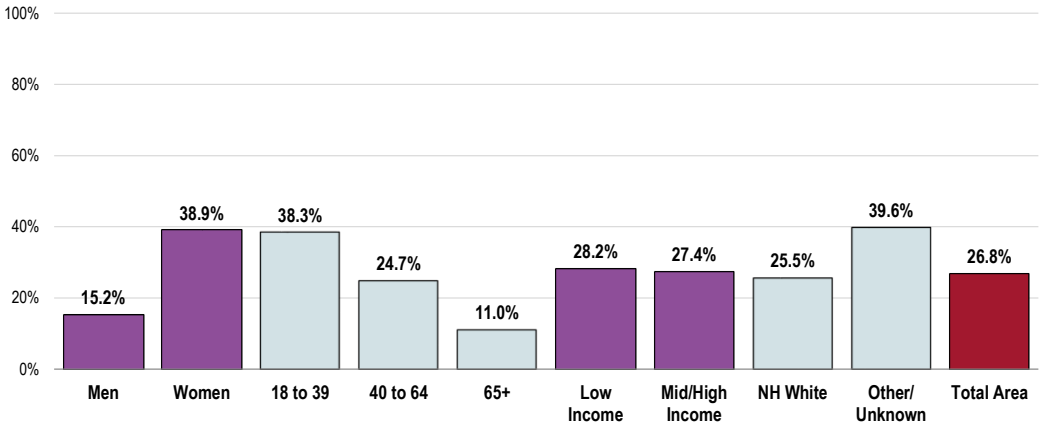
Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 312]
Notes: ● Asked of all respondents.
● Includes both written and spoken information.

The following adults are <u>less</u> likely to have been given information about HPV from a health professional in the past three years:

- Men.
- Older adults (negative correlation with age).

Received Info on HPV from a Health Professional in the Past Three Years

(Total Area, 2017)



Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 312]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
● Includes both written and spoken information.

Safe Sexual Practices

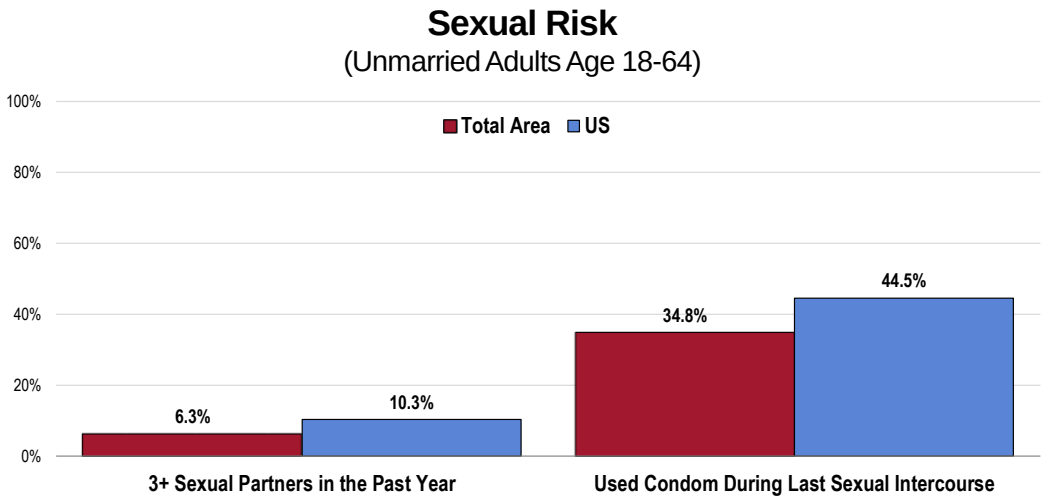
Among unmarried Total Area adults under the age of 65, the majority cites having one (46.6%) or no (40.7%) sexual partners in the past 12 months.

However, 6.3% report three or more sexual partners in the past year.

- Comparable to that reported nationally.

A total of 34.8% of unmarried Total Area adults age 18 to 64 report that a condom was used during their last sexual intercourse.

- Lower than the national figure.



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 97-98]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

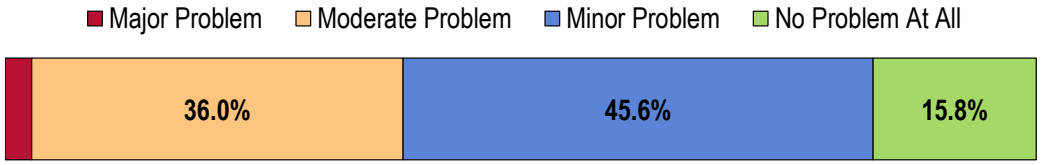
Notes:
- Reflects unmarried respondents under the age of 65.

Key Informant Input: Sexually Transmitted Diseases

A plurality of key informants taking part in an online survey characterized *Sexually Transmitted Diseases* as a "minor problem" in the community.

Perceptions of Sexually Transmitted Diseases as a Problem in the Community

(Key Informants, 2017)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Prevalence/Incidence

> *It's been a problem for all of human history, so why not now? – Community Leader (Gallatin, Madison & Park Counties)*

Health Education

> *In terms of STIs, HPV is the most dangerous and one of the most common and we have found there is very little understanding of this virus in our community in terms of prevention and transition. HPV is the leading cause of cervical and oral cancer and it is highly stigmatized because there are many misconceptions about how it is transferred from person to person. Since the Gardasil vaccine is not required by schools, we are seeing parents opt out of getting it because of the expense ($200-300 and three shots) or fear from misinformation even though it is very effective in preventing people from getting the virus aka preventative treatment for cancer which is amazing! We have found that primary care doctors aren't always screening for risk using best practices so the responsibility often falls on family planning clinics. Also, STIs are linked to fertility issues and long-term health challenges. Did you know that 1 in 2 sexually active young people will get an STI by age 25 and not even know it? – Other Health Professional (Gallatin, Madison & Park Counties)*

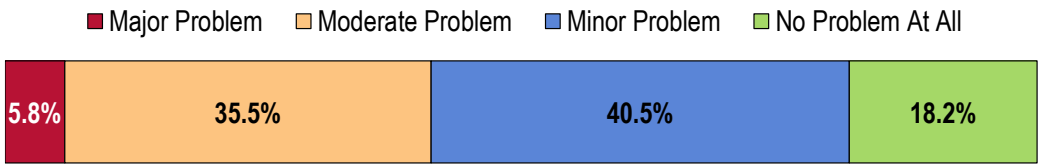
Immunization & Infectious Diseases

Key Informant Input: Immunization & Infectious Diseases

Key informants taking part in an online survey most often characterized *Immunization & Infectious Diseases* as a "minor problem" in the community.

Perceptions of Immunization and Infectious Diseases as a Problem in the Community

(Key Informants, 2017)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Immunization Rate

> *Too few Montana children receive all of their immunizations. – Social Services Provider (Gallatin, Madison & Park Counties)*
>
> *Montana's low rate of immunization. Recent increases in infections like syphilis, Zika, whooping cough. – Other Health Professional (Gallatin, Madison & Park Counties)*

Health Education

> *Poor education and ease of accessibility. – Community Leader (Gallatin, Madison & Park Counties)*
>
> *Continuing to educate parents regarding the importance of routine childhood immunizations will be key moving forward, so that they can make informed decisions that are based on years of scientific evidence rather than false claims about anecdotal stories linking vaccines to autism and other ailments. In addition, educating parents about the importance of the HPV vaccine for the prevention of cervical cancer to increase vaccination rates. – Public Health/Community Health Representative (Gallatin County)*

Births

Professional Research Consultants, Inc.

Prenatal Care

About Infant & Child Health

Improving the well-being of mothers, infants, and children is an important public health goal for the US. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Many factors can affect pregnancy and childbirth, including pre-conception health status, age, access to appropriate healthcare, and poverty.

Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. There are racial and ethnic disparities in mortality and morbidity for mothers and children, particularly for African Americans. These differences are likely the result of many factors, including social determinants (such as racial and ethnic disparities in infant mortality; family income; educational attainment among household members; and health insurance coverage) and physical determinants (i.e., the health, nutrition, and behaviors of the mother during pregnancy and early childhood).

- Healthy People 2020 (www.healthypeople.gov)

Early and continuous prenatal care is the best assurance of infant health.

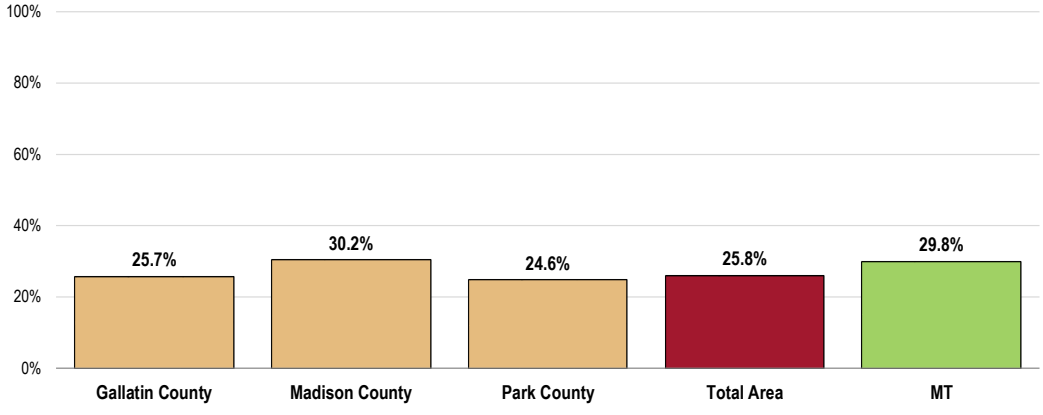
Between 2013 and 2015, 25.8% of all Total Area births did not receive prenatal care in the first trimester of pregnancy.

- More favorable than the Montana proportion.
- Fails to satisfy the Healthy People 2020 target (22.1% or lower).
- Higher in Madison County.

Lack of Prenatal Care in the First Trimester

(Percentage of Live Births, 2013-2015)

Healthy People 2020 Target = 22.1% or Lower



Sources:
- Montana Department of Public Health & Human Services, Office of Vital Statistics. Retrieved May 2017 from Indicator-Based Public Health Information System at http://ibis.mt.gov.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-10.1]

Note:
- This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.

Birth Outcomes & Risks

Low-Weight Births

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

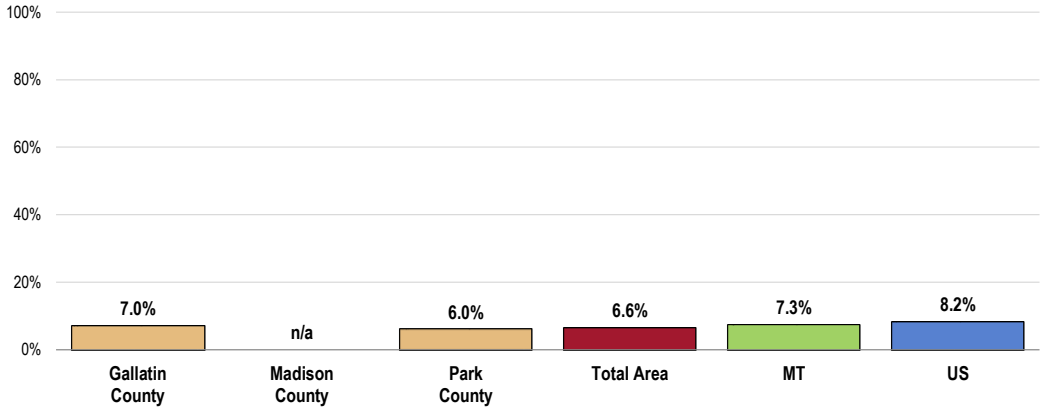
A total of 6.6% of 2006-2012 Total Area births were low-weight.

- Lower than the Montana and US proportions.
- Satisfies the Healthy People 2020 target (7.8% or lower).
- Higher in Gallatin County than in Park County (prevalence not available for Madison County).

Low-Weight Births

(Percent of Live Births, 2006-2012)

Healthy People 2020 Target = 7.8% or Lower



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.
- Retrieved March 2017 from Community Commons at http://www.chna.org.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

Note:
- This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Infant Mortality

Between 2013 and 2015, there was an annual average of 5.0 infant deaths per 1,000 live births.

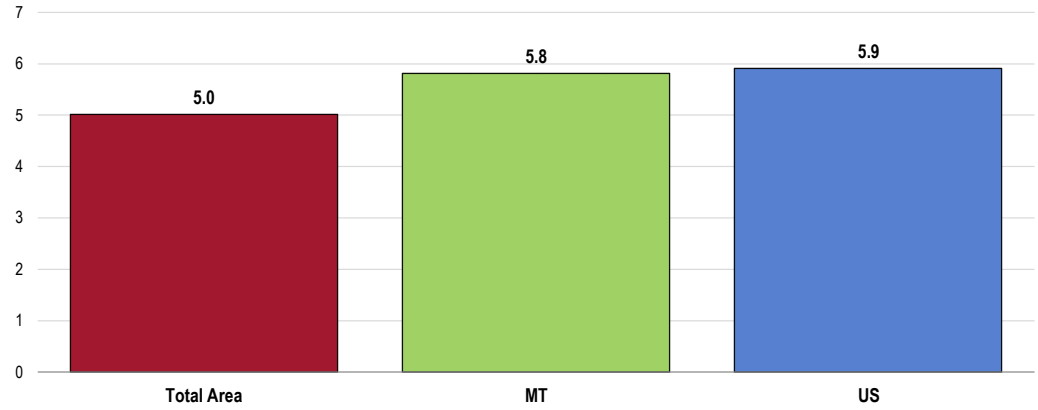
Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

- Lower than the state and national rates.
- Satisfies the Healthy People 2020 target of 6.0 per 1,000 live births.

Infant Mortality Rate

(Annual Average Infant Deaths per 1,000 Live Births, 2013-2015)

Healthy People 2020 Target = 6.0 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

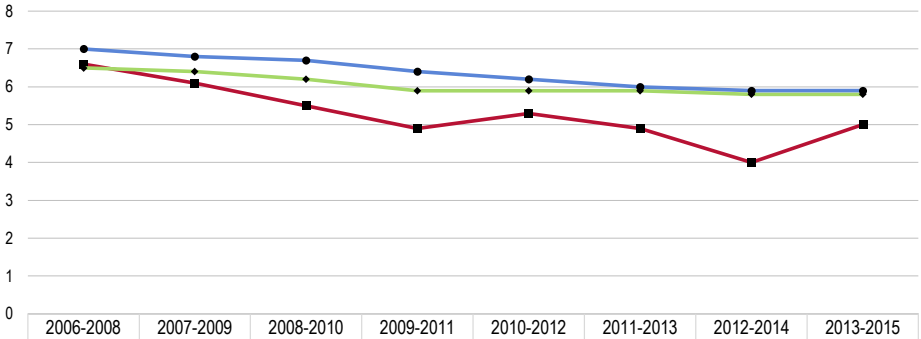
Notes:
- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.
- Raw counts for Gallatin, Madison and Park counties were too small to be calculated reliably.

- TREND: Although fluctuating, the infant mortality rate has decreased over time, in keeping with the decreasing trends reported in Montana and the US overall.

Infant Mortality Rate

(Annual Average Infant Deaths per 1,000 Live Births)

Healthy People 2020 Target = 6.0 or Lower



	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015
Total Area	6.6	6.1	5.5	4.9	5.3	4.9	4.0	5.0
MT	6.5	6.4	6.2	5.9	5.9	5.9	5.8	5.8
US	7.0	6.8	6.7	6.4	6.2	6.0	5.9	5.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

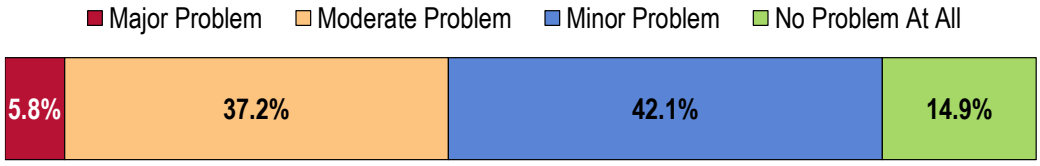
Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

Key Informant Input: Infant & Child Health

Key informants taking part in an online survey generally characterized *Infant & Child Health* as a "minor problem" in the community.

Perceptions of Infant and Child Health as a Problem in the Community

(Key Informants, 2017)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Access to Early and Coordinated Care

Access and education about these services for all of our community. – Community Leader (Gallatin, Madison & Park Counties)

We need more infant care so we don't have to ship them so far to other hospitals. – Community Leader (Gallatin, Madison & Park Counties)

Early pregnancy detection is critical to setting that mother and future child up for success in the long run. As soon as the pregnancy is confirmed, woman need to have access to early pregnancy care and education to keep them and their babies as healthy as possible. From proper nutrition to help quitting smoking to emotional support, the more woman are equipped with proper knowledge and support, the higher the likelihood of a healthy baby with a higher survival rate. I feel like a broken record, but it all comes down to access to preemptive care and the fact that vulnerable populations are more likely to engage in behaviors that would be considered adverse when they are pregnant, and those same populations are statistically less likely to use birth control and get a pregnancy test early. These behaviors put both the mother and the child at risk for health complications and it all comes down to access and education! – Other Health Professional (Gallatin, Madison & Park Counties)

The existence and quality of prenatal, neonatal, and early childhood health education efforts can greatly affect child health. These efforts should be enhanced and integrated with nutritional improvement and tobacco use reduction programs (especially when implemented at the family unit level), and with early childhood education initiatives. Again, the value of individual programs can be improved significantly with better coordination and integration of programs addressing multiple public health concerns. – Community Leader (Gallatin, Madison & Park Counties)

Prevalence/Incidence

Being active in the community and having grandchildren in the school system, I hear and see some of the problems about maternal, infant, and child health. – Community Leader (Gallatin, Madison & Park Counties)

Personal observation. – Community Leader (Gallatin, Madison & Park Counties)

Health Education

Parents are poorly prepared. – Community Leader (Gallatin, Madison & Park Counties)

Reproductive Health

Reproductive healthcare. No access to Planned Parenthood, abortion care services, or adequate counseling for unanticipated pregnancies. While this is a small segment, this has a large gap in good consistent care. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

Family Planning

Births to Teen Mothers

About Teen Births

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately $3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

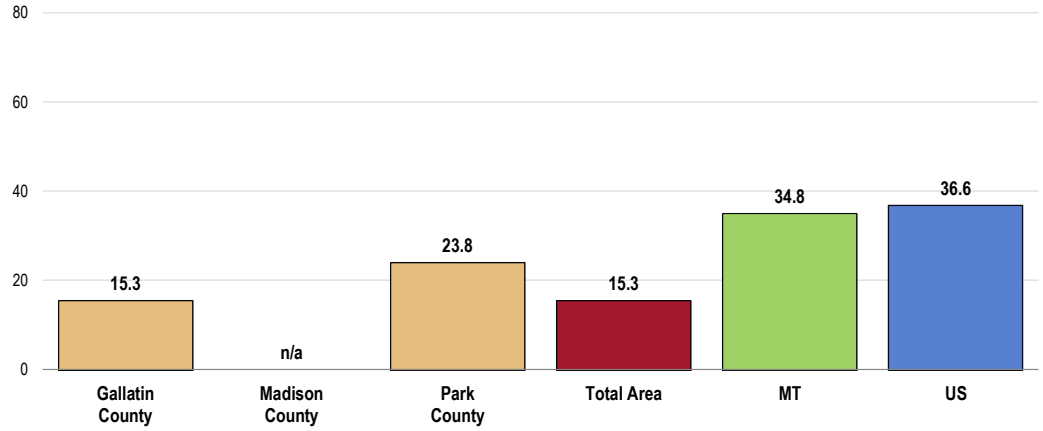
- Healthy People 2020 (www.healthypeople.gov)

Between 2006 and 2012, there was an annual average of 15.3 births to women age 15-19 per 1,000 population in that age group.

- Less than half the state and US proportions.
- Higher in Park County than in Gallatin County (rate not available for Madison County).

Teen Birth Rate

(Births to Women Age 15-19 Per 1,000 Female Population Age 15-19, 2006-2012)



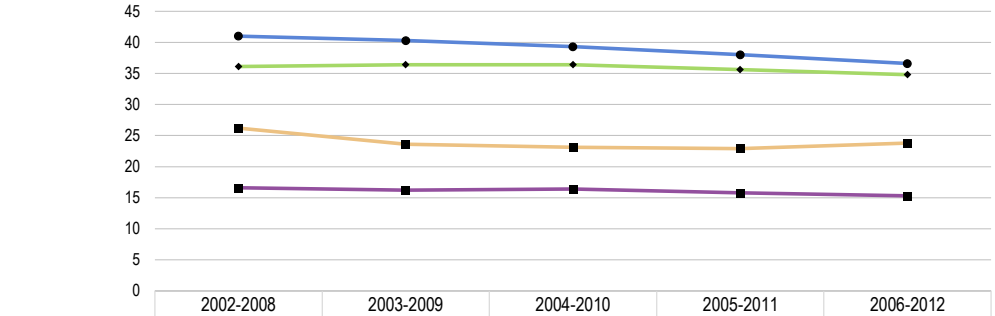
Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.
- Retrieved March 2017 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the rate of total births to women under the age of 15 - 19 per 1,000 female population age 15 - 19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

- TREND: Note that Gallatin and Park County rates have not changed much in recent years.

Teen Birth Rate

(Births to Women Age 15-19 Per 1,000 Female Population Age 15-19)



	2002-2008	2003-2009	2004-2010	2005-2011	2006-2012
Gallatin County	16.6	16.2	16.4	15.8	15.3
Park County	26.2	23.6	23.1	22.9	23.8
MT	36.1	36.4	36.4	35.6	34.8
US	41.0	40.3	39.3	38.0	36.6

Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.
- Retrieved March 2017 from Community Commons at http://www.chna.org.

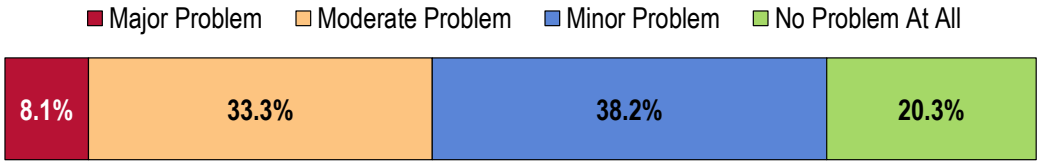
Notes:
- This indicator reports the rate of total births to women under the age of 15-19 per 1,000 female population age 15-19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Key Informant Input: Family Planning

Key informants taking part in an online survey generally characterized *Family Planning* as a "moderate" or "minor" problem in the community.

Perceptions of Family Planning as a Problem in the Community

(Key Informants, 2017)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Health Education

Education and provision of services to women in need. – Social Services Provider (Gallatin, Madison & Park Counties)

Education and stigma around birth control use. Timely counseling to prevent unwanted pregnancy. – Physician/Advanced Practice Clinician (Gallatin County)

Family planning is one of the most important things we can do for the health of families and children in our community. It also makes financial sense, with every $1 spent on contraception yielding $6-$7 dollars in savings in public health costs. Not only that, but the health consequences of unintended pregnancies are significant. In addition, both the mother and child with an unintended pregnancy are more likely to end up in poverty. – Other Health Professional (Gallatin, Madison & Park Counties)

Not a Priority

Underutilized family planning resources, incomplete community partnerships without aggressive marketing/awareness campaign targeting high-risk populations, low literacy/health literacy. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

Growing community with high housing cost and low wages contributes to individuals' lack of prioritization and motivation to plan for future child bearing. – Other Health Professional (Gallatin, Madison & Park Counties)

Access to Care

Access to nonjudgmental, equitable care is a struggle in our smaller communities and the places that are available seem too often be struggling with meeting the need due to funding and other lack of support. – Other Health Professional (Gallatin, Madison & Park Counties)

Affordable Care/Services

Family planning is a major problem for three reasons: first, Title X federal funding is very threatened right now; second, if the ACA is repealed, this will hurt safety net providers like Bridgercare and Planned Parenthood across our state; and third, unintended pregnancies are very expensive for individuals, hospitals, and state alike! To speak to each in more detail, family planning clinics have been flat funded for decades and the cost of providing those services, especially on a sliding fee scale, just continue to increase. Family planning clinics are not funded under the umbrella of FQHCs because they are too controversial and thus are even more at risk of closing their door in rural areas if they lose federal funding and are predominately seeing patients who cannot afford to pay and/or do not have health insurance the clinic can submit to for reimbursement. As for hospitals, the delivery of an unintended pregnancy will cost hospitals tons because they eat the cost of all Medicaid-funded births. – Other Health Professional (Gallatin, Madison & Park Counties)

Birth Control Policies

There are policies that dissuade females from getting birth control. We should be doing more as a community to promote birth control as a method of population control to ensure we have enough resources as a community and nation. – Community Leader (Gallatin, Madison & Park Counties)

Personal/Cultural Beliefs

Most services are religious based, which is fine, but only serves a certain part of the population. We all hear about the issues with Planned Parenthood. If they are done away with, what do we have? – Community Leader (Gallatin, Madison & Park Counties)

Single Parent Families

Amount of single-parent families and unwed mothers. – Community Leader (Gallatin, Madison & Park Counties)

Modifiable Health Risks

Professional Research Consultants, Inc.

Actual Causes of Death

About Contributors to Mortality

A 1999 study (an update to a landmark 1993 study), estimated that as many as 40% of premature deaths in the United States are attributed to behavioral factors. This study found that behavior patterns represent the single-most prominent domain of influence over health prospects in the United States. The daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress are all important determinants of health.

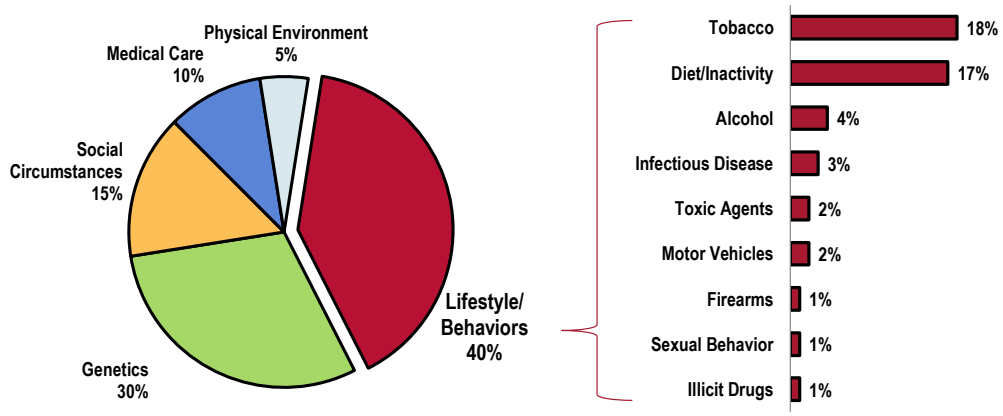
The most prominent contributors to mortality in the United States in 2000 were **tobacco** (an estimated 435,000 deaths), **diet and activity** patterns (400,000), **alcohol** (85,000), **microbial agents** (75,000), **toxic agents** (55,000), **motor vehicles** (43,000), **firearms** (29,000), **sexual behavior** (20,000), and **illicit use of drugs** (17,000). Socioeconomic status and access to medical care are also important contributors, but difficult to quantify independent of the other factors cited. Because the studies reviewed used different approaches to derive estimates, the stated numbers should be viewed as first approximations.

These analyses show that smoking remains the leading cause of mortality. However, poor diet and physical inactivity may soon overtake tobacco as the leading cause of death. These findings, along with escalating healthcare costs and aging population, argue persuasively that the need to establish a more preventive orientation in the US healthcare and public health systems has become more urgent.

- Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, Phd, MSc; Julie L. Gerberding, MD, MPH. "Actual Causes of Death in the United States." JAMA, 291(2004):1238-1245.

While causes of death are typically described as the diseases or injuries immediately precipitating the end of life, a few important studies have shown that the actual causes of premature death (reflecting underlying risk factors) are often preventable.

Factors Contributing to Premature Deaths in the United States



Sources: ● "The Case For More Active Policy Attention to Health Promotion"; (McGinnis, Williams-Russo, Knickman) Health Affairs. Vol. 32. No. 2. March/April 2002."Actual Causes of Death in the United States": (Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH.) JAMA. 291 (2000) 1238-1245.

Nutrition

About Healthful Diet & Healthy Weight

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people's—particularly children's—food choices.

- Healthy People 2020 (www.healthypeople.gov)

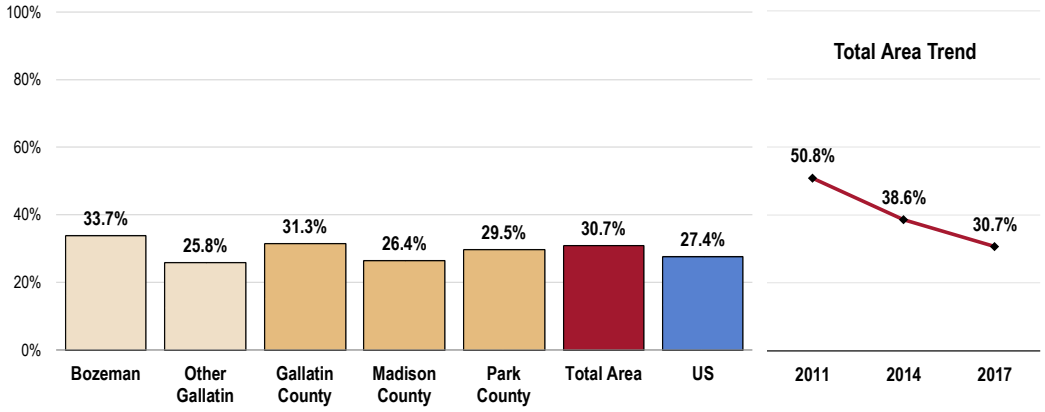
Daily Recommendation of Fruits/Vegetables

A total of 30.7% of Total Area adults report eating five or more servings of fruits and/or vegetables per day.

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

- Similar to national findings.
- Similar by county (and similar by area within Gallatin County).
- TREND: Fruit/vegetable consumption has decreased significantly since 2011.

Consume Five or More Servings of Fruits/Vegetables Per Day



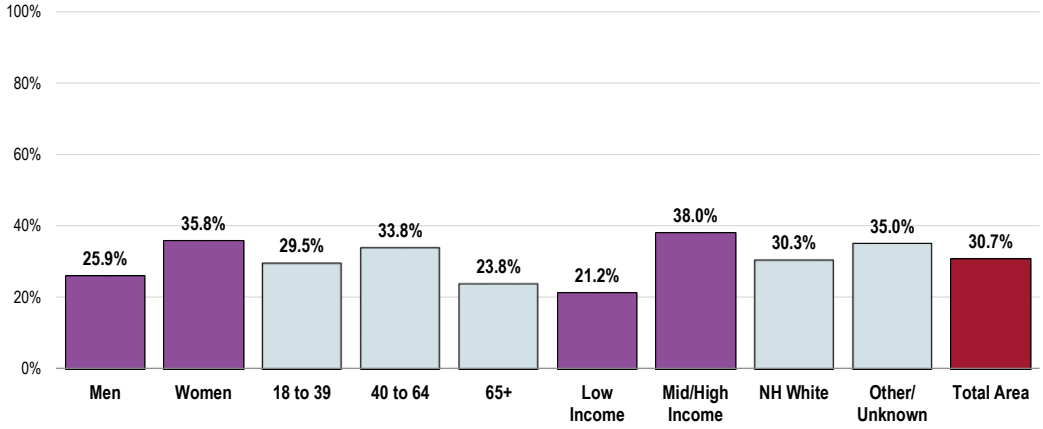
Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- For this issue, respondents were asked to recall their food intake on the previous day.

- Area men are less likely to get the recommended servings of daily fruits/vegetables, as are seniors (age 65+) and low-income adults.

Consume Five or More Servings of Fruits/Vegetables Per Day

(Total Area, 2017)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- For this issue, respondents were asked to recall their food intake on the previous day.

Low Food Access (Food Deserts)

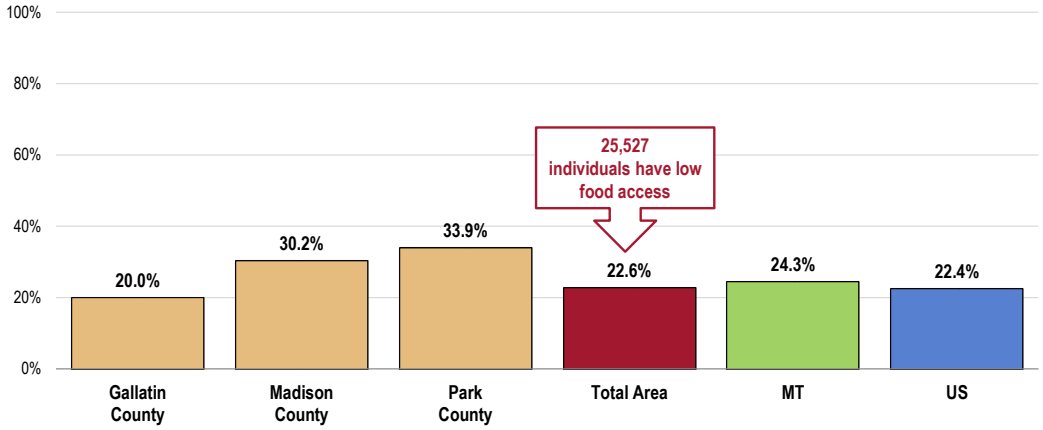
A food desert is defined as a low-income area where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas.

US Department of Agriculture data show that 22.6% of the Total Area population (representing over 25,500 residents) have low food access or live in a "food desert," meaning that they do not live near a supermarket or large grocery store.

- More favorable than statewide findings.
- Similar to national findings.
- Lowest in Gallatin County; highest in Park County.

Population With Low Food Access

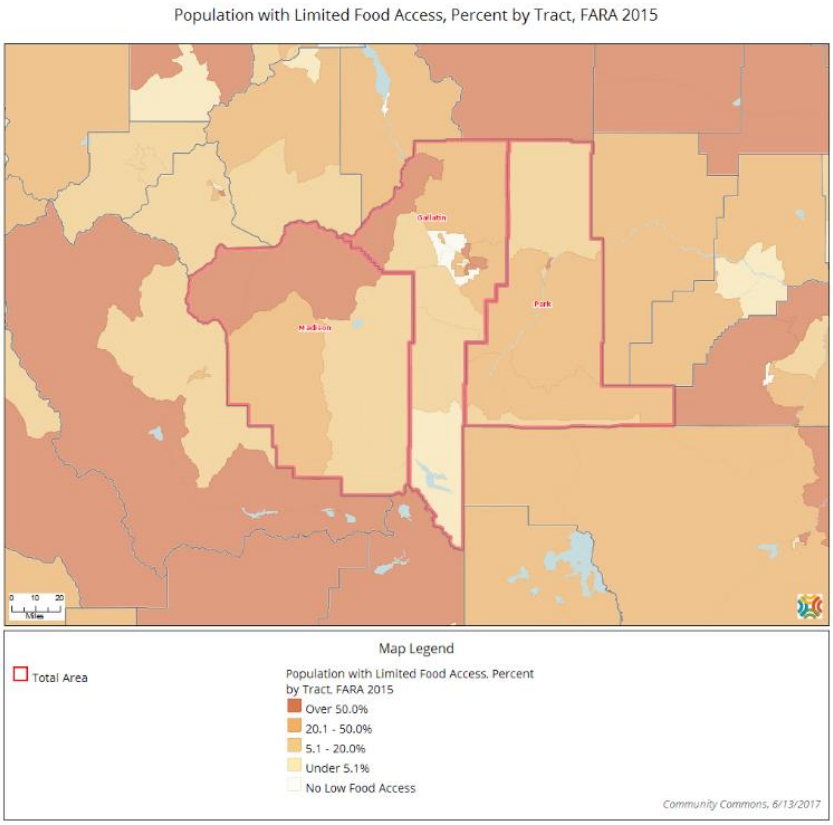
(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2015)



Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
- Retrieved March 2017 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as low-income areas where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas. This indicator is relevant because it highlights populations and geographies facing food insecurity.

- The following map provides an illustration of food deserts by census tract.

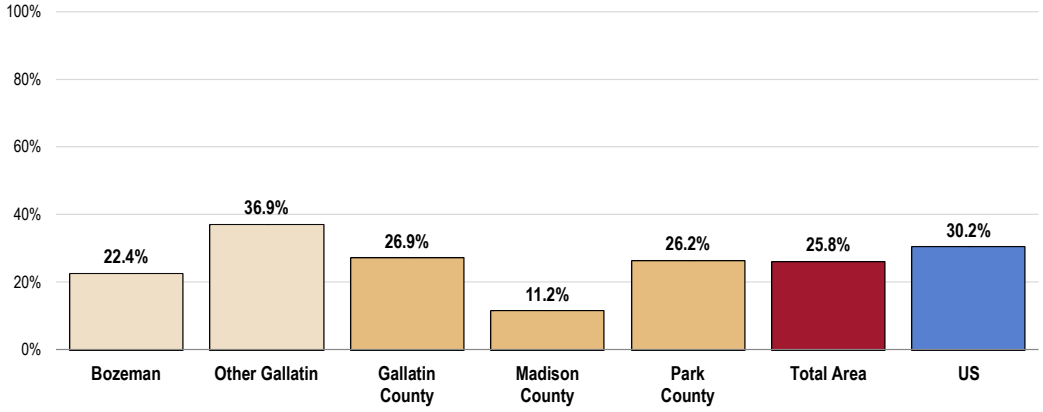


Sugar-Sweetened Beverages

One in four Total Area adults (25.8%) reports drinking an average of at least one sugar-sweetened beverage per day in the past week.

- Lower than the national findings.
- Within Gallatin County, the prevalence is much higher outside Bozeman.
- Favorably low in Madison County when viewed by county.

Had Seven or More Sugar-Sweetened Beverages in the Past Week



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 212]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

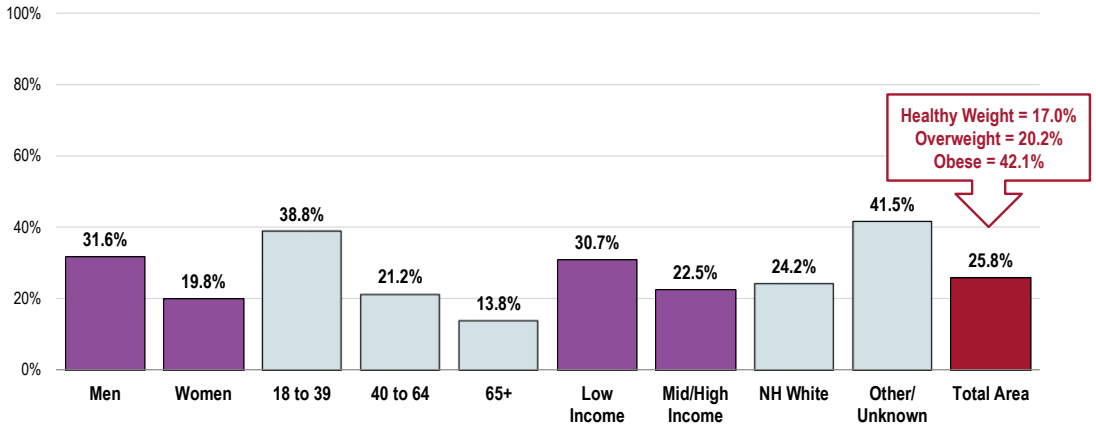
Notes:
- Asked of all respondents.

Those more likely to consume this level of sugar-sweetened beverages include:

- Men.
- Younger adults (age 18-39; negative correlation with age).
- Residents of other or unknown race.
- Obese residents.

Had Seven or More Sugar-Sweetened Beverages in the Past Week

(Total Area, 2017)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 212]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Physical Activity

About Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults and older adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity: gender (boys); belief in ability to be active (self-efficacy); and parental support.

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity: parental education; gender (boys); personal goals; physical education/school sports; belief in ability to be active (self-efficacy); and support of friends and family.

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

- Healthy People 2020 (www.healthypeople.gov)

Leisure-Time Physical Activity

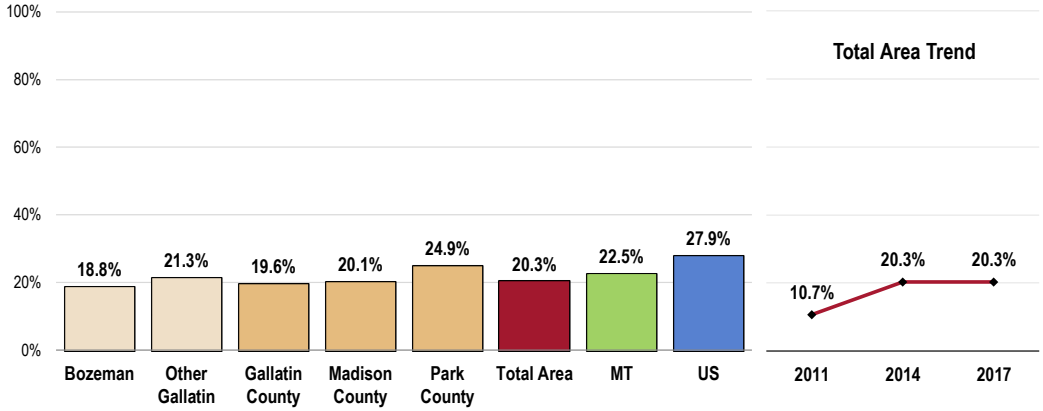
Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

A total of 20.3% of Total Area adults report no leisure-time physical activity in the past month.

- Comparable to statewide findings.
- More favorable than national findings.
- Satisfies the Healthy People 2020 target (32.6% or lower).
- Similar findings within Gallatin County and among the three counties overall.
- TREND: Denotes a statistically significant increase from 2011 survey findings.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 Target = 32.6% or Lower



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Montana data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

Notes:
- Asked of all respondents.

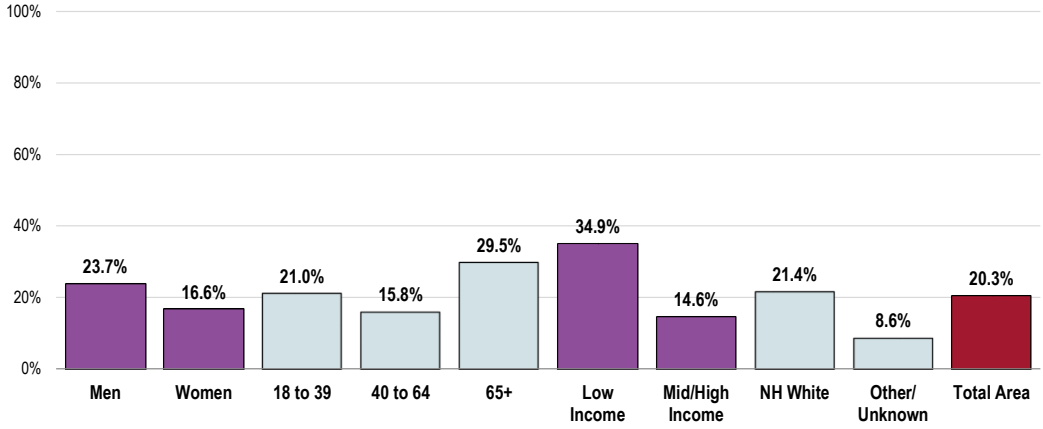
Lack of leisure-time physical activity in the area is higher among:

- Men.
- Seniors (age 65+).
- Lower-income residents.
- Non-Hispanic Whites.

No Leisure-Time Physical Activity in the Past Month

(Total Area, 2017)

Healthy People 2020 Target = 32.6% or Lower



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Levels

Adults

Recommended Levels of Physical Activity

Adults should do 2 hours and 30 minutes a week of moderate-intensity (such as walking), or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity **aerobic** physical activity (such as jogging), or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. The guidelines also recommend that adults do **muscle-strengthening** activities, such as push-ups, sit-ups, or activities using resistance bands or weights. These activities should involve all major muscle groups and be done on two or more days per week.

The report finds that nationwide nearly 50 percent of adults are getting the recommended amounts of aerobic activity and about 30 percent are engaging in the recommended muscle-strengthening activity.

- 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity
- Learn more about CDC's efforts to promote walking by visiting http://www.cdc.gov/vitalsigns/walking.

Aerobic & Strengthening Physical Activity

Based on reported physical activity intensity, frequency and duration over the past month, 4 in 10 Total Area adults (39.5%) are found to be "insufficiently active" or "inactive."

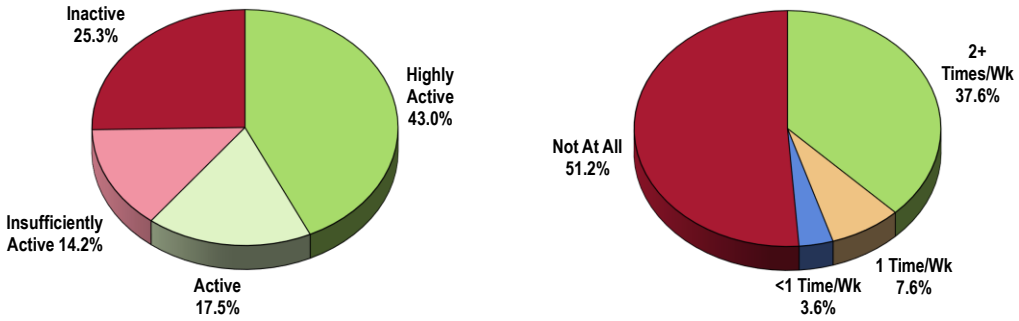
Survey respondents were asked about the types of physical activities they engaged in during the past month, as well as the frequency and duration of these activities.

- "Inactive" includes those reporting no aerobic physical activity in the past month.
- "Insufficiently active" includes those with the equivalent of 1-150 minutes of aerobic physical activity per week.
- "Active" includes those with 150-300 minutes of weekly aerobic physical activity.
- "Highly active" includes those with >300 minutes of weekly aerobic physical activity.

A total of 51.2% of Total Area adults do not participate in any types of physical activities or exercises to strengthen their muscles.

Participation in Physical Activities

(Total Area, 2017)



Aerobic Activity **Strengthening Activity**

Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 113, 173]
Notes: ● Reflects the total sample of respondents.
● In this case, "inactive" aerobic activity represents those adults participating in no aerobic activity in the past week; "insufficiently active" reflects those respondents with 1–149 minutes of aerobic activity in the past week; "active" adults are those with 150–300 minutes of aerobic activity per week; and "highly active" adults participate in 301+ minutes of aerobic activity weekly.

Recommended Levels of Physical Activity

A total of 26.1% of Total Area adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

"Meeting physical activity recommendations" includes adequate levels of both aerobic and strengthening activity:

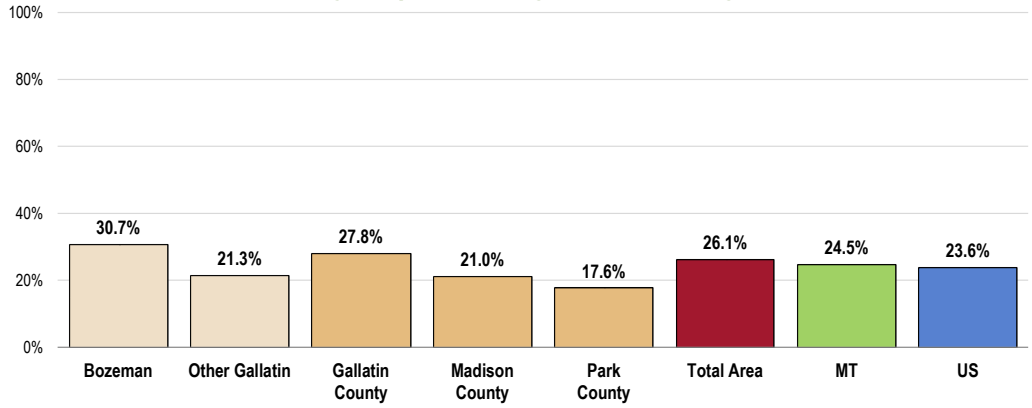
Aerobic activity is at least 150 minutes per week of light to moderate activity or 75 minutes per week of vigorous physical activity or an equivalent combination of both; and

Strengthening activity is at least 2 sessions per week of exercise designed to strengthen muscles.

- Comparable to state and national findings.
- Satisfies the Healthy People 2020 target (20.1% or higher)
- In Gallatin County, more favorable in Bozeman.
- The prevalence is highest in Gallatin County and lowest in Park County.

Meets Physical Activity Recommendations

Healthy People 2020 Target = 20.1% or Higher



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 174]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. US Department of Health and Human Services, CDC: 2015 Montana data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-2.4]

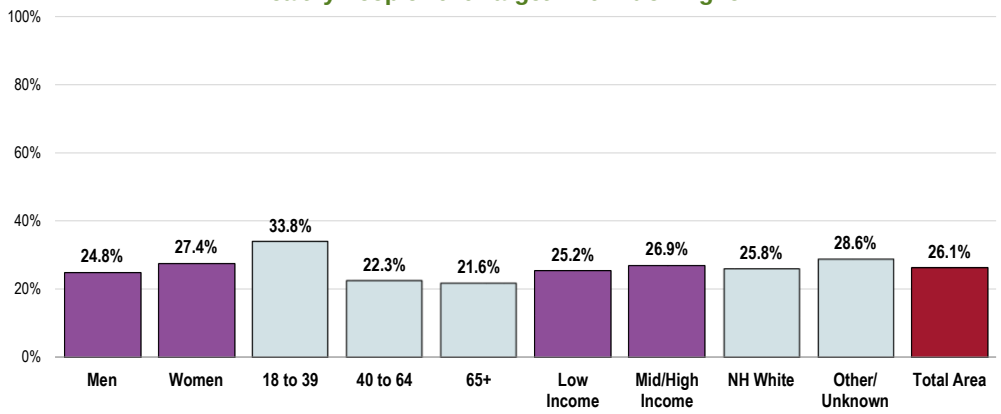
Notes:
- Asked of all respondents.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes/week or who report vigorous physical activity 75 minutes/week or an equivalent combination of moderate and vigorous-intensity activity *and* report doing physical activities specifically designed to strengthen muscles at least twice/week.

- Residents age 40 and older are less likely to meet physical activity recommendations.

Meets Physical Activity Recommendations

(Total Area, 2017)

Healthy People 2020 Target = 20.1% or Higher



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 174]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-2.4]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes/week or who report vigorous physical activity 75 minutes/week or an equivalent combination of moderate and vigorous-intensity activity *and* report doing physical activities specifically designed to strengthen muscles at least twice/week.

Children

Recommended Levels of Physical Activity

Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

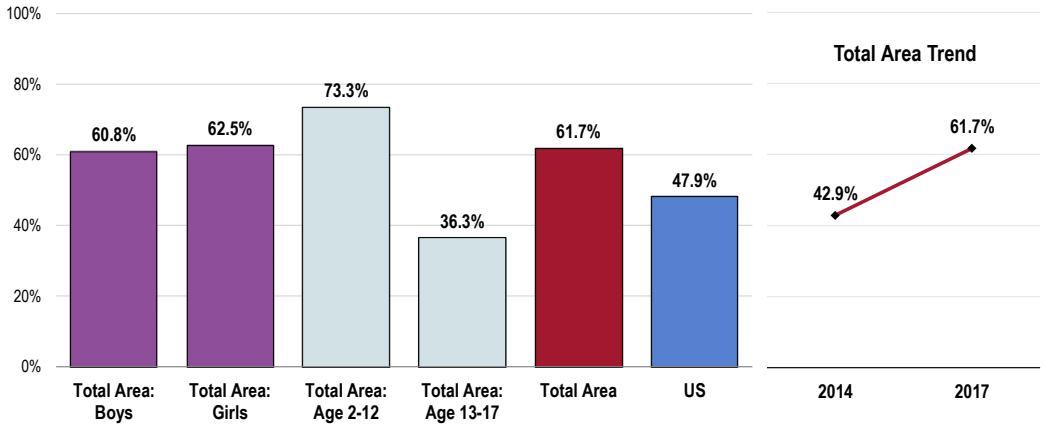
- 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

Among Total Area children age 2 to 17, 61.7% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

- More favorable than found nationally.
- TREND: Marks a statistically significant increase since 2014.
- Similar by child's gender but much higher among younger children compared with teens in the Total Area.
- Physical activity levels are similar by county (not shown).

Child Is Physically Active for One or More Hours per Day

(Among Children Age 2-17)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 142]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children age 2-17 at home.
- Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

Access to Physical Activity

In 2014, there were 17.7 recreation/fitness facilities for every 100,000 population in the Total Area.

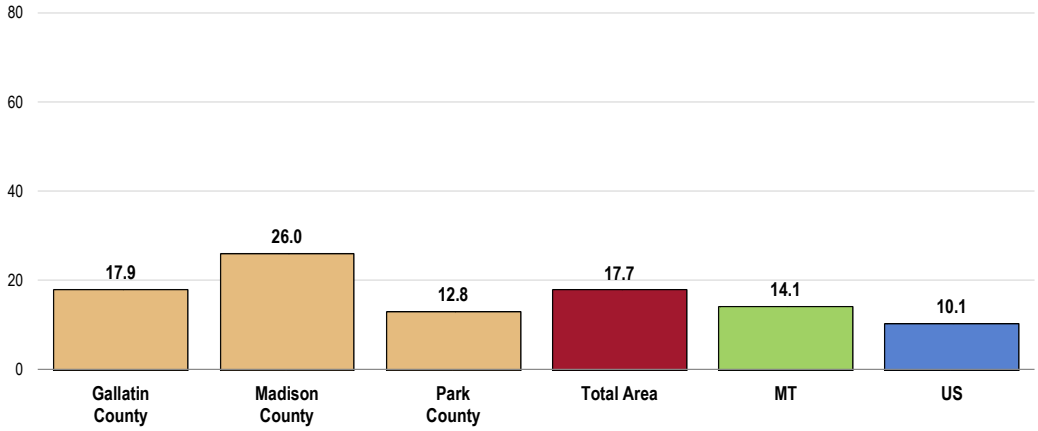
- Above what is found statewide and nationally.
- Highest in Madison County; lowest in Park County.

Here, recreation/fitness facilities include establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities."

Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.

Population With Recreation & Fitness Facility Access

(Number of Recreation & Fitness Facilities per 100,000 Population, 2014)



Sources:
- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
- Retrieved March 2017 from Community Commons at http://www.chna.org.

Notes:
- Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940 , which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities". Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.* This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

Weight Status

About Overweight & Obesity

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

- Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared ($inches^2$)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI ≥30 kg/m^2. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI ≥30 kg/m^2, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2.

- Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Weight Status

Classification of Overweight and Obesity by BMI	BMI (kg/m^2)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Overweight Status

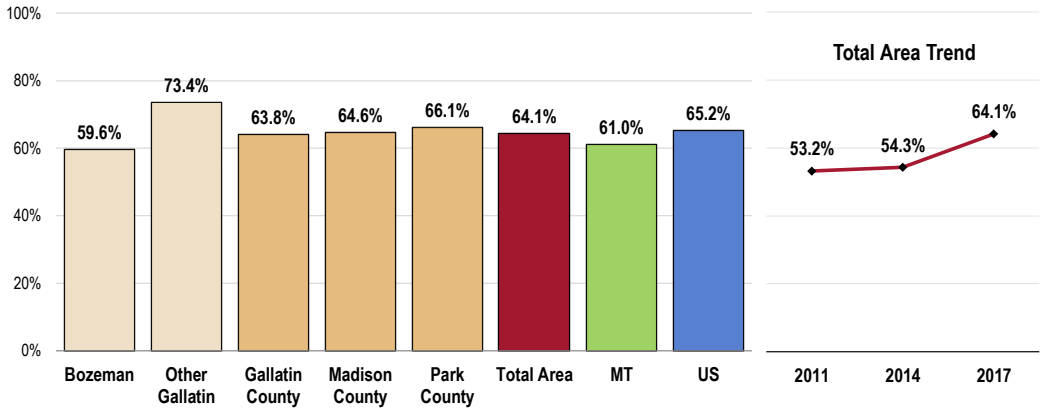
Nearly 2 in 3 Total Area adults (64.1%) are overweight.

Here, "overweight" includes those respondents with a BMI value ≥25.

- Comparable to the Montana and US percentages.
- In Gallatin County, the prevalence of overweight is much higher outside Bozeman.
- Similar overweight prevalence when viewed by county.
- TREND: Denotes a statistically significant increase since 2011.

Prevalence of Total Overweight

(Percent of Adults With a Body Mass Index of 25.0 or Higher)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 176-177]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Montana data.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Further, 28.0% of Total Area adults are obese.

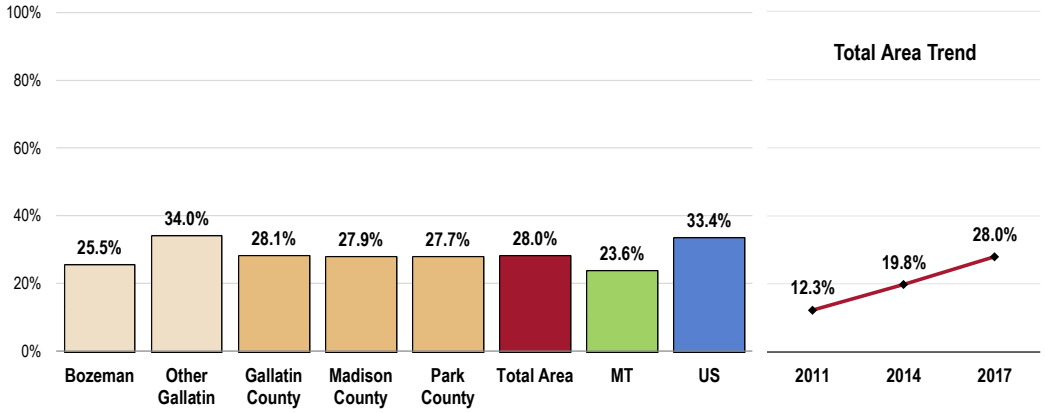
"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥30.

- Less favorable than Montana findings.
- More favorable than US findings.
- Similar to the Healthy People 2020 target (30.5% or lower).
- In Gallatin County, the prevalence is much higher outside Bozeman.
- The obesity prevalence does not vary significantly by county.
- TREND: Denotes a statistically significant increase in obesity since 2011.

Prevalence of Obesity

(Percent of Adults With a Body Mass Index of 30.0 or Higher)

Healthy People 2020 Target = 30.5% or Lower



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 176]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Montana data.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

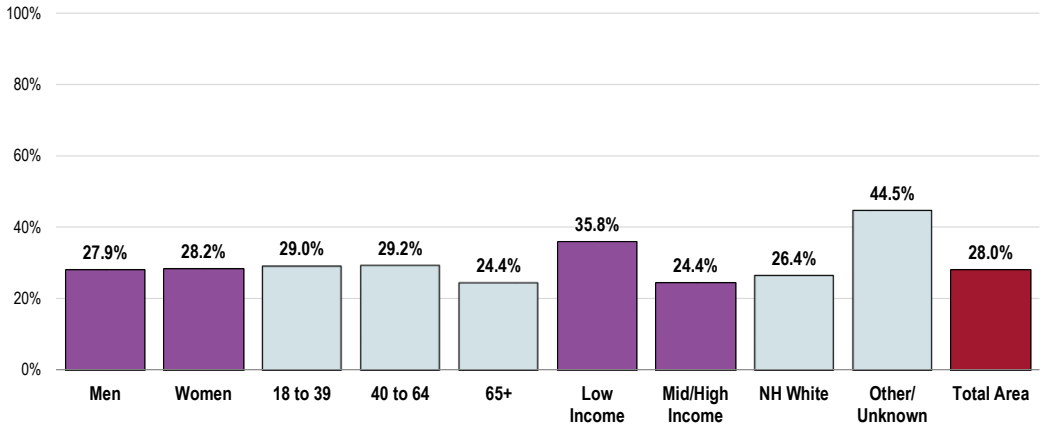
Obesity is notably more prevalent among:

- Respondents with lower incomes.
- Those of other or unknown race.

Prevalence of Obesity

(Percent of Adults With a BMI of 30.0 or Higher; Total Area, 2017)

Healthy People 2020 Target = 30.5% or Lower



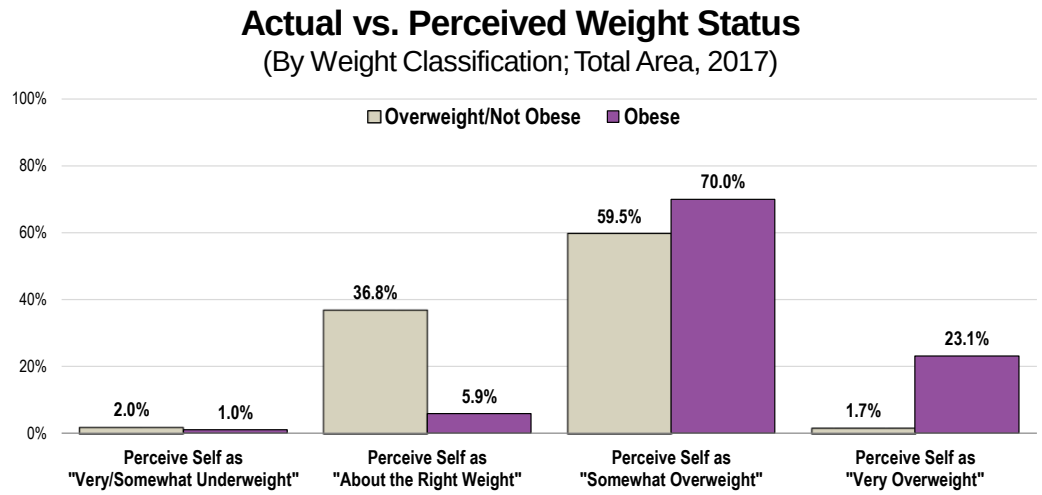
Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 176]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]

Notes:
- Based on reported heights and weights, asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Actual vs. Perceived Body Weight

A total of 36.8% of overweight (but not obese) adults and 7.5% of obese adults feel that their current weight is "about right."

- 59.5% of overweight (but not obese) adults see themselves as "somewhat overweight."
- 22.0% of obese adults see themselves as "very overweight."



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 313]
Notes: • Based on reported heights and weights, asked of all respondents.

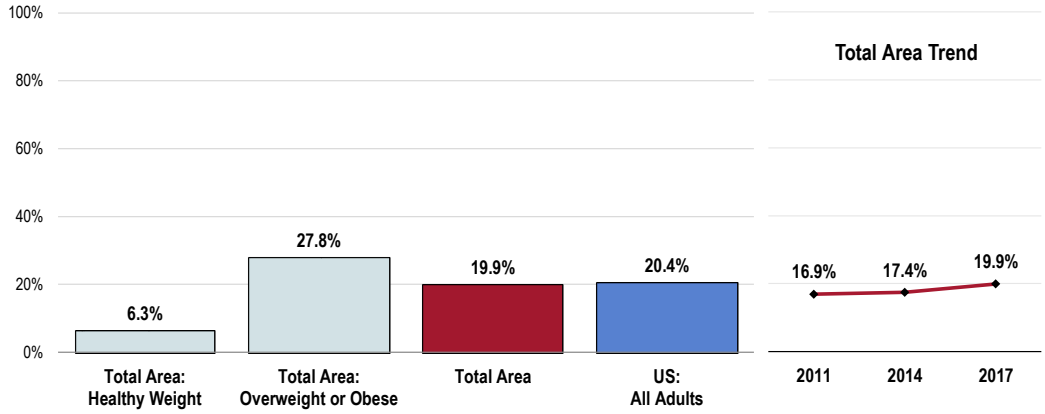
Health Advice

A total of 19.9% of adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

- Statistically similar to the national findings.
- TREND: Statistically unchanged from that reported in 2011.
- Note that 27.8% of overweight/obese adults have been given advice about their weight by a health professional in the past year (while over 7 in 10 have not).

Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional

(By Weight Classification)



Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 115, 178-179]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Relationship of Overweight With Other Health Issues

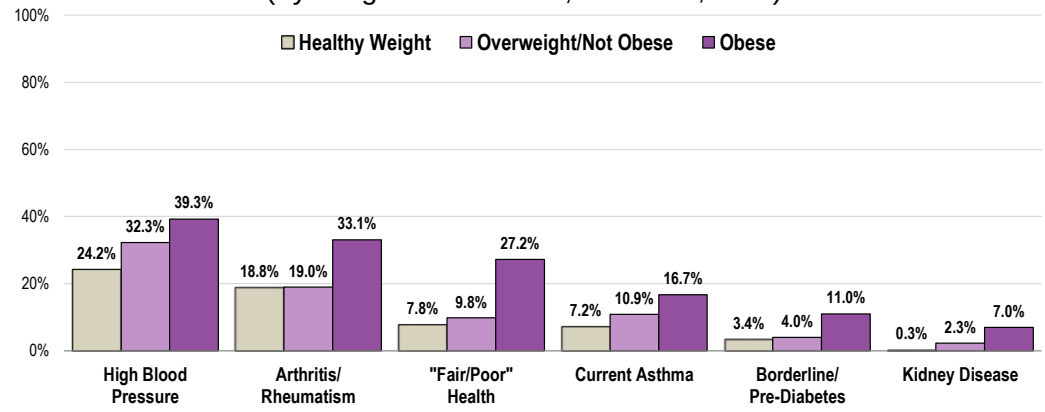
Overweight and obese adults are more likely to report a number of adverse health conditions. Among these are:

The correlation between overweight and various health issues cannot be disputed.

- High blood pressure.
- Arthritis/rheumatism.
- "Fair" or "poor" physical health.
- Current asthma.
- Borderline/pre-diabetes.
- Kidney disease.

Relationship of Overweight With Other Health Issues

(By Weight Classification; Total Area, 2017)



Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 5, 27, 32, 147, 156, 158]
Notes: ● Based on reported heights and weights, asked of all respondents.

Children's Weight Status

About Weight Status in Children & Teens

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight — <5th percentile
- Healthy Weight — ≥5th and <85th percentile
- Overweight — ≥85th and <95th percentile
- Obese — ≥95th percentile

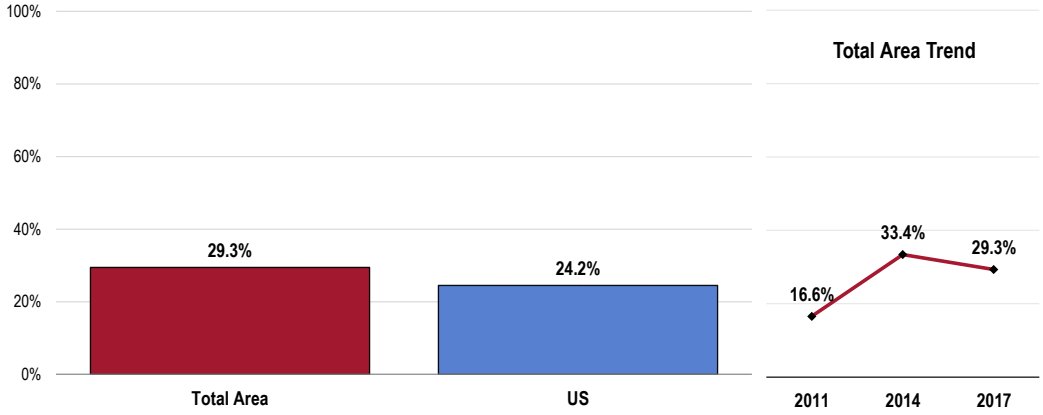
- Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 29.3% of Total Area children age 5 to 17 are overweight or obese (≥85th percentile).

- Comparable to that found nationally.
- TREND: Denotes a statistically significant increase from 2011 survey findings (similar to 2014).

Child Total Overweight Prevalence

(Children Age 5-17 Who Are Overweight/Obese; BMI in the 85th Percentile or Higher)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 180]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children age 5-17 at home.
- Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.
- *2011 percentage reflects children age 6-17.

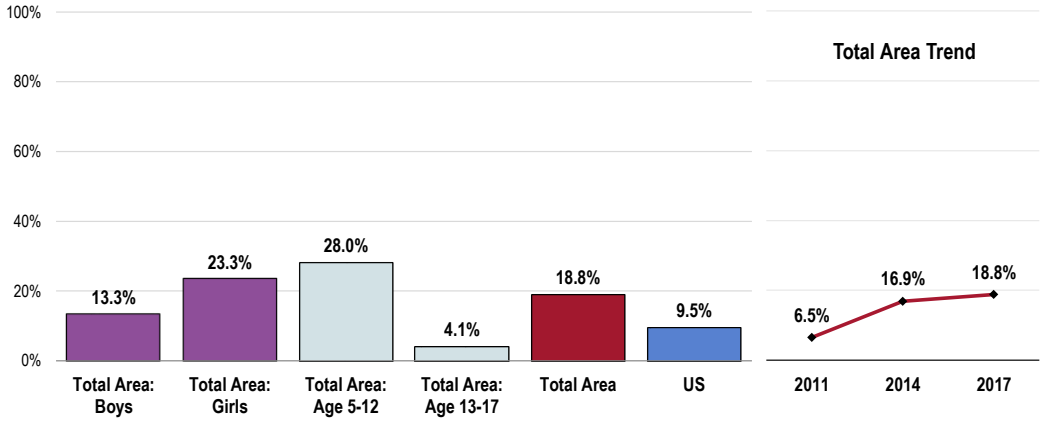
Further, 18.8% of area children age 5 to 17 are obese (≥95th percentile).

- Twice the national percentage.
- Similar to the Healthy People 2020 target (14.5% or lower for children age 2-19).
- TREND: Marks a statistically significant increase over time.
- Statistically similar by child's gender but significantly higher among younger children when compared with teens.
- Prevalence is statistically similar by county (not shown).

Child Obesity Prevalence

(Children Age 5-17 Who Are Obese; BMI in the 95th Percentile or Higher)

Healthy People 2020 Target = 14.5% or Lower



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 180]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-10.4]

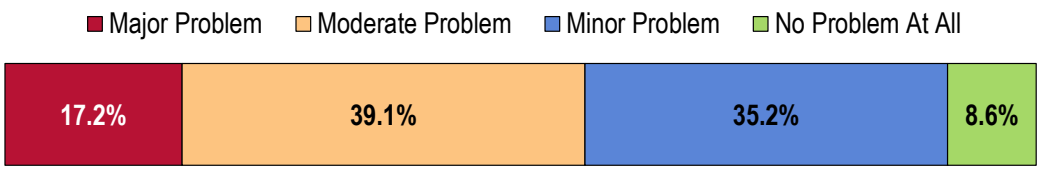
Notes:
- Asked of all respondents with children age 5-17 at home.
- Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.
- *2011 percentage reflects children age 6-17.

Key Informant Input: Nutrition, Physical Activity & Weight

Key informants taking part in an online survey most often characterized *Nutrition, Physical Activity & Weight* as a "moderate" or "minor" problem in the community.

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community

(Key Informants, 2017)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Built Environment/Access to Physical Activity

Information on how to access affordable opportunities to stay active. Better access to high quality foods or help making decisions on what foods to purchase or glean. – Social Services Provider (Gallatin, Madison & Park Counties)

Lack of low cost access to indoor exercise facilities, low health literacy, low literacy, limited transportation within town (Livingston) – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

Lack of access to a pool, lack of sidewalks for walking, no indoor walking space, culture, lack of access to healthy food options (grocery store and restaurants) lack of education surrounding all three. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

Limited opportunities for senior exercise in our valley. – Social Services Provider (Gallatin, Madison & Park Counties)

As people get older, they often become more sedentary. – Community Leader (Gallatin, Madison & Park Counties)

While we have an active population in general, low-income persons often struggle to prioritize physical activity, often due to working many jobs and education about the issue. – Social Services Provider (Gallatin, Madison & Park Counties)

Access to Healthy Foods

The biggest challenge is the availability of junk food and the barriers to healthy food access. Bozeman Public Schools offers many unhealthy options and pulled out of the National School Lunch Program so that they did not have to abide by the nutrition guidelines. Even in the elementary schools, much of the food is processed with low-nutrient, high-sugar content. We should be promoting healthy food options to our students, as what we feed them will impact what they choose to each for the rest of their lives. As a community, we are doing our youth a disservice by feeding them unhealthy foods and providing access to junk food. We should have nutrition education in every classroom to help kids build lifelong healthy eating habits that will prevent obesity and diet-related health problems. – Community Leader (Gallatin, Madison & Park Counties)

Access to healthy, less processed food. Culture of activity needed with jobs that require a lot of sitting. – Community Leader (Gallatin, Madison & Park Counties)

I believe people are assaulted every day with poor food choices that are cheap and very available. This is a larger societal problem that I think is (too) slowly being addressed by the food companies and our agriculture system. We also have engineered physical activity out of our lives by creating places where cars feel comfortable driving fast and pedestrians and bicyclist feel unsafe. We need to flip that and we are working on that also (but again, too slowly). We need to build places where children feel comfortable and safe walking to school and to the park etc. We need to build age-friendly communities for our growing, aging population. We need a community vision for a "healthy community" and work at all levels and with all sectors to accomplish this vision (collective impact). I know that sounds lofty and unrealistic but I believe that is what we need. 90% of what affects a person's health happens outside the doctor's office. We need to support people where they live, work, and play. – Community Leader (Gallatin, Madison & Park Counties)

Health Education

There seems to be a general misunderstanding of what nutrition is and what are healthy food choices. The obesity rates are rising in the area youth and I think we should be really concerned about that. – Community Leader (Gallatin, Madison & Park Counties)

Many in the community fail to realize the extent to which nutrition, activity, and weight management directly influence personal health and longevity. The community could benefit from a greater integration of traditional healthcare services with prevention and wellness education and promotion. – Community Leader (Gallatin, Madison & Park Counties)

Awareness regarding exercise and movement and access for those not able to purchase gym memberships. Folks might engage if they had free services and support groups. Perhaps for easy hiking or walking in place at home. – Other Health Professional (Gallatin, Madison & Park Counties)

Obesity

I believe that our community makes some effort on encouraging outdoor activities and good nutrition, but could do more. I believe obesity is a huge concern in our area. HRDC and SNAP do provide educational nutrition classes, but they are not widely advertised it seems. I believe more community events supporting and encouraging healthy choices and exercise could be encouraging. I feel that our weather contributes a lot to this, as well. We have plenty of access to outdoor activities in the summer, but 9 months out of the year it is limited. Unless you ski/snowboard, there are significant limitations. Many communities have indoor activity centers for kids, such as trampoline centers, water parks, indoor pools, kid zones etc. Our community could grow in this area. – Community Leader (Gallatin County)

Obesity, poor diets and access to healthy foods, and diabetes on the rise. – Other Health Professional (Gallatin, Madison & Park Counties)

I know that the rate of obesity is increasing all over the US, and this gives us increased rates of diabetes and heart disease and general unwellness. There is also a link between inflammation and depression and heavy weight, which makes for such a self-defeating cycle. We do have some good access to the outdoors here, which is awesome. Except in the winter. – Other Health Professional (Gallatin, Madison & Park Counties)

There is a lack of education on nutritious eating habits both in the school systems and in the general public. – Other Health Professional (Gallatin, Madison & Park Counties)

Affordable Care/Services

Lack of access to affordable treatment programs. Increased incidence, especially among children. – Other Health Professional (Gallatin, Madison & Park Counties)

Social Norms/Community Attitude

Breaking generational habits, people finding refuge among others with the same issues. – Community Leader (Gallatin, Madison & Park Counties)

Sleep

Sleep

Sleep is an important part of good health, but an estimated 35% of US adults do not get enough sleep. Approximately 83 million US adults report usually sleeping less than 7 hours in a 24-hour period. According to professional sleep societies, adults aged 18 to 60 years should sleep at least 7 hours each night for the best health and wellness.

Sleeping less than 7 hours per night is linked to increased risk of chronic diseases such as diabetes, stroke, high blood pressure, heart disease, obesity, and poor mental health, as well as early death. Not getting the recommended amount of sleep can affect one's ability to make good decisions and increases the chances of motor vehicle crashes.

Habits for improving sleep health can include:

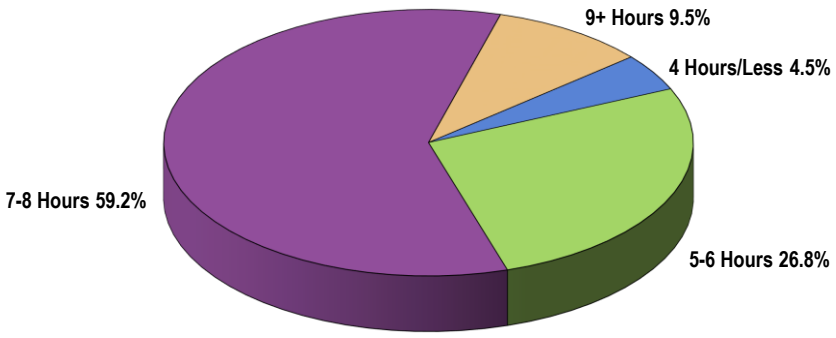
- Be consistent. Go to bed at the same time each night and get up at the same time each morning, including on the weekends.
- Make sure your bedroom is quiet, dark, relaxing, and at a comfortable temperature.
- Remove electronic devices, such as TVs, computers, and smart phones, from the bedroom.
- Avoid large meals, caffeine, and alcohol before bedtime.
- Avoid tobacco/nicotine.
- Get some exercise. Being physically active during the day can help you fall asleep more easily at night.

- Institute of Medicine (US) Committee on Sleep Medicine and Research; 2014 Behavioral Risk Factor Surveillance System (BRFSS), CDC

When asked how many hours of sleep they average per night, 59.2% of survey respondents stated between 7 and 8 hours, and 9.5% get 9+ hours of sleep per night.

- On the other hand, 31.3% of local adults sleep **fewer than 7 hours** per night (including 4.5% who report sleeping 4 hours or fewer on an average night).

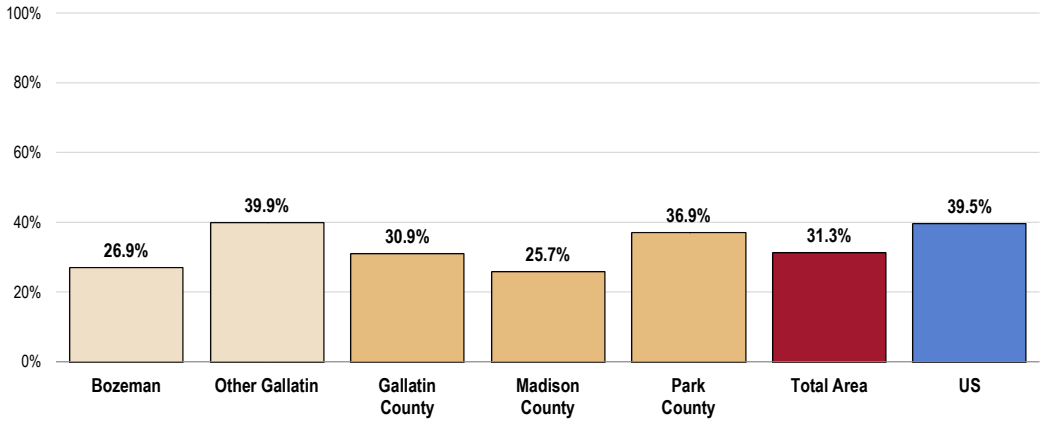
Average Hours of Sleep Per Night
(Total Area, 2017)



Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]
Notes: ● Asked of all respondents.

- The percentage of survey respondents averaging fewer than 7 hours per night is better than national findings.
- In Gallatin County, the prevalence is much higher outside Bozeman.
- Similar findings by county.

Generally Sleep Less Than Seven Hours Per Night



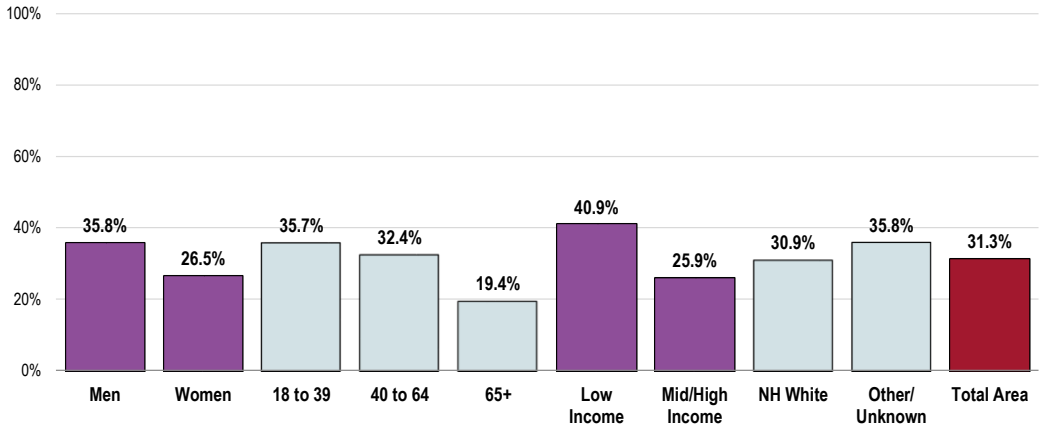
Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 213]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

These adults are more likely to sleep fewer than 7 hours on an average night:

- Men.
- Adults under age 65 (negative correlation with age).
- Those in low-income households.

Generally Sleep Less Than Seven Hours Per Night
(Total Area, 2017)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 213]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Substance Abuse

About Substance Abuse

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cirrhosis/Liver Disease Deaths

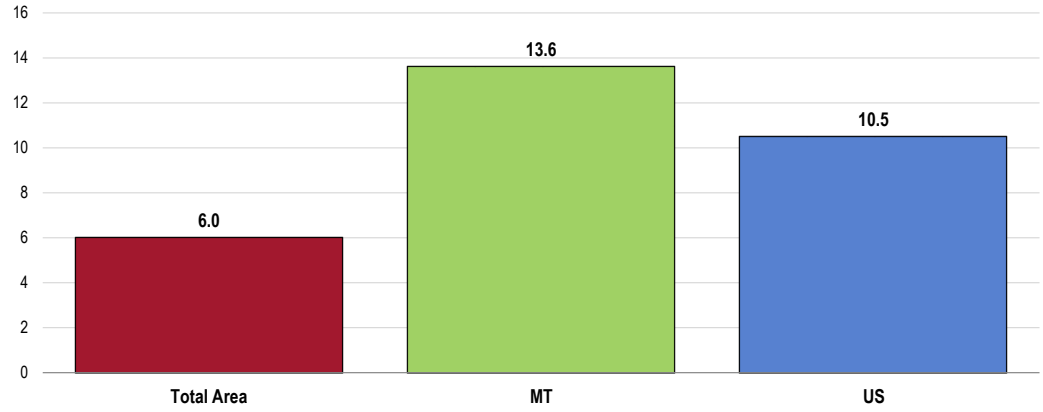
Between 2013 and 2015, the Total Area reported an annual average age-adjusted cirrhosis/liver disease mortality rate of 6.0 deaths per 100,000 population.

- Well below the state and national rates.
- Satisfies the Healthy People 2020 target (8.2 or lower).

Cirrhosis/Liver Disease: Age-Adjusted Mortality

(2013-2015 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 8.2 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-11]

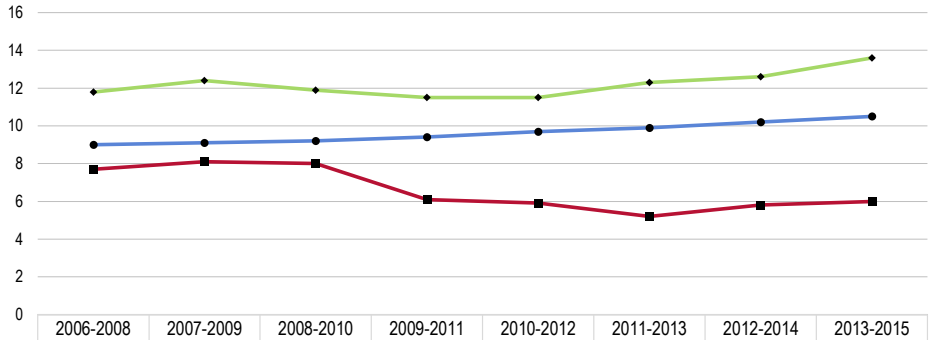
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Raw counts for Gallatin, Madison and Park counties were too small to be calculated reliably.

- TREND: The Total Area mortality rate has dropped over the last decade, in contrast to the increasing trends reported statewide and nationally.

Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 8.2 or Lower



	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015
Total Area	7.7	8.1	8.0	6.1	5.9	5.2	5.8	6.0
MT	11.8	12.4	11.9	11.5	11.5	12.3	12.6	13.6
US	9.0	9.1	9.2	9.4	9.7	9.9	10.2	10.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-11]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Alcohol Use

Excessive Drinking

"**Excessive drinking**" includes heavy **and/or** binge drinkers:

- **Heavy drinkers** include men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- **Binge drinkers** include men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

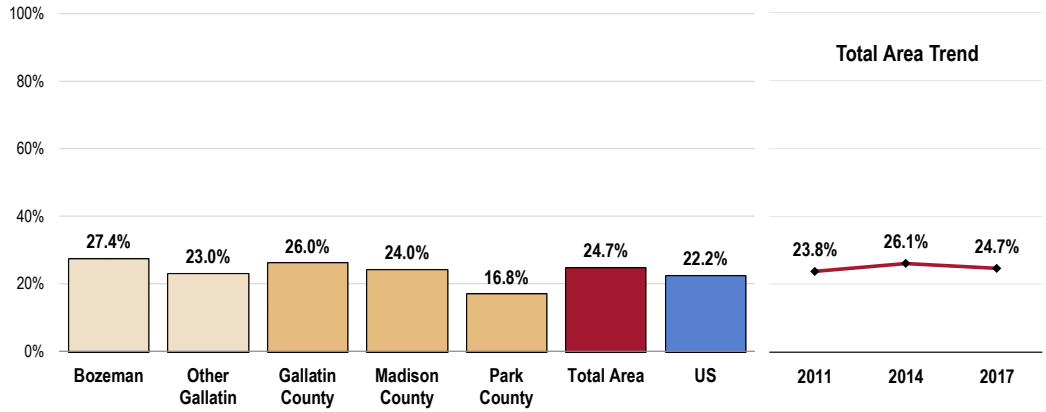
RELATED ISSUE:
See also *Mental Health: Stress* in the **General Health Status** section of this report.

One in four area adults (24.7%) is an excessive drinker (heavy and/or binge drinker).

- Comparable to the national proportion.
- Similar to the Healthy People 2020 target (25.4% or lower).
- Similar findings within Gallatin County; among counties, the percentage is highest in Gallatin County and lowest in Park County.
- TREND: Statistically unchanged since 2011.

Excessive Drinkers

Healthy People 2020 Target = 25.4% or Lower



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 189]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-15]

Notes:
- Asked of all respondents.
- Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

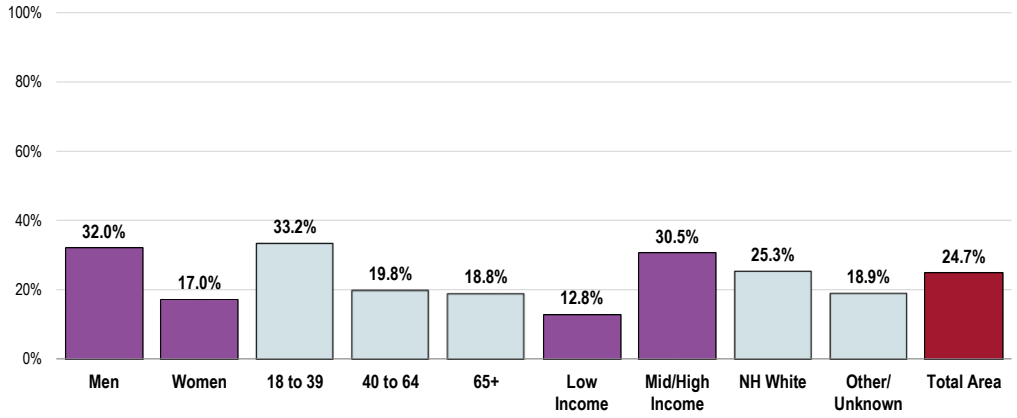
Excessive drinking is more prevalent among:

- Men.
- Adults under age 40.
- Upper-income residents.

Excessive Drinkers

(Total Area, 2017)

Healthy People 2020 Target = 25.4% or Lower



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 189]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-15]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

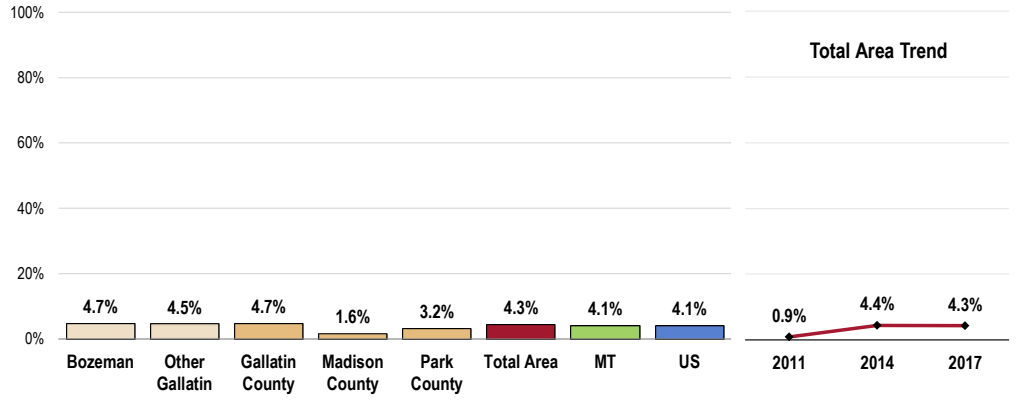
Drinking & Driving

A total of 4.3% of Total Area adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that the actual incidence of drinking and driving in the community is likely higher.

- Similar to Montana and US findings.
- Similar by area In Gallatin County; by county, favorably low in Madison County.
- TREND: The drinking and driving prevalence has increased significantly from 2011 survey findings (but similar to 2014 survey results).

Have Driven in the Past Month After Perhaps Having Too Much to Drink



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 66]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 Montana data.

Notes:
- Asked of all respondents.

Age-Adjusted Drug-Induced Deaths

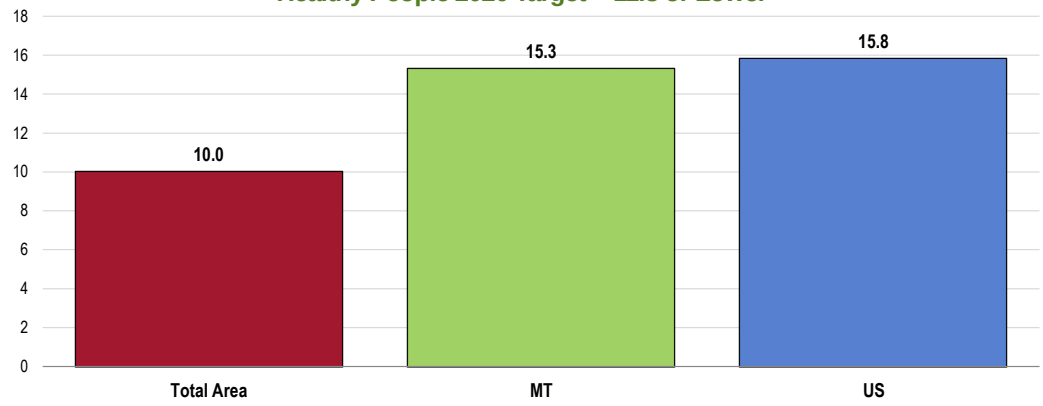
Between 2013 and 2015, there was an annual average age-adjusted drug-induced mortality rate of 10.0 deaths per 100,000 population in the Total Area.

- Well below the state and national rates.
- Satisfies the Healthy People 2020 target (11.3 or lower).

Drug-Induced Deaths: Age-Adjusted Mortality

(2013-2015 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 11.3 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-12]

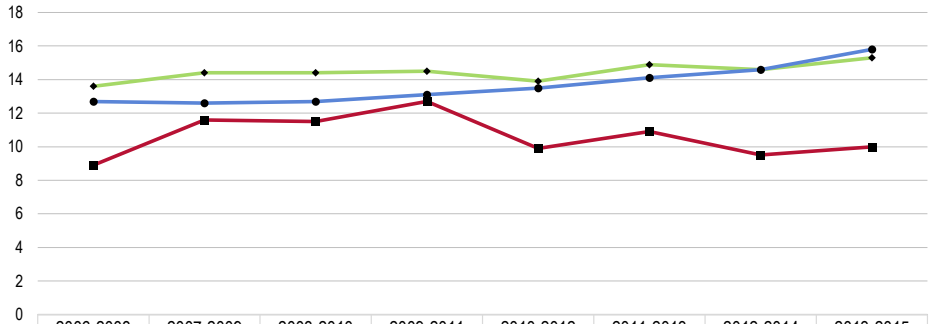
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The mortality rate has fluctuated in the region, showing no clear trend. Statewide and nationwide, rates have increased over time.

Drug-Induced Deaths: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 11.3 or Lower



	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015
Total Area	8.9	11.6	11.5	12.7	9.9	10.9	9.5	10.0
MT	13.6	14.4	14.4	14.5	13.9	14.9	14.6	15.3
US	12.7	12.6	12.7	13.1	13.5	14.1	14.6	15.8

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.
- UD Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-12].

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Illicit Drug Use

A total of 2.5% of Total Area adults acknowledge using an illicit drug in the past month.

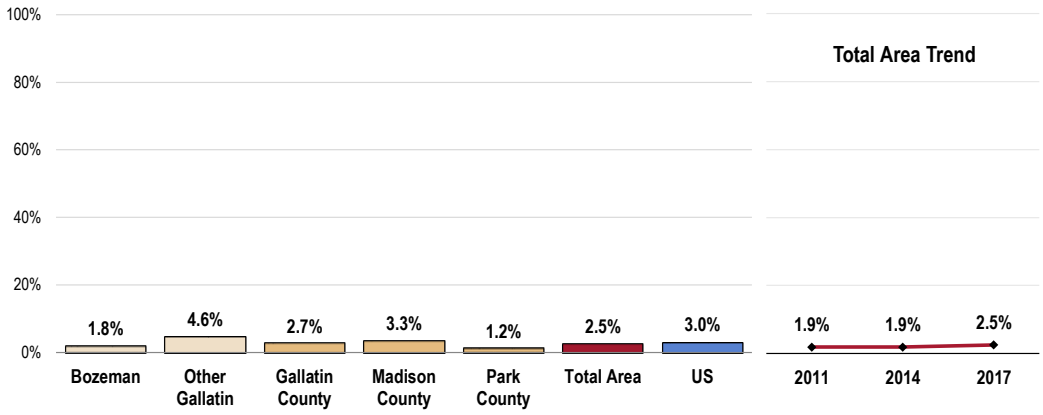
For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

- Similar to the proportion found nationally.
- Easily satisfies the Healthy People 2020 target of 7.1% or lower.
- Statistically similar within Gallatin County, and similar among the three counties.
- TREND: Statistically unchanged over time.

Illicit Drug Use in the Past Month

Healthy People 2020 Target = 7.1% or Lower



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 67]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-13.3]

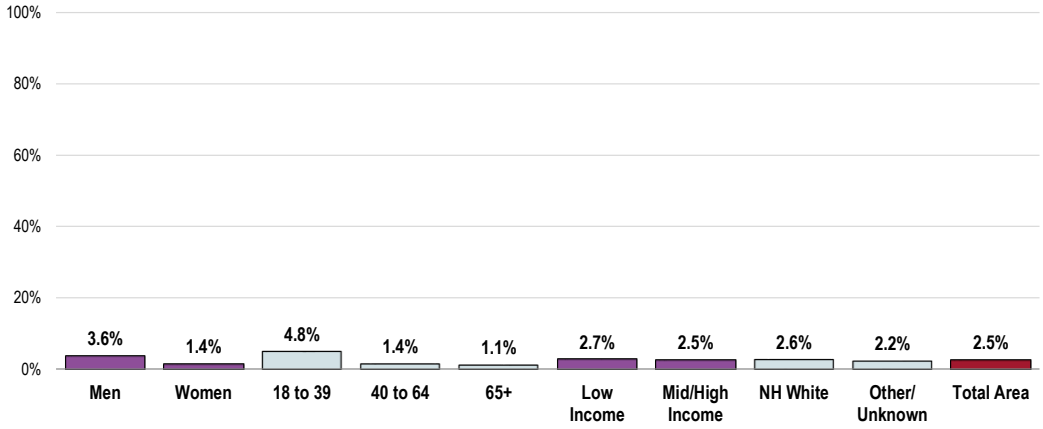
Notes:
- Asked of all respondents.

- Illicit drug use is more prevalent among men and adults under age 40.

Illicit Drug Use in the Past Month

(Total Area, 2017)

Healthy People 2020 Target = 7.1% or Lower



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 67]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-13.3]

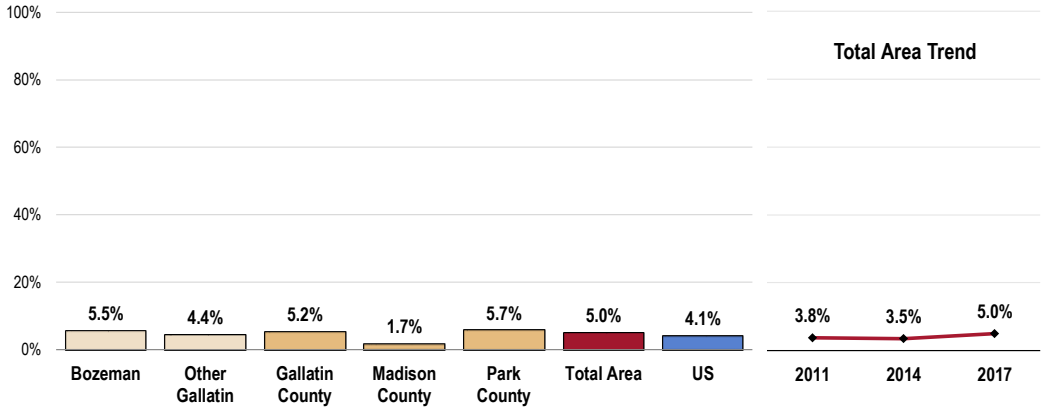
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Alcohol & Drug Treatment

A total of 5.0% of Total Area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Similar to national findings.
- Similar by area within Gallatin County; among the three counties, lowest in Madison County.
- TREND: Statistically unchanged over time.

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem



Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 68]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

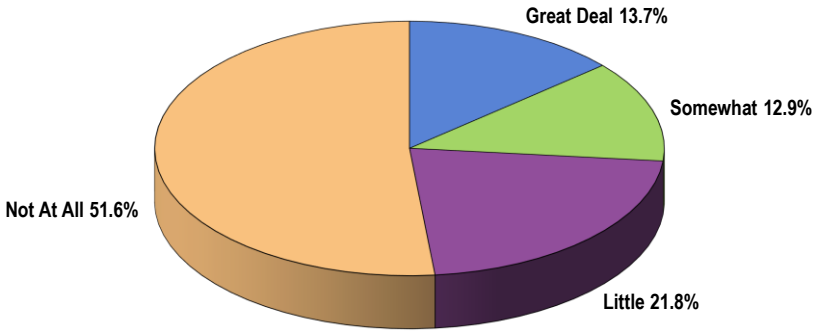
Negative Effects of Substance Abuse

Area adults were also asked to what degree their lives have been negatively affected by substance abuse (whether their own abuse or that of another).

Just over half of survey respondents (51.6%) have not been negatively affected.

Degree to Which Life Has Been Negatively Affected by Substance Abuse (Self or Other's)

(Total Area, 2017)

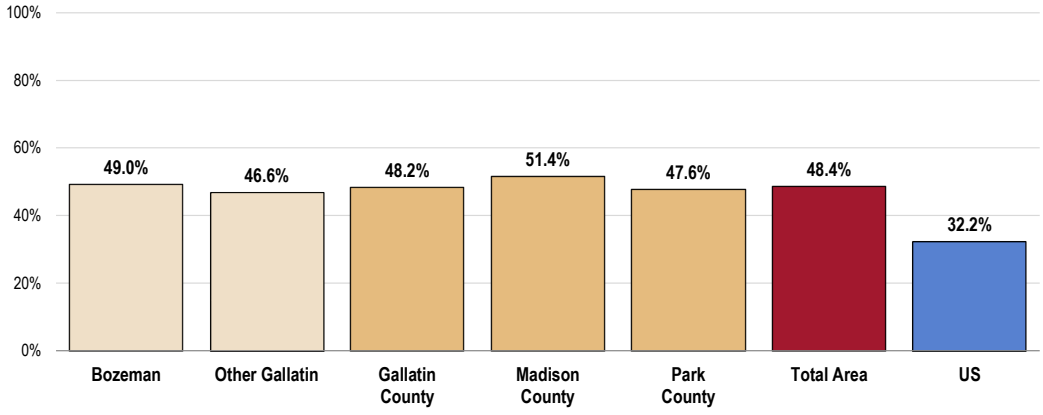


Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 69]
Notes: • Asked of all respondents.

In contrast, 48.4% of survey respondents indicate that their lives have been negatively affected by substance abuse, including 13.7% who report having been affected "a great deal."

- Much higher than the US figure.
- Similar findings by county and by area within Gallatin County.

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)



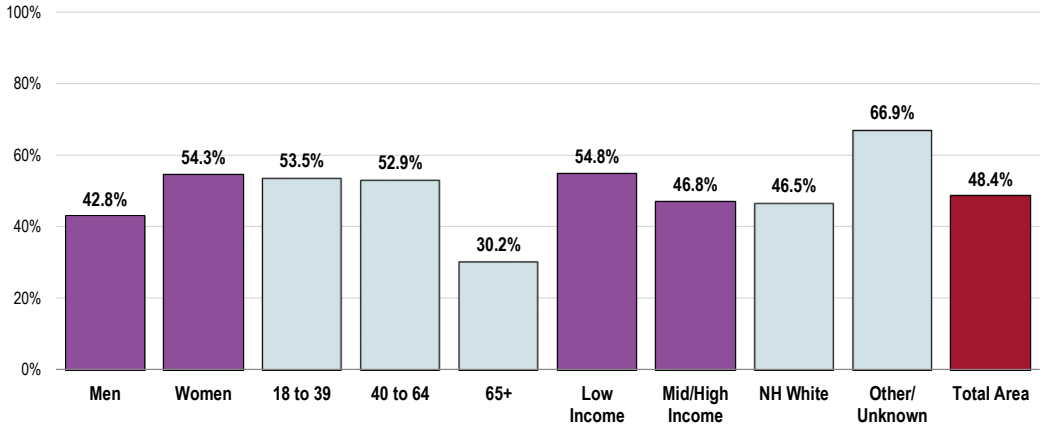
Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 69]
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

The prevalence of survey respondents whose lives have been negatively impacted by substance abuse, whether their own abuse or that of another, is higher among the following:

- Women.
- Adults under age 65.
- Those of other or unknown race.

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)

(Total Area, 2017)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 69]

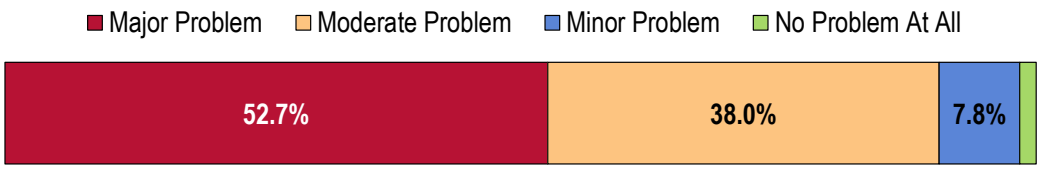
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Substance Abuse

Over half of key informants taking part in an online survey characterized *Substance Abuse* as a "major problem" in the community.

Perceptions of Substance Abuse as a Problem in the Community

(Key Informants, 2017)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Barriers to Treatment

Among those rating this issue as a "major problem," the greatest barriers to accessing substance abuse treatment are viewed as:

Lack of Resources

Extremely limited access to outpatient support and pretty much nonexistent inpatient/residential rehab centers locally. – Physician/Advanced Practice Clinician (Gallatin County)

No inpatient facility here. No free or low-cost facility nearby. When my loved one decided he was ready to get sober, we had to pay $5,000 up front for treatment, which is usually hard to come by in a family that has been affected by substance abuse. – Other Health Professional (Gallatin, Madison & Park Counties)

Substance abuse is high, and in order for abusers to get treatment, they have to go either out of town/ county or out of state to obtain treatment. – Other Health Professional (Gallatin, Madison & Park Counties)

Lack of resources, and stigma surrounding addiction, and the social acceptance and expectation surrounding alcohol use, especially in excess. – Public Health/Community Health Representative (Gallatin County)

Long wait list to get into MCDC inpatient treatment centers. Limited options for the uninsured population. – Public Health/Community Health Representative (Gallatin, Madison & Park Counties)

We have Alcohol & Drug Services of Gallatin County here in Bozeman. There are no inpatient treatment centers and no detox centers locally. ADSGC is often booked way out on assessments and then has to refer people out to centers in cities quite a distance away. If someone comes to the ED seeking help to detox we will admit them if medically necessary, otherwise they are sent out with a Librium taper and very little support. Once in the hospital we try to work with patients to get to inpatient treatment or refer them to ADSGC. When patients do finally seek help for their addiction, they find help very lacking and like the mentally ill, they often have limited financial or insurance resources. We all know that mental illness and addiction often go hand in hand and we lack resources for both in this valley. Lack of resources just compound our homelessness crisis, and with a shelter only operating from November to April, our mentally ill and addicted are left with no shelter and little hope. – Other Health Professional (Gallatin, Madison & Park Counties)

Lack of inpatient treatment facilities. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

Lack of sober/recovery housing. We have one recovery house for females and one recovery house for males. We also lack in assistance for teenagers who struggle with addiction. Those with substance abuse issues need a sober environment to help aid them in their ongoing recovery. We also do not have any treatment facilities/providers that address co-occurring (mental health and substance abuse) issues. The local services only focus on one or the other. – Community Leader (Gallatin, Madison & Park Counties)

There are no qualified providers in Gallatin County. Nearest resource is Rimrock Foundation in Billings, and they are not fully capable. Nearest resource for comprehensive addiction/abuse diagnosis and treatment is Betty Ford. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

No providers. – Physician/Advanced Practice Clinician (Gallatin County)

Medical specialists who are trained in abuse issues. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

We have a substance abuse specialist only 1 day a week in the county. High rates of substance abuse, including alcohol. – Public Health/Community Health Representative (Gallatin, Madison & Park Counties)

We need more options for people. – Community Leader (Gallatin, Madison & Park Counties)

Very few resources for inpatient treatment and outpatient therapy. – Public Health/Community Health Representative (Gallatin, Madison & Park Counties)

It is not available for youth, and it is not great for adults. There is no inpatient care for either. In terms of prevention, the dollars that are available for prevention from the State are not being used well, and this work needs to be done through the public health model of care. – Community Leader (Gallatin County)

We have no inpatient facilities! – Other Health Professional (Gallatin, Madison & Park Counties)

Very limited resources. No inpatient services. Very limited outpatient facilities. Not enough providers can prescribe Suboxone. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

Little help at Hope House. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

Lack of resources for acute withdrawal care and support after acute withdrawal. Narcotic addiction resources for recognition and treatment of opiate abuse. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

Lack of facilities, lack of ways to pay for it, lack of support for those needing help. – Community Leader (Gallatin, Madison & Park Counties)

Lack of services. – Public Health/Community Health Representative (Gallatin County)

Inadequate number of inpatient facilities in Montana to treat those addicted. Limited outpatient treatment options. One size doesn't fit all. – Other Health Professional (Gallatin, Madison & Park Counties)

The time it takes to get into treatment. You need treatment when you need treatment. If you have to wait for a pre-authorization that is too late. – Community Leader (Gallatin, Madison & Park Counties)

No local inpatient or outpatient detox service. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

There isn't residential care that I am aware of. – Community Leader (Gallatin County)

Lack of adequate recovery houses and detox centers. – Community Leader (Gallatin County)

Substance abuse is a massive problem, and we have no reliable treatment programs in the area. The services we do have are difficult to get into and placement in a treatment facility takes months. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

No residential treatment centers. – Community Leader (Gallatin, Madison & Park Counties)

Availability. – Other Health Professional (Gallatin, Madison & Park Counties)

Access. – Community Leader (Gallatin, Madison & Park Counties)

Affordable Care/Services

Definitely cost and lack of awareness of resources. I think also a fear of being punished, thrown in jail, losing custody of children, not knowing who to go to. These individuals need to be welcomed at an affordable place and know they will not be turned away regardless of ability to pay. With the fact that drug use is even higher in our rural communities, access to substance abuse programs or an awareness of resources to help those individuals may be significantly more limited in scope. – Other Health Professional (Gallatin, Madison & Park Counties)

I believe the lack of capacity and costs at facilities such as the Rimrock Foundation is a barrier. Education and prevention programs should be supported more and enhanced. – Community Leader (Gallatin, Madison & Park Counties)

Funding. – Community Leader (Gallatin, Madison & Park Counties)

Lack of affordable treatment, including inpatient and outpatient. Lack of law enforcement resources to impact supply, including under-age access to alcohol and impaired driving. – Other Health Professional (Gallatin, Madison & Park Counties)

Funding and personnel. – Community Leader (Gallatin, Madison & Park Counties)

Multiple entities that can charge Medicaid for services rendered. Also, a treatment facility! – Public Health/Community Health Representative (Gallatin County)

Resources and financial ability of patient to pay for recovery. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

Affordable inpatient treatment, locally, number of violations it takes for someone to be in a position of required intervention, cultural issues related to substance use in this community. – Physician/ Advanced Practice Clinician (Gallatin, Madison & Park Counties)

Affordable treatment and addressing the root causes: mental health, poverty, lack of education. – Community Leader (Gallatin, Madison & Park Counties)

Social Norms/Community Attitude

Community attitude about alcohol use and abuse. – Community Leader (Gallatin, Madison & Park Counties)

One thing I would like to mention is under substance use and is the culture of alcohol use in Gallatin County. I live near downtown and hear and see the effects of overuse of alcohol on a regular basis. I realize changing culture is huge, but think that many of the other problems that we experience—mental health and injury & violence (to name two others on the survey) – result from substance abuse, specifically alcohol abuse. – Community Leader (Gallatin, Madison & Park Counties)

It is a difficult problem and somewhat connected to mental health. But the biggest problem is we do not see it as a serious problem, particularly alcohol abuse. Bars make good money and do not properly encourage moderate drinking. We should outlaw Happy Hour, shots at a premium and such gimmicks, all of the things that bars do to get people to drink more and spend more. – Community Leader (Gallatin, Madison & Park Counties)

First, cultural acceptance of substance (particularly alcohol) use/abuse: awareness at the personal, familial, and community (school/business/etc.) level that substance abuse is a problem. Particularly with alcohol; there is widespread community acceptance of drinking vigorously. And vaping is becoming widely accepted among youth. Second, when it IS recognized as a problem at the personal/ familial level, there is a lot of stigma. People view the problem as their own personal problem, when it would be beneficial to own this as a community. Third, community policies that would decrease substance abuse such as smoking-free zones, increase tax on tobacco and alcohol to provide funding for prevention and cessation programs. Reduced marketing for tobacco and alcohol. Fourth, access to high quality prevention and intervention/cessation programs. And last, lack of complimentary therapies in the area to support cessation—mindfulness-based tobacco and alcohol cessation programs, for example. – Social Services Provider (Gallatin, Madison & Park Counties)

Intergenerational use, reluctance to seek aid, peer pressure. – Community Leader (Gallatin, Madison & Park Counties)

Diagnosis/Treatment

Our chemical dependency program has a downstream approach. They aren't really team players in the community. They rarely show up. They work in isolation. – Public Health/Community Health Representative (Gallatin, Madison & Park Counties)

Identification of problem and treatment. – Community Leader (Gallatin, Madison & Park Counties)

The most significant barriers are largely cultural rather than institutional. While counseling and treatment resources exist, the levels of public education and awareness of substance abuse risks, and the knowledge of available resources and resource access, could be greatly improved. Counseling and treatment could also be enhanced significantly through integration of substance abuse programs with broader public health outreach efforts. – Community Leader (Gallatin, Madison & Park Counties)

Early intervention into youth who are abusing alcohol and drugs. – Community Leader (Gallatin, Madison & Park Counties)

Linking screening and treatment to the primary care setting, access to high quality services is limited. – Public Health/Community Health Representative (Gallatin, Madison & Park Counties)

Quality treatment. – Other Health Professional (Gallatin County)

Prevalence/Incidence

As someone going to school to be an addictions counselor and working in mental health, I see a constant need for support in this area. I believe that many issues in our community and families stem from substance abuse issues. I know that it is a costly service that often takes court interference to be addressed. Education in schools for kids and teens is a concern. Although it exists, I believe that many programs need to be revisited and built to grow as our community does. I don't think people know where to start to get help. – Community Leader (Gallatin County)

I'm not sure of the numbers related to substance abuse, but as a healthcare provider, the amount of people seeking help with alcohol and drug problems is astounding. However, there is little crisis treatment available for those wishing to address their substance abuse. Additionally, substance abuse is frequently associated with mental illness, and crisis and long-term treatment for mental illness is woefully lacking in this community. – Other Health Professional (Gallatin, Madison & Park Counties)

High levels of substance abuse, low literacy and low income population at increased risk for dependency. High levels of psychiatric disease in the community. Ease of access to legal and illegal substances. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

Access to Alcohol/Drugs

One of the greatest barriers is the availability and prevalence of alcohol in our community. – Community Leader (Gallatin, Madison & Park Counties)

> *Part of the solution I think should be to regulate the number of drinking establishments in communities. I know this is probably not a popular solution (and might not even be effective) but we now have SO MANY bars in downtown Bozeman and beyond that if you have a problem with alcohol ... you are hard pressed to avoid it. Other than that ... this is not my area of expertise but I did have a friend die of an overdose of prescription pain meds and I know it was easy for him to get his hands on the meds (even though he was a known offender) by getting different doctors to give him meds (as far away as Anaconda). I know we have cracked down on this in recent years but it is still a big problem. – Community Leader (Gallatin, Madison & Park Counties)*

Health Education

> *Being aware of what is available in the community. – Community Leader (Gallatin, Madison & Park Counties)*
>
> *Knowledge of existing programs and treatment available. Lack of motivation to seek help. – Community Leader (Gallatin, Madison & Park Counties)*

Denial/Stigma

> *Fear of loss of reputation. – Community Leader (Gallatin, Madison & Park Counties)*
>
> *Addiction. Failure to take personal responsibility for behaviors. Certain "pill mill" providers. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)*

Barriers

> *A burdened court system, finances, and lack of treatment centers. – Community Leader (Gallatin, Madison & Park Counties)*

Most Problematic Substances

Key informants (who rated this as a "major problem") clearly identified **alcohol** as the most problematic substance abused in the community, followed by **methamphetamine/other amphetamines, prescription medications**, and **heroin/other opioids**.

Problematic Substances

	Most Problematic	Second-Most Problematic	Third-Most Problematic	**Total Mentions**
Alcohol	75.8%	13.1%	9.8%	**61**
Methamphetamines or Other Amphetamines	17.7%	24.6%	29.5%	**44**
Prescription Medications	3.2%	34.4%	19.7%	**35**
Heroin or Other Opioids	1.6%	16.4%	14.8%	**20**
Marijuana	1.6%	8.2%	9.8%	**12**
Cocaine or Crack	0.0%	3.3%	3.3%	**4**
Club Drugs (e.g. MDMA, GHB, Ecstasy, Molly)	0.0%	0.0%	6.6%	**4**
Synthetic Drugs (e.g. Bath Salts, K2/Spice)	0.0%	0.0%	3.3%	**2**
Inhalants	0.0%	0.0%	1.6%	**1**
Over-the-Counter Medications	0.0%	0.0%	1.6%	**1**

Tobacco Use

About Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

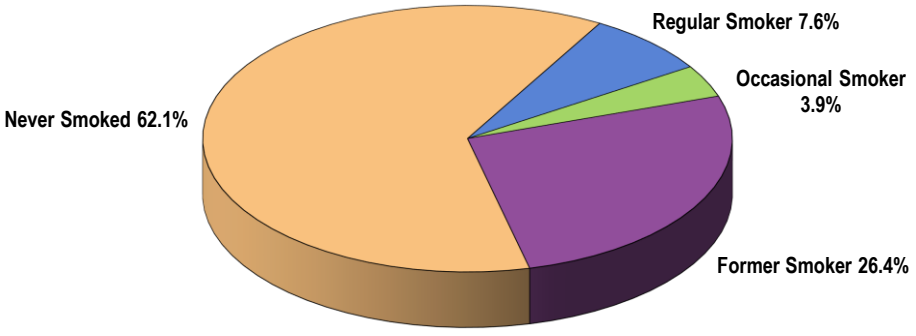
- Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 11.5% of Total Area adults currently smoke cigarettes, either regularly (7.6% every day) or occasionally (3.9% on some days).

Cigarette Smoking Prevalence
(Total Area, 2017)



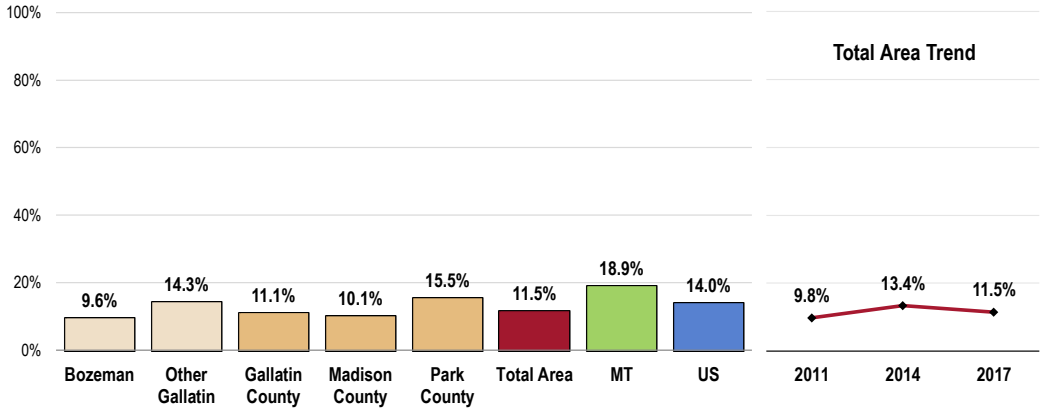
Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 181]
Notes: • Asked of all respondents.

- More favorable than statewide findings.
- Comparable to national findings.
- Similar to the Healthy People 2020 target (12% or lower).

- Statistically similar findings by county and within Gallatin County.
- TREND: The percentage is statistically unchanged since 2011.

Current Smokers

Healthy People 2020 Target = 12.0% or Lower



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 181]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Montana data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

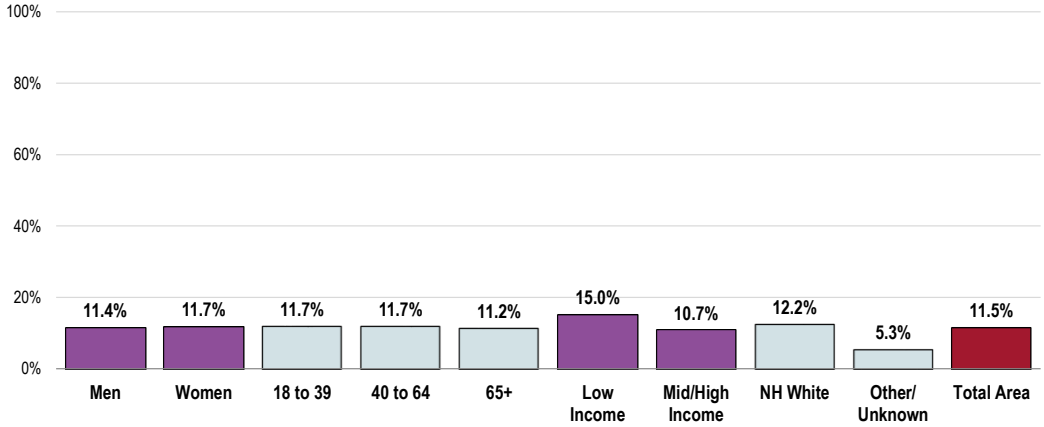
Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).

- The prevalence of cigarette smoking is statistically comparable by demographic characteristics.

Current Smokers

(Total Area, 2017)

Healthy People 2020 Target = 12.0% or Lower



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 181]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

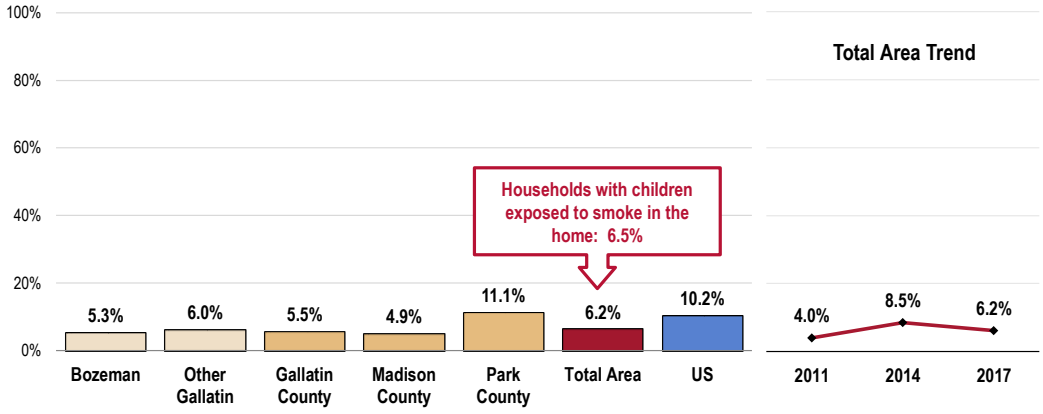
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Includes regular and occasion smokers (every day and some days).

Environmental Tobacco Smoke

A total of 6.2% of Total Area adults (including smokers and nonsmokers) report that a member of their household has smoked cigarettes in the home an average of 4+ times per week over the past month.

- More favorable than national findings.
- Similar findings within Gallatin County.
- Unfavorably high among Park County respondents.
- TREND: Marks a statistically significant increase from 2011 survey findings (similar to the 2014 prevalence).
- Note that 6.5% of Total Area children are exposed to cigarette smoke at home, similar to what is found nationally (not shown).

Member of Household Smokes at Home



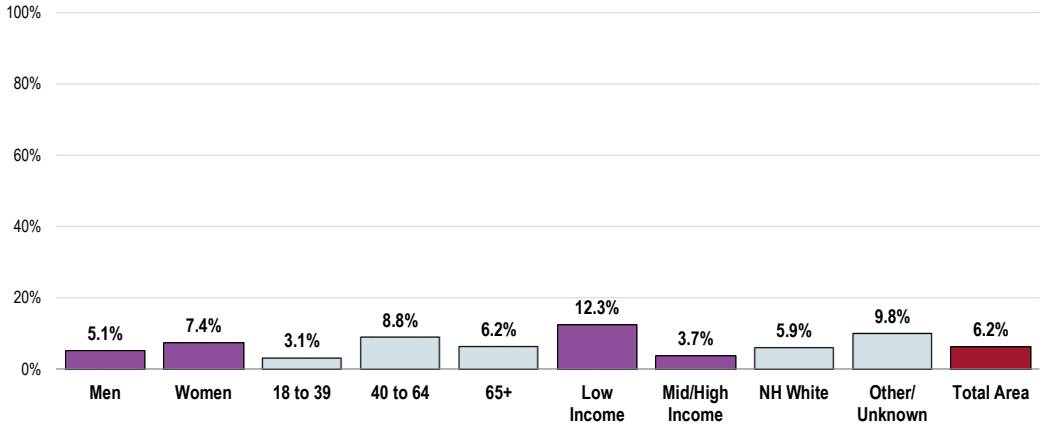
Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 58, 184]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

- Notably higher among residents age 40 to 64 and those with lower incomes.

Member of Household Smokes At Home

(Total Area, 2017)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 58]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Smoking Cessation

About Reducing Tobacco Use

Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically; such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention.

- Healthy People 2020 (www.healthypeople.gov)

Smoking Cessation Attempts

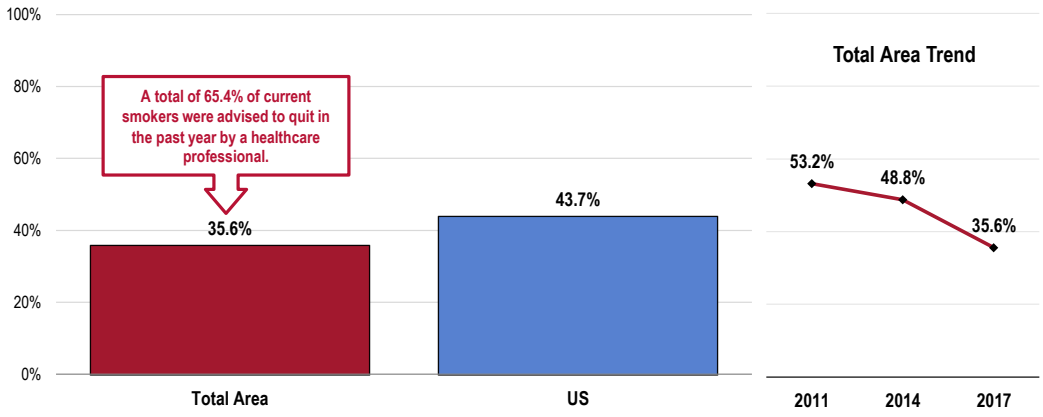
Just over 1 in 3 regular smokers (35.6%) went without smoking for one day or longer in the past year because they were trying to quit smoking.

- Statistically similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (80% or higher).
- TREND: Denotes a statistically significant decrease over time.
- Nearly two-thirds (65.4%) of smokers have been advised by a healthcare professional in the past year to quit smoking, similar to what is found nationally (not shown).

Have Stopped Smoking for One Day or Longer in the Past Year in an Attempt to Quit Smoking

(Among Everyday Smokers)

Healthy People 2020 Target = 80.0% or Higher



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 56-57]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-4.1]

Notes:
- Asked of respondents who smoke cigarettes every day.

Other Tobacco Use

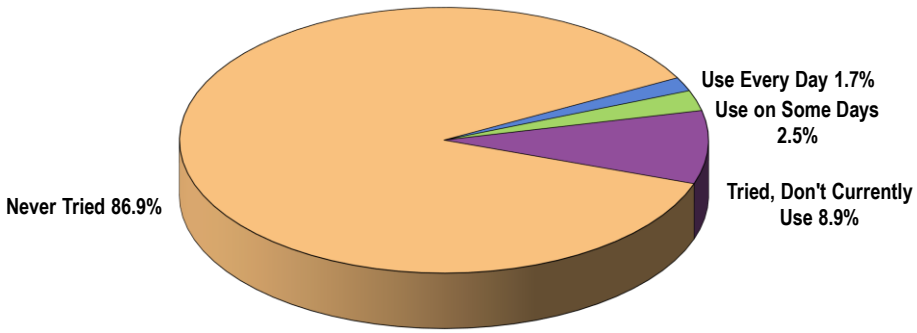
Electronic Nicotine Delivery Devices

This section of the report covers electronic nicotine delivery devices, also known as e-cigarettes, e-cigs, e-hookahs, hookah pens, or vape pens. These are battery-operated devices that simulate traditional cigarette smoking but do not involve the burning of tobacco. The cartridge or liquid ("e-juice") used in these devices produces vapor and comes in a variety of flavors.

A total of 4.2% of Total Area adults currently use an electronic nicotine delivery device such as an e-cigarette, either regularly (1.7% every day) or occasionally (2.5% on some days).

Use of an Electronic Nicotine Delivery Device (E-Cigarettes, etc.)

(Total Area, 2017)

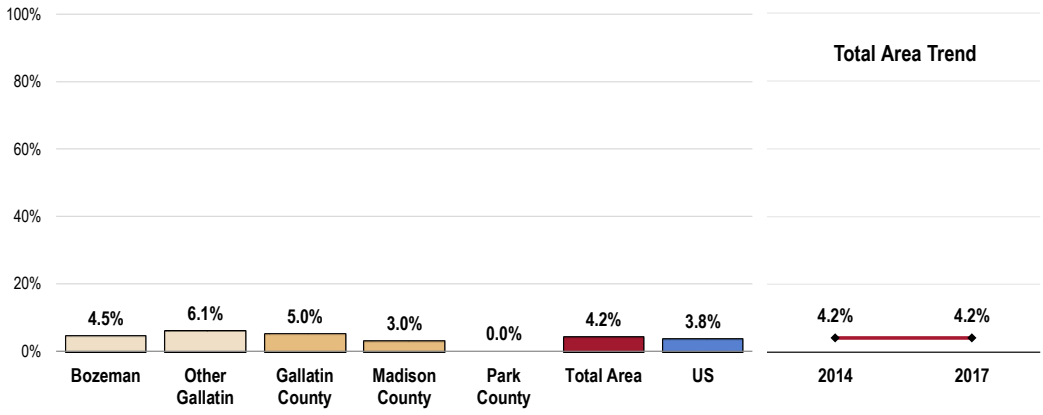


Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 208]

Notes:
- Asked of all respondents.
- Electronic nicotine delivery devices are also known as e-cigarettes, e-cigs, e-hookahs, hookah pens, or vape pens.

- Similar to national findings.
- Similar findings within Gallatin County.
- By county, the prevalence is highest in Gallatin County and lowest (0.0%) in Park County.
- TREND: The prevalence of Total Area adults who currently use an electronic nicotine delivery device is unchanged since 2014.

Currently Use an Electronic Nicotine Delivery Device (E-Cigarettes, etc.)
(Every Day or on Some Days)



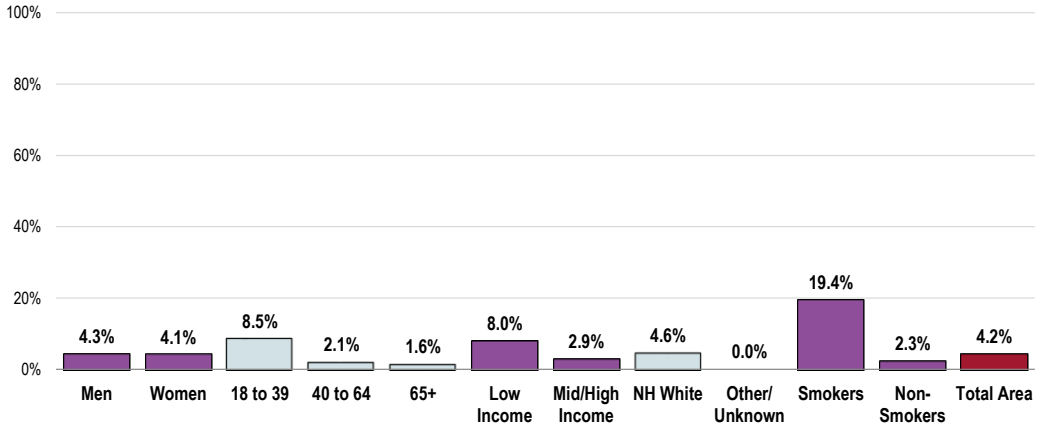
Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 208]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Electronic nicotine delivery devices are also known as e-cigarettes, e-cigs, e-hookahs, hookah pens, or vape pens.
- Includes regular and occasional users (those who smoke every day or on some days).

Use of e-cigarettes or other electronic nicotine delivery devices is more prevalent among:

- Adults under age 40.
- Lower-income residents.
- Non-Hispanic Whites.
- Smokers especially.

Currently Use an Electronic Nicotine Delivery Device (E-Cigarettes, etc.)
(Total Area, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 208]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
• Electronic nicotine delivery devices are also known as e-cigarettes, e-cigs, e-hookahs, hookah pens, or vape pens.
• Includes regular and occasional users (those who smoke every day or on some days).

When asked why they started using electronic nicotine delivery devices, the majority of these 18 respondents did so to **quit or reduce smoking**, while others did so in order to be able to **smoke indoors or wherever cigarette smoking is banned** or because of its **ease of use**.

Cigars & Smokeless Tobacco

A total of 4.8% of Total Area adults use cigars every day or on some days.

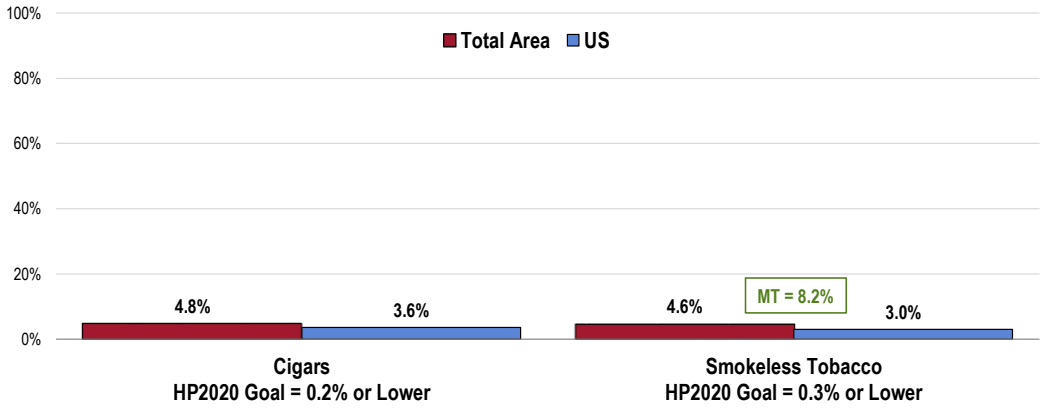
- Similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.2% or lower).

Examples of smokeless tobacco include chewing tobacco, snuff, or snus.

A total of 4.6% of Total Area adults use some type of smokeless tobacco every day or on some days.

- Lower than the state percentage.
- Comparable to the US percentage.
- Fails to satisfy the Healthy People 2020 target (0.3% or lower).
- TREND: Prevalence has significantly decreased over time (not shown).

Other Tobacco Use



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 59-60]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Montana data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives TU-1.2, TU-1.3]

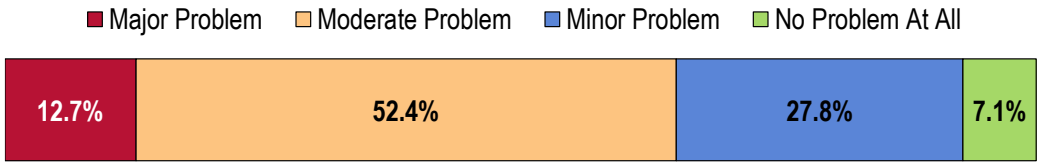
Notes:
- Reflects the total sample of respondents.
- Smokeless tobacco includes chewing tobacco, snuff, or "snus."

Key Informant Input: Tobacco Use

Over half of key informants taking part in an online survey characterized *Tobacco Use* as a "moderate problem" in the community.

Perceptions of Tobacco Use as a Problem in the Community

(Key Informants, 2017)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Prevalence/Incidence

> *Large percentage of tobacco users in the community. – Public Health/Community Health Representative (Gallatin, Madison & Park Counties)*
>
> *Amount of young people in the community I see using both types of tobacco. People standing outside the bars on the sidewalks smoking and amount of cigarette butts on the ground. – Community Leader (Gallatin, Madison & Park Counties)*
>
> *Personal observation of prevalence, observation of people with tobacco-induced health issues. – Community Leader (Gallatin, Madison & Park Counties)*

Still utilized heavily among certain demographics. – Community Leader (Gallatin, Madison & Park Counties)

This is the number-one cancer and even though many fewer people are smoking, still too many people smoke or use e-cigarettes. I am not an expert in this field so I can't really speak to this issue, but I know there are many who can. – Community Leader (Gallatin, Madison & Park Counties)

High use of smokeless tobacco and increase in vaping. – Public Health/Community Health Representative (Gallatin, Madison & Park Counties)

High numbers of smokers/tobacco users in Gallatin and Park counties. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

Significant rates in Montana, including smokeless. High associated health costs of morbidity. – Other Health Professional (Gallatin, Madison & Park Counties)

Tons of people still smoke. – Other Health Professional (Gallatin, Madison & Park Counties)

The overall chronic disease picture—heart disease, respiratory disease, stroke, etc.—is complicated by the widespread use of tobacco. – Other Health Professional (Gallatin, Madison & Park Counties)

Health Education

One of the biggest issues facing continued reduction in tobacco use is the perception that it is no longer a problem that needs to be addressed. It feels like there is often a reluctance to discuss tobacco use because we have been working on it for so long already and people want to address other issues. However, tobacco use still continues to be the leading cause of preventable death in our communities. – Public Health/Community Health Representative (Gallatin County)

With the clear links to cancer caused by tobacco, any tobacco use is a problem. It is especially worrisome to see young people smoking. This indicates that there is not enough tobacco prevention in the schools and community. – Community Leader (Gallatin, Madison & Park Counties)

I don't think it is as prevalent in Bozeman as other areas in the state. However, I do see a number of young people starting to use tobacco and it would seem there is a lack of education in schools about the danger/consequences of tobacco use. – Community Leader (Gallatin, Madison & Park Counties)

Access to Health Services

Professional Research Consultants, Inc.

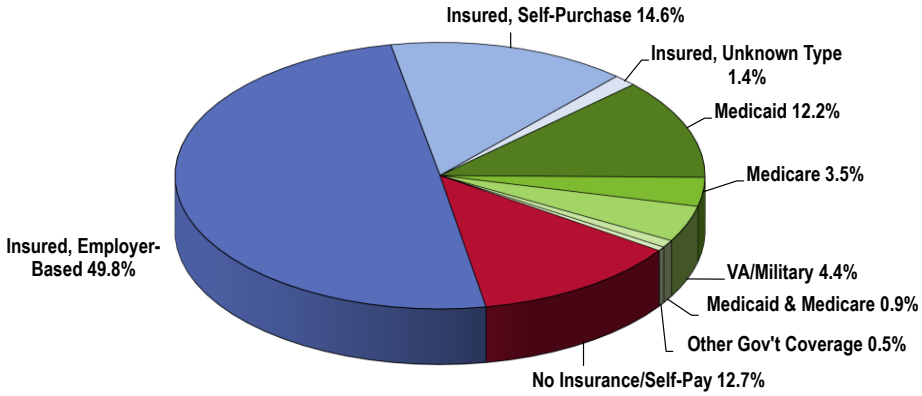
Health Insurance Coverage

Type of Healthcare Coverage

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.

A total of 65.8% of Total Area adults age 18 to 64 report having healthcare coverage through private insurance. Another 21.5% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Healthcare Insurance Coverage
(Among Adults Age 18-64; Total Area, 2017)

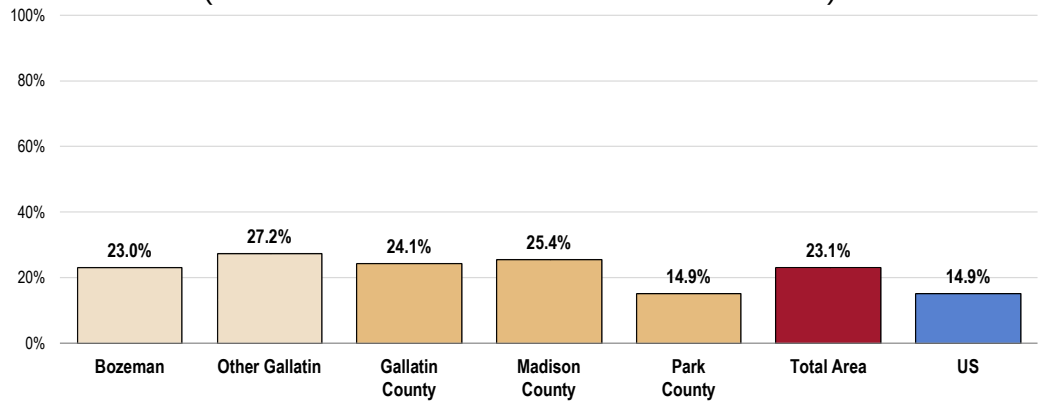


Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 190]
Notes: • Reflects respondents age 18 to 64.

A total of 23.1% of adults under age 65 with private coverage or Medicaid secured their coverage under the Affordable Care Act (ACA), otherwise known as "Obamacare."

- Above the national finding.
- Statistically similar findings by county (and within Gallatin County).

Insurance Was Secured Under the Affordable Care Act/"Obamacare"
(Adults Under 65 with Medicaid or Private Insurance)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 84]
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents under 65 with private insurance or Medicaid.

Lack of Health Insurance Coverage

Among adults age 18 to 64, 12.7% report having no insurance coverage for healthcare expenses.

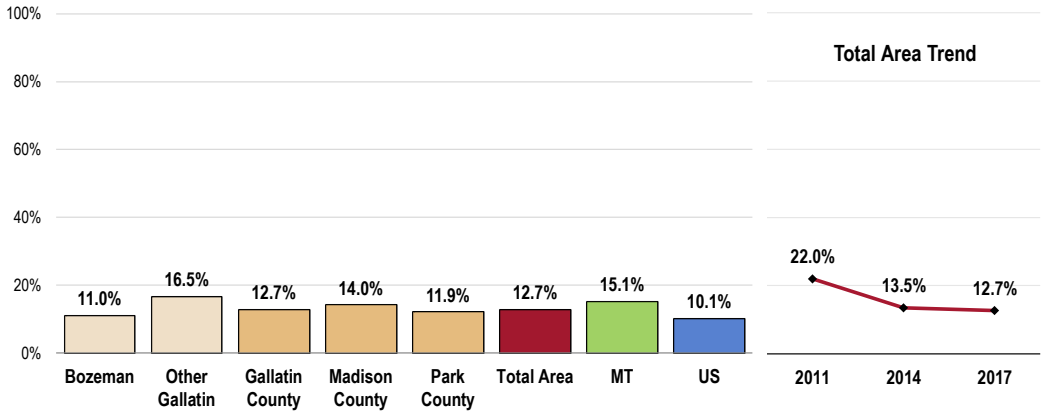
Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

- Similar to the state and national findings.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- Similar findings by county (and within Gallatin County).
- TREND: Denotes a statistically significant decrease in the proportion of uninsured from 2011 survey findings (similar to 2014 results).

Lack of Healthcare Insurance Coverage

(Among Adults Age 18-64)

Healthy People 2020 Target = 0.0% (Universal Coverage)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 190]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Montana data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

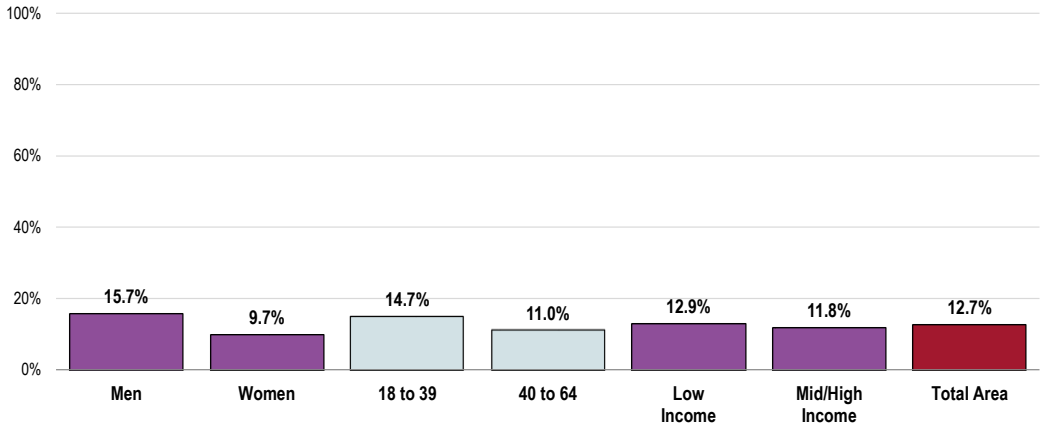
Notes:
- Asked of all respondents under the age of 65.

- Total Area men are more likely to be without healthcare insurance coverage.

Lack of Healthcare Insurance Coverage

(Among Adults Age 18-64; Total Area, 2017)

Healthy People 2020 Target = 0.0% (Universal Coverage)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 190]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

Notes:
- Asked of all respondents under the age of 65.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

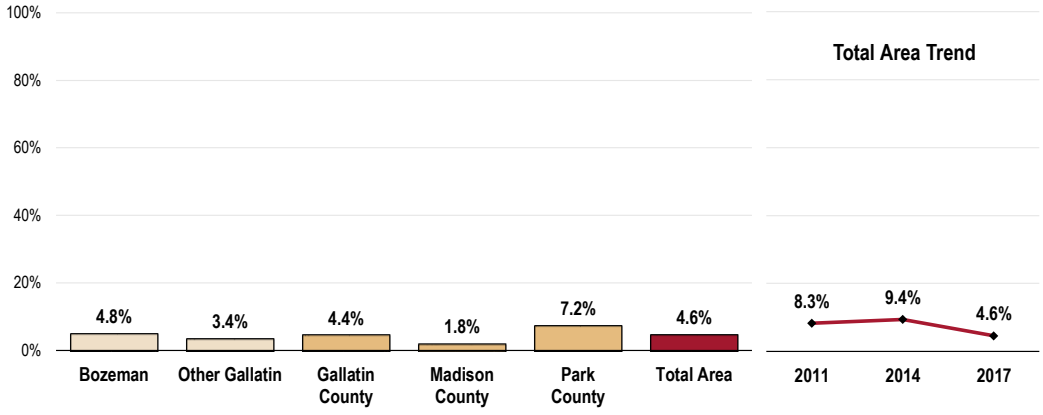
Recent Lack of Coverage

Among currently insured adults in the Total Area, 4.6% report that they were without healthcare coverage at some point in the past year.

- Similar findings within Gallatin County.
- Favorably low in Madison County when comparing by county.
- TREND: Marks a statistically significant decrease in insurance instability from 2011 and 2014 survey findings.

Went Without Healthcare Insurance Coverage At Some Point in the Past Year

(Among Insured Adults)



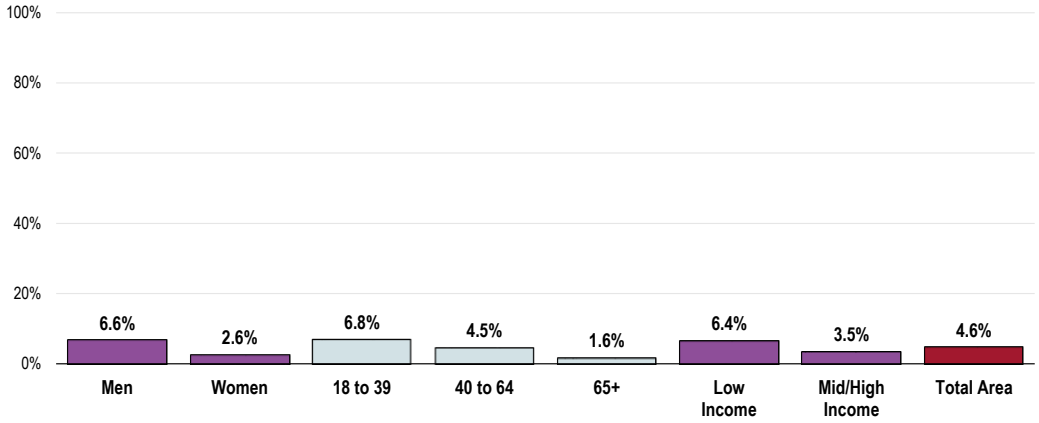
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 309]

Notes:
- Asked of all insured respondents.

Among insured adults, the following segments are more likely to have gone without healthcare insurance coverage at some point in the past year:

- Men.
- Adults under age 40 (negative correlation with age).

Went Without Healthcare Insurance Coverage At Some Point in the Past Year
(Among Insured Adults; Total Area, 2017)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 309]

Notes:
- Asked of all insured respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Difficulties Accessing Healthcare

Barriers to Healthcare Access

Access to Primary Care

To better understand healthcare access barriers, survey participants were asked whether any of six types of barriers to access prevented them from seeing a primary care provider in the past year.

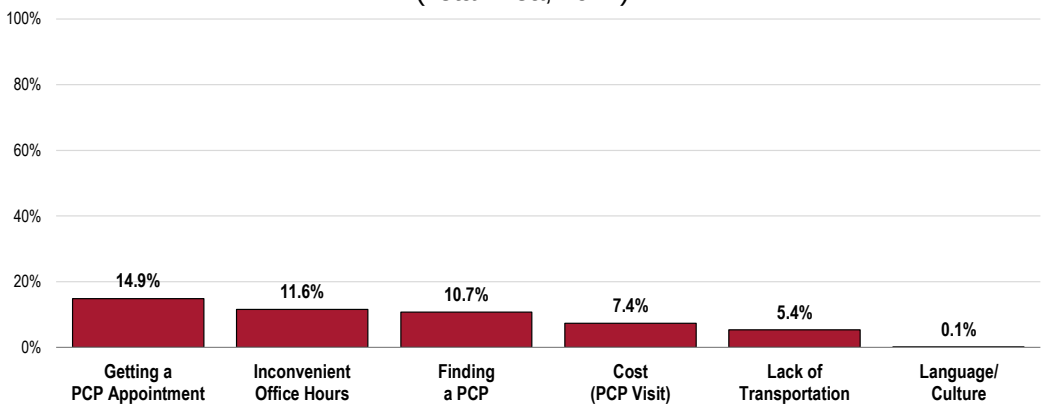
Respondents were told: By "primary care," I mean any medical care from a family practice, general practice, or internal medicine doctor, or from a physician assistant or nurse practitioner. Each of these is considered a primary care provider.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

Of the tested barriers to accessing primary care, difficulty getting a primary care provider (PCP) appointment impacted the greatest share of Total Area adults (14.9% say that difficulty obtaining an appointment prevented their primary care in the past year).

- NOTE: Prior surveys did not test access barriers specific to primary care; therefore, trend data are not available for the 2017 indicators.

Barriers to Access Have Prevented Primary Care in the Past Year
(Total Area, 2017)



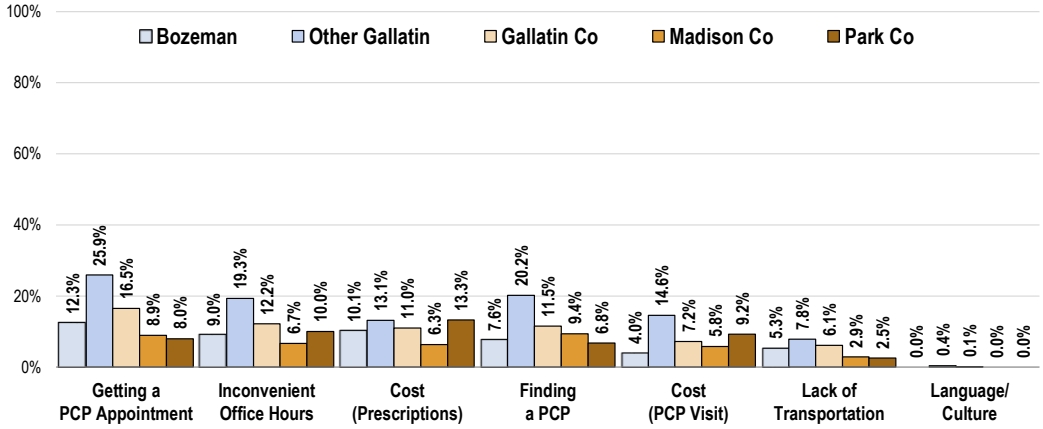
Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-12]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Within Gallatin County, residents outside Bozeman (Other Gallatin) are much more likely to be affected by access barriers, especially **finding a PCP**, obtaining an **appointment**, **cost** of PCP visits, and inconvenient **office hours**.
- By county, residents of Gallatin County are also more likely to report lack of **transportation**.

Barriers to Access Have Prevented Primary Care in the Past Year

(By Area, 2017)



Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-13]
Notes: ● Asked of all respondents.

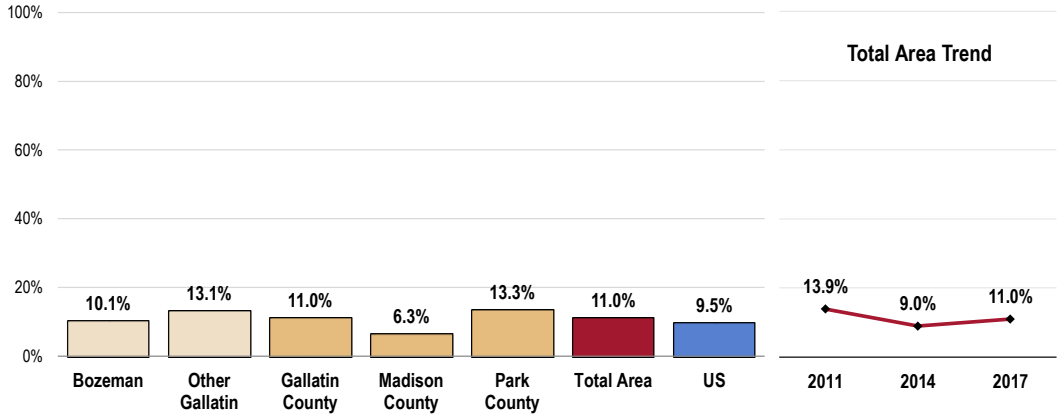
Prescriptions

Cost as a Barrier

Among all Total Area adults, 11.0% report that prohibitive cost prevented them from obtaining a needed prescription medication at some point in the past year.

- Similar to national findings.
- Similar findings within Gallatin County.
- By county, favorably low in Madison County.
- TREND: Statistically unchanged over time.

Cost Prevented Prescription Medication in the Past Year



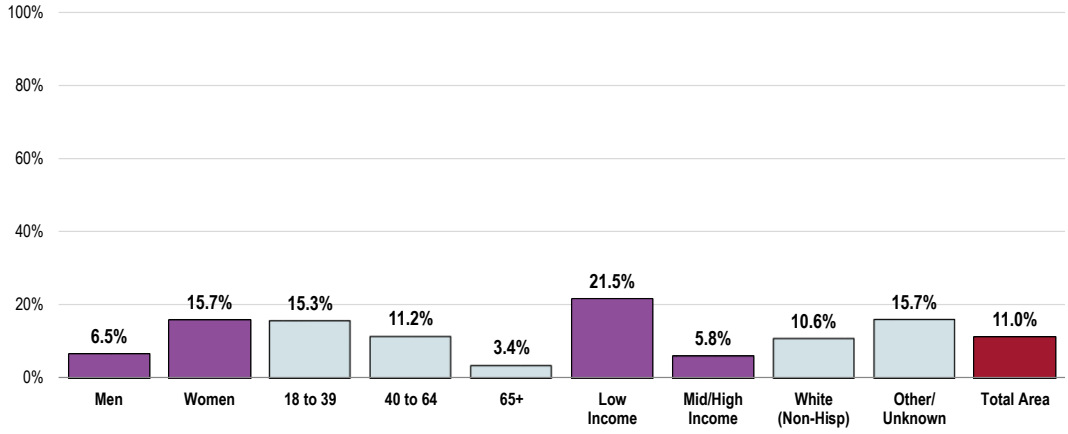
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 13]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

These survey respondents are more likely to report that cost prevented a prescription medication in the past year:

- Women.
- Young adults (negative correlation with age).
- Those in low-income households.

Cost Prevented Prescription Medication in the Past Year

(Total Area, 2017)



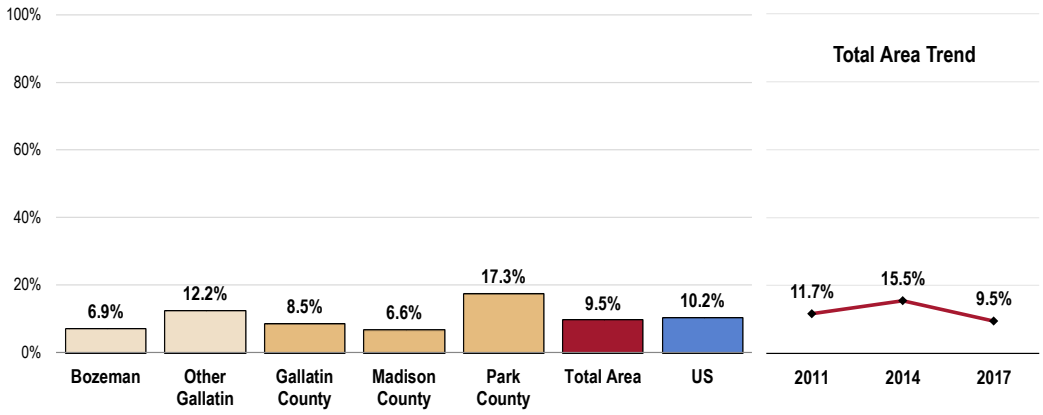
Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 13]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Prescription Misuse

Among all Total Area adults, 9.5% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- Similar to national findings.
- In Gallatin County, higher outside Bozeman.
- By county, the prevalence is much higher in Park County.
- TREND: Statistically unchanged over time.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 14]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

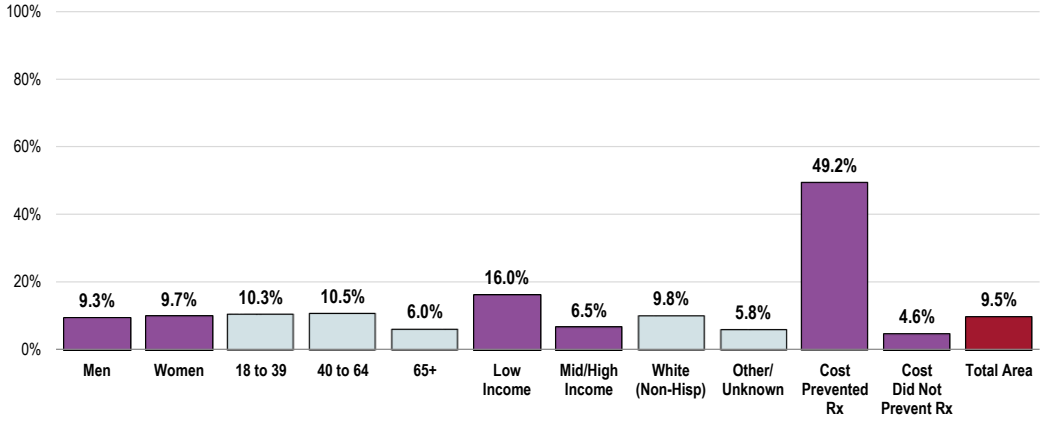
Notes:
- Asked of all respondents.

Adults more likely to have skipped or reduced their prescription doses include:

- Residents under 65.
- Those in lower-income households.
- Those for whom cost prevented a prescription medication in the past year, especially.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money

(Total Area, 2017)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 14]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Accessing Healthcare for Children

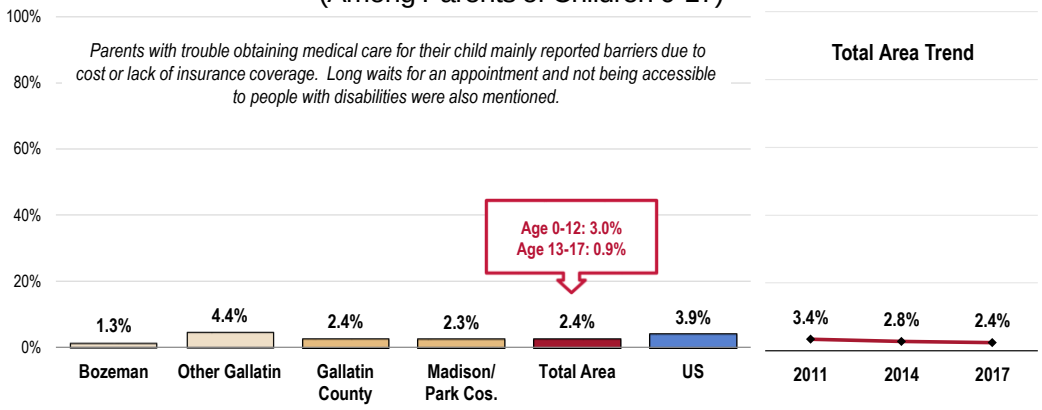
A total of 2.4% of parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly selected child in their household.

- Statistically similar to what is reported nationwide.
- Statistically similar findings within Gallatin County and when comparing Gallatin County to the combined Madison/Park Counties area.
- TREND: Statistically unchanged since 2011.
- Higher (3.0%) among parents of children age 12 and under.

Had Trouble Obtaining Medical Care for Child in the Past Year

(Among Parents of Children 0-17)



Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 136-137]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents with children 0 to 17 in the household.

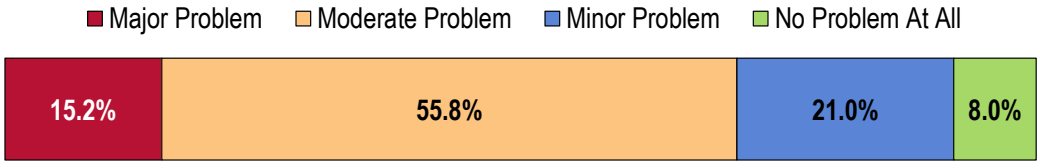
Among the parents experiencing difficulties (only 6 respondents; take caution when interpreting results), the majority cited **cost or a lack of insurance** as the primary reason; others cited long waits for appointments and disability accessibilities.

Key Informant Input: Access to Healthcare Services

Over half of the key informants taking part in an online survey most often characterized *Access to Healthcare Services* as a "moderate problem" in the community.

Perceptions of Access to Healthcare Services as a Problem in the Community

(Key Informants, 2017)



Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

Access to doctors. – Community Leader (Gallatin, Madison & Park Counties)

Long waiting times (3 to 6 months) for clinic appointments for preventative care. Lack of same day care availability for clinic problem visits, especially in pediatrics and family medicine. – Community Leader (Gallatin, Madison & Park Counties)

Geographic distance to services combined with how to get there in the first place, if no transportation is available. – Community Leader (Gallatin, Madison & Park Counties)

Access to mental health services and access to dental care. Especially when an individual is in a dental crisis or needs teeth removed and replaced with dentures. – Social Services Provider (Gallatin, Madison & Park Counties)

It is very difficult to help patients establish primary care and to see their established provider after ER visits. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

Access to mental health services is lacking. We have no inpatient psych services in a town that has the largest college in Montana. In addition, we have no psychiatrist at this time that take Medicaid or Medicare. – Physician/Advanced Practice Clinician (Gallatin County)

Patients often have to wait months to be seen by a primary care provider. Mental health services are inadequate in this area, requiring patients to drive to other communities for emergency mental health services. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

Appropriate and timely availability of primary care and preventive services. Some specialty care services are lacking or could be improved. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

Maintaining access to appropriate mental health crisis resources. Providing substance abuse services, acute treatment services are probably more lacking that preventative at this point. Providing adequate primary care for those without insurance for preventative care and acute care. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

Affordable Care/Services

Access not only for those with no insurance, but also for those who have a PCP. The population growth has provided for barriers to providers having accessibility to services, typically taking months to get into a provider for a follow-up. Not to mention, access to services also hinges on lack of community services for a town as big as Bozeman. – Other Health Professional (Gallatin, Madison & Park Counties)

As the cost to healthcare providers increases, rural healthcare options continue to shrink in terms of safety net providers. We are seeing patients travel 100 miles (from West Yellowstone, Ennis, etc.) to access quality, affordable healthcare in Bozeman, which puts an increased demand on our already-stretched safety net provider network. Resource communities like Bozeman need to plan for growth within their own communities but also to accommodate more individuals and families from very rural areas who have no other options but Bozeman to receive healthcare, especially subsidized healthcare since those options are already limited. The lack of services in rural areas is also going to negatively affect how many people access preemptive care and screenings, which will stress resources even more when, for example, someone is diagnosed with stage 3 cancer instead of catching that cancer a year before when a simple, low-cost procedure would have solved the problem. – Other Health Professional (Gallatin, Madison & Park Counties)

Health insurance is too expensive, leaving people and families with high deductibles and making it very difficult to get proper medical care. – Community Leader (Gallatin County)

Service for underinsured, single parents, mental health. – Community Leader (Gallatin County)

High cost of housing and relatively low wages impacts financial resources of middle and low-income community members to access healthcare and related services. – Other Health Professional (Gallatin, Madison & Park Counties)

Access to care for low-resourced individuals (including homeless and uninsured), people with disabilities and those with transportation barriers. – Community Leader (Gallatin, Madison & Park Counties)

Lack of Providers

Not enough primary care providers. There are not many female physicians and so especially women have to wait a long time to be seen if they want to be seen by a female. We also have a high uninsured rate and low health literacy. There are several people who don't access healthcare because they don't know where to start. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

Minority and underserved medicine. There are sub-segments of the population who do not speak English well and they have poor resources and lack of adequate translated information. Access to healthcare in their own language. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

No providers available to see new patients. Often have to wait extended period of time to be seen. Cost of providers. – Community Leader (Gallatin, Madison & Park Counties)

Education

We have a large number of residents with chronic illnesses and do not have local resources for education, prevention. – Public Health/Community Health Representative (Gallatin, Madison & Park Counties)

We may need to continue to assist folks who qualify for Montana Medicaid, which is a huge source for healthcare access. Many still do not understand that Montana Medicaid covers dental and vision. – Other Health Professional (Gallatin, Madison & Park Counties)

Prescriptions

Over-prescription: this includes patient expectation of antibiotics and over-prescription of antibiotics. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

Physician awareness of the risks of prescription medication dependence and abuse needs improvement. Alternative treatments should always be considered where possible. – Community Leader (Gallatin, Madison & Park Counties)

School Health

Health in schools: there needs to be more school nurses to address the ongoing physical and mental health needs in schools. Rates of students with asthma, diabetes, seizures and special needs are going up. Having a chronic disease adds to the mental health issues for school age students. The stress on families when there is no local pediatric specialist to help them with the health issue. – Other Health Professional (Gallatin, Madison & Park Counties)

School support for children with special healthcare needs. Only two RNs for the whole school district. This is just not enough hands, despite the fabulous job our current RNs do. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

Support

I think the social support for the area is better (if not the best) than most places I have worked. Staff turnover and communication are the biggest issues. One, to providers phone call return to providers, and two, coordination with social work hospital and CHP. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

Transportation

Transportation to outpatient services. Specifically for people who live on a fixed income and/or require wheelchair transport and live in a rural town. Scheduling appointments for new patients is at least 4 weeks out before a patient can be connected with a provider. People who live in rural towns have a harder time with accessing resources for their healthcare. – Other Health Professional (Gallatin, Madison & Park Counties)

Type of Care Most Difficult to Access

Key informants (who rated this as a "major problem") most often identified **mental health services** and **substance abuse treatment** as the most difficult to access in the community.

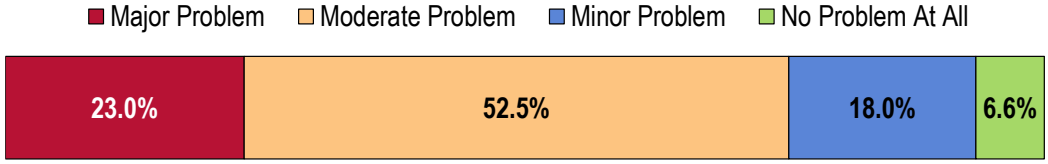
Medical Care Difficult to Access Locally				
	Most Difficult to Access	Second-Most Difficult to Access	Third-Most Difficult to Access	**Total Mentions**
Mental Health Services	47.4%	22.2%	0.0%	**13**
Substance Abuse Treatment	15.8%	22.2%	23.5%	**11**
Primary Care	10.5%	16.7%	17.6%	**8**
Pain Management	10.5%	16.7%	5.9%	**6**
Dental Care	10.5%	0.0%	17.6%	**5**
Elder Care	5.3%	5.6%	5.9%	**3**
Chronic Disease Care	0.0%	5.6%	11.8%	**3**
Palliative Care	0.0%	5.6%	5.9%	**2**
Specialty Care	0.0%	5.6%	5.9%	**2**
Prenatal Care	0.0%	0.0%	5.9%	**1**

Lack of Services for Seniors

Ratings as a Problem in the Community

Over half of the key informants taking part in an online survey most often characterized *Lack of Services for Seniors* as a "moderate problem" in the community.

Perceptions of Lack of Services for Seniors as a Problem in the Community
(Key Informants, 2017)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

Traveling to Bozeman to access help. – Community Leader (Gallatin, Madison & Park Counties)

For those in Madison and Park, it's a pretty big deal. The frontier nature makes it really difficult to access care. There is some public transport, but it still isn't all that helpful. – Community Leader (Gallatin, Madison & Park Counties)

The area of largest concern is related to access to appropriate care support. Many seniors need help with housekeeping, bathing, cooking, getting to and from places, etc. The current available resources are often overwhelmed by the need (Galavan) or have such strict income and resource restrictions (HRDC and Medicaid) that many families are left in a position of having too much money to qualify for assistance and not enough to pay for help. – Other Health Professional (Gallatin, Madison & Park Counties)

All the programs are being cut or extremely underfunded. It is already very expensive to live in this area. – Community Leader (Gallatin, Madison & Park Counties)

We only have 3 skilled nursing facilities in Bozeman with few Medicaid beds allotted at each one, and of those 3 none of them specialize in treating dementia patients. Private secure facilities that specialize in memory care are cost-prohibitive for most families at an average of $6,000–$10,000 a month. We have a silver tsunami hitting with all the baby boomers coming of age, and most people are not financially prepared for the costs associated with aging and needing increased care. Medicaid is the only safety net for most, and to qualify they need to spend down their assets, which then leaves their spouse financially destitute. I've often said you need to be poor or wealthy going into retirement because if you are middle class there are no resources. We need more nursing home facilities that specialize in memory care that don't bankrupt families, or offer in-home help that isn't private pay at $25.00 an hour. Ideally, Medicare would expand the types of services that families could access. – Other Health Professional (Gallatin, Madison & Park Counties)

We don't have enough Medicare providers. – Physician/Advanced Practice Clinician (Gallatin County)

Growing population with inadequate number of gerontologists. – Community Leader (Gallatin, Madison & Park Counties)

Lack of services or education about services. High senior population. – Public Health/Community Health Representative (Gallatin, Madison & Park Counties)

Lack of private practices that will openly accept Medicare patients due to poor reimbursement. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

Lack of services. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

There needs to be better social work access for seniors, better and cheaper respite opportunities for caregivers, more community coordination. Insurance frequently doesn't pay for this. – Physician/ Advanced Practice Clinician (Gallatin, Madison & Park Counties)

This is a moderate problem and has improved over the past 5 years. Alzheimer's and other dementia care services could be improved. We need more qualified geriatric and palliative care providers to truly meet the need. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

Improving but still limited access for seniors. – Community Leader (Gallatin, Madison & Park Counties)

There are several resources for seniors in our community. There are several assisted living facilities and 3 nursing homes. – Community Leader (Gallatin, Madison & Park Counties)

I'm not sure what services are available. – Other Health Professional (Gallatin County)

Transportation

The lack of available transportation for those who are unable to drive. Galavan is tremendous, but they can only do so much. – Community Leader (Gallatin, Madison & Park Counties)

That population is growing in relation to other demographics. They often can't drive or have other limitations, and the lack of pedestrian connectivity and public transit is a huge barrier. – Community Leader (Gallatin, Madison & Park Counties)

Limited transportation options, limited low-income housing, limited assisted living availability. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

Transportation services in Gallatin, Park, and Madison counties are likely the biggest issue regarding access to care for older individuals. – Public Health/Community Health Representative (Gallatin County)

Large population of elderly people living independently in very rural areas; distance makes access to services harder. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

I think transportation might be a major issue for them accessing services. But I am not positive about this because this is not my specific area. I just know that we have a pretty good bus system in Bozeman (and Galavan), but I think if you live in a rural area in these three counties it is very difficult. – Community Leader (Gallatin, Madison & Park Counties)

Affordable Care/Services

Cost of home health and other supportive services in addition to nursing home care. – Other Health Professional (Gallatin, Madison & Park Counties)

Area seniors in many cases are getting priced out of our community. With the higher cost of living and housing, often our seniors are faced with a lack of resources to meet just their very basic needs. Accessing services or assistance is intimidating and often hard for a senior to accept. – Social Services Provider (Gallatin, Madison & Park Counties)

Many seniors who are homebound with limited financial resources or assistance. – Other Health Professional (Gallatin, Madison & Park Counties)

I'm not sure whether it's so much a gap in services as much as a lack of funds for some seniors to access the level of continuous care needed. – Other Health Professional (Gallatin, Madison & Park Counties)

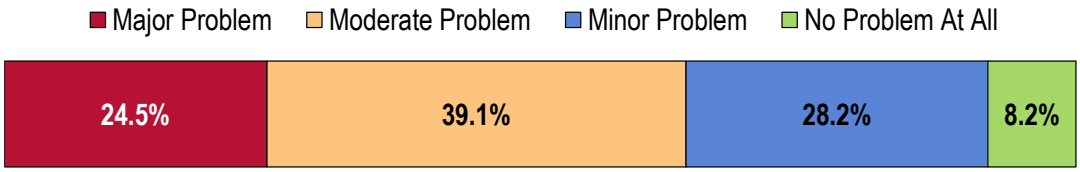
As noted above, we have a large and growing older population that doesn't understand their lack of insurance coverage, cost of custodial services including care giving services that is not covered by Medicare. Many elderly and older adults lack family support to care for them locally, don't want to move to be closer to family, lack the finances to hire extra help or transition into ALF that for most of us can't afford anyway. – Other Health Professional (Gallatin, Madison & Park Counties)

Lack of Services for LGBTQ Residents

Ratings as a Problem in the Community

Key informants taking part in an online survey most often characterized *Lack of Services for LGBTQ Residents* as a "moderate problem" in the community.

Perceptions of Lack of Services for LGBTQ Residents as a Problem in the Community
(Key Informants, 2017)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Provider Education

The biggest need in this area is informing health professionals and social service providers of the importance of asking patients about their sexuality as this can be rick factor for many preventable conditions. And fostering a welcoming setting throughout the three counties will help both providers and patients. Additionally, increasing the awareness of our residents on the difficulties faced by the LGBTQ population in our community may foster a more open, compassionate and sincere conversation. – Public Health/Community Health Representative (Gallatin County)

In many ways, especially the understanding of transgender issues, Bozeman appears to be behind. With many of these types of issues, it seems like the lower numbers of certain populations means that Bozeman is often behind in being proactive with services. How to approach transgender individuals when they encounter healthcare providers is still in the nascent stage. – Other Health Professional (Gallatin, Madison & Park Counties)

This is a vulnerable and often misunderstood population in a state that has actively tried to pass legislation against them this legislative session. Healthcare provider knowledge, especially about transgender individuals, is low throughout the region. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

Many community providers feel they have inadequate training to support LGBTQ patients; even worse, some are unwilling to provide care due to personal beliefs of the providers and antipathy towards the LGBTQ community and individual patients. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

I think the state as a whole has difficulty with this issue, but I think access to practitioners who understand the unique health issues related to the LGBTQ community is limited. – Other Health Professional (Gallatin, Madison & Park Counties)

Poor education about LGBTQ needs and services. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

Lack of knowledge or comfort among healthcare community at large in providing care. – Other Health Professional (Gallatin, Madison & Park Counties)

Not enough awareness. – Physician/Advanced Practice Clinician (Gallatin County)

Personal/Cultural Beliefs

In Montana, LGTBQ individuals are not considered a "protected class." This means that they can be discriminated against in jobs, as consumers, in medical clinics, etc. Because of this lack of legal protection in combination with a lack of knowledge in the medical field about this group, LGBTQ individuals often do not feel safe or well taken care of the medical community. Members of the LGBTQ community are at a higher risk for mental health disorders and substance abuse, so it is even more important that we work hard within our Bozeman community to provide safe, welcome spaces for these individuals and possess an in-depth knowledge about how to comprehensively treat their medical needs in a respectful and thorough manner. – Other Health Professional (Gallatin, Madison & Park Counties)

We know from research that many transgender people have had a traumatic experience with a healthcare provider. This can lead many to not seek healthcare, even preventive or maintenance or emergency care. In addition, gay and lesbian people face discrimination still today (and worse this year again now) that can make them fearful to seek help or assistance. We have people representing us in government that would seek to take away basic civil rights for these populations (and have been successful). This makes for an extraordinarily vulnerable population, one that is already subject to more mental health issues due to the shunning and discrimination they face within their own families and communities often. – Other Health Professional (Gallatin, Madison & Park Counties)

Our community does not promote LGBTQ rights and has not done enough to raise awareness about this group of residents. There is a lack of conversation about LGBTQ needs, which indicates a lack of knowledge about these groups. Medical professionals need to know how to support these patients, and the community needs to be accepting of all people regardless of gender identity for them to be able to access what they need medically and socially. – Community Leader (Gallatin, Madison & Park Counties)

Population that still feels discriminated against. – Community Leader (Gallatin, Madison & Park Counties)

I don't find this area to be very conducive to LGBTQ community members. – Community Leader (Gallatin, Madison & Park Counties)

Very conservative community, not open to alternative lifestyles. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

Access to Care/Services

To my knowledge, the only organization that helps with this population is Bridger Care. – Community Leader (Gallatin, Madison & Park Counties)

The only two programs that are consistently out in the community are PFLAG and the MSU group ... one is geared towards family and friends and the other is towards college students. This leaves a large segment of the LGBTQ population with limited support. There is also some indication that there is limited opportunity in the medical community for LGBTQ patients to find medical care that takes into consideration the challenges and differences related to their particular orientation. – Other Health Professional (Gallatin, Madison & Park Counties)

We have no services that serve this population. – Public Health/Community Health Representative (Gallatin, Madison & Park Counties)

There are no services in Three Forks that I know about. – Community Leader (Gallatin, Madison & Park Counties)

I'm not sure what services are available. – Other Health Professional (Gallatin County)

Denial/Stigma

We need to deal with suicide in our society. – Community Leader (Gallatin, Madison & Park Counties)

Stigma; lack of services for youth and families. – Community Leader (Gallatin, Madison & Park Counties)

Prevalence/Incidence

At baseline, it's a problem in all communities. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

Health Literacy

Understanding Health Information

Respondents were asked:

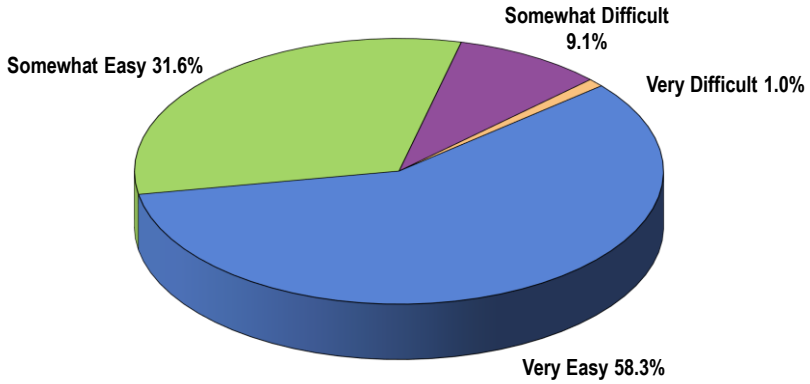
"How difficult is it for you to understand information that doctors, nurses and other health professionals tell you? Would you say it is: Very Easy, Somewhat Easy, Somewhat Difficult, or Very Difficult?"

When asked how difficult it is to understand information given by doctors, nurses, or other health professionals, 9 in 10 Total Area adults (89.9%) said that it is "somewhat" or "very" easy.

- On the other hand, 10.1% of Total Area adults find it "somewhat" or "very" difficult to understand information stated by health professionals.

Ease of Understanding Info from Health Professionals

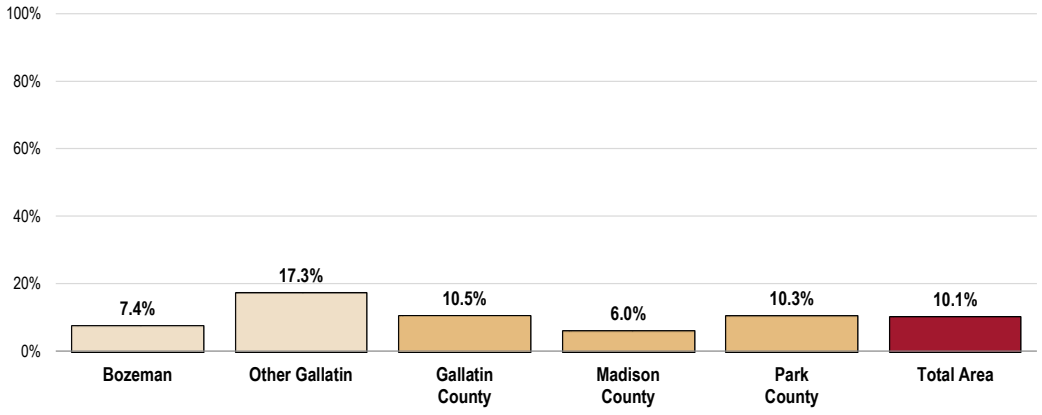
(Total Area, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 310]
Notes: • Asked of all respondents.

- In Gallatin County, "somewhat/very difficult" reports are higher outside Bozeman.
- Difficulty understanding is lowest among residents of Madison County.

Have Difficulty Understanding Health Professionals

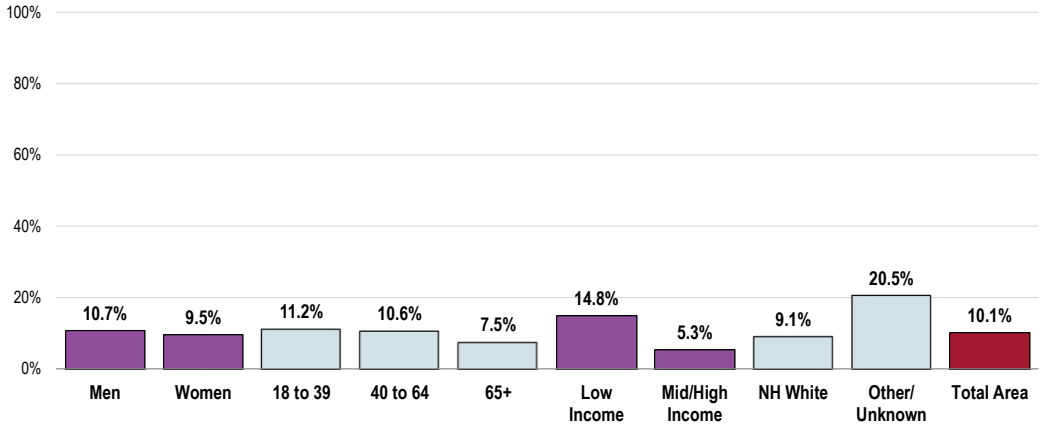


Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 310]
Notes: • Asked of all respondents.

- Lower-income residents are statistically more likely to report difficulty understanding health professionals. (Note that the difference by race is not statistically significant due to the sample sizes involved.)

Have Difficulty Understanding Health Professionals

(Total Area, 2017)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 310]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Primary Care Services

About Primary Care

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

- Healthy People 2020 (www.healthypeople.gov)

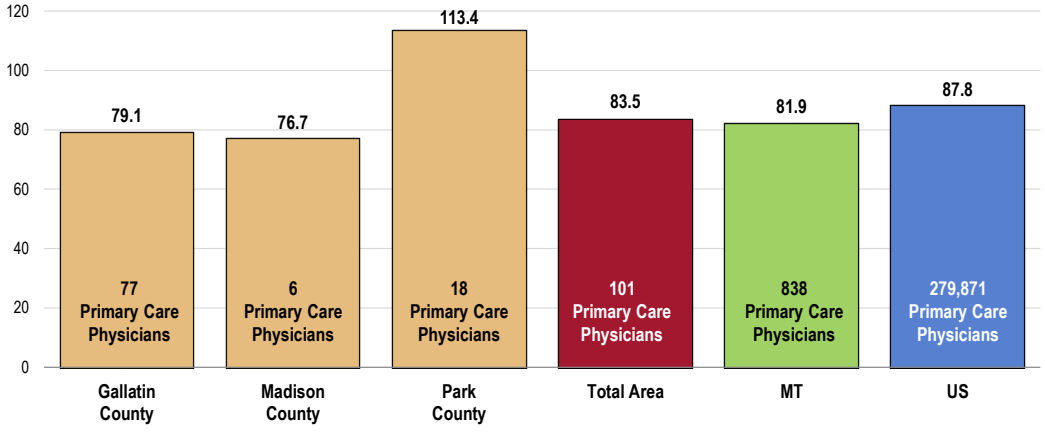
Access to Primary Care

In the Total Area in 2014, there were 101 primary care physicians, translating to a rate of 83.5 primary care physicians per 100,000 population.

- Similar to the primary care physician-to-population ratio found statewide.
- Below the rate found nationally.
- The rate is highest in Park County.

Access to Primary Care

(Number of Primary Care Physicians per 100,000 Population, 2014)

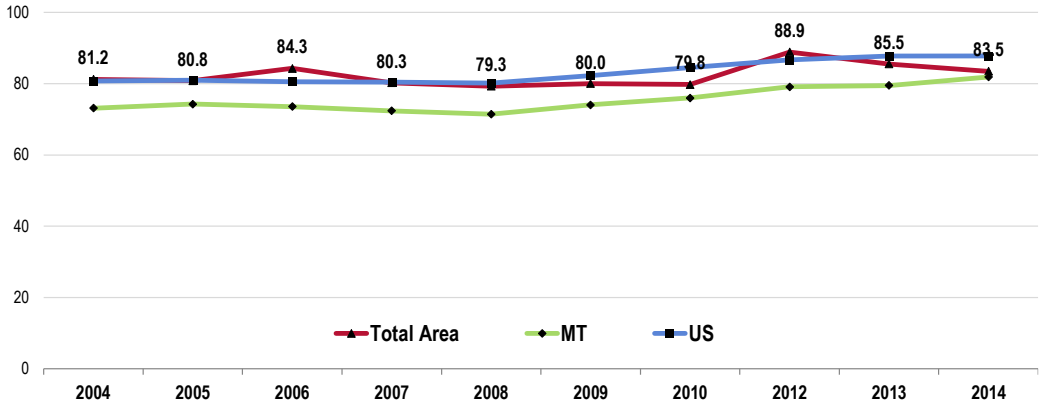


Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
- Retrieved March 2017 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

- TREND: Access to primary care (in terms of the ratio of primary care physicians to population) has not changed greatly over the past decade in the Total Area.

Trends in Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population)



Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
- Retrieved March 2017 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.
- These figures represent all primary care physicians practicing patient care, including hospital residents. In counties with teaching hospitals, this figure may differ from the rate reported in the previous chart.

Specific Source of Ongoing Care

A total of 80.1% of Total Area adults were determined to have a specific source of ongoing medical care.

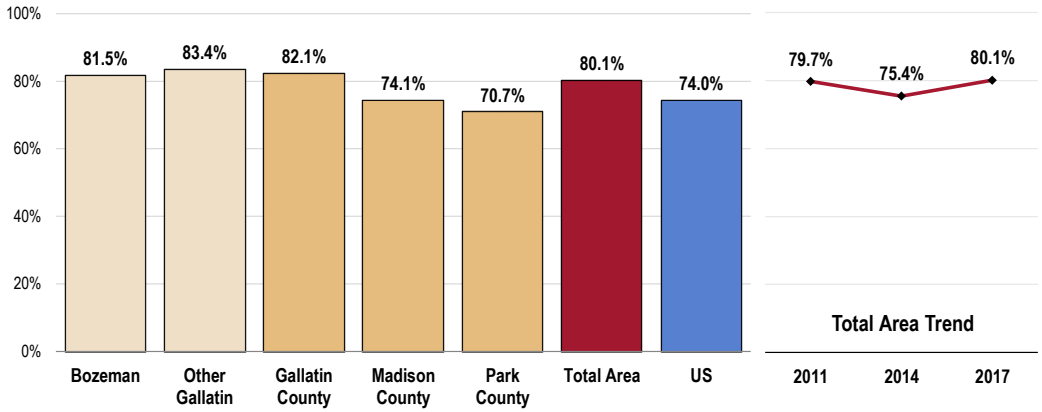
Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

A hospital emergency room is not considered a specific source of ongoing care in this instance.

- Higher than national findings.
- Fails to satisfy the Healthy People 2020 objective (95% or higher).
- Similar by area in Gallatin County.
- Viewed by county, the prevalence is highest in Gallatin County and lowest in Park County.
- TREND: Statistically unchanged over time.

Have a Specific Source of Ongoing Medical Care

Healthy People 2020 Target = 95.0% or Higher



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 191]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-5.1]

Notes:
- Asked of all respondents.

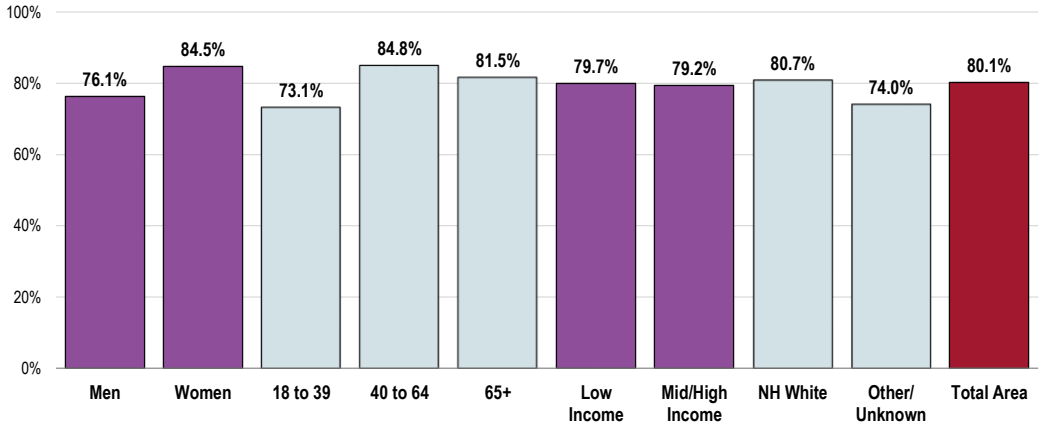
When viewed by demographic characteristics, the following population segments are less likely to have a specific source of care:

- Men.
- Adults under age 40.

Have a Specific Source of Ongoing Medical Care

(Total Area, 2017)

Healthy People 2020 Target = 95.0% or Higher



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 191-193]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-5.1]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

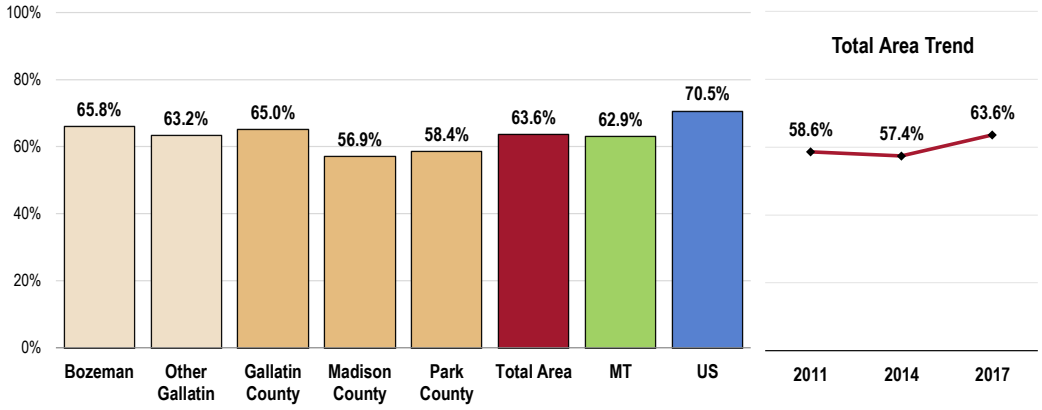
Utilization of Primary Care Services

Adults

Over 6 in 10 Total Area adults (63.6%) visited a physician or other health professional for a routine checkup in the past year.

- Comparable to state findings.
- Below the national figure.
- Comparable by community in Gallatin County.
- Favorably high in Gallatin County when compared with Madison and Park counties.
- TREND: Marks a statistically significant increase from previous survey findings.

Have Visited a Physician for a Checkup in the Past Year



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Montana data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

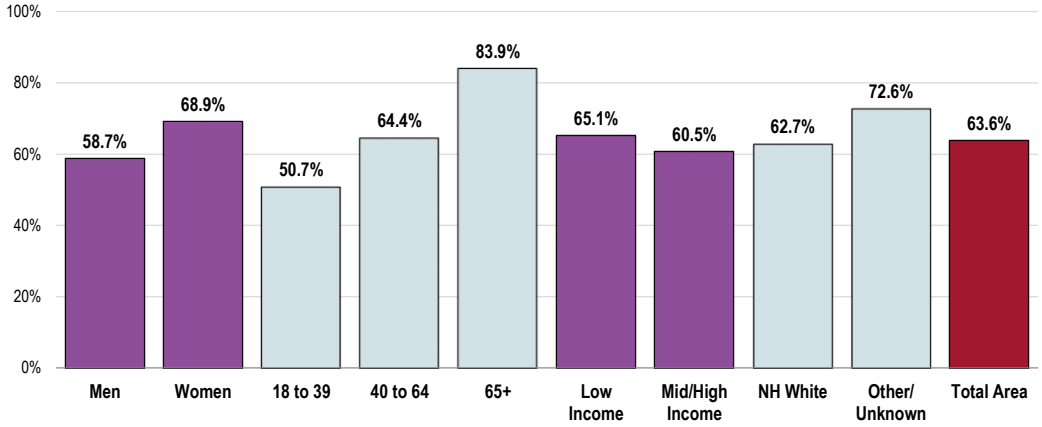
Notes:
- Asked of all respondents.

These adults are less likely to have received routine care in the past year:

- Men.
- Adults under age 40 (note the strong positive correlation with age).

Have Visited a Physician for a Checkup in the Past Year

(Total Area, 2017)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

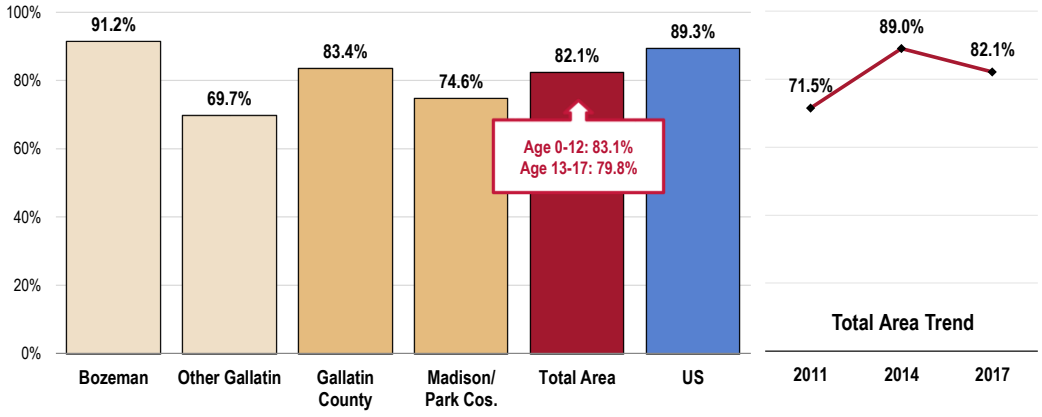
Children

Among surveyed parents, 82.1% report that their child has had a routine checkup in the past year.

- Lower than national findings.
- Comparable by county; much higher in Bozeman than the rest of Gallatin County.
- TREND: Marks a statistically significant increase from 2011 survey findings (decreasing since 2014).
- Note that routine checkups do not vary significantly by age in the Total Area.

Child Has Visited a Physician for a Routine Checkup in the Past Year

(Among Parents of Children 0-17)



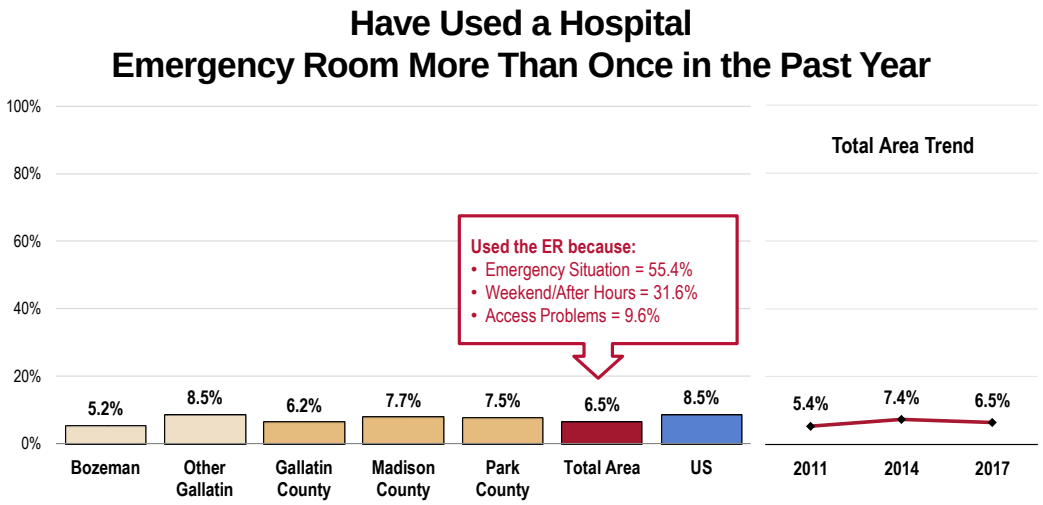
Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children 0 to 17 in the household.

Emergency Room Utilization

A total of 6.5% of Total Area adults have gone to a hospital emergency room more than once in the past year about their own health.

- Comparable to national findings.
- In Gallatin County, comparable by area.
- No statistical difference by county.
- TREND: Statistically unchanged over time.



Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 22-23]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

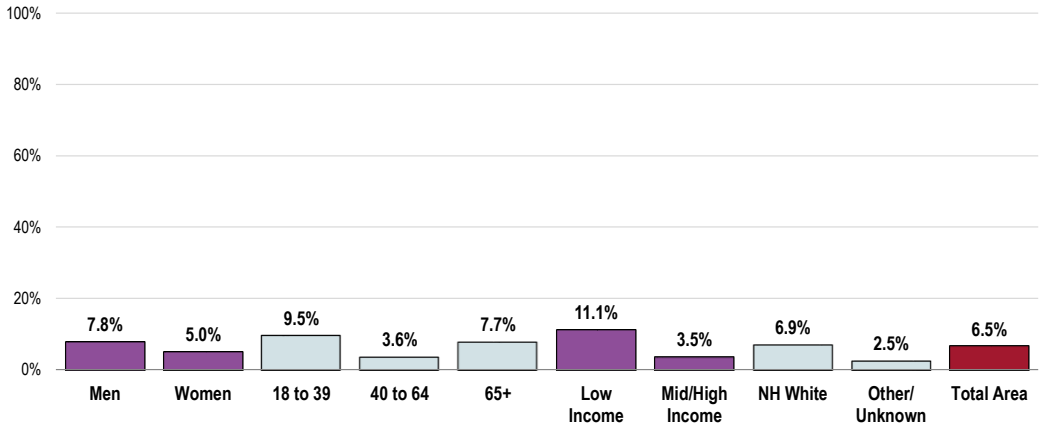
Of those using a hospital ER, 55.4% say this was due to an **emergency or life-threatening situation**, while 31.6% indicated that the visit was during **after-hours or on the weekend**. A total of 9.6% cited **difficulties accessing primary care** for various reasons.

These population segments are more likely to have used an ER for their medical care more than once in the past year:

- Young adults.
- Seniors (age 65+).
- Residents in low-income households.

Have Used a Hospital Emergency Room More Than Once in the Past Year

(Total Area, 2017)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Oral Health

About Oral Health

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include: **tobacco use; excessive alcohol use;** and **poor dietary choices**.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Barriers that can limit a person's use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

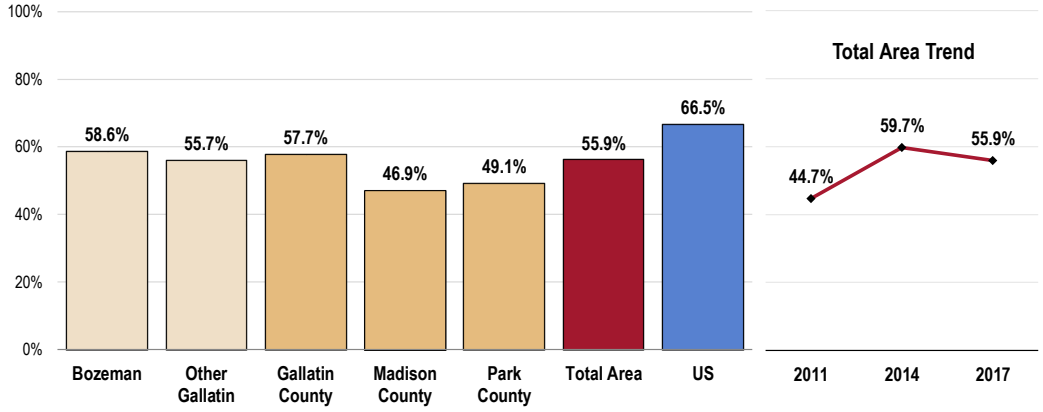
- Healthy People 2020 (www.healthypeople.gov)

Dental Insurance

Over half of Total Area adults (55.9%) have dental insurance that covers all or part of their dental care costs.

- Lower than the national finding.
- No difference by area in Gallatin County.
- By county, much higher in Gallatin County.
- TREND: Marks a statistically significant increase since 2011.

Have Insurance Coverage That Pays All or Part of Dental Care Costs



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

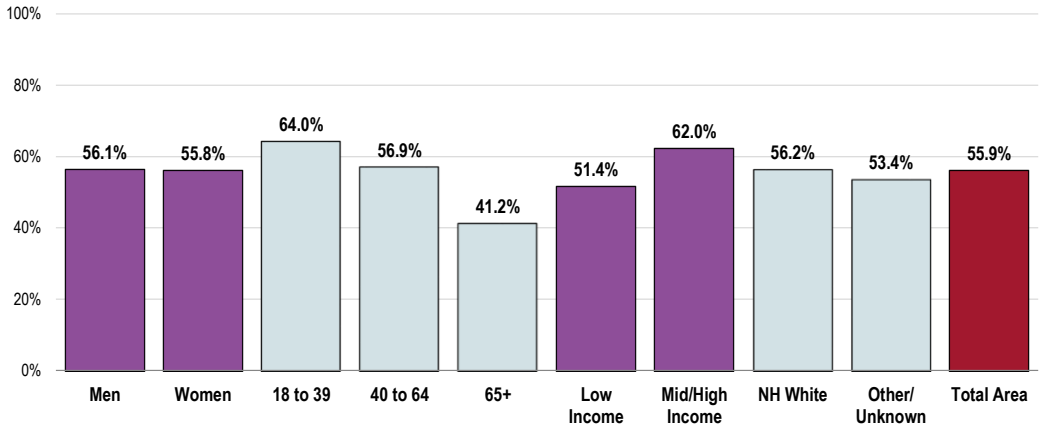
Notes:
- Asked of all respondents.

These adults are less likely to be covered by dental insurance:

- Seniors (age 65+; negative correlation with age).
- Low-income residents.

Have Insurance Coverage That Pays All or Part of Dental Care Costs

(Total Area, 2017)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Dental Care

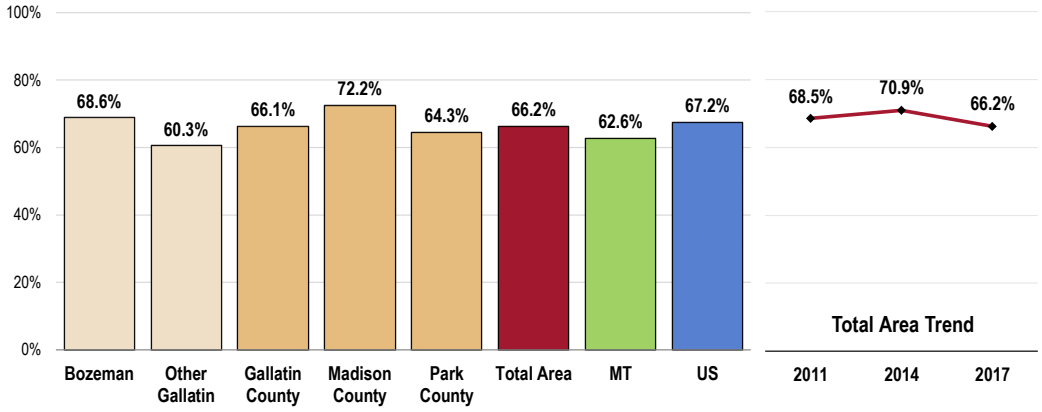
Adults

Nearly two-thirds (66.2%) of Total Area adults have visited a dentist or dental clinic (for any reason) in the past year.

- Higher than statewide findings.
- Similar to national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- Statistically similar findings by county (and within Gallatin County).
- TREND: Statistically unchanged since 2011.

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2020 Target = 49.0% or Higher



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 Montana data.

Notes:
- Asked of all respondents.

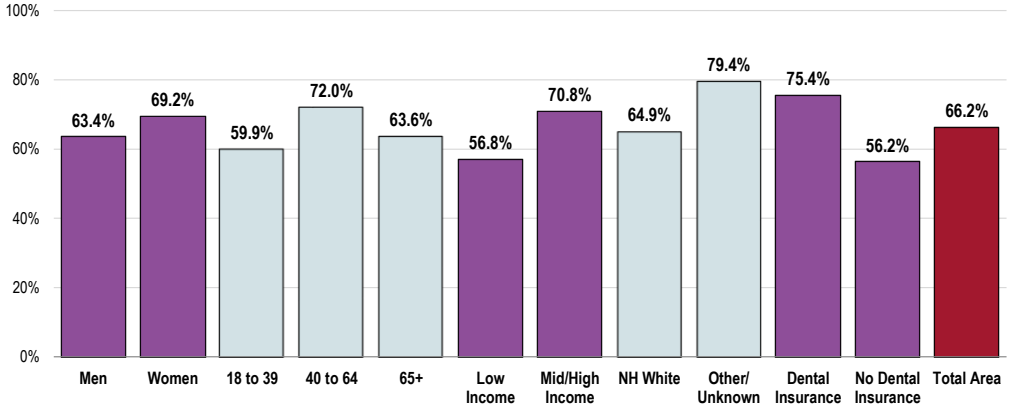
Note the following:

- Young adults (under age 40) and seniors (age 65+) are less likely to report a recent dental visit.
- Persons living in the higher income categories report much higher utilization of oral health services.
- Whites are much less likely than other or unknown races to report recent dental care.
- As might be expected, persons without dental insurance report much lower utilization of oral health services than those with dental coverage.

Have Visited a Dentist or Dental Clinic Within the Past Year

(Total Area, 2017)

Healthy People 2020 Target = 49.0% or Higher



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

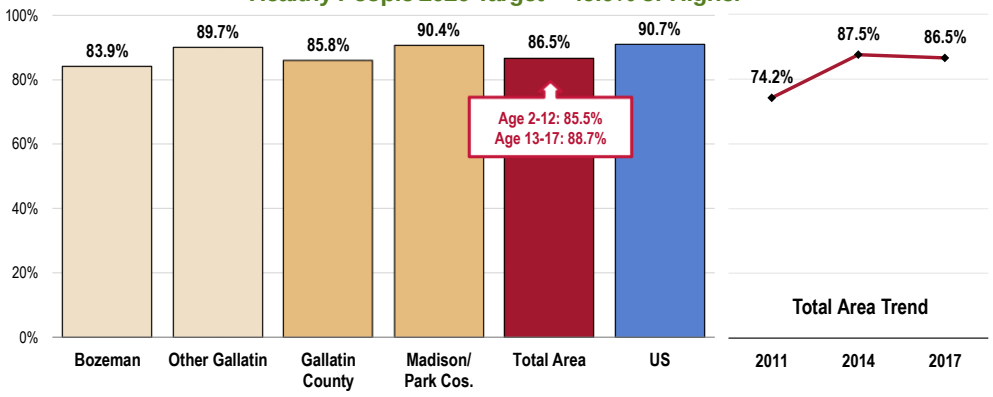
A total of 86.5% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- Similar to national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- Similar findings by county, and similar findings within Gallatin County.
- TREND: Marks a statistically significant increase in children's dental care since 2011.
- Regular dental care does not vary significantly by age.

Child Has Visited a Dentist or Dental Clinic Within the Past Year

(Among Parents of Children Age 2-17)

Healthy People 2020 Target = 49.0% or Higher



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 141]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

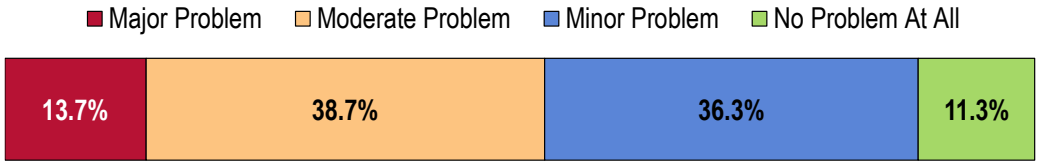
Notes:
- Asked of all respondents with children age 2 through 17.

Key Informant Input: Oral Health

Key informants taking part in an online survey most often characterized *Oral Health* as a "moderate problem" in the community, followed closely by "minor problem" ratings.

Perceptions of Oral Health as a Problem in the Community

(Key Informants, 2017)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Affordable Care/Services

Access for uninsured people or adults with Medicaid is extremely limited and only available at Community Health Partners. Federal funding is limited for expansion. – Public Health/Community Health Representative (Gallatin, Madison & Park Counties)

Limited availability for low-income dental and no denture assistance. – Other Health Professional (Gallatin, Madison & Park Counties)

It is expensive, and most insurances don't cover this care. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

Poor access to dental facilities for those at lower income brackets. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)

Lack of access to affordable care. – Other Health Professional (Gallatin, Madison & Park Counties)

Access for low-income families for comprehensive oral health, not once- or twice-a-year offerings. Comprehensive and preventative. It is a joke in this rich community that there is not the ability to get your teeth fixed. Shameful. – Community Leader (Gallatin, Madison & Park Counties)

The volume of people using the services of Community Health Partners Dental is dense. People needing low cost dental care have to wait several weeks unless they have an urgent need. Commercial dentists are not affordable for many. – Other Health Professional (Gallatin, Madison & Park Counties)

Access to affordable care, providers willing to accept Medicaid. – Community Leader (Gallatin, Madison & Park Counties)

Lack of affordable dental care. A person with a dental crisis or just wanting a cleaning and screening have to wait, and extensive amount of time through CHP and often have to leave the area. Even with assistance, it is often unaffordable. – Social Services Provider (Gallatin, Madison & Park Counties)

Expensive and difficult to access. – Community Leader (Gallatin, Madison & Park Counties)

Access to Care/Services

Limited access to community health dental doesn't meet the needs of the entire community. Private dentistry is not accessible without a funding source. Lack of education on oral hygiene. Lack of oral surgery access. – Public Health/Community Health Representative (Gallatin, Madison & Park Counties)

Not everyone has access to dental care. It is not a covered Medicare benefit and people cannot afford it. In addition, people just don't seem to understand that not having good oral care affects your overall health. – Other Health Professional (Gallatin, Madison & Park Counties)

> *It's so difficult to get into a regular dentist but unbelievably hard to get in to see a CHP dentist. Their services are so important for our community but the demand is more than they can keep up with. – Community Leader (Gallatin, Madison & Park Counties)*

Health Education

> *I think people don't know or appreciate the link between oral health and overall health. We do have the dental clinic in Bozeman, but there is a perception that all they do is pull your teeth. – Public Health/Community Health Representative (Gallatin County)*
>
> *Lack of education about the importance of dental hygiene. – Community Leader (Gallatin, Madison & Park Counties)*

Prevalence/Incidence

> *High numbers of patients with severe dental disease. Access to dental care is limited by cost and availability of services. – Physician/Advanced Practice Clinician (Gallatin, Madison & Park Counties)*

Vision Care

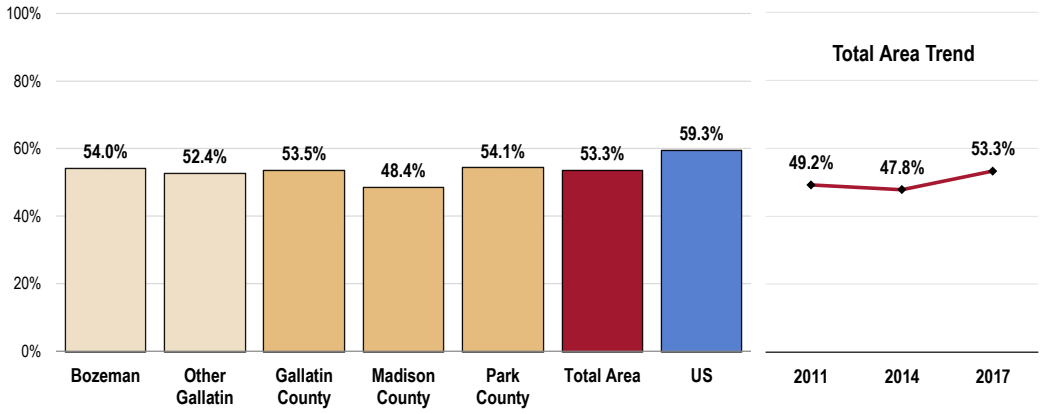
RELATED ISSUE:

See also *Potentially Disabling Conditions: Vision & Hearing Impairment* in the **Death, Disease, & Chronic Conditions** section of this report.

More than half (53.3%) of Total Area residents had an eye exam in the past two years during which their pupils were dilated.

- Lower than national findings.
- Similar by area in Gallatin County.
- By county, the percentages are statistically similar.
- TREND: Statistically unchanged over time.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Recent vision care in the Total Area is more often reported among:

- Women.
- Older residents (positive correlation with age).
- Adults of other or unknown race.

Health Education & Outreach

Professional Research Consultants, Inc.

Participation in Health Promotion Events

About Educational & Community-Based Programs

Educational and community-based programs play a key role in preventing disease and injury, improving health, and enhancing quality of life.

Health status and related-health behaviors are determined by influences at multiple levels: personal, organizational/institutional, environmental, and policy. Because significant and dynamic interrelationships exist among these different levels of health determinants, educational and community-based programs are most likely to succeed in improving health and wellness when they address influences at all levels and in a variety of environments/settings.

Education and community-based programs and strategies are designed to reach people outside of traditional healthcare settings. These settings may include schools, worksites, healthcare facilities, and/or communities.

Using nontraditional settings can help encourage informal information sharing within communities through peer social interaction. Reaching out to people in different settings also allows for greater tailoring of health information and education.

Educational and community-based programs encourage and enhance health and wellness by educating communities on topics such as: chronic diseases; injury and violence prevention; mental illness/behavioral health; unintended pregnancy; oral health; tobacco use; substance abuse; nutrition; and obesity prevention.

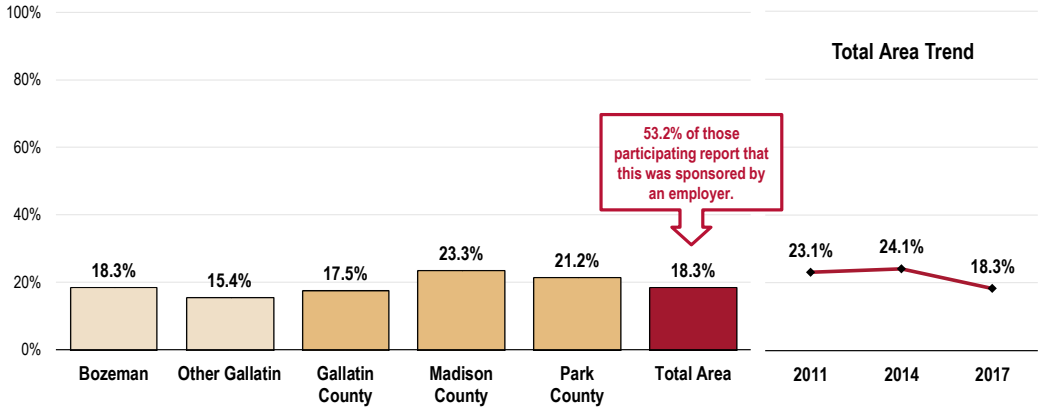
- Healthy People 2020 (www.healthypeople.gov)

A total of 18.3% of Total Area adults participated in some type of organized health promotion activity in the past year, such as health fairs, health screenings, or seminars.

- In Gallatin County, similar findings by area.
- Similar findings by county in the Total Area.
- TREND: Denotes a statistically significant decrease from previous survey findings.

Note that 53.2% of adults who participated in a health promotion activity in the past year indicate that it was sponsored by their employer.

Participated in a Health Promotion Activity in the Past Year

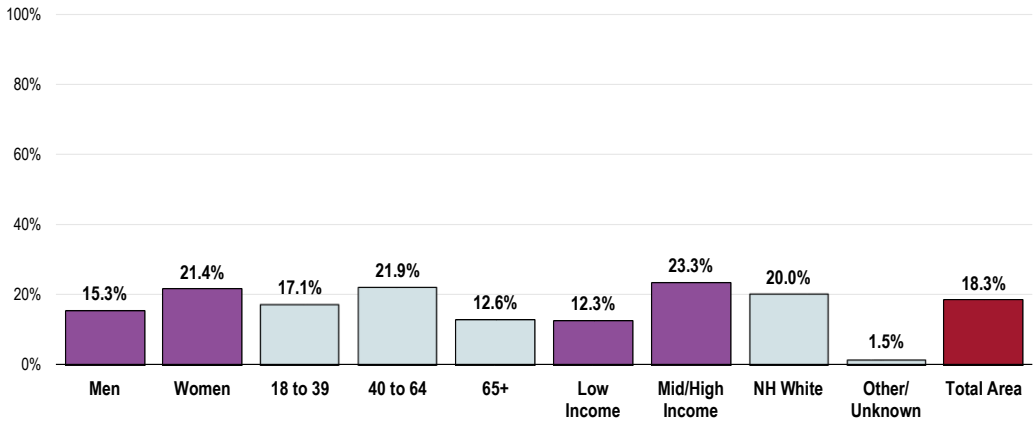


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 314-315]
Notes: ● Asked of all respondents.

These population segments are more likely to have participated in a health promotion activity in the past year:

- Women.
- Adults age 40 to 64.
- Mid/high-income residents.
- Non-Hispanic Whites.

Participated in a Health Promotion Activity in the Past Year
(Total Area, 2017)



Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 314]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Local Resources

Professional Research Consultants, Inc.

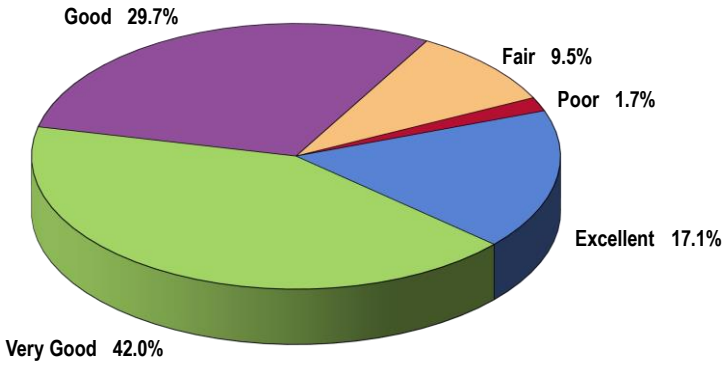
Perceptions of Local Healthcare Services

Nearly 6 in 10 Total Area adults (59.1%) rate the overall healthcare services available in their community as "excellent" or "very good."

- Another 29.7% gave "good" ratings.

Rating of Overall Healthcare Services Available in the Community

(Total Area, 2017)

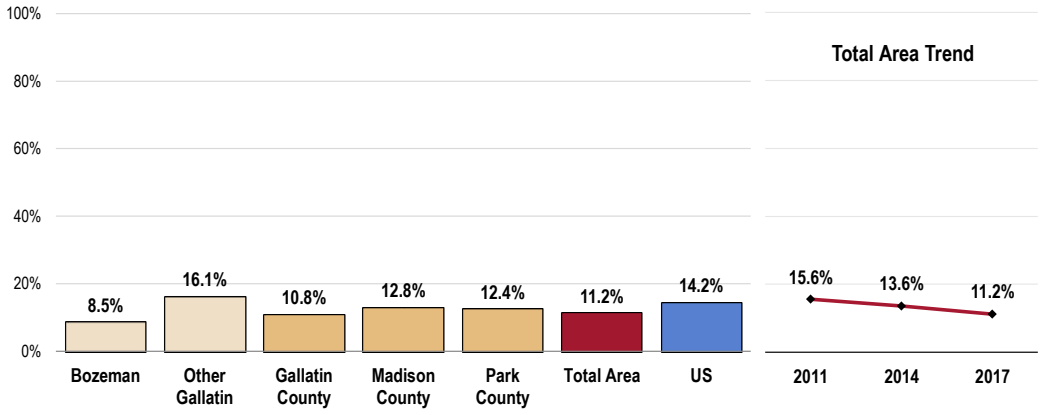


Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: ● Asked of all respondents.

However, 11.2% of residents characterize local healthcare services as "fair" or "poor."

- Similar to that reported nationally.
- In Gallatin County, much higher outside Bozeman; similar findings by county.
- TREND: Marks a statistically significant improvement in ratings.

Perceive Local Healthcare Services as "Fair/Poor"

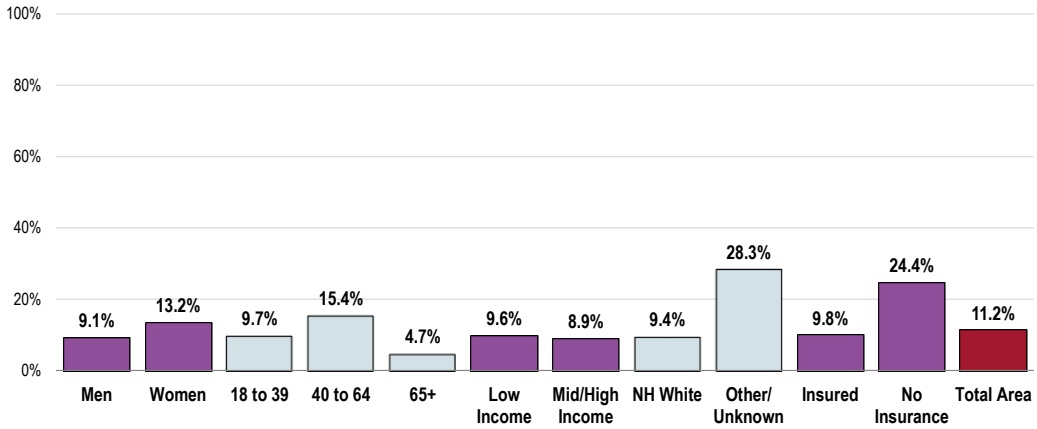


Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

The following residents are more critical of local healthcare services:

- Adults under age 65.
- Other or unknown races.
- Uninsured adults.

Perceive Local Healthcare Services as "Fair/Poor"
(Total Area, 2017)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]

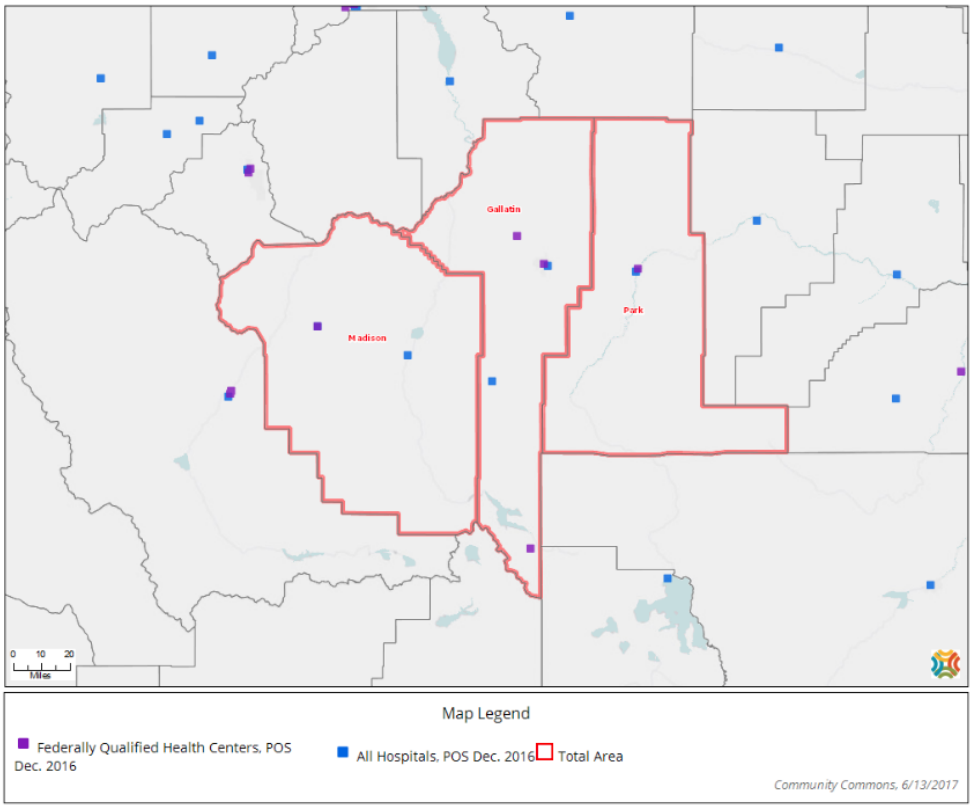
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Healthcare Resources & Facilities

Hospitals & Federally Qualified Health Centers (FQHCs)

The following map details the hospitals and Federally Qualified Health Centers (FQHCs) within the Total Area as of December 2016.

Hospitals and Federally Qualified Health Centers, POS Dec. 2016



Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Healthcare Services

Alcohol and Drug Services
Bear Tooth Transport
Bozeman Creek Family Health
Bozeman Health
Bozeman Health Belgrade Clinic
Bozeman Health Clinics
Bozeman Health Deaconess Hospital
Bozeman Health Family Practice
Bozeman Health Pediatrics
Bridgercare
Community Health Partners
Crisis Hotline
Crisis Response Team
Doctor's Offices
First Choice Transportation
Galavan
Gallatin City-County Health Department
Gallatin County Council on Aging
Gallatin Mental Health Center
Health Department
Help Center
Hope House
Hospitals
Human Resource Development Council
Livingston Food Resource Center
Medicare/Medicaid
Mental Health Local Advisory Council
Mint Dental
Montana Independent Living Project
Nursing Homes
Public Health
Senior Center
Sprout Dental
Streamline Bus Service
TeleHealth
Thrive
Urgent Care

Arthritis, Osteoporosis & Chronic Back Conditions

Alpine Orthopedics
Alternative Medicine Options
Bozeman Health
Bozeman Health Family Practice
Bozeman Health Rheumatology and Internal Medicine
Bozeman Senior Center
Bridger Orthopedics
Community Health Partners
Doctor's Offices
Pain Management Specialists
Physical Therapy
Wellness and Avoidance

Cancer

AMI
Bozeman Health
Bozeman Health Cancer Center
Bozeman Health Care Mobile Van
Bozeman Health Clinics
Bozeman Health Deaconess Hospital
Bozeman/Billings Medical Resources
Bridgercare
Cancer Support Center
Cancer Support Community Montana
Community Health Partners
Doctor's Offices
Gallatin City-County Health Department
Gallatin City-County Public Health
Health Fair Screenings
Hospitals
Livingston HealthCare
Montana Cancer Control Program
Montana Skin Cancer and Dermatology Center

Palliative Care
Seattle Cancer Care Alliance
START Program
Support Groups
Three Rivers Clinic

Dementias, Including Alzheimer's Disease

Action, Inc.
Adult Protective Services
Altacare
Alzheimer's Caregiver Support Group
Assisted Living Facilities
Befrienders
Bozeman Health
Bozeman Health Care Mobile Van
Bozeman Health Internal Medicine
Bridgercare
Doctor's Offices
Edgewood Vista Memory Care
Galavan
GCRH
Highgate Assisted Living
Hillcrest Senior Living
Home Instead
Hope House
Hope Lutheran Church
Meals on Wheels
Mental Health Local Advisory Council
Pathways Assisted Living
Public Health
Senior Center
Skilled Nursing Facilities
Spring Creek Assisted Living
Spring Creek Inn
Spring Meadows
Statewide Initiatives and Fundraisers
Support Groups
Three Rivers Clinic
Warm Springs State Hospital
Women's Resource Center

Diabetes

Act Now
Bozeman Health Care Mobile Van
Bozeman Health Deaconess Hospital
Bozeman Health Diabetes Center
Bozeman Health Endocrinology Clinic
Bozeman Health Family Practice
Bozeman Health Internal Medicine
Bozeman Health Pediatrics
Community Health Partners
Community Outreach Programs
Diabetes Education Center
Diabetes Prevention Program
Diabetes Support Group
Doctor's Offices
Food Resource Center
Galavan
Gallatin City-County Health Department
Headwaters Area Food Bank
Headwaters Trail System
Health Department
Hospitals
Livingston Food Resource Center
Livingston HealthCare
Meals on Wheels
Parks and Recreation
Sebastian White
SNAP
Three Rivers Clinic
V-42 Fitness

Environmental Health

DEQ
Fire Department
Forest Service
Health Department
Healthy Gallatin
Montana Department of Public Health
Montana State University
Public Health

Family Planning

ACA
Bozeman Health
Bozeman Health Belgrade Clinic
Bozeman Health Deaconess Hospital
Bridgercare
Community Health Partners
Doctor's Offices
Planned Parenthood
Schools Systems
St. Catherine's Clinic
Three Forks School System
Three Rivers Clinic

- *ZoeCare*

Hearing & Vision

- *Give a Day Program*
- *Hospitals*
- *Lions Club*
- *Wal-Mart*

Heart Disease & Stroke

- *Act Now*
- *Bozeman Health*
- *Bozeman Health Cardiology Consultants*
- *Bozeman Health Care Mobile Van*
- *Bozeman Health Deaconess Hospital*
- *Bozeman Health Family Practice*
- *Cardiac Rehab*
- *Cardiology Consultants*
- *Community Health Partners*
- *CPR Outreach Program*
- *Doctor's Offices*
- *EMS Providers*
- *Headwaters Trail System*
- *Livingston Food Resource Center*
- *Livingston HealthCare*
- *Montana Heart Rescue*
- *Montana Quitline*
- *Public Health*
- *Three Rivers Clinic*
- *V-42 Fitness*

HIV/AIDS

- *Bozeman Health*
- *Bridger Clinic*
- *Montana State University*

Immunization & Infectious Diseases

- *Bridgercare*
- *Community Health Partners*
- *Doctor's Offices*
- *DPHHS*
- *Gallatin City-County Health Department*
- *Health Department*
- *Livingston HealthCare*
- *Montana Immunization Program*
- *Pediatric Clinics*
- *Schools Systems*

Infant & Child Health

- *Acorn Pediatrics*
- *Bozeman Health Deaconess Hospital*
- *Bozeman Health Pediatrics*
- *Community Health Partners*
- *Doctor's Offices*
- *Gallatin City-County Health Department*
- *Health Department*
- *Livingston HealthCare*
- *Livingston School System*
- *Three Forks School System*
- *Three Rivers Clinic*

Injury & Violence

- *Aspen*
- *Bozeman Health*
- *Bozeman Health Forensic Nursing Program*
- *Childcare Connections in Bozeman*
- *Crisis Hotline*
- *DPHHS*
- *Haven*
- *Help Center*
- *Hope House*
- *Hospitals*
- *Human Resource Development Council*
- *Law Enforcement*
- *Love is Respect*
- *Montana State University*
- *Schools Systems*
- *Sexual Assault Counseling Center*
- *Shelter for Battered and Abused Women*
- *Thrive*
- *Victims Advocacy*

Kidney Disease

- *Bozeman Health Deaconess Hospital*
- *Bozeman Health Dialysis*
- *Three Rivers Clinic*

Mental Health

- *211*
- *Alcohol and Drug Services*
- *Alcohol and Drug Services of Gallatin County*
- *AWARE*
- *Big Sky Youth Empowerment*
- *Bozeman Health*
- *Bozeman Health Belgrade Clinic*
- *Bozeman Health Deaconess Hospital*
- *Bozeman Health Family Practice*

Bozeman Police Department
Bozeman School District
Bridger Child and Adolescent Psychiatry
Bridger Psychiatric Services
Bridgercare
Case Management
Churches
Community Health Partners
Crisis Evaluation Team
Crisis Hotline
Crisis Response Team
CSCT Programs
Discounted Medication Program
Doctor's Offices
Employee Assistance Program
Gallatin City-County Health Department
Gallatin Mental Health Center
Gallatin Valley Peer Counselor Program
Haven
Health Department
Help Center
Hope House
Hospitals
Human Resource Development Council
Law Enforcement
L'esprit
Livingston HealthCare
Livingston Mental Health Clinic
Madison Valley Medical Center
Mental Health Center
Mental Health Local Advisory Council
Mental Health of America—Montana
Mental Health Services
Montana State University
NAMI
Parks and Recreation
Project LAUNCH
Public Health Home Visitation Services
Salvation Army
Schools Systems
Southwest Chemical Dependency
St. Peter's Behavioral Health
State of Montana
Suicide Prevention Educators
Three Rivers Clinic
Thrive
Veterans Administration
Warm Springs State Hospital
Western Montana Mental Health
Youth Dynamics

Nutrition, Physical Activity & Weight

AARP
Bozeman and Belgrade Complete Streets Policy
Bozeman Health
Community Adult Education Classes
Community Health Partners
Co-op
Doctor's Offices
Farmer's Market
Fitness Center/Gym
Food Resource Center
Gallatin Valley Farm to School
Gallatin Valley Food Bank
Gallatin Valley Land Trust
Greater Gallatin Way
Harvest of the Month
Health Department
Human Resource Development Council
Livingston HealthCare
Low-Cost/Free Transportation for Seniors and Disabled
Madison Valley Athletic Center
Madison Valley Medical Center
Montana State University
Park County Public Health Department
Parks and Recreation
Schools Systems
SNAP
Thrive
TOPs Program
Weight Loss Clinics
YMCA

Oral Health

Community Health Dental
Community Health Partners
Dentist's Offices
Mint Dental
Sayre
School Systems
Sprout Dental

Respiratory Diseases

Bozeman Health
Bozeman Health Deaconess Hospital

- *Doctor's Offices*
- *Healthy Gallatin*
- *Montana Quitline*
- *Pulmonary Rehab*
- *Schools Systems*
- *Three Rivers Clinic*

Services for LGBTQ Residents

- *Bozeman Creek Family Health*
- *Bozeman Health*
- *Bozeman Health Belgrade Clinic*
- *Bozeman Health Deaconess Hospital*
- *Bridger Clinic*
- *Bridgercare*
- *Clergy*
- *Community Clinic*
- *Community Health Partners*
- *Gallatin City-County Health Department*
- *Gender Alliance*
- *Mental Health Services*
- *Montana State University*
- *PFLAG*
- *Queer Straight Alliance*
- *Zip Clinic*

Services for Seniors

- *AARP*
- *Action, Inc.*
- *Adult Protective Services*
- *Angel Line*
- *Area Agency on Aging*
- *Assisted Living Facilities*
- *Bear Creek*
- *Befrienders*
- *Belgrade Community Library*
- *Birchwood*
- *Bozeman Health*
- *Bozeman Health Deaconess Hospital*
- *Bozeman Senior Center*
- *Bozeman/Belgrade Senior Centers*
- *Churches*
- *Community Health Partners*
- *Cottonwood Case Management*
- *Department of Health Senior Services Program*
- *Doctor's Offices*
- *Edgewood Vista Memory Care*
- *Ennis Senior Center*
- *Farmhouse Apartments*
- *Food Bank*
- *Frontier Home Health*
- *Galavan*
- *Gallatin Rest Home*
- *Highgate Assisted Living*
- *Home Health Care*
- *Hope House*
- *Hospice*
- *Hospitals*
- *Human Resource Development Council*
- *Madison Valley Manor*
- *Madison Valley Medical Center*
- *Meals on Wheels*
- *Montana Independent Living Project*
- *Montana State University*
- *Park County Connect*
- *Pathways Assisted Living*
- *Senior Center*
- *Senior Companions*
- *Three Forks Senior Center*
- *Three Rivers Clinic*
- *Timberline Apartments*

Sexually Transmitted Diseases

- *Bozeman Health Belgrade Clinic*
- *Bozeman Health Deaconess Hospital*
- *Bridgercare*
- *Community Health Partners*
- *Doctor's Offices*
- *Gallatin City-County Health Department*
- *Montana State University*
- *Zip Clinic*

Substance Abuse

- *AA/NA*
- *Adolescent Resource Center*
- *Alcohol and Drug Services*
- *Alcohol and Drug Services of Gallatin County*
- *Alive Again Life Recovery*
- *Boys and Girls Ranch Treatment*
- *Bozeman Health*
- *Bozeman Health Deaconess Hospital*
- *Churches*
- *Community Coalition of Drug Awareness*
- *Community Corrections Program*
- *Community Health Partners*

- *Community Medical Services*
- *County Substance Abuse Program*
- *Crisis Response Team*
- *DARE*
- *Detention Center*
- *Doctor's Offices*
- *Drug and Alcohol Abuse Hotline*
- *Drug Court*
- *DUI Task Force*
- *ELKS, Community Coalition on Drug Abuse*
- *Gallatin City-County Health Department*
- *Gallatin County DUI Task Force*
- *Gallatin Mental Health Center*
- *Health Department*
- *Healthy Gallatin*
- *Help Center*
- *Hope House*
- *Hospitals*
- *Ideal Option*
- *Law Enforcement*
- *L'esprit*
- *Livingston HealthCare*
- *Livingston School System*
- *Madison Valley Medical Center*
- *Mental Health Services*
- *Missouri River Task Force*
- *Montana Chemical Dependency Center*
- *Montana Peer Network*
- *Montana State University*
- *NorthPoint*
- *Park County Public Health Department*
- *Rimrock Foundation*
- *Salvation Army*
- *Schools Systems*
- *Southwest Chemical Dependency*
- *Substance Abuse Coalition*
- *Substance Abuse Counselors*
- *Substance Abuse Free Environment*
- *Western Montana Mental Health*

Tobacco Use

- *Advertisements*
- *Board of Health*
- *Bozeman Health Clinics*
- *Bozeman Health Deaconess Hospital*
- *Bozeman Health Family Practice*
- *City of Bozeman Parks and Recreation*
- *Community Health Center*
- *Community Health Partners*
- *Gallatin City-County Health Department*
- *Healthy Gallatin*
- *Madison County Tobacco Prevention Specialist*
- *Montana Quitline*
- *Park County Asthma Program*
- *Public Education*
- *Schools Systems*
- *Tobacco Cessation Programs*

Appendix:
Bozeman Health Deaconess Hospital

Professional Research Consultants, Inc.

Evaluation of the Community Health Improvement Efforts of Bozeman Health Deaconess Hospital

To evaluate the recent work of Bozeman Health Deaconess Hospital (BHDH) around specific issues important to improving the health of the community, a separate, follow-up "Feedback" Online Key Informant Survey was administered by PRC to both BHDH internal stakeholders and representatives of key constituent organizations throughout the community.

Methodology

To administer the Online Key Informant Survey, a list of recommended participants was provided by BHDH. Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 98 stakeholders took part in the follow-up Feedback Online Key Informant Survey.

In the online survey, key informants were asked to evaluate Bozeman Deaconess Health Services' work in several areas of community health. Follow-up questions asked them to recommend ways in which this work could be improved or enhanced, and what opportunities exist for greater community partnership and better resource utilization. Results of their ratings, as well as their verbatim comments, follow.

Key Informant Evaluation of BHDH's Recent Work Around Specific Health Issues

Aspect	% Excellent	% Very Good	% Good	% Fair	% Poor
Increasing Community Awareness of the Health Care Resources and Educational Programs Available in the Community	16.3	22.5	32.5	23.8	5.0
Providing Adequate Levels of Financial Assistance for Patients Treated at Bozeman Health Deaconess Hospital and Clinics	12.9	33.9	35.5	16.1	1.6
Engaging and Collaborating with the Community to Address Prioritized Community Health Care Needs	12.2	33.3	34.4	14.4	5.6
Increasing Community Awareness on the Importance of Preventive Health Screenings	10.7	36.9	36.9	13.1	2.4
Improving Access to Low Cost Preventive Health Screenings for Adults	10.6	21.2	30.3	34.8	3.0
Supporting Key Organizations That Help Address the Health Needs of the Uninsured or Underinsured	10.5	22.4	28.9	30.3	7.9
Supporting Key Organizations That Help Address Obesity, Nutrition, and Physical Activity Needs in the Community	9.1	22.7	37.9	25.8	4.5
Improving Access to Low Cost Preventive Health Screenings for Children	8.1	21.0	37.1	30.6	3.2
Advancing Education and Promoting Healthy Nutrition and Physical Activity Programs in the Community	7.2	18.8	42.0	24.6	7.2
Supporting Key Organizations That Help Address Behavioral and Mental Health Needs in the Community	6.3	13.8	23.8	35.0	21.3
Advancing Education and Promoting Behavioral and Mental Health Programs and Services in the Community	5.1	10.1	17.7	43.0	24.1
Offering Support in Finding Insurance Coverage for Eligible Patients	3.7	22.2	33.3	24.1	16.7

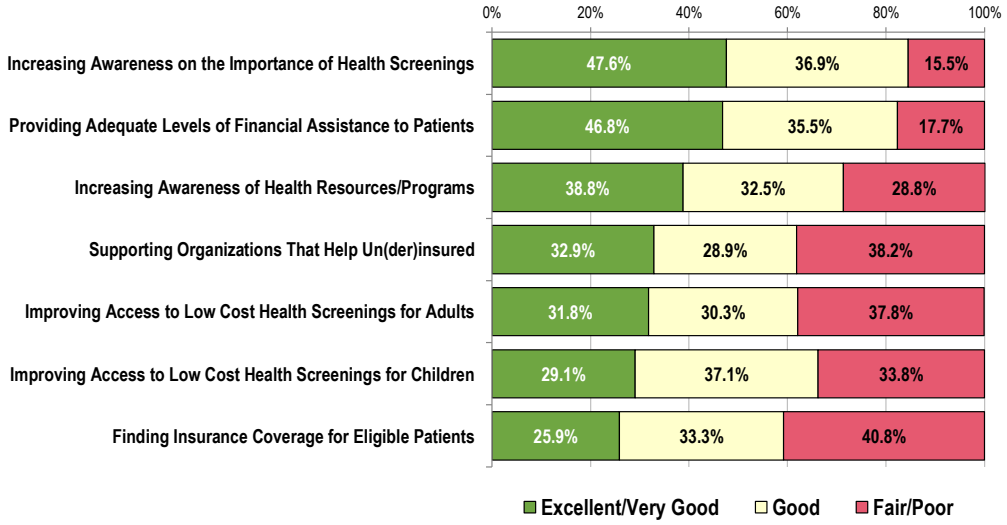
Access to Health Services

Evaluations

Key informants were asked a number of questions designed to evaluate BHDH's work in improving access to healthcare services for community members.

- Key informants were most likely to give high ratings in their evaluation of BHDH **increasing awareness on the importance of health screenings** (47.6% "excellent/very good") and **providing adequate financial assistance to patients** (46.8% "excellent/very good").
- However, "fair/poor" ratings were highest in evaluations of BHDH **finding insurance coverage for eligible patients** (40.8%), **supporting organizations that help uninsured/underinsured** (38.2%), and **improving access to low-cost health screenings for adults** (37.8%).

Key Informants:
Evaluation of BHDH for Access to Health Services



Suggestions for Improvement and Resources to Engage

Providing Adequate Financial Assistance

What could BHDH do to better provide adequate levels of financial assistance for patients treated at Bozeman Health Deaconess Hospital and Clinics? Please include any community organizations you think BHDH could partner with, or resources BHDH could promote.

Themes and responses among those who rated BHDH as "good," "fair," or "poor" for this item, as well as suggested community resources or organizations BHDH should seek to engage or partner with to help meet this need, are listed below:

Awareness of Resources

> *Public awareness of possible financial assistance is near zero. So work with NGO/Gallatin Health that provide assistance, providers, media, and outreach/publicity through wider variety and at great intensity. - Community Leader*
>
> *Per several patients, they were not notified when contacting the billing office that financial assistance may be available. If a patient needs a payment plan, they should know about financial assistance, just in case. - Physician/Advanced Practice Clinician*
>
> *Provide more public information on access to health insurance for low income people. Facilitate enrollment in Medicaid and plans on the health insurance marketplace. - Community Leader*
>
> *Social work and healthcare navigator support. List of community connections that can assist patients with needed services. Personnel to help make sure patients are connected with these services. - Physician/Advanced Practice Clinician*
>
> *People in Big Sky don't know that the hospital offers sliding scale services, or that they can partner with Community Health Partners' sliding scale services for care. People in Big Sky also do not know that the hospital offers debt forgiveness for some. - Social Services Provider*

Collaboration/Partnerships

> *We could partner with non-profit charitable organizations that align with our mission and vision to provide care to the uninsured. This could include religious entities, assuming no restrictions are in place to do so. - Physician/Advanced Practice Clinician*
>
> *Partnership with HRDC, OPA, Help Center in streamlining the connection for low income customers to access to financial assistance. - Community Leader*
>
> *Engage more with Healthy Gallatin, Gallatin Mental Health LAC, and OPA. - Community Leader*
>
> *More support and partnership with CHP, Hope House, and Bridgercare. - Community Leader*
>
> *Community health, county health department. - Community Leader*

Transportation

> *Transportation is a key issue in accessing health care services; coordinating schedules and appointments around available transportation services would help. - Social Services Provider*
>
> *BHDH could provide additional support to the public and some private entities that provide transportation services that allow people to access BHDH. HRDC would be at the top of that list, as HRDC operates the Streamline and Gallatin transportation. - Other Health Professional*
>
> *Many clients fall in the Medicaid gap. They know about CHP, but they are often booked out, so they end up at the emergency room. The mobile health bus is great, but still misses people. I wonder if the bus was in one location for a week, if that would help. - Community Leader*
>
> *I think that BHDH needs to recognize that not everyone receiving service has a car to get them to their appointments and needs to support individuals and recognize the challenges of getting to/from appointments. - Other Health Professional*
>
> *I appreciate the Big Sky Hospital for rural families. It is still hard to get transportation unless you use the West Yellowstone Bus operating on Tuesday and Thursdays. - Physician/Advanced Practice Clinician*

Assess Need Prior to Providing Services

> *Assess financial need prior to providing services when appropriate, and if someone does not qualify for Medicaid and cannot enroll in ACA at the time, a good option would be to refer them to CHP. This would allow them to get an office visit. - Physician/Advanced Practice Clinician*
>
> *Assessing a patient's ability to pay when they check in for their appointments. Assuring them that if payment is of concern, there are opportunities available to assure their needs are met. Alleviating the fear of huge medical bills will encourage people. - Other Health Professional*

Reduce Barriers

> *Candidly, I have a difficult time determining how BHDH could be more involved. I say this because of all of the financial assistance they provide to so many people seeking health care at the hospital. - Community Leader*

> *Need more access to social workers who know how to enroll patients in Medicaid. CHP does this very well. Perhaps our social workers could partner with them to learn how to do this. - Physician/Advanced Practice Clinician*
>
> *Make financial assistance easier to get. It is a burden to go through the process. Obviously, there is already work with CHP. - Physician/Advanced Practice Clinician*

Reduce Costs

> *Healthcare is expensive, we get that. However, the bills accrued at BDH can be excessive, even when an insurance program has paid the majority portion. BDH should be more willing to reduce costs to minimize impact on families and patients. - Other Health Professional*
>
> *Lower prices, so physicians are not making profits off of people who cannot afford to have excellent health insurance. - Other Health Professional*

Customer Service

> *Financial department needs to be better at being patient-friendly and not sending out letters of collection, which is frequently done. It is all about communication. - Physician/Advanced Practice Clinician*

Patients Taking Ownership Of Their Health

> *I believe the BHDH provides a great deal of financial support to the community- In fact, much more than any other acute hospital, I'm certain. I believe it's necessary for patients to begin taking ownership in their health problems. - Physician/Advanced Practice Clinician*

Public Policy

> *Become more involved in the public policy conversations. Our community members need better access to health care services, in general. And we, as community advocates, need to work more closely to influence public policy. - Physician/Advanced Practice Clinician*

Finding Insurance Coverage

What could BHDH do to better offer support in finding insurance coverage for eligible patients at Bozeman Health Deaconess Hospital and Clinics? Please include any community organizations you think BHDH could partner with, or resources BHDH could promote.

Themes and responses among those who rated BHDH as "good," "fair," or "poor" for this item, as well as suggested community resources or organizations BHDH should seek to engage or partner with to help meet this need, are listed below:

Health Navigators

> *Have navigators available at key touchpoints to help patients enroll in Medicaid or ACA. - Community Leader*
>
> *With respect to the current political environment and the existing availability of Affordable Care Act insurance, BHDH should have on-staff Certified Application Counselors (CACs) or navigators to assist in enrollment in ACA insurance. - Community Leader*
>
> *Getting patients in contact with [health insurance] exchange navigators early in the process and following up if they have to wait until open enrollment. Navigators are available at CHP and Bridgercare, as well as GCCHD if the other two are beyond capacity. - Other Health Professional*
>
> *Have trained CACs or Navigators on staff to assist clients in enrolling in the ACA, Obamacare, and Medicaid. I know this has been done at some point in the past, but my understanding is they no longer do. - Community Leader*
>
> *BHDH should have an on-payroll service navigator for healthcare insurance coverage, including Medicare and Medicaid, as well as Marketplace and private insurance. They could then serve various populations by visiting- once a month or so- to the food bank. - Social Services Provider*

> *I could be wrong, but I'm not aware of how many Certified Application Counselors there are at BHDH, but making that know and that they are available would be a good step. ACA open enrollment will only be 6 weeks this year. - Physician/Advanced Practice Clinician*
>
> *I have no idea what BHDH is currently doing to enroll low income patients in Medicaid, Plan First, CHIP, LACR programs, vaccine programs. What I do know is that we have patients coming in frequently who also have been to BHDH in the past year. - Community Leader*
>
> *BHDH could offer CAC services at their facilities. Right now, CHP and Bridgercare are doing the majority of these services with little, no resources and they often get referrals from your organization. If patients have access to these services at BHDH. - Community Leader*
>
> *I think the bus should include health care navigators to enroll uninsured people into Medicaid, or walk them through the enrollment process on Healthcare.gov. - Community Leader*

Collaboration and Awareness

> *Continue working with CHP, making sure the elderly and low income patients are aware of the services in the community. Making the resource book for Gallatin County readily available, having a social worker available for all the clinics to assist pts. - Community Leader*
>
> *Raising awareness of what services are available to help patients would be useful. Currently connecting patients to support services seems spotty at best. - Physician/Advanced Practice Clinician*
>
> *Public has no perception that Bozeman Health ever acts as a public ombudsmen to help them. So what coverage you secure is important, people don't know that's even a possibility and are making decisions, to not seek care for example. - Community Leader*
>
> *I know of no program actively doing this, certainly not at my clinic. - Physician/Advanced Practice Clinician*

Access to Social Workers

> *Expand hours of emergency room social workers. - Community Leader*
>
> *More social workers or people who can meet with people easily that the clinics have access to. - Physician/Advanced Practice Clinician*

Public Policy

> *It probably starts with being a strong voice for legislation for affordable healthcare and insurance for all. So many people fall through the gap of affordable insurance- They are Medicare-qualified, but not Medicaid-qualified, thereby reducing Medicaid eligibility. - Community Leader*
>
> *BHDH should support polices that would make insurance affordable for people living around the 200% of FPL mark. - Community Leader*

Outreach

> *Outreach into Madison County. - Social Services Provider*

Services for Underinsured

> *MASH is a great service to start the process for those without insurance, but spreading this service to include all patients, not just those uninsured. There are many patients that are underinsured, including those on Medicare or private insurance. - Physician/Advanced Practice Clinician*

Supporting Organizations That Help the Uninsured/Underinsured

What could BHDH do to better support key organizations that help address the health needs of the uninsured/underinsured? Please include any community organizations you think BHDH could partner with, or resources BHDH could promote.

Themes and responses among those who rated BHDH as "good," "fair," or "poor" for this item, as well as suggested community resources or organizations BHDH should seek to engage or partner with to help meet this need, are listed below:

Collaboration/Partnerships

> *BHDH should really do something in the world of oral health, more than just partner with CHP. CHP is great, but doesn't have the reach or capacity to care for the real oral needs in the community. BHDH should reach out to the local dental society. - Community Leader*
>
> *Support preventative and upstream health saving opportunities such as investment in resource hub for low income persons, support for housing-based solutions to improve health outcomes. - Community Leader*
>
> *BHDH works with Community Health Partners and others to address the needs of the uninsured/underinsured as well as they can. - Other Health Professional*
>
> *BHDH could visit the food bank to get to know the common health problems presented in Big Sky and provide information on preventative care services, as well as various payment options in the form of posters, flyers, or visiting representatives. - Social Services Provider*
>
> *Partner with CHP who does an excellent job getting patients set up with Medicaid. - Physician/Advanced Practice Clinician*
>
> *Partner with CHP and Bridgercare and expand social work hours in the emergency room. - Community Leader*
>
> *I do not have an answer to this as an individual agency, but I believe that our community organizations could work more closely together to come up with some of the solutions. - Physician/Advanced Practice Clinician*
>
> *I do not believe Bozeman Health works with or supports AWARE, an organization that is doing great work in our community. - Community Leader*
>
> *Work closely with HRDC and United Way. - Community Leader*
>
> *Community Health Partners, rural critical access hospitals in the area. - Community Leader*

Funding

> *Given the uncertainty of funding to CHP's, the focus to support our CHP organizations is imperative. I believe as an entity, BHDH provides a great support system for those community members identified, and they support multiple community agencies. - Physician/Advanced Practice Clinician*
>
> *Grants and publicity. The state and county have dramatically cut mental health, for example, so that's one place to start. - Community Leader*
>
> *Underinsured, work with insurance companies to reduce leftover costs after insurance has paid out. Consider insurance payment as paid in full. - Other Health Professional*
>
> *Non-profit employee discount. - Other Health Professional*

Outreach

> *I think they could look at expanding into West Yellowstone. We are very remote here and do what we can in our small clinic, but many locals are not able to get to Bozeman for other services. We were recently told we would be able to start having telehealth services. - Public Health/Community Health Representative*
>
> *Well we love that BHDH is such amazing supporters of CHP. Services they provide are so crucial to our most vulnerable populations in Gallatin Valley and beyond. I don't know if BHDH supports CHP outside of Bozeman and Belgrade. - Community Leader*
>
> *Outreach into Madison County. - Social Services Provider*

Mental Health Services

> *Access for mental health services for low income people is critical in the Bozeman area. Most mental health providers don't take Medicaid. BHDH needs to lead in assuring access for all people- particularly children- to mental health services. - Community Leader*
>
> *A major area of concern is the fragile safety net for mental health care in Gallatin County. Gallatin Mental Health Center, and the associated Hope House (up to 72-hour stabilization), recently suffered major setbacks in adequate staffing. - Social Services Provider*
>
> *Everyone should have access to mental health care, regardless of income. GVMH, CHP, HRDC, Health Dept., United Way, and the Law & Justice Center all have a stake in the fight. BHDH can begin by not shifting the focus to these other community organizations. - Community Leader*

Health Navigators

> *Staffing CACs would take pressure off local organizations. BHDH could reach out to CHP, Bridgercare, and the GCCHD to organize enrollment informational meetings and enrollment events. - Community Leader*
>
> *Community Health Partners does great work, but is overloaded. Bridgercare is another great organization. Both were helping sign our clients up for health insurance, Medicaid, and Marketplace plans before the uncertainty of the ACA and Medicaid. - Community Leader*

Routine Care

> *Making sure that routine care that can be provided at CHP is done there. This makes it much more affordable for the patient and would allow hospital financial assistance to pay for more costly procedures that need to occur at BHDH. - Physician/Advanced Practice Clinician*
>
> *We do a fair job supporting Community Health Partners. Perhaps we could offer rotations for our employed primary care clinicians to work in the clinic to get some exposure to the front lines of community health. We could also consider subsidizing. - Physician/Advanced Practice Clinician*

Awareness of Resources

> *Many of us as individuals refer patients in the ED to Community Health Partners and Bridgercare, but I do wonder how often we have staff that aren't aware of the resources available and so aren't able to pass on that information to patients. - Physician/Advanced Practice Clinician*

Reproductive Health

> *Consider funding support for reproductive healthcare access to low income community members and Bridgercare. Increase funding support for local mental health services. - Community Leader*

Transportation

> *Transportation is a key issue in accessing health care services. Coordinating appointments around available transportation would be helpful, and funding to assist transportation services would be helpful. - Social Services Provider*

Increasing Awareness on the Importance of Preventive Health Screenings

What could BHDH do to further increase the community's awareness of the importance of preventive health screenings? Please include any community organizations you think BHDH could partner with, or resources BHDH could promote.

Themes and responses among those who rated BHDH as "good," "fair," or "poor" for this item, as well as suggested community resources or organizations BHDH should seek to engage or partner with to help meet this need, are listed below:

Messaging/Education

> *Advertise, stress the importance, and make access to primary care easier. - Physician/Advanced Practice Clinician*
>
> *Finding individuals to share their story. Nothing has a bigger impact than hearing someone's personal story of early detection. - Other Health Professional*
>
> *More widespread advertising outside the provider's office. Use social media, TV, and radio more. This would educate those not currently in the system and already seeking care. Need to reach the general population at large. - Community Leader*
>
> *Bridgercare, promote nutrition as preventative health. - Other Health Professional*
>
> *All of the above, schools, churches and sports, you name it. Public understanding of this is quite low. - Community Leader*
>
> *Information sheets that could be offered to payroll departments of private and public entities. - Community Leader*
>
> *All of the major employers should have information about BHDH's preventative services, as well as their cost and benefit. The food bank needs this information also, as well as the counseling department at the school. Maybe even Big Sky's gyms. - Social Services Provider*

Outreach

> *Marketing and outreach for providers, but also for community based events for those not engaged with primary care provider. - Other Health Professional*
>
> *BHDH seems like a very large organization that seldom connects with the community on large events. By taking a part in the large community events (Sweet Pea, markets), information and resources could be shared and at the same time. - Community Leader*
>
> *More education and outreach. Our clients do not understand the importance of preventative care. - Community Leader*
>
> *County Public Health Department. - Social Services Provider*
>
> *Outreach via Greater Gallatin United Way, the Food Bank, Community Café and Warming Shelter. - Social Services Provider*

Collaboration/Partnerships

> *Working with HRDC and other service organizations that provide resources to low income families and individuals to spread the message might be one strategy. Also, make sure that these organizations have a healthcare connections screening schedule. - Physician/Advanced Practice Clinician*
>
> *I believe BHDH provides a great service in preventative means and works continuously in collaboration with community agencies. - Physician/Advanced Practice Clinician*
>
> *Outreach into Madison County. Madison Valley Medical Center, Ruby Valley Hospital and Madison*
>
> *They can partner more with CHP. They can run additional ads in our local newspaper. - Public Health/Community Health Representative*
>
> *Partnership with HRDC and Help Center to provide materials and have presence in planning efforts to support low income persons. - Community Leader*
>
> *Montana Medical Association, Montana Hospital Association, state government, rural critical access hospitals and public health nurses. - Community Leader*

Affordability

> *Offer screenings often and for free or substantially-reduced costs. It's difficult to promote preventative screenings when families or individuals cannot afford healthcare to begin with. People are reluctant to pay out-of-pocket for preventative care. - Other Health Professional*
>
> *The first step is to ensure that the preventive screenings you are offering really reduce disease and costs. Many screening tests actually drive costs up and provide unnecessary care because of their weak predictive value. - Community Leader*

Chronic/Behavioral Health Screenings

> *The most prominent and costly chronic health conditions are behavioral health, mental health and substance use disorders. These should be routinely screened through primary care and emergency room visits. - Community Leader*

Improving Access to Low-Cost Preventive Health Screenings for Children

What could BHDH do to further improve access to low cost preventive health screenings for children? Please include any community organizations you think BHDH could partner with, or resources BHDH could promote.

Themes and responses among those who rated BHDH as "good," "fair," or "poor" for this item, as well as suggested community resources or organizations BHDH should seek to engage or partner with to help meet this need, are listed below:

Collaboration/Partnerships

> *Partner with organizations that serve children, specifically to help market the programs to the people who need it most. Partnering with schools throughout the community, HRDC Head Start, YMCA and Thrive. - Community Leader*
>
> *I do not have an answer to this as an individual agency, but believe that our community organizations could work more closely together to come up with some of the solutions. - Physician/Advanced Practice Clinician*
>
> *Partner with the schools and the public library and offer free screenings. - Community Leader*
>
> *Work closer with health department and do strategic outreach using the bus. - Community Leader*

Health Care Connections Van

> *Children's screening and immunization services could be offered through the Health Care Connections van (HCC). They are not currently. The HCC could travel to various schools in the county prior to the school year and provide screenings. - Community Leader*
>
> *Include services for children, like immunizations at HCC mobile screenings. - Physician/Advanced Practice Clinician*
>
> *If there would be anyway to have an equivalent of the Healthcare Connection bus for children, that would probably be helpful. Also, working with organizations like Head Start and school nurses to identify children in need of services would be helpful. - Community Leader*

Funding

> *Keep on funding CHP, consider funding youth programs like BYEP and low-income, local pre-schools so that all children start school with at least a fighting chance of succeeding. Give more money to HRDC. HRDC tackles affordable housing and preschool. - Community Leader*
>
> *Support CHP and continue the great services available through BHDH. Ample financial assistance is available and beefing up MASH to provide resources and insurance coordination for families that do not have insurance or are underinsured. - Physician/Advanced Practice Clinician*

Pediatric Care

> *Need to enroll kids in pediatric practice. - Physician/Advanced Practice Clinician*
>
> *This is an area where I feel we could really improve. How can we make health appointments more accessible to busy parents for whom every 30 minute slot in the day counts? To whom every 5 dollars counts? - Physician/Advanced Practice Clinician*

Screening Location

> *Provide screening on-site at Head Start and running Start Early Childhood Center. Provide access to screening for children eligible for best beginnings scholarship or access McKinney Vento resources. - Community Leader*
>
> *Consider screenings in other community locations. - Community Leader*

Outreach

> *Outreach into Madison County. Hospital partners and public health. - Social Services Provider*

Potential Resources

> *Obviously, the counseling department at the Ophir, Morningstar, Big Sky Discovery School- especially their English Language Learner program- and even some of the major employer's daycare facilities. Big Sky Resort. Lone Peak Playhouse. - Social Services Provider*
>
> *AAP resources, county health department, community health partners, rural critical access hospitals and school systems. - Community Leader*
>
> *Hatch Pediatrics, CHP. - Community Leader*
>
> *Schools, of course, come to mind. Outreach. Bozeman schools do not have adequate school nursing services, so partner with them to get more nurses in the schools. - Community Leader*
>
> *School districts in the Gallatin Valley. - Other Health Professional*
>
> *Schools. - Physician/Advanced Practice Clinician*

Improving Access to Low-Cost Preventive Health Screenings for Adults

What could BHDH do to further improve access to low cost preventive health screenings for <u>adults</u>? Please include any community organizations you think BHDH could partner with, or resources BHDH could promote.

Themes and responses among those who rated BHDH as "good," "fair," or "poor" for this item, as well as suggested community resources or organizations BHDH should seek to engage or partner with to help meet this need, are listed below:

Collaboration/Partnerships

> *Continue with the Healthcare Connection bus and partner with all organizations that offer medically accurate, sliding fee services. - Community Leader*
>
> *Partner with home health and the senior center to coordinate care. - Physician/Advanced Practice Clinician*
>
> *Promoting through schools, trailer parks, low-income housing units, etc. - Community Leader*
>
> *You could come to the food bank and do week long screenings twice a year. - Community Leader*
>
> *I do not have an answer to this as an individual agency, but believe that our community organizations could work more closely together to come up with some of the solutions. - Physician/Advanced Practice Clinician*
>
> *Partnerships with aforementioned parties, community initiatives. - Physician/Advanced Practice Clinician*

Advertising/Promotions

> *The fact that you have a bus for outreach is great. Also, I'd like to see the Health Fair advertised earlier. I've missed it on several occasions and now that I no longer subscribe to the newspaper I'll*

> *probably miss it again. Perhaps an email blast. - Community Leader*
>
> *More mobile outreach, more often and in more places with lots of advertising about place, date, and time. Bring screenings to the people. - Community Leader*
>
> *These options need to be advertised all over town. I'd put an ad in the previews at the movie theater Lone Peak Cinema. Posters at the bakeries and gyms, in the HR Department at the major employers, at the Food Bank, in the grocery stores, mobile health. - Social Services Provider*
>
> *Use media promotions for free health screenings, and hold them often, such as one day each week or every other week. - Other Health Professional*

Outreach

> *Love the traveling health bus- That is brilliant. Preventative health screenings are a hard-sell for people with few resources. If nothing seems wrong, why should they spend what little they have to be told nothing is wrong? - Community Leader*
>
> *I have already been very pleased with the health fairs and how much they do offer. I guess it's hard to know why people don't come. Time, money, access? Worry about what they will do with the information if it's bad? - Physician/Advanced Practice Clinician*
>
> *Hold resources clinics at community cafe, warming center and drop in center. - Community Leader*

Affordability

> *Improving screenings at low-cost or no-cost and have a better access through Urgent Care. - Community Leader*
>
> *Lower prices and offer free clinics for blood tests. - Other Health Professional*

Expanding Geography

> *Again, referencing the Health Care Connections van, the territory covered could be expanded to include more of the isolated, rural communities. Perhaps, expand mission and size of the van to include exam rooms and be able to provide some primary care. - Community Leader*
>
> *Outreach into Madison County. Partner with hospitals and public health. - Social Services Provider*

Access to Female Physicians

> *Need more female physicians in Bozeman. The burden on the current female physicians is high. In order to recruit more women, we need a female physician in a leadership position. It would also help to have a maternity leave policy and childcare option. - Physician/Advanced Practice Clinician*

Improve Access

> *Make it easier to get into the primary care clinics. - Physician/Advanced Practice Clinician*

Locations

> *Consider screenings in other community locations. - Community Leader*

Increasing Awareness of Available Resources/Programs

What could BHDH do to further increase the community's awareness of the health care resources and educational programs that are available in the community? Please include any community organizations you think BHDH could partner with, or resources BHDH could promote.

Themes and responses among those who rated BHDH as "good," "fair," or "poor" for this item, as well as suggested community resources or organizations BHDH should seek to engage or partner with to help meet this need, are listed below:

Outreach

> *During your health fairs, encourage non-Bozeman Health organizations providing various types of physical and mental healthcare and education to promote their services. Partner with organizations doing health education to further their work. - Community Leader*
>
> *Have easy contact folks for different support groups that respond to phone calls. - Physician/Advanced Practice Clinician*
>
> *Increase awareness of resources and educational programs based in the community (i.e., AWARE, Youth Dynamics, Food Bank, Gallatin Mental Health and Bridgercare). - Community Leader*
>
> *BH must reach more groups and, frankly, spend more money to improve a very low public awareness of what's available. - Community Leader*
>
> *Add public forums at Bozeman Public Library, with BHDH staff speaking on particular topics and holding Q&A sessions with the public. - Social Services Provider*
>
> *Support local sports and community events like farmers market, music on main and senior centers. - Physician/Advanced Practice Clinician*
>
> *Outreach to Madison County. Hospitals and Public Health. - Social Services Provider*

Collaboration/Partnerships

> *Partner with Thrive, Gallatin Valley Farm-to-School, Bridgercare, and other nonprofits in the Valley to fund the programs these organizations lead relating to health. - Other Health Professional*
>
> *Partner with HRDC, The Help Center, CHP, Bridgercare, Thrive, GCCHD, and Gallatin Mental Health for outreach to their patient and community base. - Community Leader*
>
> *Health department puts on a collaboration committee meeting. Job service hosts a similar inter-agency meeting. There's the greater Gallatin Homeless Action Coalition, which hosts monthly meetings, too. - Community Leader*
>
> *Community hospitals and clinics that don't have the programs. Mental health advisory groups. - Community Leader*
>
> *I do not have an answer to this as an individual agency, but believe that our community organizations could work more closely together to come up with some of the solutions. - Physician/Advanced Practice Clinician*
>
> *Outreach to Madison County. Hospitals and Public Health. - Social Services Provider*
>
> *Partner with the local dental society. - Community Leader*
>
> *HRDC. - Community Leader*

Advertising/Messaging

> *Use marketing campaigns over several different mediums. Families with low incomes may not have cable or receive the newspaper, so radio campaigns may be better suited to improve communication. - Other Health Professional*
>
> *It would be great to see more presence on social media and more presence at community events. - Physician/Advanced Practice Clinician*
>
> *Television ads, which might possibly run for free. Postcards to patients. - Community Leader*
>
> *Advertising can be done at the softball fields in the summer, and on the ski hill at the base of the lifts in the winter. Advertise in the previews at the movie theater, Lone Peak Cinema. Offer informational sessions in conjunction with onboarding. - Social Services Provider*

> *Better use of social media. I have never seen anything on Facebook or Twitter or any other commonly-used website. This is where people hang out. - Community Leader*
>
> *I believe that BHDH's social media presence is good. Perhaps partnering with HRDC, United Way, Health Department, Senior Services and the school districts to piggy-back on their social media messaging to include resource and education program information. - Community Leader*
>
> *Make more of a presence, not just self-promotion. - Physician/Advanced Practice Clinician*
>
> *Educational materials. - Physician/Advanced Practice Clinician*

Mental Health

> *It's not about access, but BHDH needs to do more mental health care, especially in acute situations. - Community Leader*
>
> *With mental health being such a persistent underlying problem for so many patients and so many departments, I would love to see us partner more with Hope House and the Help Center Crisis Line. I would love to see us actually have a mental health center. - Physician/Advanced Practice Clinician*

Senior Services

> *Need to be more involved with access to senior services and options for Medicaid coverage in assisted-living facilities, such as Birchwood. It sets a terrible example that Birchwood does not have some Medicaid beds, seen as just for rich folks. - Physician/Advanced Practice Clinician*

Use Electronic Health Records

> *More direct to patient information. Possibly use MyChart for data to identify patients with specific interest, if possible. - Physician/Advanced Practice Clinician*

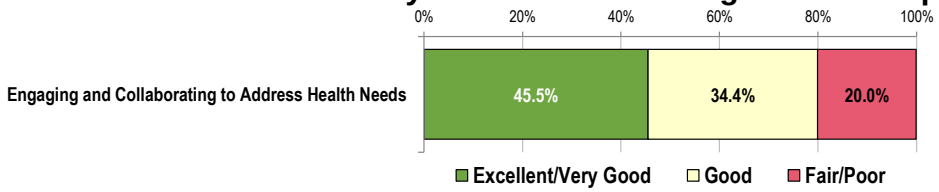
Community Collaboration & Strategic Partnership

Evaluations

In evaluating community collaboration and strategic partnership, survey participants were asked to evaluate BHDH for a single item:

- Nearly half (45.5%) of key informants gave "excellent/very good" ratings in their evaluation of BHDH **engaging and collaborating to address prioritized community health needs**.

Key Informants:
Evaluation of BHDH for Community Collaboration/Strategic Partnership



Suggestions for Improvement and Resources to Engage

Engage/Collaborate with Community

What could BHDH do to better engage and collaborate with the community to address prioritized community health care needs? Please include any community organizations you think BHDH could partner with, or resources BHDH could promote.

Themes and responses among those who rated BHDH as "good," "fair," or "poor" for this item, as well as suggested community resources or organizations BHDH should seek to engage or partner with to help meet this need, are listed below:

Community Engagement

> *Not sure what is happening now, but once this assessment is completed, take this to every Rotary, Lions, PEO meeting. Share the numbers. So many people believe that everything is okay in the Bozeman area and are not aware of the needs we really have. - Community Leader*
>
> *Hold community health fairs that invite all family members at all schools with over 200 enrolled students in the county. - Other Health Professional*
>
> *Have a joint meeting with CHP and make it visible that we are all in it together, rather than having meetings with physicians about capturing market shares. - Physician/Advanced Practice Clinician*
>
> *BH must reach more groups and, frankly, spend more money to improve a very low public awareness of what's available. - Community Leader*
>
> *A needs assessment is a good start. Follow-though is key. Be careful that we do not confuse community healthcare needs with organizational objectives and needs. - Physician/Advanced Practice Clinician*
>
> *I think that in order to engage and collaborate with the community to address the identified health care needs, existing services and capacity must be determined. Obvious gaps in services are one thing, as well as inadequate mental health and substance abuse. - Community Leader*
>
> *I think asking the community organizations what their priorities are and then assisting with those priorities, maybe through their surveys. Most agencies will cite mental health as one of their top needs in the populations they care for. - Community Leader*

> *Keep engaging with the community after this survey and strategic planning is over. - Community Leader*

Collaboration/Partnerships

> *This has been increasing. Continue to engage community-based or community-located organizations: Haven, Bridgercare, Gallatin Mental Health, Bozeman VA clinic, HRDC, youth serving organizations, Youth Dynamics and AWARE. - Community Leader*
>
> *Just do more and be more active; it seems there are already great partnerships. - Physician/Advanced Practice Clinician*
>
> *Partnering with the Big Sky Community Organization, softball, trails and parks to promote health and wellness, as well as the food bank, could be very beneficial. Engaging the HR departments of the major employers. - Social Services Provider*
>
> *I do not have an answer to this as an individual agency, but believe that our community organizations could work more closely together to come up with some of the solutions. - Physician/Advanced Practice Clinician*
>
> *Promotion of GMHC/HH, direct financial support through hiring and supporting an adequately large group of prescribing psychiatric specialists, psychiatrists and psychiatric APRNs), psychologists and Master's level counselors and Social Workers. - Social Services Provider*
>
> *Work with Community West Outreach, which is a group of locals interested in bringing in more mental health services. - Public Health/Community Health Representative*
>
> *I honestly don't know all the ways the hospital already engages and collaborates with the community. I do think that important partners, if not already engaged, are the city governments in Gallatin County and the County government. - Community Leader*
>
> *I would love to see more collaboration with the entities in our community that work on interpersonal violence and trauma-informed care. VOICE, Help, Haven being a few. So many health problems are from unresolved trauma. - Physician/Advanced Practice Clinician*

Outreach

> *Engage with rural communities through critical access hospitals, county health nurses and senior centers. - Community Leader*
>
> *Outreach into Madison County. Hold public meetings. Meet with the Madison County Mental Health Local Advisory Committee. - Social Services Provider*

Prioritization

> *I like the community survey and meetings BHDH did, but don't know where the priorities came from. Seems the health care topics were picked in advance with no opportunity for the community to weigh in on any health needs that weren't already chosen. - Community Leader*

Targeted Focus Groups

> *Have regular community focus groups, based on different populations, such as geriatrics, pediatric and chronic disease. - Physician/Advanced Practice Clinician*

Potential Resources

> *Hope House, CHP services and MSU student health. - Community Leader*

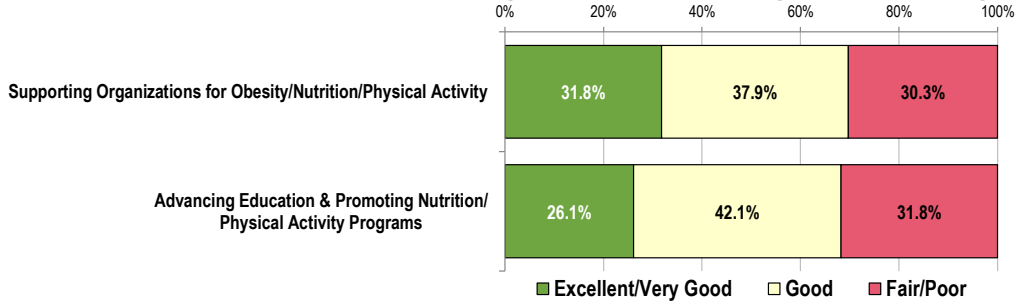
Obesity, Nutrition, & Physical Activity

Evaluations

In evaluating obesity, nutrition, and physical activity, survey participants were asked to evaluate BHDH for two items:

- Key informants were more likely to give "excellent/very good" ratings in their evaluation of BHDH **supporting organizations that address obesity, nutrition, and physical activity needs** (31.8%) than they were to give "excellent/very good" ratings of BHDH **advancing education and promoting nutrition and physical activity programs** (26.1%). On the other hand, "fair/poor" ratings for the latter were slightly higher (31.8%) than the former (30.3%).

Key Informants: Evaluation of BDHS for Obesity, Nutrition, & Physical Activity



Suggestions for Improvement and Resources to Engage

Support Organizations for Obesity/Nutrition/Physical Activity Needs

What could BHDH do to better support key organizations that help address obesity, nutrition, and physical activity needs in the community? Please include any community organizations you think BHDH could partner with, or resources BHDH could promote.

Themes and responses among those who rated BHDH as "good," "fair," or "poor" for this item, as well as suggested community resources or organizations BHDH should seek to engage or partner with to help meet this need, are listed below:

Collaboration/Partnerships

> *Take a leadership role with the health department. - Community Leader*
>
> *Engage with outpatient clinics, county nurses, community health partners, insurance companies, MMA, state and local government. - Community Leader*
>
> *I think the schools would be a good partnership, as well as the Big Sky Community Organization and the food bank. Advertising at the gyms and with major employers. Maybe have a community-wide challenge, bike-to-work week or miles-skied week. - Social Services Provider*
>
> *BDHD supports key organizations. - Physician/Advanced Practice Clinician*
>
> *Great presence in local schools. - Physician/Advanced Practice Clinician*
>
> *Partner with youth organizations (such as YMCA, 4-H), and sports organizations, such as the school booster clubs to promote nutrition required for physical activity. - Community Leader*
>
> *Health clubs and high schools. - Community Leader*

> *YMCA, United Way, Boys & Girls Club and all local gyms. - Physician/Advanced Practice Clinician*
>
> *Community Cafe, food bank, YMCA, grocery stores and restaurants. - Physician/Advanced Practice Clinician*
>
> *I do not have an answer to this as an individual agency, but believe that our community organizations could work more closely together to come up with some of the solutions. - Physician/Advanced Practice Clinician*
>
> *BHDH can partner with organizations such as Gallatin Valley Farm to School, SNAP-ED, Girls on the Run, BYEP that have limited resources but the potential to make big changes in children's lives regarding health. - Other Health Professional*
>
> *Get involved with the active farm-to-market options for good food, not just offering off the Sysco truck. Be more of an example of healthy food choices and options and organics, local food. - Physician/Advanced Practice Clinician*
>
> *There is so much research out there supporting access to proper nutrition is so beneficial in reducing health care costs and hospitalizations. Getting more SNAP dollars to recipients, creating additional partnerships with local farmers. - Community Leader*
>
> *I feel like BHDH has such a strong reputation and could lead the charge on programs that promote nutrition and physical activity, like a Biggest Loser competition among workplaces, for example. - Community Leader*
>
> *As a dietitian myself, I am not aware of any activities sponsored by BHDH that address obesity, nutrition and physical activity. Partnering with the health department in their chronic disease self-management program and Walk with Ease program. - Community Leader*

Outreach

> *Engage and/or promote Bozeman Recreation Department, YMCA, food bank and organization that serve lower-income community members. - Community Leader*
>
> *Sponsor yoga sessions at local yoga studios, such as mountain yoga. - Community Leader*
>
> *Outreach to Madison County. - Social Services Provider*
>
> *I'm not sure. Keep doing community events. Support things like running events, bike events, hikes, etc. - Physician/Advanced Practice Clinician*

Policy

> *Give your input on a policy and systems level with bike and walk routes and physical activity requirements in the school district. - Community Leader*
>
> *It seems that there are several organizations that are grappling with this issue in our community. However, a lot of emphasis is on individual/group intervention or behavior change. BHDH could take the lead when it comes to community policies. - Physician/Advanced Practice Clinician*

Cafeteria Food

> *I think the cafeteria could be an example of healthy food selections as well as the vending machines. Stop using things such as boost and Jell-O, which have no nutritional value. The hospital should be leading in this area, and they are not. - Physician/Advanced Practice Clinician*

Community Engagement

> *Make it more affordable and bring it to the people in the community. Bring it to work places over lunch hour. Put it on social media. - Community Leader*

Focus on Child Obesity

> *Children and obesity is overlooked. Most kid programs in the community are expensive and not accessible to some families. YMCA and Thrive do a good job, but more opportunities to get out and be active for youth are needed. - Community Leader*

Funding

> *BH must reach more groups and, frankly, spend more money to improve a very low public awareness of what's available. - Community Leader*

Health Education in Schools

> *Start the education process when they are young. The schools seem like a good fit here. Pre-schools and early childhood programs, too. - Community Leader*

Patient Education

> *The Go Noodle program in the schools is great. Make sure providers are discussing proper nutrition and exercise in each visit with patients. - Community Leader*

Advance Education and Promote Nutrition & Physical Activity Programs

What could BHDH do to further advance education and promote healthy nutrition and physical activity programs in the community? Please include any community organizations you think BHDH could partner with, or resources BHDH could promote.

Themes and responses among those who rated BHDH as "good," "fair," or "poor" for this item, as well as suggested community resources or organizations BHDH should seek to engage or partner with to help meet this need, are listed below:

Collaboration/Partnerships

> *I appreciate the trails that BH allows to happen on its property- such a great community benefit. Would love BH to support other ways to exercise beside one company, the Ridge [Athletic Club] discounts for employees. - Physician/Advanced Practice Clinician*
>
> *BHDH could promote healthy nutrition by partnering with the food bank and the grocery stores to advertise and educate for purchasing healthy meals. Perhaps the grocery stores would allow healthy recipes sponsored by BHDH. - Social Services Provider*
>
> *The hospital should be promoting use of local growers/suppliers of as much of the food they serve as possible. - Physician/Advanced Practice Clinician*
>
> *Work with MSU, Cathy Costakis, Health and Nutrition Department and local communities- not just Bozeman on their trail-development projects to get people out doing physical activities. - Community Leader*
>
> *Bozeman Ski Foundation. - Community Leader*
>
> *Ridge Athletic Club and Access Fitness. - Community Leader*
>
> *I do not have an answer to this as an individual agency, but believe that our community organizations could work more closely together to come up with some of the solutions. - Physician/Advanced Practice Clinician*
>
> *Thrive and schools. - Community Leader*
>
> *Partner with GVLT and work on trails, access, and safety for bicycling and walking to work and to doctor's appointments, etc. Some kind of incentive for not driving. - Physician/Advanced Practice Clinician*

Local Schools

> *Consider partnering with local school systems to support school nutrition programs, physical and health education. - Community Leader*
>
> *Farm-to-school, PAC programs associated with the schools, human resource groups associated with middle-class working companies in town. - Community Leader*
>
> *Great presence in local schools. - Physician/Advanced Practice Clinician*
>
> *Better partnerships through the schools and more summer and winter outdoor activities. - Community Leader*
>
> *Free screenings with childcare. Start educating children at a young age, in schools' head start, childcare programs and the food bank. - Community Leader*
>
> *Outreach to Bozeman School District. - Social Services Provider*

Outreach

> *Have events to get people moving. - Physician/Advanced Practice Clinician*
>
> *BHDH could sponsor a nutrition health fair, promoting good eating and food selection and preparation. Having a table at the many health fairs and other events in the area to provide information and free healthy food is a way to attract people. - Community Leader*
>
> *Outreach to Madison County. Hospitals, public health, schools, lions club and rotary clubs. - Social Services Provider*

Funding

> *There is so much research out there supporting access to proper nutrition is so beneficial in reducing health care costs and hospitalizations. Getting more SNAP dollars to recipients, creating additional partnerships with local farmers. - Community Leader*
>
> *The answer for most of these is the same, BH must reach more groups and, frankly, spend more money to improve a very low public awareness of what's available. - Community Leader*

Policy

> *It seems that there are several organizations that are grappling with this issue in our community. However, a lot of the emphasis is on individual/group intervention or behavior change. BHDH could take lead when it comes to community policies. - Physician/Advanced Practice Clinician*

Affordability

> *Cost-appropriate services for community and BHDH staff. Great resources right in the BHDH, but beyond what most BHDH employees can afford themselves, let alone community members who are underinsured. - Physician/Advanced Practice Clinician*

Messaging

> *Have a common language of education, which is promoted throughout the community, hospital, schools, grocery stores and restaurants. - Physician/Advanced Practice Clinician*

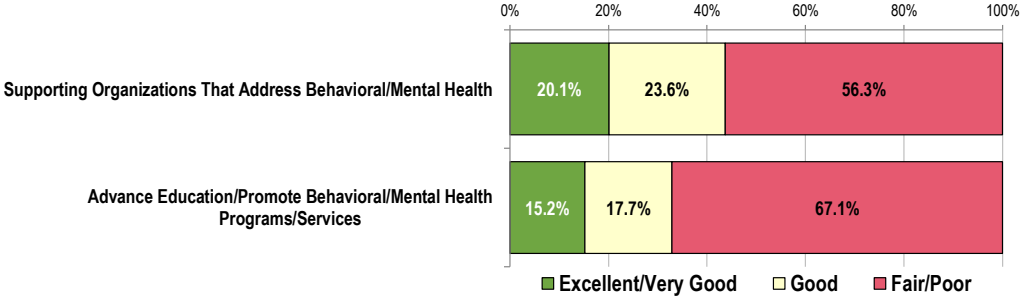
Behavioral & Mental Health Support

Evaluations

In evaluating behavioral and mental health support, survey participants were asked to evaluate BHDH for two items:

- Key informants were critical of both items, but more likely to give "fair/poor" ratings in their evaluation of BHDH **advancing education and promoting programs and services for behavioral/mental health** (67.1%) than they were to give "fair/poor" ratings to BHDH **supporting organizations that address behavioral/mental health** (56.3%).

Key Informants:
Evaluation of BHDH for Behavioral & Mental Health Support



Suggestions for Improvement and Resources to Engage

Support Organizations To Address Behavioral/Mental Health Needs

What could BHDH do to better support key organizations that help address behavioral and mental health needs in the community? Please include any community organizations you think BHDH could partner with, or resources BHDH could promote.

Themes and responses among those who rated BHDH as "good," "fair," or "poor" for this item, as well as suggested community resources or organizations BHDH should seek to engage or partner with to help meet this need, are listed below:

Collaboration/Partnerships

> *I think that BHDH's participation in the LAUNCH project is an example of what may work. Screening and referring at a higher and more coordinated level. - Physician/Advanced Practice Clinician*
>
> *Need to work with Gallatin County Mental Health to bring and keep resources here in the area. - Community Leader*
>
> *Either help Gallatin Mental Health get back to where it was a few years ago, or figure out a way to take over those services. - Community Leader*
>
> *Help support the Hope House, which is not even taking overnight patients now. - Community Leader*
>
> *Improve partnerships with Western Montana Mental Health, Gallatin County City Health Department and Gallatin County. - Physician/Advanced Practice Clinician*
>
> *Interface far more closely with adult- and youth-serving mental health organizations, Gallatin Mental Health, AWARE and Youth Dynamics. - Community Leader*

Continue assisting with Community Partners on addressing mental health challenges in our community. - Physician/Advanced Practice Clinician

Stronger partnerships with Gallatin Mental Health LAC, senior centers and Community Coalition on Drug & Alcohol Awareness. - Community Leader

I would like to see BHDH partner with or support AWARE. - Community Leader

Partners, Help Center and Gallatin Mental Health. - Community Leader

Spectrum medical, all skilled nursing facilities, Bozeman Senior High School and MSU. - Community Leader

Madison County Mental Health Advisory Council. - Community Leader

CHP and Hope House. - Community Leader

Children/Adolescents/Young Adults

Mental health for teens and all children is lacking. Partner with YDI, Aware and the schools. Kids in crisis have nowhere to go in Bozeman, group home, short-term crisis placement. - Community Leader

Pediatric psychiatry within the Health Group, children's mental health with day treatment program and inpatient psychiatric treatment facility. - Physician/Advanced Practice Clinician

Perhaps BHDH could work more closely with Montana State University to ensure that the needs of students are being met. - Other Health Professional

Increased resources are needed for youth. With that said, I appreciate the work [BH is] doing with the Bozeman Public Schools with regards to mental health issues. - Community Leader

Improve availability of adolescent mental health supports and increase education surrounding better understanding of mental health concerns. - Community Leader

As a referring agency for suicidal kids and teens to BHDH, we are running into a very distressing issue in which kids that are referred to the ER for suicidal thoughts are not being assessed in an appropriate time frame. - Community Leader

There is a critical need for Mental Health Crisis Care for children in the BHDH service catchment area. Considering the frontier nature of BHDH catchment area, I've wondered about the feasibility of having a traveling clinic in strategic locations. - Community Leader

Mental health for kids, adolescents and adults is woefully underserved. Addiction services and alcohol treatment services are completely ignored. - Community Leader

Lack of Services

Oh boy, this is a huge one. I feel like we need a big state-wide push to improve our services for mental health and preventative mental health. Do you know how hard it is to get counseling? - Physician/Advanced Practice Clinician

We need more mental/behavioral health services, period. The ones we have can't keep up. GMHC is hard for people to access, CHP and the Help Center seem at capacity. Winds of Change won't help sex offenders. There are huge gaps. - Community Leader

Perhaps offer more mental health services within the organization. Obviously, there is not enough support, as the mental health center is not doing well. - Physician/Advanced Practice Clinician

BDH should build and staff behavioral and mental health facility. Have rooms available, and make the evaluation and admission process much faster and more consistent. - Other Health Professional

Hope House is not enough, we need treatment programs, services and counselors available 24/7 for those in need. I have tried numerous times to assist staff to access mental health and have always met road blocks of funding and 4-6 week waits for service. - Community Leader

Quality of Care

I'm not sure BHDH's role, but there needs to be a more strategic effort by the health community to serve community members with mental health issues, especially those who are homeless or low income, and especially those relying on substances. - Social Services Provider

Mental health needs to be better treated in the hospital when a patient is inpatient and being discharged. Not just suicidal watch, but also treatment of someone feeling suicidal while in as inpatient. - Physician/Advanced Practice Clinician

Secure reliable coverage for patients in crisis that present to the emergency room. - Physician/Advanced Practice Clinician

> *The Gallatin County Mental Health Center has been poorly managed historically. We need local control to better assure good management. Management from Missoula has not worked out, unless the GCMH issues are worked out low income and Medicaid recipients. - Community Leader*
>
> *Don't just refer, but follow-through with supportive, wrap-around care. GVMH is understaffed and probably under-financed, and yet who else serves the under insured, low-income folks needing mental health? CHP, HRDC Law & Justice Center, BHDH, schools. - Community Leader*

Lack of Providers

> *BHDH should internally hire mental health service providers, rather than contract with MHS, who, in its own right, does not have the resources to provide services to the community. It's imperative to invite psych services to BHDH. - Physician/Advanced Practice Clinician*
>
> *This is a problem area in Bozeman, as the services were/are provided by an outside organization out of Missoula. There has been significant staff loss also at the current facility. There are plenty of providers, but few serve the neediest population. - Community Leader*
>
> *BHDH could hire at least a part-time or emergency counselor, as WIA is historically hard to get a hold of for services. A greater community awareness of the Help Center, or perhaps host and informational session of the Help Center at the hospital. - Social Services Provider*
>
> *Mental health services are inadequate. Could try to hire more psychiatrists and psychologists and social workers. - Physician/Advanced Practice Clinician*

Access to Services

> *It would be amazingly useful to have a behavioral health unit at BDH. It would also be helpful to have more social workers to address clinic needs. It would be really great if there was more support of our only mental health center; they struggle. - Physician/Advanced Practice Clinician*
>
> *Gallatin Mental Health, CHP and Help Center are struggling to meet the needs of persons needs mental health support, especially low-income persons. What can BHDH do to better support these community agencies? - Community Leader*
>
> *Commitment to support of adequate prescribing, counseling, and social work staff at GMHC and Hope House. - Social Services Provider*
>
> *Mental health is a major issue in our community. We need more access and more support to local providers. - Community Leader*
>
> *Easily accessible and welcoming behavioral and mental health services. - Social Services Provider*

Outreach

> *CHP outside of Bozeman/Belgrade or maybe more money for CHP mental health services, in general. Gallatin Mental Health Center, Haven, Bridgercare, BYEP and Help Center. I'm sure there are many others as well. - Community Leader*
>
> *Outreach to Madison County. Meet with Madison County Mental Health Local Advisory Committee. - Social Services Provider*

Funding

> *IBH grant is likely a good start. Many of these programs, especially in their initiation will need more management and oversight, especially during their initiation. - Physician/Advanced Practice Clinician*
>
> *BH must reach more groups and, frankly, spend more money to improve a very low public awareness of what's available. On mental health, the state and county have cut back services dramatically. - Community Leader*

Awareness of Services

> *Making sure that staff is aware of the Gallatin Mental Health program and all of its services. Promoting legislative funding for mental health services and needs that communities have for services. Assessing if BHDH really is supporting key organizations. - Community Leader*

Stigma

> *Mental illness is a big issue in Montana, yet it suffers from people shying away from being open about it. National Alliance on Mental Illness of Montana, www.namimt.org. - Community Leader*

Advance Education & Promote Behavioral/Mental Health Programs

What could BHDH do to further advance education and promote behavioral and mental health programs and services in the community? Please include any community organizations you think BHDH could partner with, or resources BHDH could promote.

Themes and responses among those who rated BHDH as "good," "fair," or "poor" for this item, as well as suggested community resources or organizations BHDH should seek to engage or partner with to help meet this need, are listed below:

Access to Services

> *Raising awareness is pointless without access to services. - Community Leader*
>
> *Acknowledge and support mental health services within the facility in a meaningful way, expand partnerships with the Help Center and Gallatin Mental Health. - Physician/Advanced Practice Clinician*
>
> *I think BHDH might need to consider providing more behavioral health services directly. - Physician/Advanced Practice Clinician*
>
> *Behavioral health symposium is an excellent start. Implementing integrated behavioral health strategies throughout the hospital will ensure screening and brief intervention for behavioral health conditions. - Community Leader*
>
> *BHDH needs to take a leadership role and look toward an inpatient psychiatric unit, as well as social detox. We cannot keep sending our mentally ill population out of town. - Community Leader*
>
> *Bozeman Health should sponsor its own CRT service for the emergency room. - Community Leader*
>
> *Have more services available through BHDH. - Physician/Advanced Practice Clinician*
>
> *Offer more mental health services. - Physician/Advanced Practice Clinician*
>
> *Screening and referring at a higher and more coordinated level. - Physician/Advanced Practice Clinician*
>
> *The issue of recognizing mental health illness is not the primary issue BHDH should be supporting- Treating those with serious mental health illnesses should be the priority. Currently, GMHC/HH has one prescribing psychiatric NP in a part-time role. - Social Services Provider*
>
> *Don't just refer, but follow-through with supportive, wrap-around care. GVMH is understaffed and probably under-financed, and yet who else serves the underinsured, low-income folks needing mental health? CHP, HRDC Law & Justice Center, BHDH, schools. - Community Leader*

Collaboration/Partnerships

> *Stronger partnerships with Gallatin Mental Health LAC, senior centers and Community Coalition on Drug & Alcohol Awareness. Provide funding for in-school programs through Health Enhancement classes. - Community Leader*
>
> *Become a partner in the LAUNCH program, which identifies and provides services to children under 8 years old and diagnosed with mental health and behavioral issues. Again, assisting with funding. - Community Leader*
>
> *AWARE, and the Healthcare Connections van could do mental health screenings, as well. - Community Leader*
>
> *Haven, Aware, Reach, CHP, GMH, Love Inc., and local psychiatrists and psychologists - Physician/Advanced Practice Clinician*
>
> *Gallatin County Mental Health, school systems, critical access hospitals, and nurses. - Community Leader*
>
> *Help CHP and Hope House. - Physician/Advanced Practice Clinician*
>
> *www.namimt.org - Community Leader*

Awareness of Services

> *Advertising the suicide texting hotline, work with schools to promote depression screening, particularly Belgrade and Livingston. Increased screenings in Bozeman school district, promotion of suicide prevention. - Physician/Advanced Practice Clinician*
>
> *Suicide prevention and awareness need to be top agenda items for the organization. - Physician/Advanced Practice Clinician*
>
> *Develop an easy resource for physicians [about] therapists, CSWs, counselors ... We don't know what the need is for counselors because it's so hard to know who is taking new patients. Anne Rich has been a great resource in-clinic. - Physician/Advanced Practice Clinician*
>
> *BHDH needs to ensure the staff is educated regarding mental health programs and services, whether it be speakers or seminars. Assessment of BHDH's promotion of mental health resources in the community. - Community Leader*
>
> *Use social media to advertise. Have affordable care available 24/7 by trained staff. - Community Leader*
>
> *Please spread the word about Big Sky Youth Empowerment, a free adventure-based group mentoring program for adolescents. We can provide brochures, electronic information, posters, etc. - Community Leader*

Children/Adolescents/Young Adults

> *What is the old saying? Do it early, and do it often. We believe that addressing stress, depression and anxiety in teens and college-age people is one of the most important things that can be done in terms of education and awareness. - Community Leader*
>
> *Work with the schools to get the discussion started early. - Community Leader*
>
> *We need support in more acute child and adult psychiatric services locally. - Community Leader*

Outreach

> *Outreach to Madison County. Meet with the Madison County MHLAC, hospitals, public health and schools. - Social Services Provider*
>
> *One step could be to reach out the MSU counselor education program to recruit students and recent graduates to assist with providing these services. - Physician/Advanced Practice Clinician*

Funding

> *Support programs already doing the work. Provide partnerships, sponsorships, funding opportunities to groups already working on these programs. Often these programs have the capacity to become more successful and expand or provide deeper care. - Social Services Provider*
>
> *BH must reach more groups and, frankly, spend more money to improve a very low public awareness of what's available. - Community Leader*

Stigma

> *Mental health needs to be talked about more. Here in Montana, we have created a culture of people that are taught to take care of themselves. People don't reach out. - Community Leader*
>
> *Anything BHDH can do to decrease stigma associated with behavioral and mental health issues would be welcome! - Community Leader*

Additional Issues

Other Issues

Finally, respondents were asked to share any other health needs that they feel remain unmet in the community; their responses included the following:

Mental Health

> *The biggest void in our community is mental health care. - Community Leader*
>
> *Mental health. - Social Services Provider*
>
> *Mostly mental health. - Physician/Advanced Practice Clinician*
>
> *There are huge gaps in mental health, domestic violence services, and caseloads are too great. - Community Leader*
>
> *Mental health and access to primary care are most needed. - Physician/Advanced Practice Clinician*
>
> *Mental health and substance abuse. - Community Leader*

Family Planning

> *While we all agree that mental health services are highly underfunded in our area, I believe that just as marginalized and threatened are clinics/health departments that focus on family planning and reproductive health, especially for low-income individuals. - Community Leader*
>
> *BHDH has such a great, collaborative relationship with CHP. Since Bridgercare provides birth control and STI screening which can be seen as controversial, they are kept at arms-length. Family planning and sexual health can have effects on many. - Community Leader*
>
> *Over 99% of women who have ever had sex have used at least one method of contraception, and 50% of sexually active people get an STI before age 25. Many women, their annual wellness exam is the only healthcare they access in any given year. - Community Leader*

Senior Care

> *A senior/invalid care program would be wonderful. Perhaps in conjunction with the Chapel congregations, Love, Inc. or the Food Bank. - Social Services Provider*
>
> *Help for geriatric patients with mental health, dementia issues. Need additional physicians in community to treat this population. Desperately need a geriatric psychiatrist in this area and another inpatient unit besides St. Pete's in Helena. - Community Leader*
>
> *Continue to work on transitions of care with the elderly population, with NHS, assisted livings and home health agencies. - Physician/Advanced Practice Clinician*

Child Health

> *Pediatric neurology, pediatric psychiatrists, and other pediatric specialties. - Community Leader*
>
> *Being proactive in improving the lives of children and young families. Support Nadine, the chaplain that does post-partum mood disorders and support to have more hours dedicated. We have a clipboard of referrals for her, and it's always full. - Physician/Advanced Practice Clinician*

Collaboration/Partnerships

> *Addressing disparities though partnerships. I appreciate the recent focus on community partnerships. I think these are dollars well-spent for BHDH. - Other Health Professional*
>
> *It would be great to see some outreach programs or collaboration between BHDH and Madison County either through the hospitals, schools, public health, or the Madison County MHLAC. - Social Services Provider*

Oral Health

> *Lack of dental care is an epidemic. Seniors with only Medicare often go months and years with ongoing pain and infection because they cannot afford dental care. That is just one example of a population slice, but surely all ages of low income. - Community Leader*
>
> *Oral health. - Community Leader*

Access to Specialty Care

> *Lacking several subspecialties, such as neurosurgery. - Physician/Advanced Practice Clinician*

Diabetes

> *I think you all do a great job with diabetes prevention, maybe you could take a more proactive approach to promoting the health benefits of a healthy diet and exercise helping people avoid diabetes. Families find it tough to make time for exercise. - Community Leader*

Homeless

> *Could do more to address the needs of the health needs of the homeless in the Gallatin Valley, maybe help to increase the hours and days of the warming center. - Community Leader*

Parenting

> *Parenting, parental responsibilities, domestic abuse issues and more help with mental health issues. - Other Health Professional*

Support Groups

> *More support groups hosted by hospital for illnesses that are shared by many. - Community Leader*