2020 COMMUNITY HEALTH NEEDS ASSESSMENT

Big Sky Area, Montana

Sponsored by

BOZEMAN HEALTH
BIG SKY MEDICAL CENTER

In partnership with
Community Health Partners (CHP)
Gallatin City-County Health Department

2020-0591-02

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INTRODUCTION

PROJECT OVERVIEW

This Community Health Needs Assessment, a follow-up to a similar study conducted in 2017, is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in the Big Sky Area, the service area of Bozeman Health Big Sky Medical Center. 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 assessment was conducted on behalf of Bozeman Health Big Sky Medical Center by PRC, a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from multiple sources, including primary research (through the PRC Community Health Survey and PRC Online Key Informant Survey), as well as secondary research (vital statistics and other existing health-related data). It also allows for trending and comparison to benchmark data at the state and national levels.

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 Big Sky Medical Center and PRC and is similar to the previous 2017 survey used in the region, allowing for data trending.

Community Defined for This Assessment

The study area for the survey effort (referred to as the “Big Sky Area” in this report) is defined as ZIP Codes 59716, 59730, and 59758, in Montana. This community definition was determined based on the ZIP Codes of residence of recent patients of Bozeman Health Big Sky Medical Center.

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 by PRC (landline and cell phone), as well as through online questionnaires promoted by the sponsors of the study.

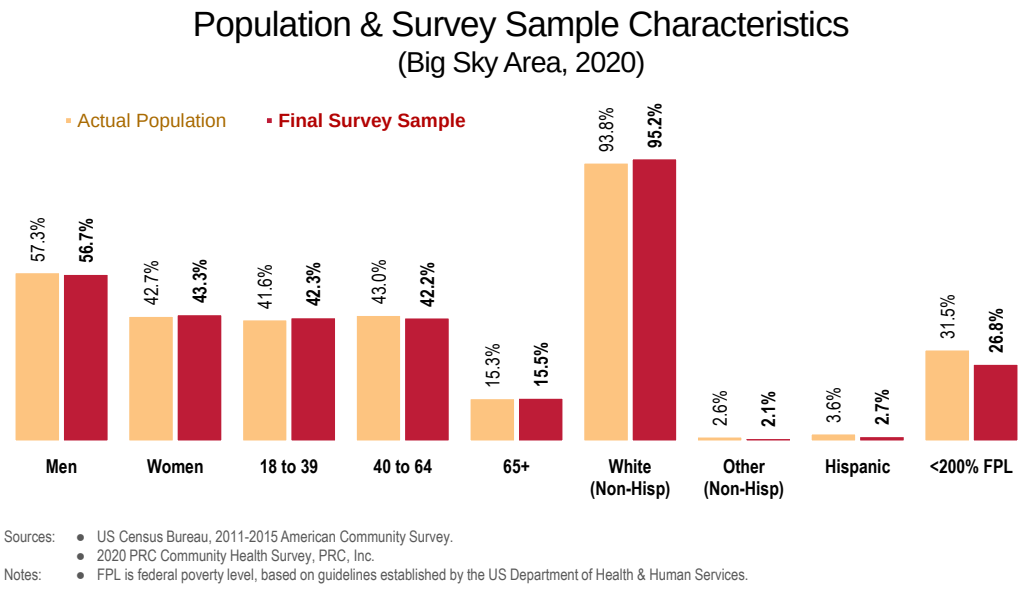
The sample for this effort included 137 individuals age 18 and older in the Big Sky Area (68 by phone, 69 via the internet). Once the surveys were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the Big Sky Area as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.

For statistical purposes, the maximum rate of error associated with a sample size of 137 respondents is ±8.3% at the 95 percent confidence level.

Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. 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.

The following chart outlines the characteristics of the Big Sky 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 health care needs, and these children are not represented demographically in this chart.]



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.

INCOME & RACE/ETHNICITY

INCOME ► While the survey data are representative of the socioeconomic makeup of the Big Sky Area, samples were not of sufficient size to segment results by income or poverty status.

RACE & ETHNICITY ► While the survey data are representative of the racial and ethnic makeup of the population, the samples for Hispanic and non-White race groups were not of sufficient size for independent analysis.

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 also was implemented as part of this process. A list of recommended participants was provided by Bozeman Health; this list included names and contact information for physicians, public health representatives, other health professionals, social service 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.

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, 25 community stakeholders took part in the Online Key Informant Survey, as outlined below:

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Physicians	4
Public Health Representatives	1
Other Health Providers	4
Social Services Providers	2
Other Community Leaders	14

Final participation included representatives of the organizations outlined below.

- Big Sky Community Organization
- Big Sky Fire Department
- Big Sky Resort
- Bozeman Health Family Medicine Clinic (Big Sky)
- Community Health Partners - West Yellowstone
- Conoco Big Sky
- HRDC - Big Sky Community Food Bank
- Madison County Public Health Dept.
- Schmieding Dental Group
- Schools
  - Big Sky School District
  - Harrison Public School District
  - Sheridan School District
  - West Yellowstone Schools
- Sheriff's Department
- Town of West Yellowstone
- Women in Action

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

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 better be 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 regarding participants' opinions and perceptions of the health needs of the residents in the area.

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 Big Sky Area were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Engagement Systems (CARES) Engagement Network, University of Missouri Extension (SparkMap)
- 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
- ESRI ArcGIS Map Gallery
- Montana Department of Public Health & Human Services
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau
- 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 for the combined area of Gallatin and Madison counties.

Benchmark Data

Trending

A similar survey was administered in the Big Sky Area in 2020 by PRC on behalf of Bozeman Health Big Sky Medical Center. 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 *2017 PRC National Health Survey*; the methodological approach for the national study is similar 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 2020 is the product of an extensive stakeholder feedback process that is unparalleled in government and health. It integrates input from public health and prevention experts, a wide range of federal, state and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public. More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 objectives.

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 the purpose of this report, “significance” of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 15% 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.

Public Comment

Bozeman Health Big Sky Medical Center made its prior Community Health Needs Assessment (CHNA) report publicly available on its website; through that mechanism, the hospital requested from the public written comments and feedback regarding the CHNA and implementation strategy. At the time of this writing, Bozeman Health Big Sky Medical Center had not received any written comments. However, through population surveys and key informant feedback for this assessment, input from the broader community was considered and taken into account when identifying and prioritizing the significant health needs of the community. Bozeman Health Big Sky Medical Center will continue to use its website as a tool to solicit public comments and ensure that these comments are considered in the development of future CHNAs.

IRS Form 990, Schedule H Compliance

For non-profit hospitals, a 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 hospitals' reporting on IRS Schedule H (Form 990), the following table cross-references related sections.

IRS FORM 990, SCHEDULE H (2019)	See Report Page
Part V Section B Line 3a A definition of the community served by the hospital facility	4
Part V Section B Line 3b Demographics of the community	24
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	100
Part V Section B Line 3d How data was obtained	4
Part V Section B Line 3e The significant health needs of the community	10
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	10
Part V Section B Line 3h The process for consulting with persons representing the community's interests	5
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)	103

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. 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 HEALTH CARE SERVICES	▪ Lack of Health Insurance ▪ Barriers to Primary Care – Appointment Availability ▪ Difficulty Understanding Health Professionals ▪ Routine Medical Care (Adults)
CANCER	▪ Leading Cause of Death ▪ Prostate Cancer Deaths
HEART DISEASE & STROKE	▪ Leading Cause of Death
INJURY & VIOLENCE	▪ Distracted Driving ▪ Falls [Age 45+] ▪ Firearm-Related Deaths
MENTAL HEALTH	▪ Suicide Deaths ▪ Difficulty Obtaining Mental Health Services ▪ Key Informants: Mental health ranked as a top concern.
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	▪ Overweight & Obesity [Adults]
ORAL HEALTH	▪ Dental Insurance Coverage
SUBSTANCE ABUSE	▪ Excessive Drinking ▪ Drinking & Driving ▪ Illicit Drug Use ▪ Personally Impacted by Substance Abuse (Self or Other's) ▪ Key Informants: Substance abuse ranked as a top concern.

Community Feedback on Prioritization of Health Needs

During the week of September 7, 2020, the sponsors of this assessment held a series of three virtual meetings, convening 23 community residents and stakeholders (representing a cross-section of community-based agencies and organizations) to evaluate, discuss and prioritize health issues for community, based on findings of this Community Health Needs Assessment (CHNA).

Professional Research Consultants, Inc. (PRC) began the meeting with a presentation of key findings from the CHNA, highlighting the significant health issues identified (see Areas of Opportunity above). Following the data review, PRC answered any questions. 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), an online voting platform was used to allow each participant to register and submit his/her ratings in real time. 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 the hospital having a positive impact on each health issue, given available resources, competencies, spheres of influence, etc. Ratings were entered on a scale of 1 (no ability to impact) to 10 (great ability to impact).

Identified Health Priorities

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:

1. Mental Health
2. Access to Health Care Services
3. Substance Abuse
4. Nutrition, Physical Activity & Weight
5. Injury & Violence
6. Heart Disease & Stroke
7. Cancer
8. Oral Health

Hospital Implementation Strategy

With consideration of the data presented in this assessment, the results of the community prioritization sessions, input from key informants and stakeholders, and conversations with executive and board leadership, Bozeman Health has selected the following needs as priority areas to address in an Implementation Strategy that will guide community benefit work over the next three years:

- **Mental Health**
- **Substance Abuse**
- **Access to Health Services**
- **Nutrition & Physical Activity**
- **Injury & Violence**

Note: An evaluation of the hospital's past activities to address the needs identified in prior CHNAs can be found as an appendix to this report.

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in the Big Sky Area, including trend data. These data are grouped by health topic.

Reading the Summary Tables

In the following tables, Big Sky Area results are shown in the larger, gray column.

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

TREND SUMMARY
(Current vs. Baseline Data)

SURVEY DATA INDICATORS:
Trends for survey-derived indicators represent significant changes since YEAR1. Note that survey data reflect the ZIP Code-defined TOTAREA.

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 for Gallatin and Madison counties.

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

Tip: Indicator labels beginning with a "%" symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.

SOCIAL DETERMINANTS	Big Sky Area	BIG SKY vs. BENCHMARKS vs. MT	vs. US	vs. HP2020	TREND
Linguistically Isolated Population (Percent)	0.7	0.3	4.4		
Population in Poverty (Percent)	11.8	13.7	14.1		
Children in Poverty (Percent)	8.0	16.4	19.5		
No High School Diploma (Age 25+, Percent)	3.4	6.8	12.3		
% Worry/Stress Over Rent/Mortgage in Past Year	31.5		32.2		27.0
% Experience of Homelessness	9.3				
% Worried About Running Out of Food	12.0				2.1
% 4+ Adverse Childhood Experiences (High ACEs Score)	26.0		16.3		
		better	similar	worse	

OVERALL HEALTH	Big Sky Area	BIG SKY vs. BENCHMARKS vs. MT	vs. US	vs. HP2020	TREND
% "Fair/Poor" Overall Health	9.6	15.1	12.6		7.4
		better	similar	worse	

ACCESS TO HEALTH CARE	Big Sky Area	BIG SKY vs. BENCHMARKS vs. MT	vs. US	vs. HP2020	TREND
% [Age 18-64] Lack Health Insurance	18.1	13.2	8.7	0.0	16.8
% [Insured] Went Without Insurance in the Past Year	2.2				1.3
% Difficulty Accessing Primary Care in Past Year (Composite)	37.2				44.6
% Difficulty Finding PCP in Past Year	5.8				10.2
% Difficulty Getting PCP Appointment in Past Year	21.8				8.6
% Cost Prevented PCP Visit in Past Year	6.0				6.2
% Transportation Hindered PCP Visit in Past Year	3.5				16.1
% Inconvenient Hrs Prevented PCP Visit in Past Year	15.6				14.1
% Language/Culture Hindered PCP Care in Past Year	0.6				0.0
% Cost Prevented Getting Prescription in Past Year	4.7		12.8		5.9
% Difficulty Understanding Health Professionals	8.2				2.8
Primary Care Doctors per 100,000	81.2	80.0	76.6		
% Have a Specific Source of Ongoing Care	71.8		74.2	95.0	74.3
% Have Had Routine Checkup in Past Year	52.4	73.0	70.5		62.9
% Two or More ER Visits in Past Year	6.6		10.1		5.9
		better	similar	worse	

CANCER	Big Sky Area	BIG SKY vs. BENCHMARKS vs. MT	vs. US	vs. HP2020	TREND
Cancer (Age-Adjusted Death Rate)	124.6	146.4	152.5	161.4	139.2
Lung Cancer (Age-Adjusted Death Rate)	21.4	32.6	36.6	45.5	
Prostate Cancer (Age-Adjusted Death Rate)	32.4	23.0	18.9	21.8	
Female Breast Cancer (Age-Adjusted Death Rate)	19.5	17.9	19.9	20.7	
Colorectal Cancer (Age-Adjusted Death Rate)	11.8	12.7	13.7	14.5	
Cancer Incidence Rate (All Sites)	416.6	454.4	448.0		
Female Breast Cancer Incidence Rate	124.3	124.0	125.2		
Prostate Cancer Incidence Rate	117.6	113.0	104.1		
Lung Cancer Incidence Rate	34.3	54.8	59.2		
Colorectal Cancer Incidence Rate	31.7	38.0	38.7		
% Skin Cancer	6.6	7.6	6.1		7.8
% Cancer (Other Than Skin)	2.5	7.9	5.6		20.8
% [Women 50-74] Mammogram in Past 2 Years	70.5	74.3	76.1	81.1	79.1
% [Women 21-65] Cervical Cancer Screening	73.9	77.1	73.8	93.0	56.8
% [Age 50-75] Colorectal Cancer Screening	68.1	64.8	77.4	70.5	68.9
% Household Tested for Radon Gas	32.3				41.4

better similar worse

DIABETES	Big Sky Area	BIG SKY vs. BENCHMARKS vs. MT	vs. US	vs. HP2020	TREND
Diabetes (Age-Adjusted Death Rate)	10.4	21.4	21.3	20.5	10.5
% Diabetes/High Blood Sugar	4.0	9.4	13.8		4.6
% Borderline/Pre-Diabetes	5.2		9.7		21.5
% [Non-Diabetics] Blood Sugar Tested in Past 3 Years	47.1		43.3		58.9
		better	similar	worse	

HEART DISEASE & STROKE	Big Sky Area	BIG SKY vs. BENCHMARKS vs. MT	vs. US	vs. HP2020	TREND
Diseases of the Heart (Age-Adjusted Death Rate)	131.9	157.5	164.7	156.9	150.0
% Heart Disease (Heart Attack, Angina, Coronary Disease)	5.0	6.8	6.1		4.3
Stroke (Age-Adjusted Death Rate)	29.6	32.7	37.3	34.8	33.2
% Stroke	1.8	3.5	4.3		1.1
% Told Have High Blood Pressure	34.4	29.0	36.9	26.9	45.0
% Told Have High Cholesterol	27.9		32.7	13.5	20.8
% 1+ Cardiovascular Risk Factor	74.1		84.6		78.8
		better	similar	worse	

INFANT HEALTH & FAMILY PLANNING	Big Sky Area	BIG SKY vs. BENCHMARKS vs. MT	vs. US	vs. HP2020	TREND
Low Birthweight Births (Percent)	6.7	7.3	8.2	7.8	
Infant Death Rate	2.8	5.1	5.7	6.0	
Births to Adolescents Age 15 to 19 (Rate per 1,000)	9.6	24.6	22.7		
% [18-49] Unable to Receive Reproductive Health Care/Past Yr	21.2				

better similar worse

INJURY & VIOLENCE	Big Sky Area	BIG SKY vs. BENCHMARKS vs. MT	vs. US	vs. HP2020	TREND
Unintentional Injury (Age-Adjusted Death Rate)	32.5	51.8	48.3	36.4	46.0
Motor Vehicle Crashes (Age-Adjusted Death Rate)	12.2	16.5	11.5	12.4	
% Distracted Driving	53.3				32.0
% "Always" Wear a Seat Belt	86.3				74.5
[65+] Falls (Age-Adjusted Death Rate)	48.8	84.1	63.4	47.0	
% [Age 45+] Fell in the Past Year	41.2		27.5		46.6
Firearm-Related Deaths (Age-Adjusted Death Rate)	16.1	19.6	11.9		
% Unlocked Firearm In or Around the Home	31.1				
Violent Crime Rate	242.4	393.7	416.0		
% Victim of Intimate Partner Violence	14.7		13.7		20.0

better similar worse

KIDNEY DISEASE	Big Sky Area	BIG SKY vs. BENCHMARKS vs. MT	vs. US	vs. HP2020	TREND
Kidney Disease (Age-Adjusted Death Rate)	6.7	10.3	13.0		
		better	similar	worse	

MENTAL HEALTH	Big Sky Area	BIG SKY vs. BENCHMARKS vs. MT	vs. US	vs. HP2020	TREND
% "Fair/Poor" Mental Health	12.8		13.4		20.0
% Diagnosed Depression	20.0	21.9	20.6		28.6
% Symptoms of Chronic Depression (2+ Years)	31.5		30.3		36.0
% Typical Day Is "Extremely/Very" Stressful	14.7		16.1		14.9
% Average <7 Hours of Sleep per Night	22.2				19.0
Suicide (Age-Adjusted Death Rate)	22.3	26.6	13.9	10.2	18.5
Mental Health Providers per 100,000	293.4	303.0	202.8		
% Have Ever Sought Help for Mental Health	35.5		30.0		24.7
% Taking Rx/Receiving Mental Health Trtmt	14.9		16.8		21.6
% Unable to Get Mental Health Svcs in Past Yr	5.7		7.8		0.4
		better	similar	worse	

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	Big Sky Area	BIG SKY vs. BENCHMARKS vs. MT	vs. US	vs. HP2020	TREND
Population With Low Food Access (Percent)	20.8	24.3	22.4		
% 5+ Servings of Fruits/Vegetables per Day	35.3		32.7		23.8
% 7+ Sugar-Sweetened Drinks in Past Week	18.3				11.8
% No Leisure-Time Physical Activity	6.4	22.7	31.3	32.6	10.1
% Meeting Physical Activity Guidelines	35.8	21.1	21.4	20.1	29.5
% Healthy Weight (BMI 18.5-24.9)	42.8	34.7	34.5	33.9	36.9
% Overweight (BMI 25+)	57.2	63.2	61.0		62.4
% Obese (BMI 30+)	24.5	26.9	31.3	30.5	22.6
% [Overweights] Counseled About Weight in Past Year	32.2		24.7		21.0
		better	similar	worse	

ORAL HEALTH	Big Sky Area	BIG SKY vs. BENCHMARKS vs. MT	vs. US	vs. HP2020	TREND
% Have Dental Insurance	54.4		68.7		52.0
% [Age 18+] Dental Visit in Past Year	64.4	66.4	62.0	49.0	67.6
		better	similar	worse	

POTENTIALLY DISABLING CONDITIONS	Big Sky Area	BIG SKY vs. BENCHMARKS vs. MT	vs. US	vs. HP2020	TREND
% 3+ Chronic Conditions	25.8		32.5		
% Activity Limitations	18.6		24.0		27.1
% Sciatica/Chronic Back Pain	23.3		16.5		26.6
Alzheimer's Disease (Age-Adjusted Death Rate)	13.6	21.7	30.6		14.5
		better	similar	worse	

RESPIRATORY DISEASE	Big Sky Area	BIG SKY vs. BENCHMARKS vs. MT	vs. US	vs. HP2020	TREND
CLRD (Age-Adjusted Death Rate)	32.8	50.8	40.4		31.5
Pneumonia/Influenza (Age-Adjusted Death Rate)	8.1	11.7	14.2		12.0
% [Adult] Asthma	9.7	10.0	12.9		7.9
% COPD (Lung Disease)	7.0	6.0	6.4		5.7
		better	similar	worse	

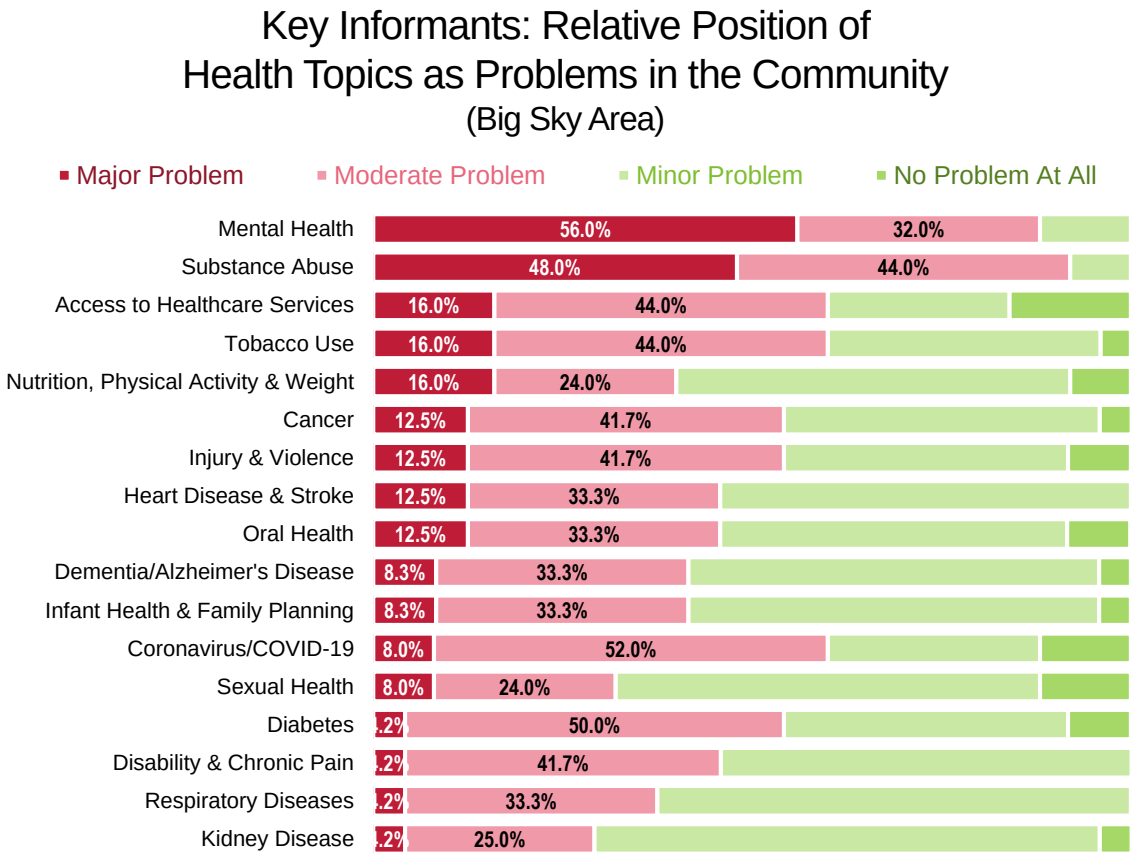
SEXUAL HEALTH	Big Sky Area	BIG SKY vs. BENCHMARKS vs. MT	vs. US	vs. HP2020	TREND
Chlamydia Incidence Rate	476.8	468.1	539.9		
Gonorrhea Incidence Rate	23.3	112.4	179.1		
% Rec'd HPV Info from Health Provider/Past 3 Yrs	28.8				22.6
% [Age 18-49] Have Had an HPV Vaccination	14.8				
		better	similar	worse	

SUBSTANCE ABUSE	Big Sky Area	BIG SKY vs. BENCHMARKS vs. MT	vs. US	vs. HP2020	TREND
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	5.6	13.9	10.9	8.2	
% Excessive Drinker	33.9	20.1	27.2	25.4	27.3
% Drinking & Driving in Past Month	11.0				4.0
% Rode With a Drunk Driver in the Past Month	6.8				
% Illicit Drug Use in Past Month	8.6		2.0	7.1	4.4
% Ever Sought Help for Alcohol or Drug Problem	3.3		5.4		2.6
% Personally Impacted by Substance Abuse	48.5		35.8		49.9
		better	similar	worse	

TOBACCO USE	Big Sky Area	BIG SKY vs. BENCHMARKS vs. MT	vs. US	vs. HP2020	TREND
% Current Smoker	13.3	18.0	17.4	12.0	6.5
% Currently Use Vaping Products	5.8	3.9	8.9		1.6
% Use Smokeless Tobacco	4.5	6.6			8.1
		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 17 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 also are 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; rather, they are one of several data inputs considered for the prioritization process described earlier.)



DATA CHARTS & KEY INFORMANT INPUT

The following sections present data from multiple sources, including the population-based PRC Community Health Survey, public health and other existing data sets (secondary data), as well as qualitative input from the Online Key Informant Survey.

Data indicators from these sources are intermingled and organized by health topic. To better understand the source data for specific indicators, please refer to the footnotes accompanying each chart.

COMMUNITY CHARACTERISTICS

Population Characteristics

Population

Data from the US Census Bureau reveal the following statistics for our community relative to population size. [COUNTY-LEVEL DATA]

Total Population
(Estimated Population, 2014-2018)

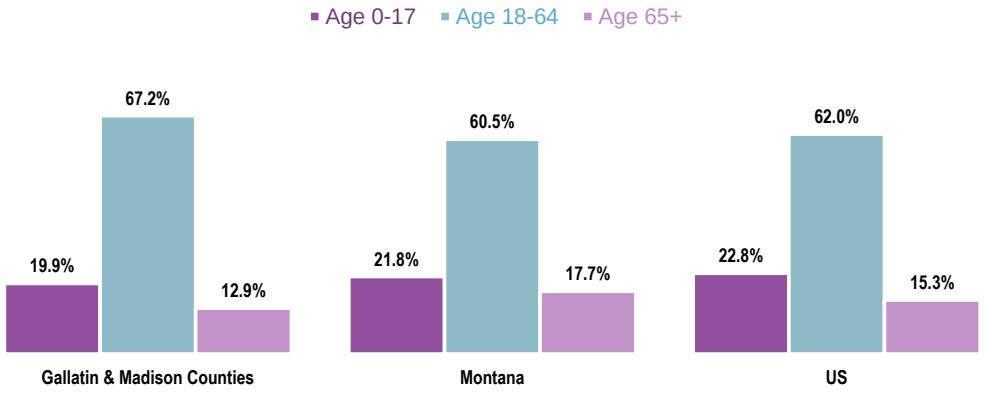
	TOTAL POPULATION
Big Sky Area (ZIP Codes 59716, 59730, 59758)	6,112
Gallatin & Madison Counties	112,947
Montana	1,041,732
United States	322,903,030

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved May 2020 from CARES Engagement Network at https://engagementnetwork.org.

Age

It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum. [COUNTY-LEVEL DATA]

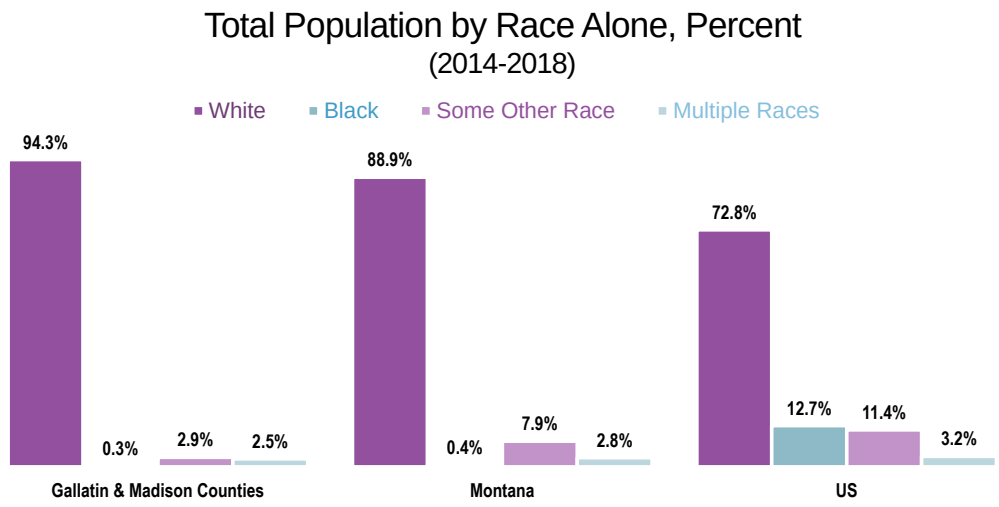
Total Population by Age Groups, Percent
(2014-2018)



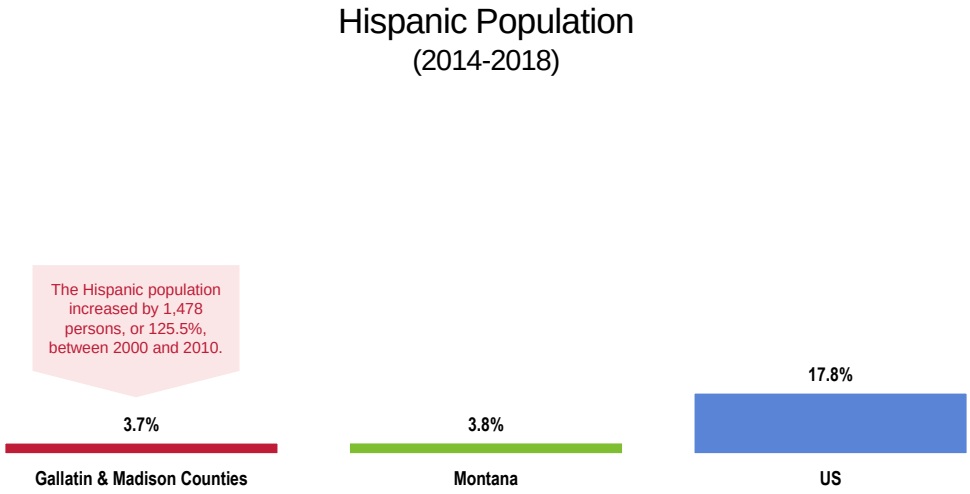
Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved May 2020 from CARES Engagement Network at https://engagementnetwork.org.

Race & Ethnicity

The following charts illustrate the racial and ethnic makeup of our community. Note that ethnicity (Hispanic or Latino) can be of any race. [COUNTY-LEVEL DATA]



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved May 2020 from CARES Engagement Network at https://engagementnetwork.org.



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved May 2020 from CARES Engagement Network at https://engagementnetwork.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.

Social Determinants of Health

ABOUT SOCIAL DETERMINANTS

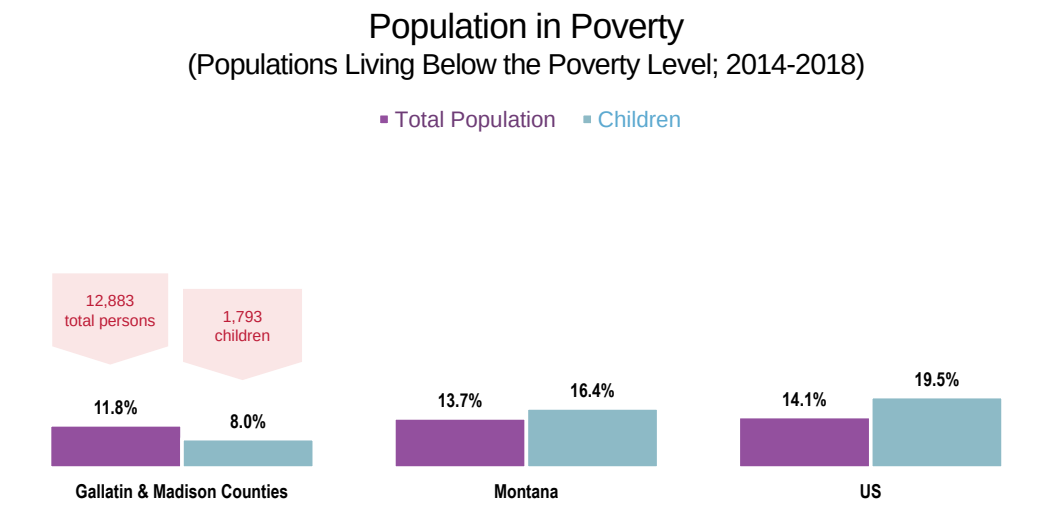
Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is 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)

Income & Poverty

Poverty

The following chart outlines the proportion of our population below the federal poverty threshold, as well as below 200% of the federal poverty level, in comparison to state and national proportions. [COUNTY-LEVEL DATA]



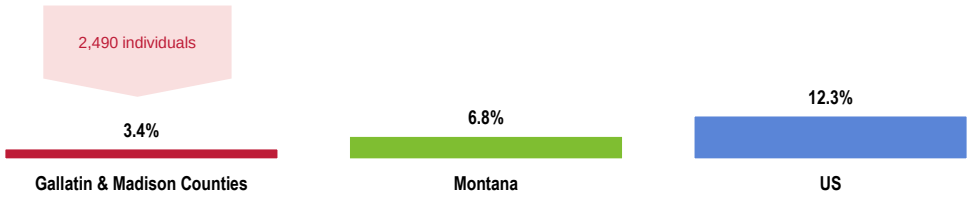
Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved May 2020 from CARES Engagement Network at https://engagementnetwork.org.

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.

Education

Education levels are reflected in the proportion of our population without a high school diploma. [COUNTY-LEVEL DATA]

Population With No High School Diploma
(Population Age 25+ Without a High School Diploma or Equivalent, 2014-2018)



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved May 2020 from CARES Engagement Network at https://engagementnetwork.org.

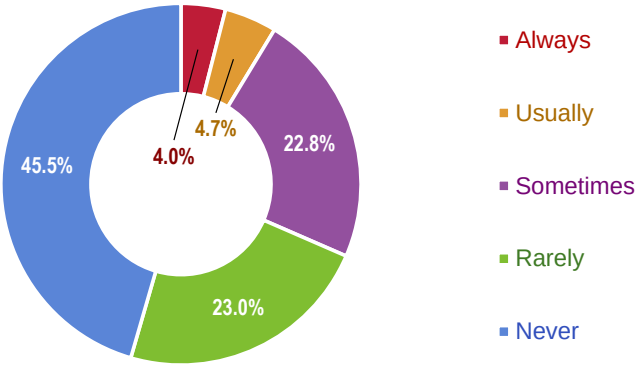
Notes:
- This indicator is relevant because educational attainment is linked to positive health outcomes.

Housing

Housing Insecurity

"In the past 12 months, how often were you worried or stressed about having enough money to pay your rent or mortgage? Would you say you were worried or stressed: always, usually, sometimes, rarely, or never?"

Frequency of Worry or Stress Over Paying Rent or Mortgage in the Past Year
(Big Sky Area, 2020)



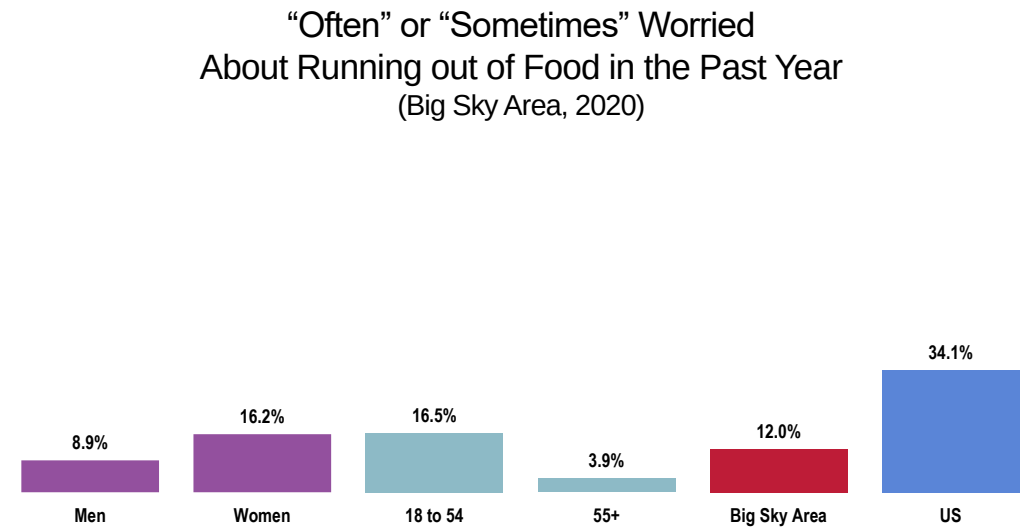
Note that 9.3% of Big Sky Area adults report a time in the past 2 years when they were living on the street, in a car, in a temporary shelter, or otherwise without housing.

Sources:
- 2020 PRC Community Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Food Insecurity

Please tell me whether the following statement was 'often true,' 'sometimes true,' or 'never true' for you in the past 12 months: "I worried about whether our food would run out before we got money to buy more."



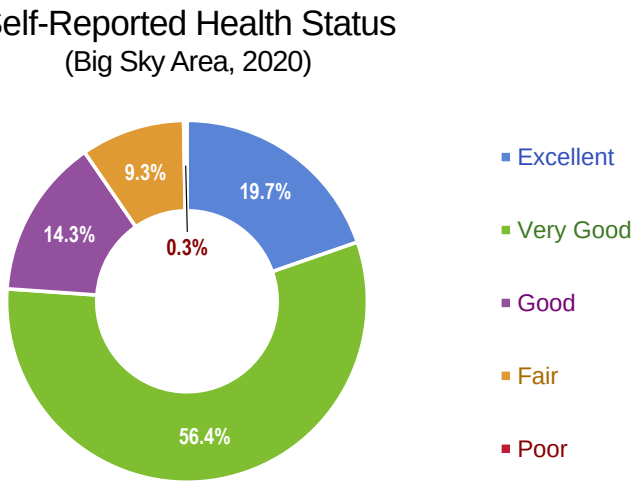
Sources:
- 2020 PRC Community Health Survey, PRC, Inc.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

HEALTH STATUS

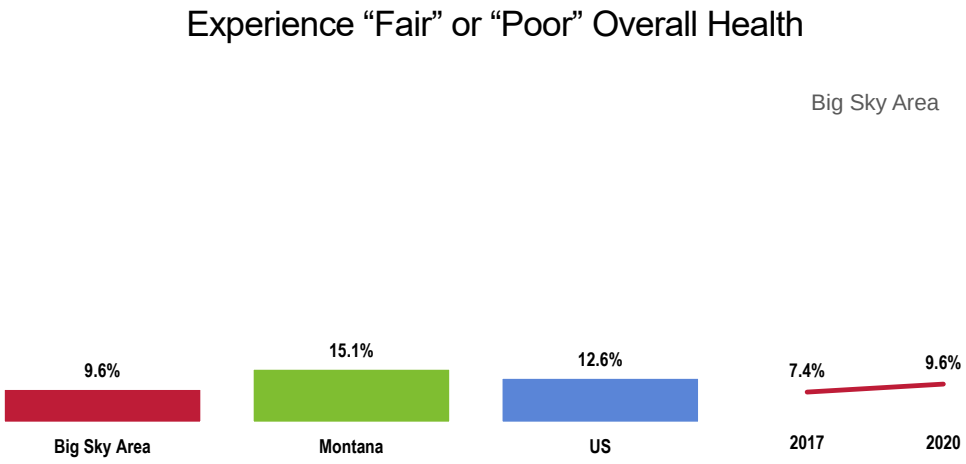
Overall Health

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



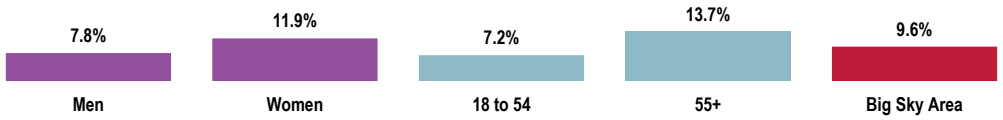
Sources: ● 2020 PRC Community Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

The following charts further detail "fair/poor" overall health responses in the Big Sky Area in comparison to benchmark data, as well as by gender and age groupings.



Sources: ● 2020 PRC Community Health Survey, PRC, 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): 2018 Montana data.
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Experience “Fair” or “Poor” Overall Health
(Big Sky Area, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

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.

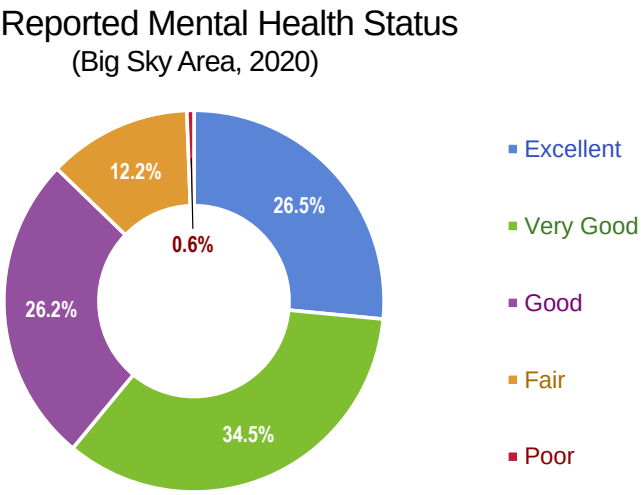
Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, 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.

– Healthy People 2020 (www.healthypeople.gov)

Mental Health Status

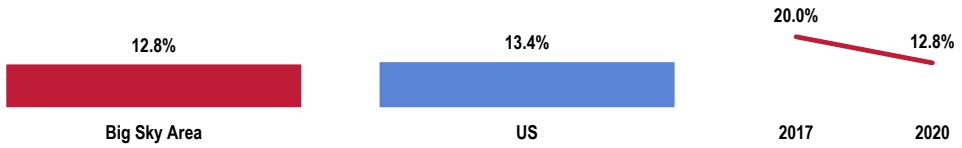
"Now thinking about your mental health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair, or poor?"



Sources: ● 2020 PRC Community Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Experience “Fair” or “Poor” Mental Health

Big Sky Area



Sources:
- 2020 PRC Community Health Survey, PRC, Inc.
- 2020 PRC National Health Survey, PRC, Inc.

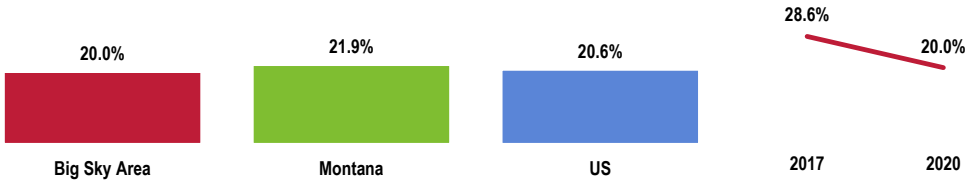
Notes:
- Asked of all respondents.

Depression

DIAGNOSED DEPRESSION ▶ **“Has a doctor or other healthcare provider ever told you that you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?”**

Have Been Diagnosed With a Depressive Disorder

Big Sky Area



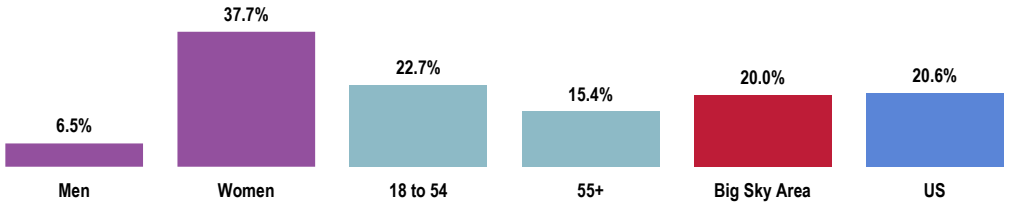
Sources:
- 2020 PRC Community Health Survey, PRC, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Montana data.
- 2020 PRC National Health Survey, PRC, Inc.

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

SYMPTOMS OF CHRONIC DEPRESSION ► **"Have you had two years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?"**

Have Been Diagnosed With a Depressive Disorder
(Big Sky Area, 2020)

31.5% of Big Sky Area adults exhibit symptoms of chronic depression, reporting that they have had two years or more in their life when they felt depressed or sad most days, even if they felt okay sometimes.



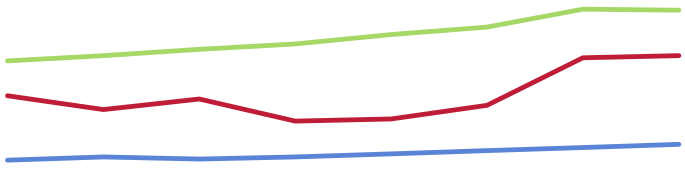
Sources:
- 2020 PRC Community Health Survey, PRC, Inc.
- 2020 PRC National Health Survey, PRC, Inc.

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

Suicide

The following chart outlines the most current age-adjusted mortality rates attributed to suicide in our population (refer to "Leading Causes of Death" for an explanation of the use of age-adjusting for these rates). [COUNTY-LEVEL DATA]

Suicide: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 = 10.2 or Lower



	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Gallatin & Madison Counties	18.5	17.2	18.2	16.1	16.3	17.6	22.1	22.3
Montana	21.8	22.3	22.9	23.4	24.3	25.0	26.7	26.6
US	12.4	12.7	12.5	12.7	13.0	13.3	13.6	13.9

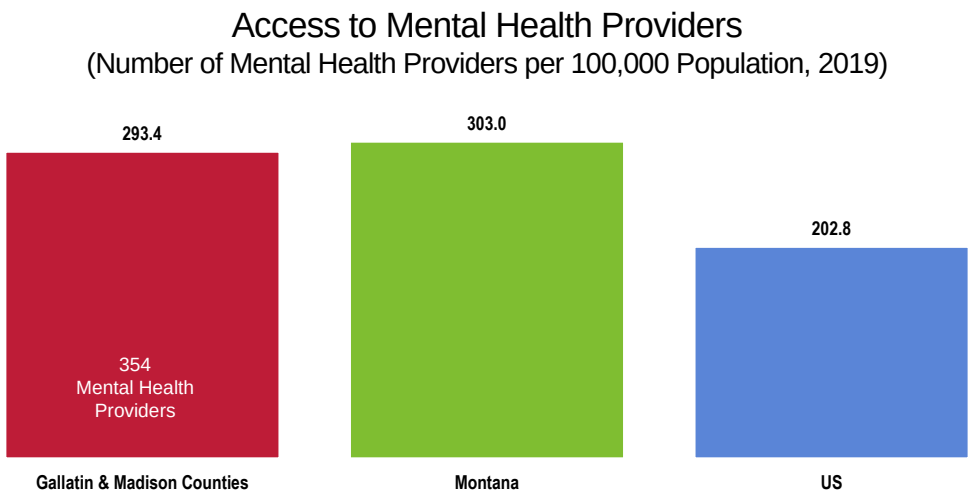
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2020.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov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

Note also that the firearm-related death rate in Gallatin and Madison counties is significantly above that found nationally — further, 31.1% of surveyed Big Sky Area households have an unlocked firearm.

Mental Health Treatment

Here, "mental health providers" includes psychiatrists, psychologists, clinical social workers, and counsellors who specialize in mental health care. Note that this indicator only reflects providers practicing in Gallatin/Madison counties and residents in Gallatin/Madison counties; it does not account for the potential demand for services from outside the area, nor the potential availability of providers in surrounding areas.

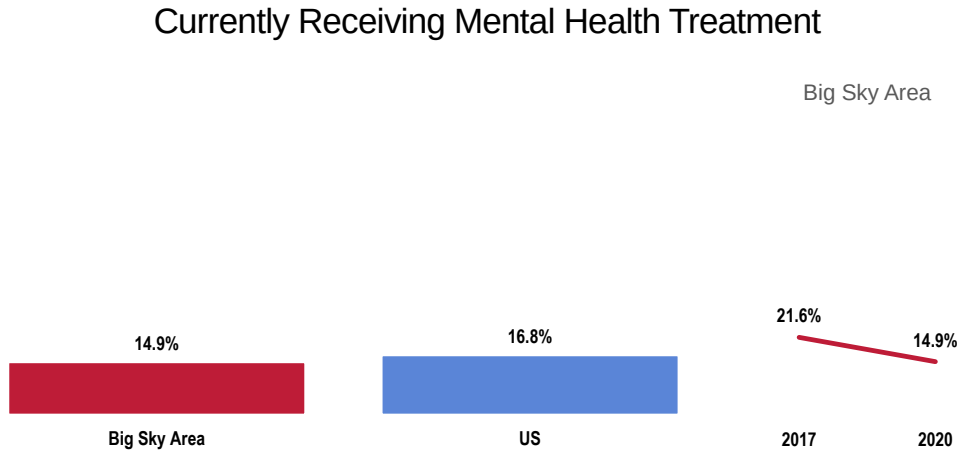
The following chart outlines access to mental health providers, expressed as the number of providers (psychiatrists, psychologists, clinical social workers, and counsellors who specialize in mental health care) per 100,000 residents. [COUNTY-LEVEL DATA]



Sources:
- University of Wisconsin Population Health Institute, County Health Rankings.
- Retrieved May 2020 from CARES Engagement Network at https://engagementnetwork.org.

Notes:
- This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

"Are you now taking medication or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?"

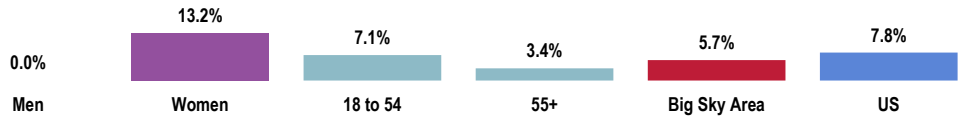


Sources:
- 2020 PRC Community Health Survey, PRC, Inc.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- "Treatment" can include taking medications for mental health.

"Was there a time in the past 12 months when you needed mental health services but were not able to get them?"

Unable to Get Mental Health Services
When Needed in the Past Year
(Big Sky Area, 2020)

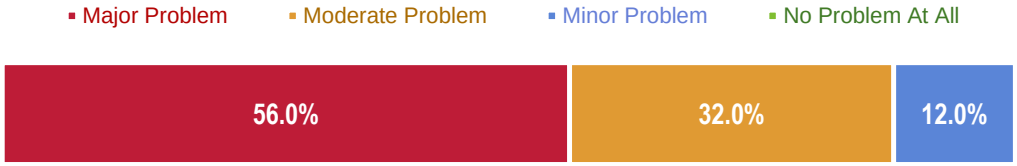


Sources: ● 2020 PRC Community Health Survey, PRC, Inc.
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Key Informant Input: Mental Health

The following chart outlines key informants' perceptions of the severity of *Mental Health* as a problem in the community:

Perceptions of Mental Health
as a Problem in the Community
(Key Informants, 2020)



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

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

Access to Care/Services

> Access to care. Not many available options. – Physician (Gallatin Gateway, Big Sky & West Yellowstone)
>
> Access to counseling services outside of Bozeman. – Physician (Gallatin Gateway, Big Sky & West Yellowstone)
>
> Access to and affordability of mental health services. Stigma. – Community Leader (Gallatin Gateway, Big Sky & West Yellowstone)
>
> Not enough access to mental health providers. We need more providers and better access to mental health. – Other Health Provider (Gallatin Gateway, Big Sky & West Yellowstone)
>
> Access to help. – Community Leader (Gallatin Gateway, Big Sky & West Yellowstone)

> CHP has provided a mental health counselor in West Yellowstone once a week and mental telehealth. I still find the need for more one-on-one in the community and more days. It takes four to five weeks or longer to get a counselor when most times it is needed immediately. – Social Services Provider (Gallatin Gateway, Big Sky & West Yellowstone)
>
> Lack of access, stigma. I believe we currently have two mental health therapists come down once a week. They have long wait lists. It would be great to have a child psychologist available. – Community Leader (Gallatin Gateway, Big Sky & West Yellowstone)
>
> Access and cost. – Community Leader (Gallatin Gateway, Big Sky & West Yellowstone)

Affordable Care/Services

> Affordability of care and stigma of receiving care. – Public Health Representative (Gallatin Gateway, Big Sky & West Yellowstone)
>
> There's no one qualified to help with mental health. – Community Leader (Gallatin Gateway, Big Sky & West Yellowstone)
>
> We don't have enough counselors to meet the needs due to our transient population. I think that brings people with more mental illness who struggle to work regular jobs that are not seasonal. – Other Health Provider (Gallatin Gateway, Big Sky & West Yellowstone)

Alcohol/Drug Use

> There is a lot of drug and alcohol abuse in the community as well as mental health disorders. There doesn't seem to be easy access to counseling or help when needed. – Community Leader (Gallatin Gateway, Big Sky & West Yellowstone)

Awareness/Education

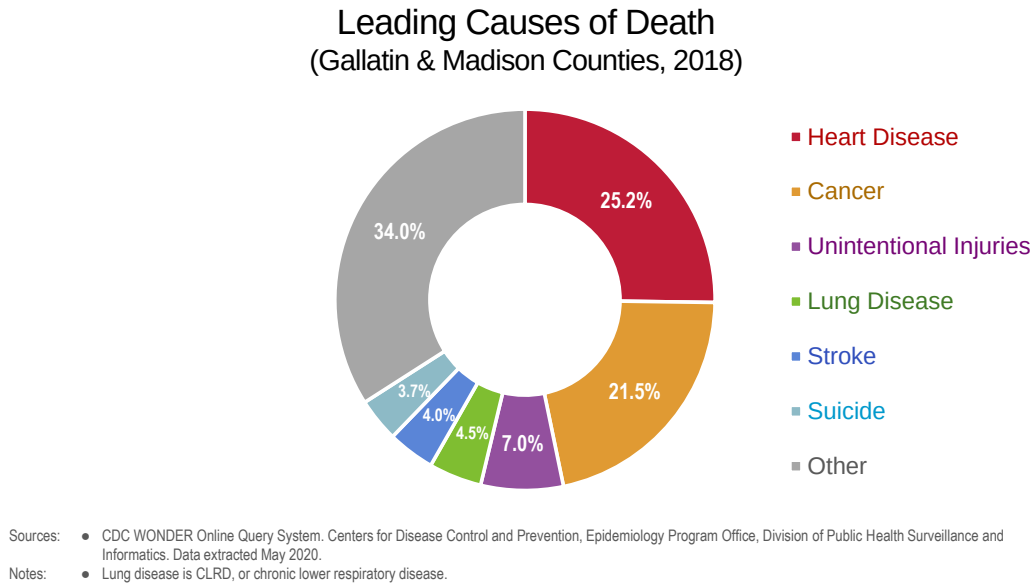
> Need for better outreach to community leaders, like HR directors, clergy, schoolteachers, on how to handle and what services are available when they come into contact with someone needing help. Need more promotional outreach to let those needing help feel comfortable reaching out to a local help system. Then, establishing highly effective process/people to provide the services in a timely, affordable, and locally based way. – Community Leader (Gallatin Gateway, Big Sky & West Yellowstone)

DEATH, DISEASE & CHRONIC CONDITIONS

Leading Causes of Death

Distribution of Deaths by Cause

Heart disease and cancers are leading causes of death in the community. [COUNTY-LEVEL DATA]



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 2020.
Notes: ● Lung disease is CLRD, or chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

AGE-ADJUSTED DEATH RATES

In order to compare mortality in the region with other localities (in this case, STATENAME 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 objectives.

The following chart outlines annual average age-adjusted death rates per 100,000 population for selected causes of death in the Big Sky Area. [COUNTY-LEVEL DATA]

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

Age-Adjusted Death Rates for Selected Causes
(2016-2018 Deaths per 100,000 Population)

	Gallatin & Madison Counties	Montana	US	HP2020
Diseases of the Heart	131.9	157.5	164.7	156.9*
Malignant Neoplasms (Cancers)	124.6	146.4	152.5	161.4
Fall-Related Deaths (65+)**	48.8	84.1	63.4	47.0
Chronic Lower Respiratory Disease (CLRD)	32.8	50.8	40.4	n/a
Unintentional Injuries	32.5	51.8	48.3	36.4
Cerebrovascular Disease (Stroke)	29.6	32.7	37.3	34.8
Intentional Self-Harm (Suicide)	22.3	26.6	13.9	10.2
Firearm-Related	16.1	19.6	11.9	9.3
Alzheimer's Disease	13.6	21.7	30.6	n/a
Motor Vehicle Deaths	12.2	16.5	11.5	12.4
Diabetes Mellitus	10.4	21.4	21.3	20.5*
Pneumonia/Influenza	8.1	11.7	14.2	n/a
Kidney Diseases**	6.7	10.3	13.0	n/a
Cirrhosis/Liver Disease**	5.6	13.9	10.9	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 2020.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov.

Note:
- *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.
- ** Represents 2014-2018 data.

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…. 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 health care.

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

The greatest share of cardiovascular deaths is attributed to heart disease. The following charts outline age-adjusted mortality rates for heart disease and for stroke in our community. [COUNTY-LEVEL DATA]

Heart Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 156.9 or Lower (Adjusted)

	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Gallatin & Madison Counties	150.0	138.7	130.6	121.8	122.4	128.0	126.3	131.9
Montana	155.1	154.0	154.1	151.0	152.6	152.7	155.1	157.5
US	195.1	190.7	171.1	168.9	168.4	167.0	166.3	164.7

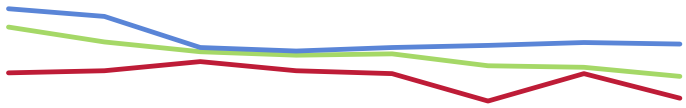
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2020.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov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

Notes:
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

Stroke: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 34.8 or Lower



	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Gallatin & Madison Counties	33.2	33.5	34.8	33.5	33.1	29.2	33.1	29.6
Montana	39.7	37.6	36.2	35.7	35.9	34.2	34.0	32.7
US	42.3	41.2	36.8	36.3	36.8	37.1	37.5	37.3

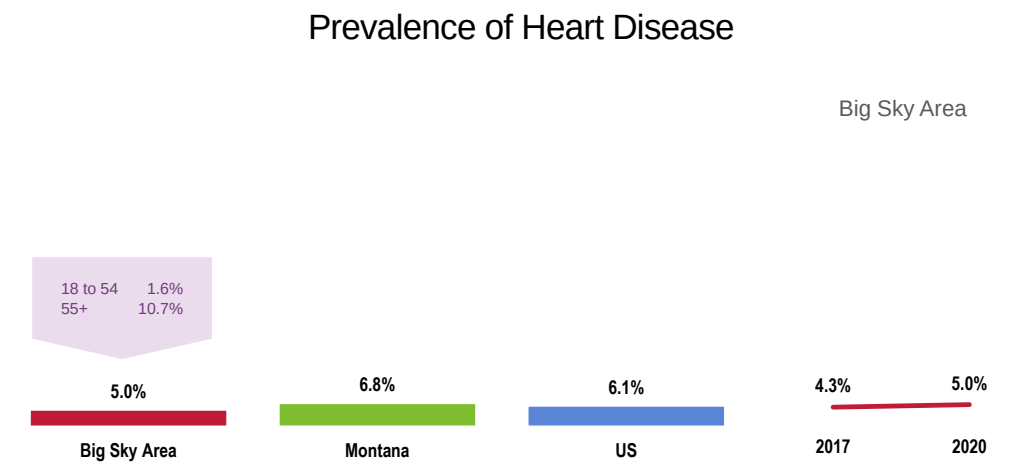
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2020.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov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

Prevalence of Heart Disease & Stroke

"Has a doctor, nurse, or other health professional ever told you that you had:

- A heart attack, also called a myocardial infarction?
- Angina or coronary heart disease?"

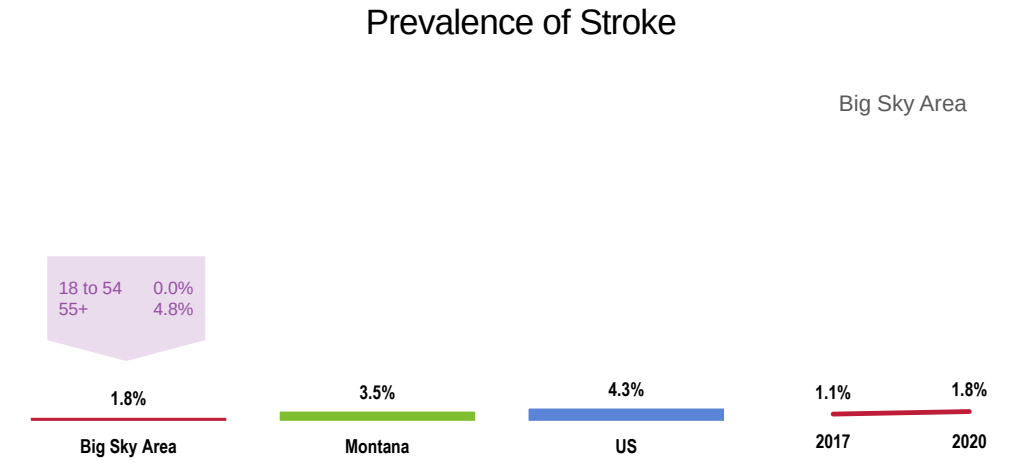
Heart disease prevalence here is a calculated prevalence that includes those responding affirmatively to either.



Sources:
- 2020 PRC Community Health Survey, PRC, 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): 2018 Montana data.
- 2020 PRC National Health Survey, PRC, Inc.

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

"Has a doctor, nurse, or other health professional ever told you that you had a stroke?"



Sources:
- 2020 PRC Community Health Survey, PRC, 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): 2018 Montana data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

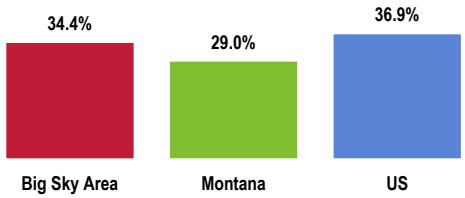
Cardiovascular Risk Factors

Blood Pressure & Cholesterol

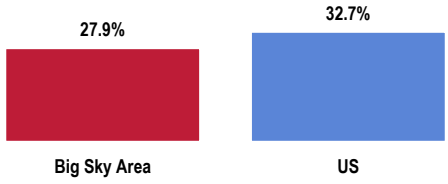
"Have you ever been told by a doctor, nurse, or other health care professional that you had high blood pressure?"

"Blood cholesterol is a fatty substance found in the blood. Have you ever been told by a doctor, nurse, or other health care professional that your blood cholesterol is high?"

Prevalence of
High Blood Pressure
Healthy People 2020 = 26.9% or Lower



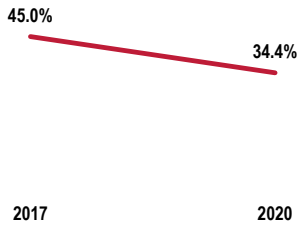
Prevalence of
High Blood Cholesterol
Healthy People 2020 = 13.5% or Lower



Sources:
- 2020 PRC Community Health Survey, PRC, 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): 2018 Montana data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives HDS-5.1, HDS-7]

Notes:
- Asked of all respondents.

Prevalence of
High Blood Pressure
(Big Sky Area)
Healthy People 2020 = 26.9% or Lower



Prevalence of
High Blood Cholesterol
(Big Sky Area)
Healthy People 2020 = 13.5% or Lower

Sources:
- 2020 PRC Community Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives HDS-5.1, HDS-7]

Notes:
- Asked of all respondents.

Total Cardiovascular Risk

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

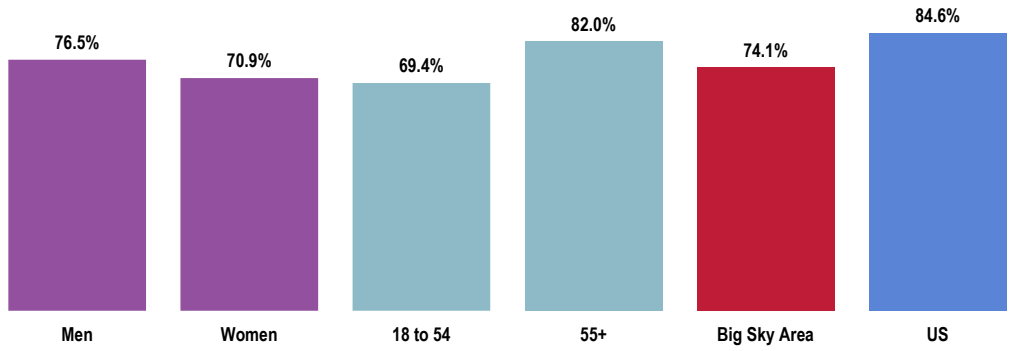
Total cardiovascular risk reflects the individual-level risk factors which put a person at increased risk for cardiovascular disease, including:

- High Blood Pressure
- High Blood Cholesterol
- Cigarette Smoking
- Physical Inactivity
- Overweight/Obesity

Modifying these behaviors and adhering to treatment for high blood pressure and cholesterol are critical both for preventing and for controlling cardiovascular disease.

The following chart reflects the percentage of adults in the Big Sky Area who report one or more of the following: being overweight; smoking cigarettes; being physically inactive; or having high blood pressure or cholesterol.

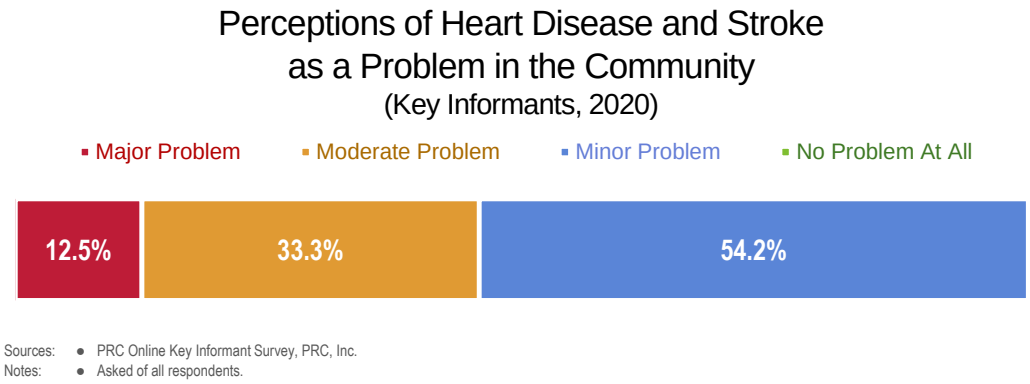
Present One or More Cardiovascular Risks or Behaviors
(Big Sky Area, 2020)



Sources: ● 2020 PRC Community Health Survey, PRC, Inc.
Notes: ● Reflects 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) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.

Key Informant Input: Heart Disease & Stroke

The following chart outlines key informants' perceptions of the severity of *Heart Disease & Stroke* as a problem in the community:



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

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

Prevalence/Incidence

> This remains one of the most common causes of death in the county, as everywhere. – Physician (Gallatin Gateway, Big Sky & West Yellowstone)

Contributing Factors

> Obesity, smoking, alcohol, and drugs are common in a resort community. – Social Services Provider (Gallatin Gateway, Big Sky & West Yellowstone)

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.

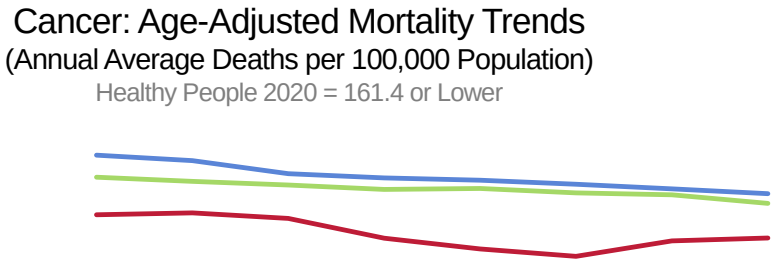
Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:

- 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

The following chart illustrates age-adjusted cancer mortality (all types) in the Big Sky Area. [COUNTY-LEVEL DATA]



	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Gallatin & Madison Counties	139.2	140.4	136.9	124.5	117.6	113.0	122.7	124.6
Montana	162.9	160.3	158.0	155.2	155.8	153.0	151.8	146.4
US	176.8	173.3	165.1	162.5	161.0	158.5	155.6	152.5

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 2020.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]

Lung cancer is by far the leading cause of cancer deaths in the Big Sky Area. [COUNTY-LEVEL DATA]

Age-Adjusted Cancer Death Rates by Site
(2016-2018 Annual Average Deaths per 100,000 Population)

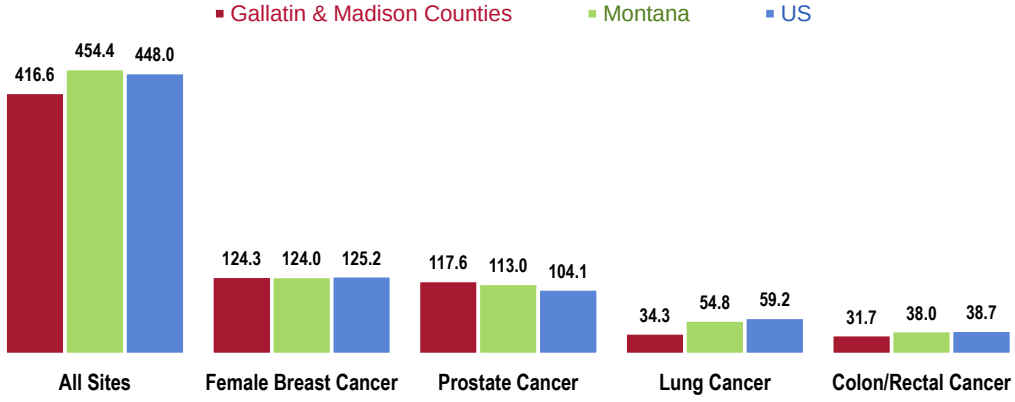
	Gallatin & Madison Counties	Montana	US	HP2020
ALL CANCERS	**124.6**	**146.4**	**152.5**	**161.4**
Prostate Cancer	**32.4**	**23.0**	**18.9**	**21.8**
Lung Cancer	**21.4**	**32.6**	**36.6**	**45.5**
Female Breast Cancer	**19.5**	**17.9**	**19.9**	**20.7**
Colorectal Cancer	**11.8**	**12.7**	**13.7**	**14.5**

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 2020.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov

Cancer Incidence

"Incidence rate" or "case rate" is the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted. It is usually expressed as cases per 100,000 population per year. [COUNTY-LEVEL DATA]

Cancer Incidence Rates by Site
(Annual Average Age-Adjusted Incidence per 100,000 Population, 2012-2016)



Sources:
- State Cancer Profiles.
- Retrieved May 2020 from CARES Engagement Network at https://engagementnetwork.org.

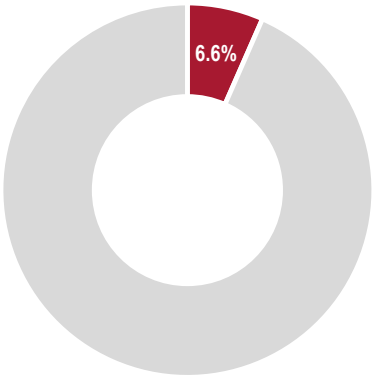
Notes:
- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important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

Prevalence of Cancer

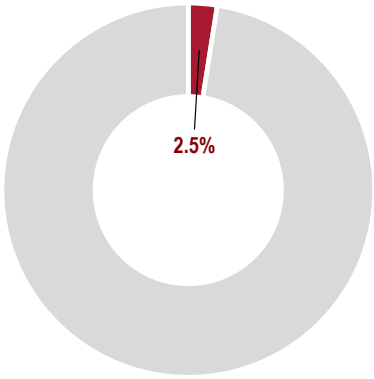
"Have you ever suffered from or been diagnosed with skin cancer?"

"Have you ever suffered from or been diagnosed with cancer, other than skin cancer?"

Prevalence of Skin Cancer
(Big Sky Area, 2020)



Prevalence of Non-Skin Cancer
(Big Sky Area, 2020)



Sources: ● 2020 PRC Community Health Survey, PRC, Inc.
Notes: ● Reflects all respondents.

RELATED ISSUE
See also *Nutrition, Physical Activity & Weight* 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.

FEMALE BREAST CANCER

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women aged 50 to 74 years.

CERVICAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (i.e., cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.

COLORECTAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years.

– 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.

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).

BREAST CANCER SCREENING ► **"A mammogram is an x-ray of each breast to look for cancer. How long has it been since you had your last mammogram?"**

Breast cancer screening is calculated here among women age 50 to 74 who indicate mammography within the past 2 years.

CERVICAL CANCER SCREENING ► **"A Pap test is a test for cancer of the cervix. How long has it been since you had your last Pap test?"**

[If Pap test in the past five years] **"HPV, or the human papillomavirus, is a common infection that can cause several types of cancer. When you received your last Pap test, were you screened for HPV?"**

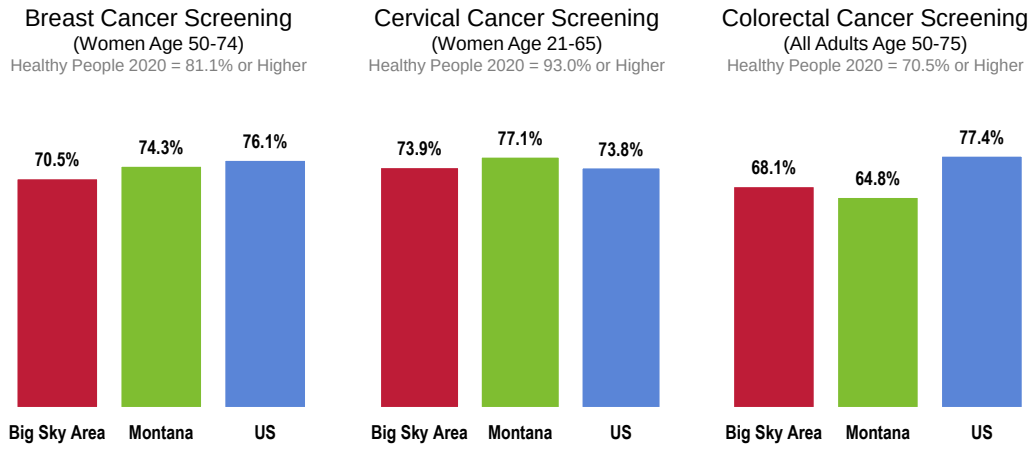
"Have you ever had a hysterectomy?"

"Appropriate cervical cancer screening" includes Pap smear testing (cervical cytology) every three years in women age 21 to 29 and Pap smear testing and/or HPV testing every 5 years in women age 30 to 65. Women 21 to 65 with hysterectomy are excluded.

COLORECTAL CANCER SCREENING ► **"Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. How long has it been since your last sigmoidoscopy or colonoscopy?"**

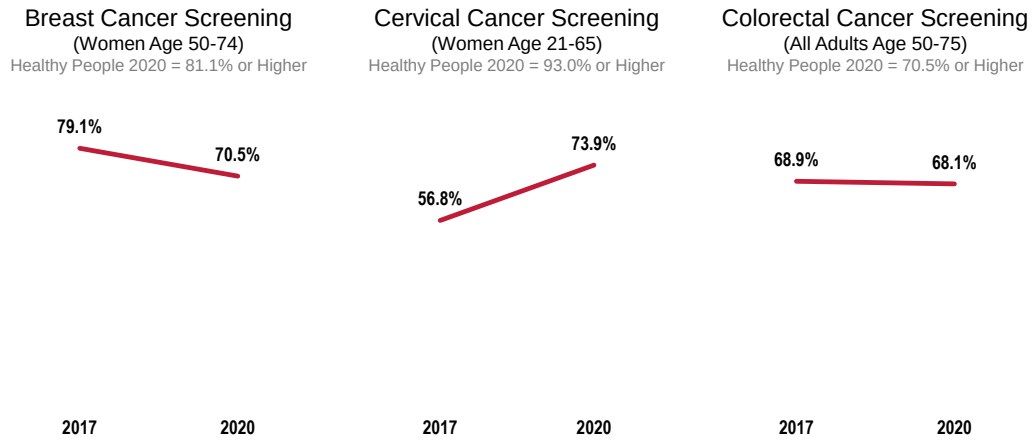
"A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. How long has it been since you had your last blood stool test?"

"Appropriate colorectal cancer screening" is calculated here among men and women age 50 to 75 years who have had a fecal occult blood test within the past year and/or a lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.



Sources:
- 2020 PRC Community Health Survey, PRC, 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): 2018 Montana data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives C-15, C-16, C-17]

Notes:
- Each indicator is shown among the gender and/or age group specified.

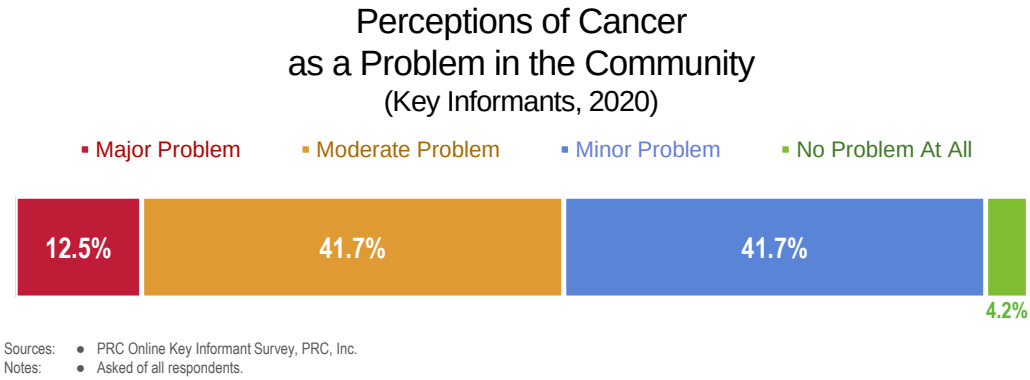


Sources:
- 2020 PRC Community Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives C-15, C-16, C-17]

Notes:
- Each indicator is shown among the gender and/or age group specified.

Key Informant Input: Cancer

The following chart outlines key informants' perceptions of the severity of *Cancer* as a problem in the community:



Sources: PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

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

Prevalence/Incidence

> I don't know if it's just because we are in a small town and know most locals, but it seems like our community has had more than its fair share of cancer patients in the last ten years. Not sure why. – Community Leader (Gallatin Gateway, Big Sky & West Yellowstone)
>
> In the fire service cancer is a major problem. Nationally we need to do a better job of educating our firefighters and the community. – Social Services Provider (Gallatin Gateway, Big Sky & West Yellowstone)

Access to Care/Services

> People struggle to get to their treatments because of our location. – Other Health Provider (Gallatin Gateway, Big Sky & West Yellowstone)

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 health care system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars.

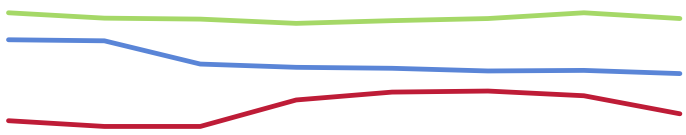
– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Respiratory Disease Deaths

Chronic lower respiratory diseases (CLRD) are diseases affecting the lungs; the most deadly of these is chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis. Mortality for CLRD is illustrated in the charts that follow.

Pneumonia and influenza mortality is also illustrated. [COUNTY-LEVEL DATA]

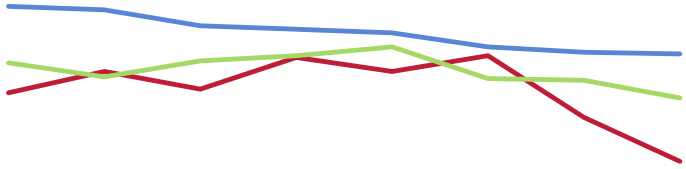
CLRD: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)



	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Gallatin & Madison Counties	31.5	30.4	30.4	35.4	36.9	37.1	36.2	32.8
Montana	51.9	50.9	50.7	49.9	50.4	50.8	51.9	50.8
US	46.8	46.6	42.2	41.6	41.4	40.9	41.0	40.4

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 2020.
Notes: ● CLRD is chronic lower respiratory disease.

Pneumonia/Influenza: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)



	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Gallatin & Madison Counties	12.0	13.2	12.2	14.0	13.2	14.1	10.6	8.1
Montana	13.7	12.9	13.8	14.1	14.6	12.8	12.7	11.7
US	16.9	16.7	15.8	15.6	15.4	14.6	14.3	14.2

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 2020.

Prevalence of Respiratory Disease

Asthma

ADULTS ► **"Have you ever been told by a doctor, nurse, or other health professional that you had asthma?" and "Do you still have asthma?"** (Calculated here as a prevalence of all adults who have ever been diagnosed with asthma and who still have asthma.)

Prevalence of Asthma

Big Sky Area

Sources: ● 2020 PRC Community Health Survey, PRC, 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): 2018 Montana data.
● 2020 PRC National Health Survey, PRC, Inc.

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

Chronic Obstructive Pulmonary Disease (COPD)

"Would you please tell me if you have ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema?"

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)

Big Sky Area

Sources:
- 2020 PRC Community Health Survey, PRC, 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): 2018 Montana data.
- 2020 PRC National Health Survey, PRC, 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.

Key Informant Input: Respiratory Disease

The following chart outlines key informants' perceptions of the severity of *Respiratory Disease* as a problem in the community:

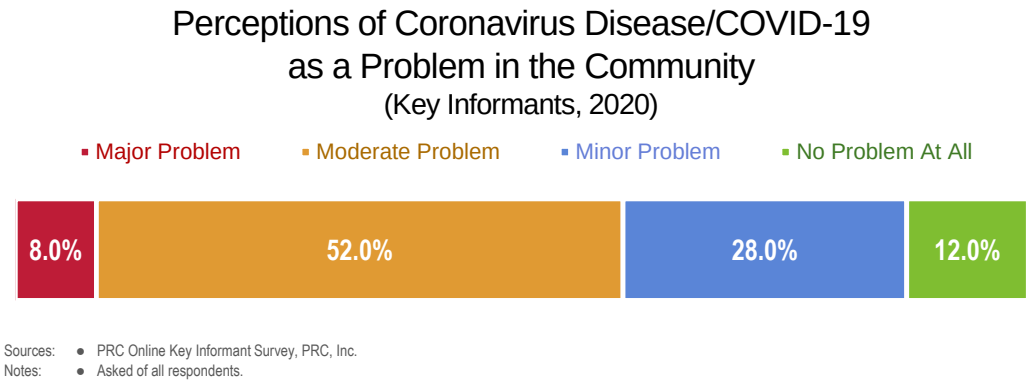
Perceptions of Respiratory Diseases as a Problem in the Community
(Key Informants, 2020)

Sources:
- PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Key Informant Input: Coronavirus Disease/COVID-19

The following chart outlines key informants' perceptions of the severity of *Coronavirus Disease/COVID-19* as a problem in the community:



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

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

Tourism

> This is a resort community that is currently closed because of the Covid-19. We normally have many visitors from all over which puts us at risk for an outbreak. – Physician (Gallatin Gateway, Big Sky & West Yellowstone)

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.

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).

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

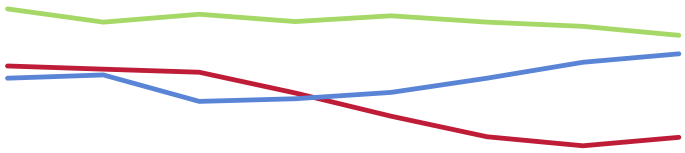
Age-Adjusted Unintentional Injury Deaths

The following chart outlines age-adjusted mortality rates for unintentional injury in the area. [COUNTY-LEVEL DATA]

Unintentional Injuries: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 36.4 or Lower



	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Gallatin & Madison Counties	46.0	45.4	44.8	40.9	36.5	32.6	30.9	32.5
Montana	56.8	54.3	55.8	54.4	55.5	54.3	53.5	51.8
US	43.7	44.3	39.3	39.8	41.0	43.7	46.7	48.3

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 2020.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]

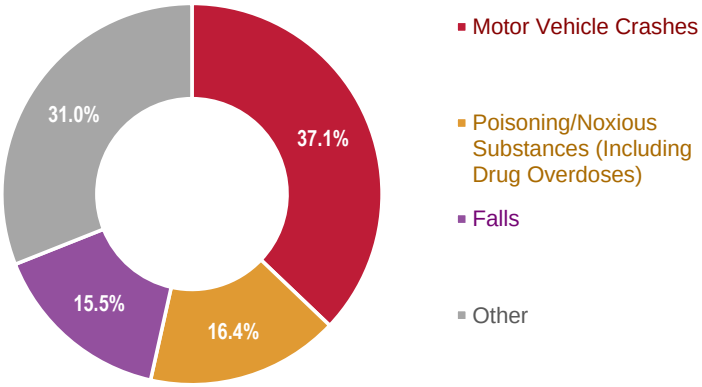
Leading Causes of Unintentional Injury Deaths

Leading causes of accidental death in the area include the following: [COUNTY-LEVEL DATA]

RELATED ISSUE
For more information about unintentional drug-related deaths, see also *Substance Abuse* in the **Modifiable Health Risks** section of this report.

Leading Causes of Unintentional Injury Deaths

(Gallatin & Madison Counties, 2016-2018)



Note that over half (53.3%) of Big Sky Area adults acknowledge **texting and driving** (vehicle in motion) in the past month.

13.7% of adults acknowledge not always wearing a seat belt while driving.

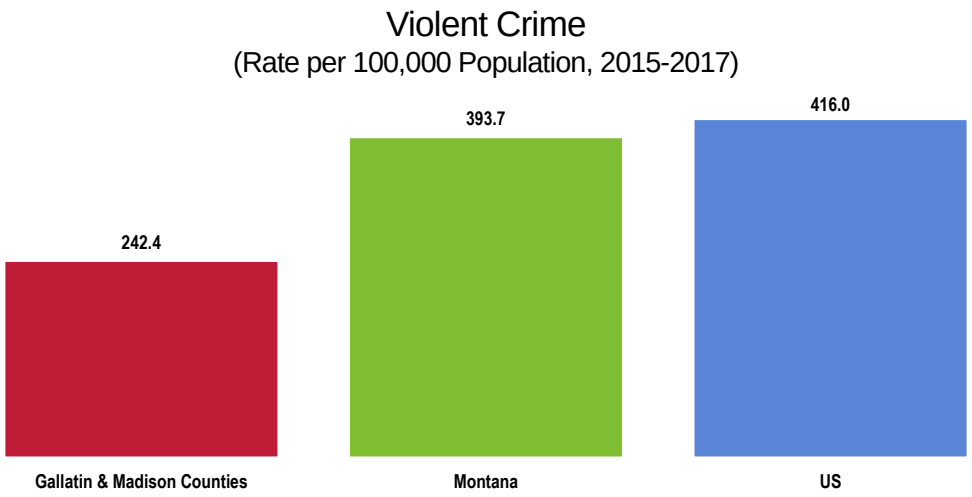
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2020.

Intentional Injury (Violence)

Violent Crime

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

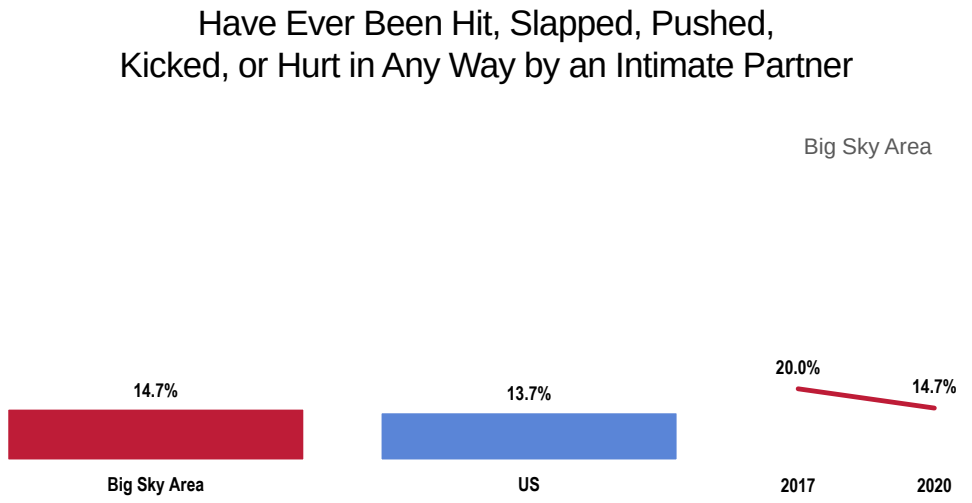
Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions. [COUNTY-LEVEL DATA]



Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports.
- Retrieved May 2020 from CARES Engagement Network at https://engagementnetwork.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.

INTIMATE PARTNER VIOLENCE ▶ **"The next questions are about different types of violence in relationships with an intimate partner. 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. Has an intimate partner ever hit, slapped, pushed, kicked, or hurt you in any way?"**

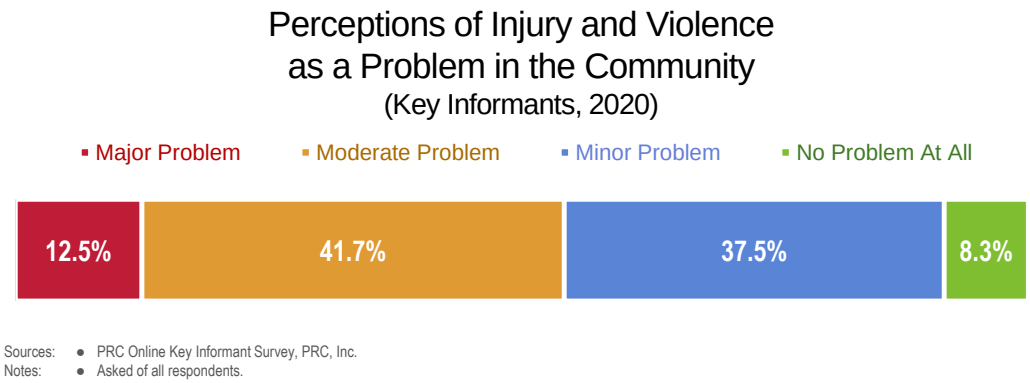


Sources:
- 2020 PRC Community Health Survey, PRC, Inc.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Key Informant Input: Injury & Violence

The following chart outlines key informants' perceptions of the severity of *Injury & Violence* as a problem in the community:



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

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

Domestic/Family Violence

> Domestic abuse. – Social Services Provider (Gallatin Gateway, Big Sky & West Yellowstone)

Alcohol/Drug Use

> We have issues with drugs and alcohol and a transient community. We also had a 12-year-old in the community who was murdered by his family members. – Other Health Provider (Gallatin Gateway, Big Sky & West Yellowstone)

Access to Care/Services

> No urgent care to help with injury. – Community Leader (Gallatin Gateway, Big Sky & West Yellowstone)

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 health care 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)

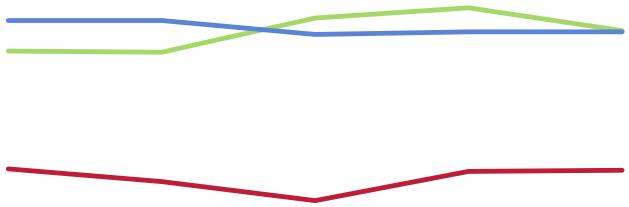
Age-Adjusted Diabetes Deaths

Age-adjusted diabetes mortality for the area is shown in the following chart. [COUNTY-LEVEL DATA]

Diabetes: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 20.5 or Lower (Adjusted)



	2009-2011	2010-2012	2014-2016	2015-2017	2016-2018
Gallatin & Madison Counties	10.5	9.5	8.0	10.3	10.4
Montana	19.8	19.7	22.4	23.2	21.4
US	22.2	22.2	21.1	21.3	21.3

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 2020.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

Notes:
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.
- Data not available for Gallatin and Madison Counties for 2013.

Prevalence of Diabetes

"Have you ever been told by a doctor, nurse, or other health professional that you have diabetes? (If female, add: not counting diabetes only occurring during pregnancy?)**"**

"Have you ever been told by a doctor, nurse, or other health professional that you have pre-diabetes or borderline diabetes? (If female, add: other than during pregnancy?)**"**

[Adults who do not have diabetes] **"Have you had a test for high blood sugar or diabetes within the past three years?"**

Prevalence of Diabetes

Another 5.2% of adults have been diagnosed with "pre-diabetes" or "borderline" diabetes.

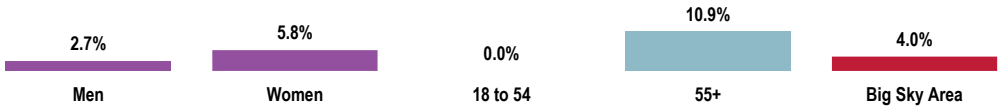
Big Sky Area

Sources:
- 2020 PRC Community Health Survey, PRC, 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): 2018 Montana data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Prevalence of Diabetes
(Big Sky Area, 2020)

Note that among adults who have not been diagnosed with diabetes, 47.1% report having had their blood sugar level tested within the past three years.

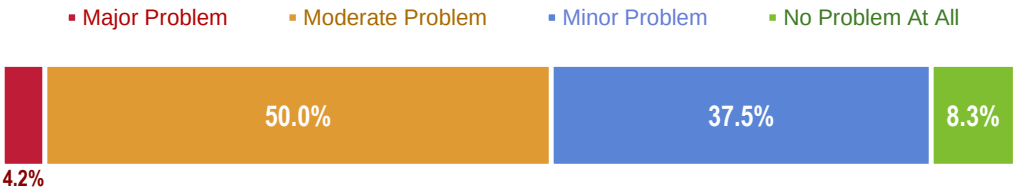


Sources: 2020 PRC Community Health Survey, PRC, Inc.
Notes: Asked of all respondents.
Excludes gestational diabetes (occurring only during pregnancy).

Key Informant Input: Diabetes

The following chart outlines key informants' perceptions of the severity of *Diabetes* as a problem in the community:

Perceptions of Diabetes as a Problem in the Community
(Key Informants, 2020)



Sources: PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

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.

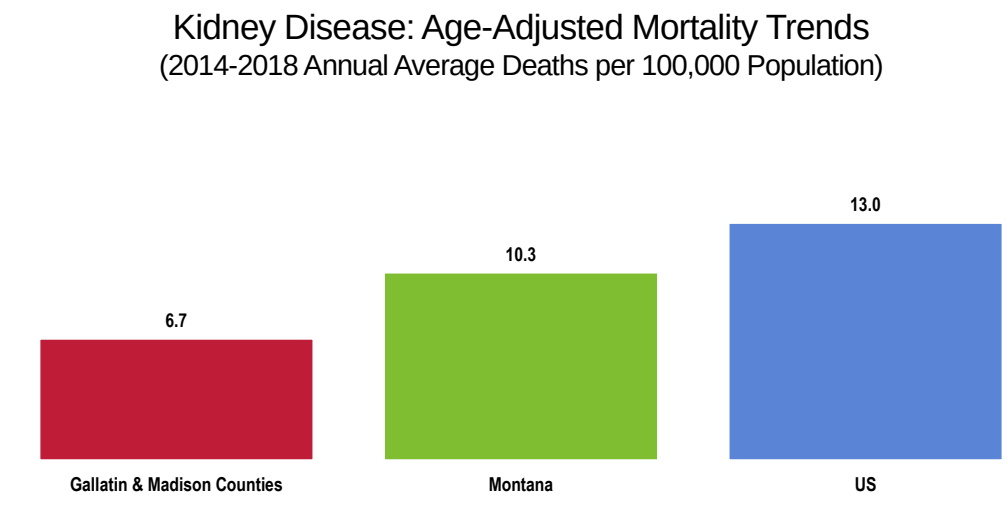
Genetic determinants have a large influence on the development and progression of chronic kidney disease. It is not possible to alter a person's biology and genetic determinants; however, environmental influences and individual behaviors also have a significant influence on the development and progression 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)

Age-Adjusted Kidney Disease Deaths

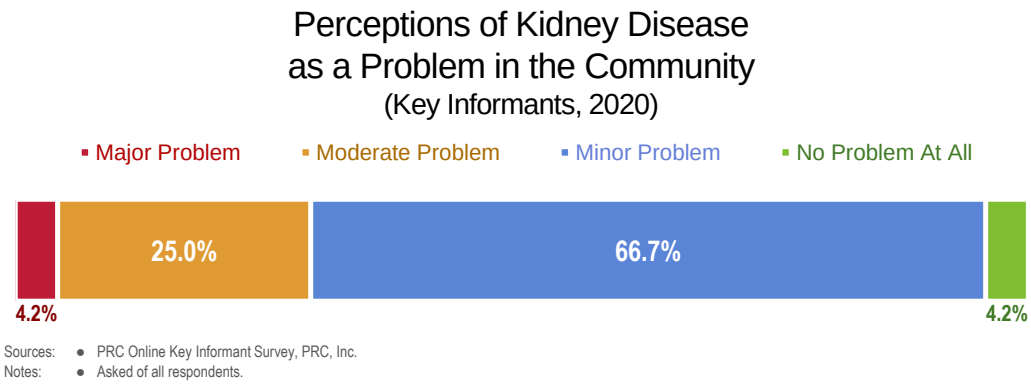
Age-adjusted kidney disease mortality is described in the following chart. [COUNTY-LEVEL DATA]



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 2020.

Key Informant Input: Kidney Disease

The following chart outlines key informants' perceptions of the severity of *Kidney Disease* as a problem in the community:



Sources: PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Potentially Disabling Conditions

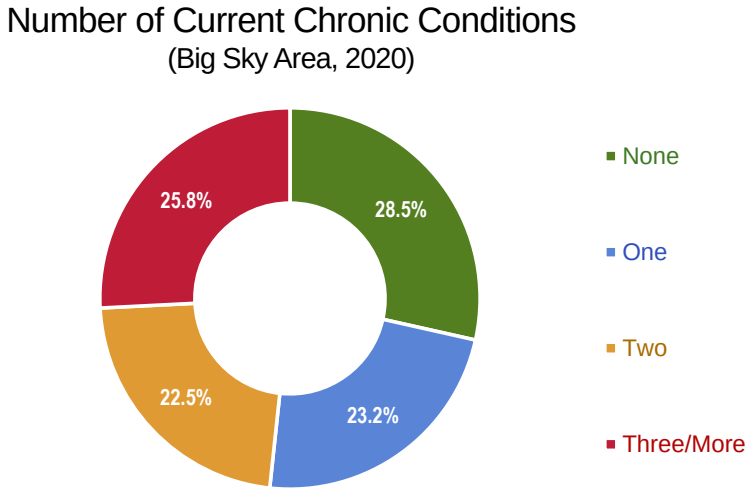
Multiple Chronic Conditions

The following charts outline the prevalence of multiple chronic conditions among surveyed adults, taking into account all of the various conditions measured in the survey.

For the purposes of this assessment, chronic conditions include:

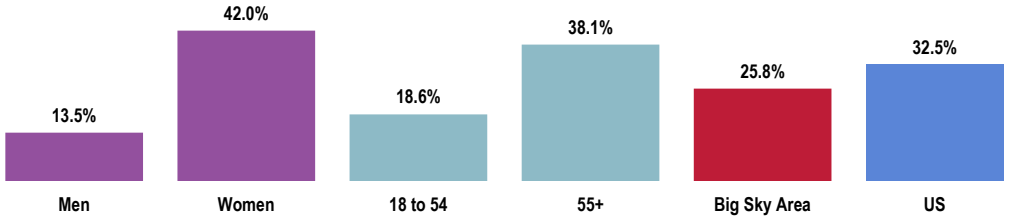
- Asthma
- Back Pain/Sciatica
- Cancer
- Diabetes
- Diagnosed depression
- Heart attack/angina
- High blood cholesterol
- High blood pressure
- Lung disease
- Obesity
- Stroke

Multiple chronic conditions are concurrent conditions.



Sources: 2020 PRC Community Health Survey, PRC, Inc.
Notes: Asked of all respondents.
In this case, chronic conditions include lung disease, sciatica, cancer, heart attack, angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

Currently Have Three or More Chronic Conditions
(Big Sky Area, 2020)



Sources:
- 2020 PRC Community Health Survey, PRC, Inc.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- In this case, chronic conditions include lung disease, sciatica, cancer, heart attack, angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

Activity Limitations

ABOUT DISABILITY & HEALTH

An individual can get a disabling impairment or chronic condition at any point in life.

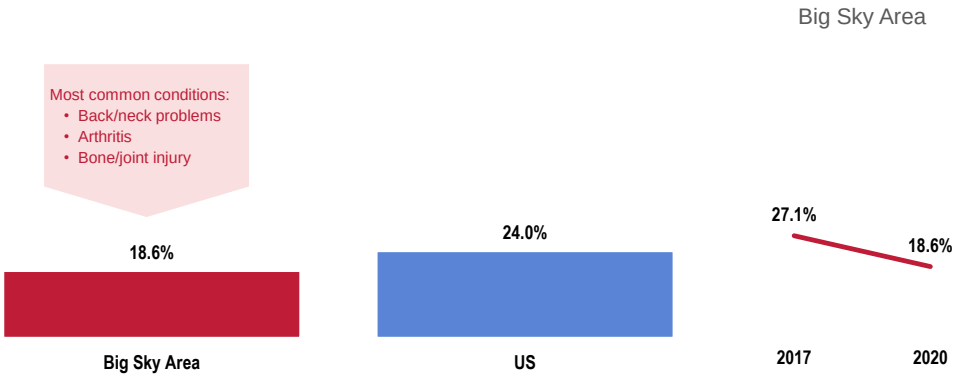
There are many social and physical factors that influence the health of people with disabilities. The following three areas for public health action have been identified, using the International Classification of Functioning, Disability, and Health (ICF) and the three World Health Organization (WHO)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

"Are you limited in any way in any activities because of physical, mental, or emotional problems?"

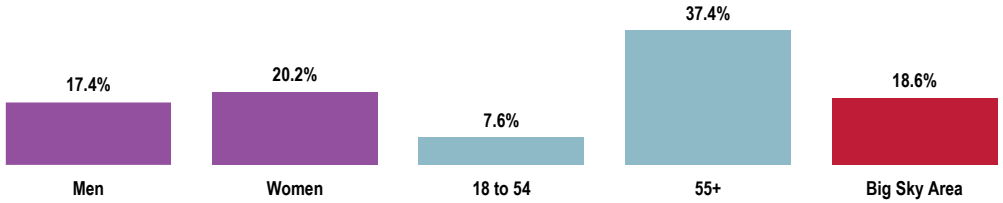
[Adults with activity limitations] **"What is the major impairment or health problem that limits you?"**

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



Sources: ● 2020 PRC Community Health Survey, PRC, Inc.
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

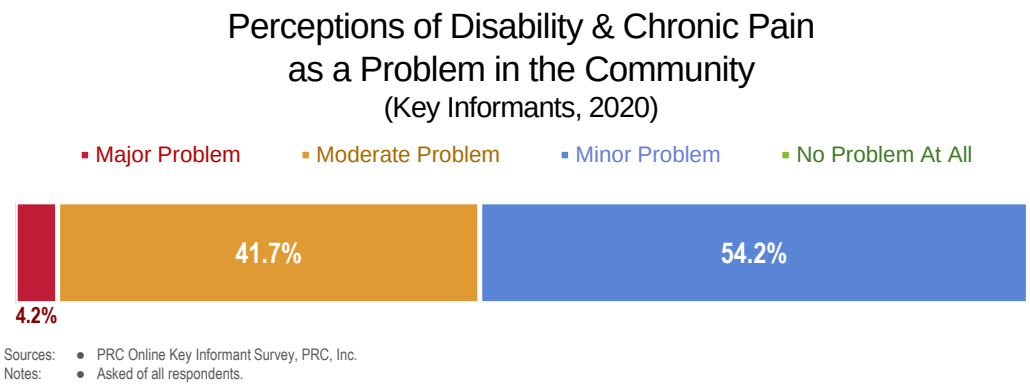
Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem
(Big Sky Area, 2020)



Sources: ● 2020 PRC Community Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Key Informant Input: Disability & Chronic Pain

The following chart outlines key informants' perceptions of the severity of *Disability & Chronic Pain* as a problem in the community:



Alzheimer's Disease

ABOUT DEMENTIA

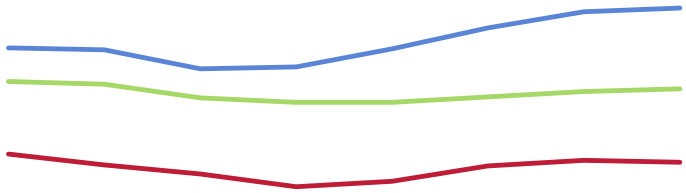
Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—to such an extent that it interferes with a person's daily life. Dementia is not a disease itself but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean 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 prevalence is] 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

Age-adjusted Alzheimer's disease mortality is outlined in the following chart. [COUNTY-LEVEL DATA]

Alzheimer's Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)



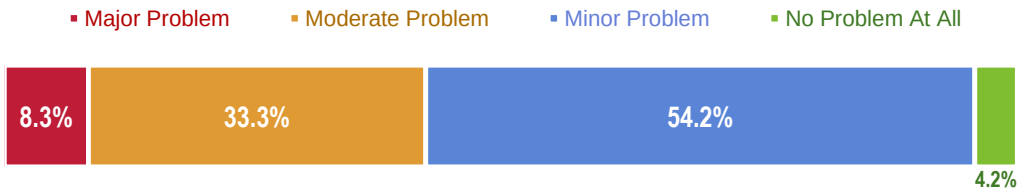
	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Gallatin & Madison Counties	14.5	13.3	12.3	10.9	11.5	13.2	13.8	13.6
Montana	22.5	22.2	20.7	20.2	20.2	20.8	21.4	21.7
US	26.2	26.0	23.9	24.1	26.1	28.4	30.2	30.6

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 2020.

Key Informant Input: Dementia/Alzheimer's Disease

The following chart outlines key informants' perceptions of the severity of *Dementia, Including Alzheimer's Disease* as a problem in the community:

Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community
(Key Informants, 2020)



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

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

Aging Population

> Aging population with limited resources financially, but also limited community resources for dementia and Alzheimer's disease. – Public Health Representative (Gallatin Gateway, Big Sky & West Yellowstone)

BIRTHS

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 health care 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 health care, 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)

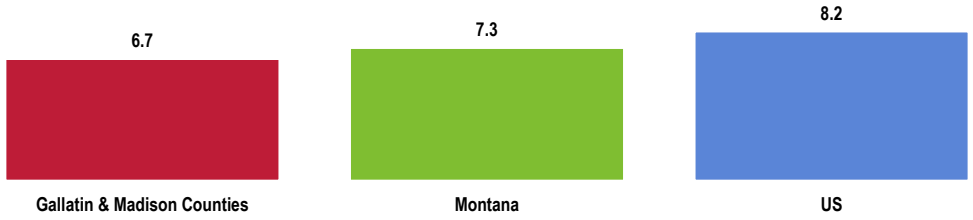
Birth Outcomes & Risks

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. [COUNTY-LEVEL DATA]

Low-Weight Births
(Percent of Live Births, 2006-2012)
Healthy People 2020 = 7.8% or Lower



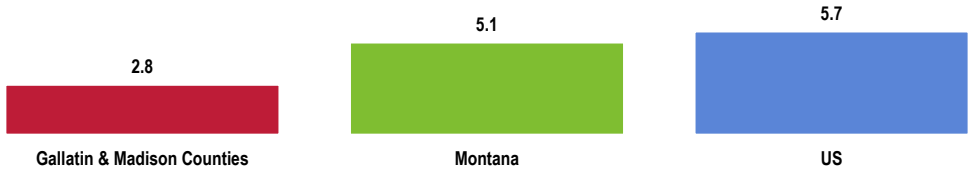
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted May 2020.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective 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

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births. These rates are outlined in the following chart. [COUNTY-LEVEL DATA]

Infant Mortality Rate
(2014-2018 Annual Average Infant Deaths per 1,000 Live Births)
Healthy People 2020 = 6.0 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted May 2020.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- 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.

Family Planning

Births to Adolescent Mothers

ABOUT ADOLESCENT BIRTHS

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

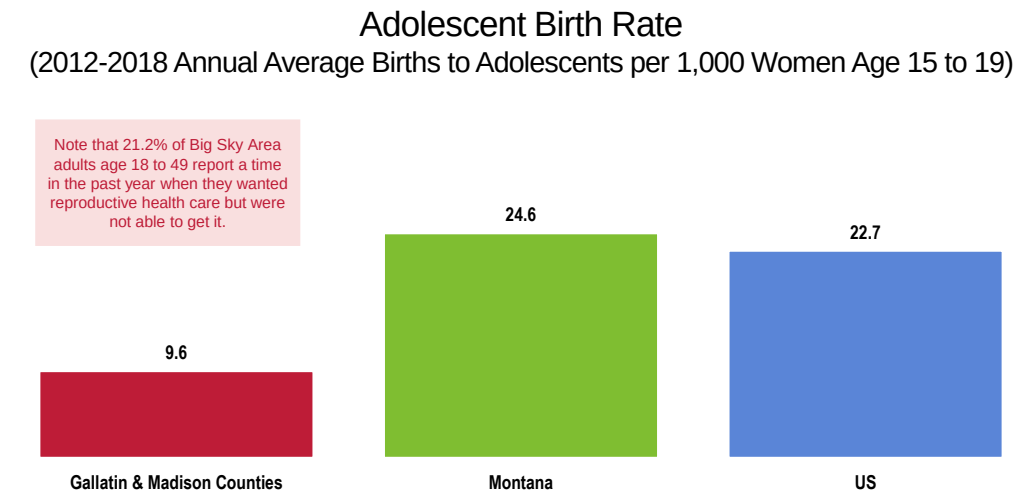
- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

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)

The following chart describes births to adolescent mothers under the age of 20 years. [COUNTY-LEVEL DATA]

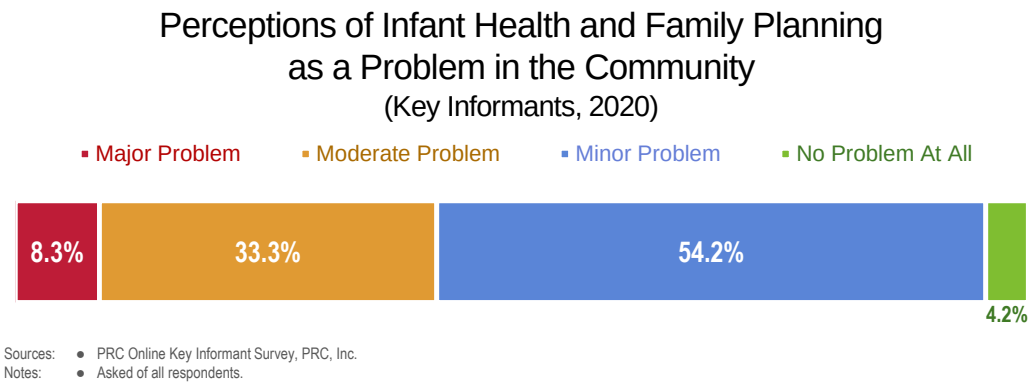
[Survey Respondents, Big Sky Area] **"Was there a time in the past 12 months when you wanted health care related to reproductive health and were not able to get it?"**



Sources: ● Retrieved from CARES Engagement Network at https://engagementnetwork.org.
Notes: ● This indicator reports the rate of total births to women age 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: Infant Health & Family Planning

The following chart outlines key informants' perceptions of the severity of *Infant Health and Family Planning* as a problem in the community:



Sources: PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

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

Awareness/Education

> We have a lot of new babies being born in our community, and many parents are not prepared at all. There are also a lot of issues with drug and alcohol abuse among some of our new parents. – Other Health Provider (Gallatin Gateway, Big Sky & West Yellowstone)

MODIFIABLE HEALTH RISKS

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, health care organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

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.

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)

Nutrition

Daily Recommendation of Fruits/Vegetables

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.

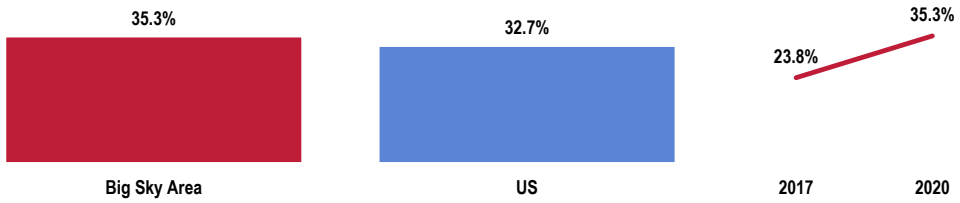
"Now I would like you to think about the foods you ate or drank yesterday. Include all the foods you ate, both at home and away from home. How many servings of fruit or fruit juices did you have yesterday?"

"How many servings of vegetables did you have yesterday?"

The questions above are used to calculate daily fruit/vegetable consumption for respondents. The proportion reporting having 5 or more servings per day is shown here.

Consume Five or More Servings of Fruits/Vegetables Per Day

Big Sky Area



Sources:
- 2020 PRC Community Health Survey, PRC, Inc.
- 2020 PRC National Health Survey, PRC, Inc.

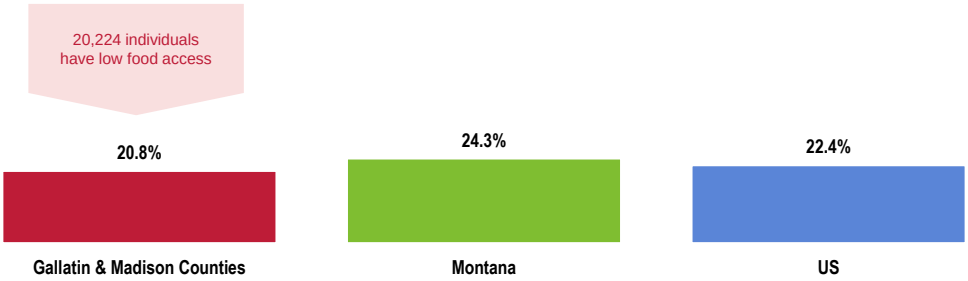
Notes:
- Asked of all respondents.
- For this issue, respondents were asked to recall their food intake on the previous day.

Access to Fresh Produce

Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. This related chart is based on US Department of Agriculture data. [COUNTY-LEVEL DATA]

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 May 2020 from CARES Engagement Network at https://engagementnetwork.org.

Notes:
- This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.

Physical Activity

ABOUT PHYSICAL ACTIVITY

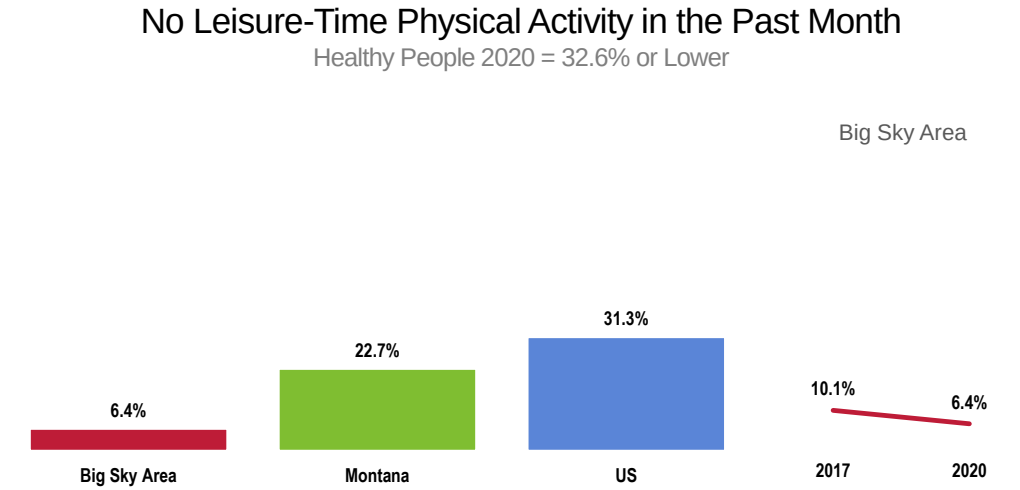
Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast 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.

– Healthy People 2020 (www.healthypeople.gov)

Leisure-Time Physical Activity

"During the past month, other than your regular job, did you participate in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise?"



Sources:
- 2020 PRC Community Health Survey, PRC, 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): 2018 Montana data.
- 2020 PRC National Health Survey, PRC, 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.

Meeting Physical Activity Recommendations

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

To measure physical activity frequency, duration and intensity, respondents were asked:

"During the past month, what type of physical activity or exercise did you spend the most time doing?"

"And during the past month, how many times per week or per month did you take part in this activity?"

"And when you took part in this activity, for how many minutes or hours did you usually keep at it?"

Respondents could answer the above series for up to two types of physical activity. The specific activities identified (e.g., jogging, basketball, treadmill, etc.) determined the intensity values assigned to that respondent when calculating total aerobic physical activity hours/minutes.

Respondents were also asked about strengthening exercises:

"During the past month, how many times per week or per month did you do physical activities or exercises to strengthen your muscles? Do not count aerobic activities like walking, running, or bicycling. Please include activities using your own body weight, such as yoga, sit-ups, or push-ups, and those using weight machines, free weights, or elastic bands."

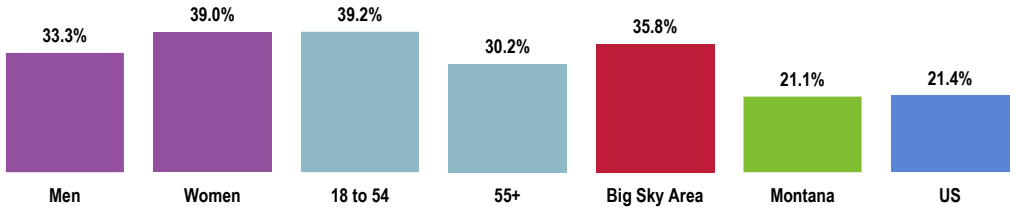
"Meeting physical activity recommendations" includes adequate levels of both aerobic and strengthening activity:

- Aerobic activity is at least 150 minutes per week of light to moderate activity, 75 minutes per week of vigorous physical activity, or an equivalent combination of both;
- Strengthening activity is at least 2 sessions per week of exercise designed to strengthen muscles.

Meets Physical Activity Recommendations

(Big Sky Area, 2020)

Healthy People 2020 = 20.1% or Higher



Sources:
- 2020 PRC Community Health Survey, PRC, 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): 2018 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 per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity *and* report doing physical activities specifically designed to strengthen muscles at least twice per week.

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 health care 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

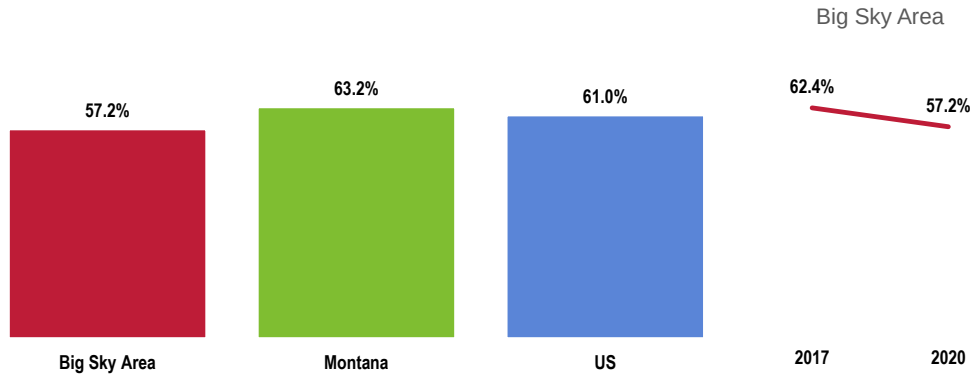
Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

"About how much do you weigh without shoes?"

"About how tall are you without shoes?"

Reported height and weight were used to calculate a Body Mass Index or BMI value (described above) for each respondent. This calculation allows us to examine the proportion of the population who is at a healthy weight, or who is overweight or obese (see table above).

Prevalence of Total Overweight (Overweight and Obese)

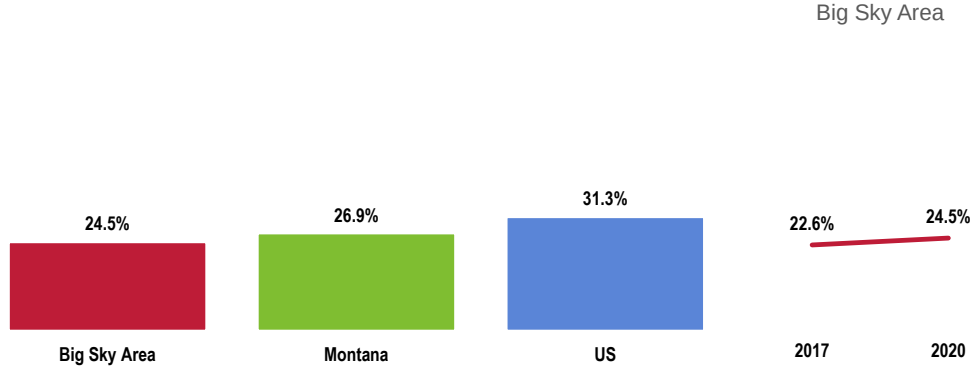


Sources:
- 2020 PRC Community Health Survey, PRC, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Montana data.
- 2020 PRC National Health Survey, PRC, Inc.

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.

Prevalence of Obesity

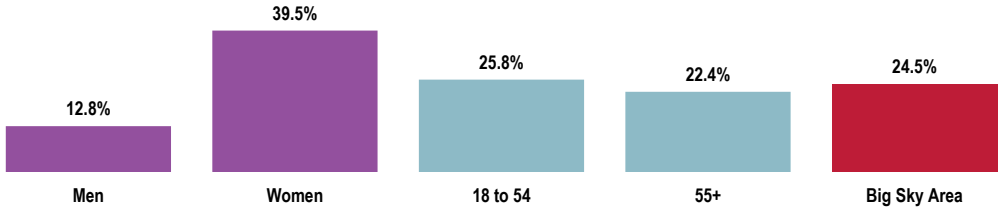
Healthy People 2020 = 30.5% or Lower



Sources:
- 2020 PRC Community Health Survey, PRC, 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): 2018 Montana data.
- 2020 PRC National Health Survey, PRC, Inc.
- 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.
- 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.

Prevalence of Obesity
(Big Sky Area, 2020)
Healthy People 2020 = 30.5% or Lower



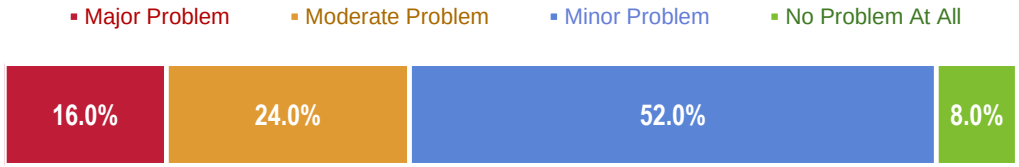
Sources:
- 2020 PRC Community Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]

Notes:
- Based on reported heights and weights, asked of all respondents.
- 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.

Key Informant Input: Nutrition, Physical Activity & Weight

The following chart outlines key informants' perceptions of the severity of *Nutrition, Physical Activity & Weight* as a problem in the community:

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community
(Key Informants, 2020)



Sources:
- PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

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

Access to Care/Services

> There is nothing in town to help with that. – Community Leader (Gallatin Gateway, Big Sky & West Yellowstone)

> Winter months, a person will have the equipment, such a cross-county skiing. However, many or most of our population is low income and has no equipment. It is and can be a depressing time and most "hibernate" until summer. When summer comes, most of the population works two or more jobs to put away for the winter. Food is very expensive here. Many do not have vehicles to travel to Bozeman or Rexburg to Walmart for cheaper prices. Food stamps helps a lot but many people purchase fast premade meals that are not healthy. The bus doesn't allow bags of food. – Social Services Provider (Gallatin Gateway, Big Sky & West Yellowstone)

Obesity

> There are a significant number of people in the community that are obese or overweight due to poor nutrition and lack of physical activity. – Community Leader (Gallatin Gateway, Big Sky & West Yellowstone)

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)

Alcohol

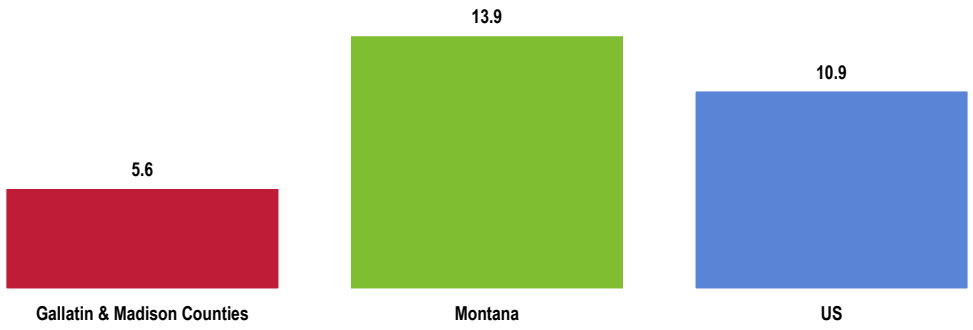
Age-Adjusted Cirrhosis/Liver Disease Deaths

Heavy alcohol use contributes to a significant share of liver disease, including cirrhosis. The following chart outlines age-adjusted mortality for cirrhosis/liver disease in the area. [COUNTY-LEVEL DATA]

Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population, 2014-2018)

Healthy People 2020 = 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 2020.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-11]

Excessive Drinking

Excessive drinking includes heavy and/or binge drinkers:

- HEAVY DRINKERS ► men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- BINGE DRINKERS ► men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

"During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?"

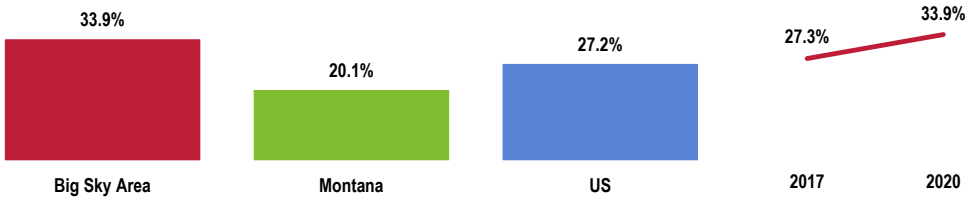
"On the day(s) when you drank, about how many drinks did you have on the average?"

"Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 (if male)**/4** (if female) **or more drinks on an occasion?"**

Excessive Drinkers

Healthy People 2020 = 25.4% or Lower

Big Sky Area



Sources:
- 2020 PRC Community Health Survey, PRC, Inc.
- 2020 PRC National Health Survey, PRC, 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): 2018 Montana data.
- 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.

Illicit Drug Use

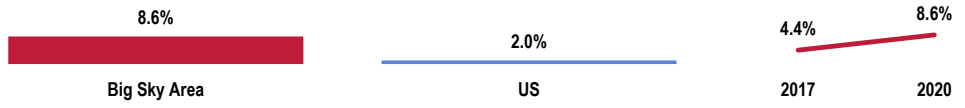
"During the past 30 days, have you used an illegal drug or taken a prescription drug that was not prescribed to you?"

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.

Illicit Drug Use in the Past Month

Healthy People 2020 = 7.1% or Lower

Big Sky Area



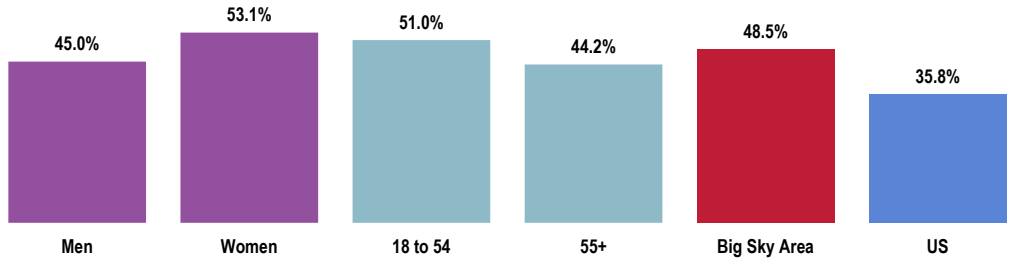
Sources:
- 2020 PRC Community Health Survey, PRC, Inc.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-13.3]

Notes:
- Asked of all respondents.

Personal Impact From Substance Abuse

"To what degree has your life been negatively affected by your own or someone else's substance abuse issues, including alcohol, prescription, and other drugs? Would you say: a great deal, somewhat, a little, or not at all?"

Life Has Been Negatively Affected
by Substance Abuse (by Self or Someone Else)
(Big Sky Area, 2020)



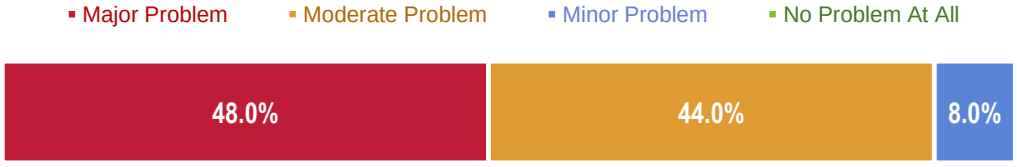
Sources:
- 2020 PRC Community Health Survey, PRC, Inc.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes response of "a great deal," "somewhat," and "a little."

Key Informant Input: Substance Abuse

The following chart outlines key informants' perceptions of the severity of *Substance Abuse* as a problem in the community:

Perceptions of Substance Abuse
as a Problem in the Community
(Key Informants, 2020)



Sources:
- PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

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

Access to Care/Services

> Falls along with limited mental health services. There is not a lot for people to do if they aren't outdoorsy people. They just go to bars and drink. – Other Health Provider (Gallatin Gateway, Big Sky & West Yellowstone)

> Substance abuse prevention and treatment is only available one or two days a month in West Yellowstone. Treatment can be done in Bozeman, but the availability of prevention services and evaluation services is very limited. – Community Leader (Gallatin Gateway, Big Sky & West Yellowstone)
>
> Availability, confidentiality, social norms. – Community Leader (Gallatin Gateway, Big Sky & West Yellowstone)
>
> Alcohol and drugs come up one a week at time to help with people required by court to get help. Outside of that we have no programs at all. – Social Services Provider (Gallatin Gateway, Big Sky & West Yellowstone)
>
> Not available enough. – Community Leader (Gallatin Gateway, Big Sky & West Yellowstone)
>
> For the most part lack of wanting to access them is the greatest barrier. – Community Leader (Gallatin Gateway, Big Sky & West Yellowstone)
>
> Availability of treatment options, cost of care. Montana's drinking culture. – Community Leader (Gallatin Gateway, Big Sky & West Yellowstone)

Cultural/Personal Beliefs

> The culture of our community lends itself toward substance abuse. People know and are accepting of other's abuse, rather than inspired to help people change. There is a perceived lack of access to mental health experts and/or lack of perceived need for help. People seem generally content with their lives, rather than striving for a lifestyle free from substance use. – Community Leader (Gallatin Gateway, Big Sky & West Yellowstone)

Funding

> Probably funding for adequate counseling and designated space. – Community Leader (Gallatin Gateway, Big Sky & West Yellowstone)

Prevalence/Incidence

> Drugs and alcohol are prevalent in resort communities. A large number of people traveling into the community seem to bring other issues with them along with many locals. – Social Services Provider (Gallatin Gateway, Big Sky & West Yellowstone)

Lack of Providers

> No providers. – Other Health Provider (Gallatin Gateway, Big Sky & West Yellowstone)

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

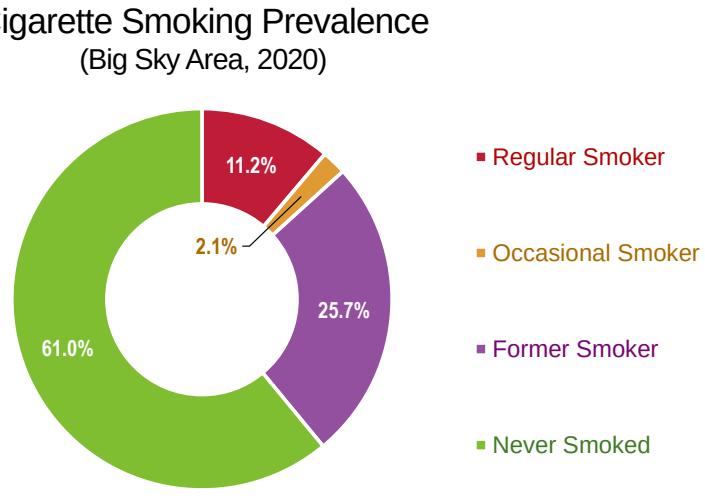
There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

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

"Do you now smoke cigarettes every day, some days, or not at all?" ("Current smokers" include those smoking "every day" or on "some days.")



Sources: ● 2020 PRC Community Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Current Smokers

Healthy People 2020 = 12.0% or Lower

Big Sky Area

Sources:
- 2020 PRC Community Health Survey, PRC, 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): 2018 Montana data.
- 2020 PRC National Health Survey, PRC, Inc.
- 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).

Use of Vaping Products

"The next questions are about electronic vaping products, such as electronic cigarettes, also known as e-cigarettes. 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. Have you ever used an electronic vaping product, such as an e-cigarette, even just one time in your entire life?"

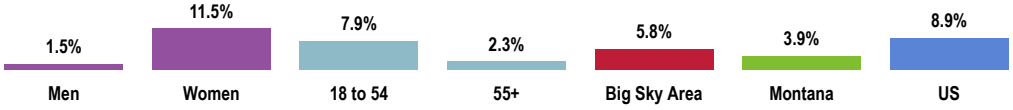
"Do you now use electronic vaping products, such as e-cigarettes, "every day," "some days," or "not at all"?" "Current use" includes use "every day" or on "some days."

"Do you currently use chewing tobacco, snuff, or snus "Every Day," "Some Days," or "Not At All"?" "Current use" includes use "every day" or on "some days."

Currently Use Vaping Products

(Big Sky Area, 2020)

In addition, 4.5% of adults currently use **smokeless tobacco** products (such as chewing tobacco, snuff, or snus).

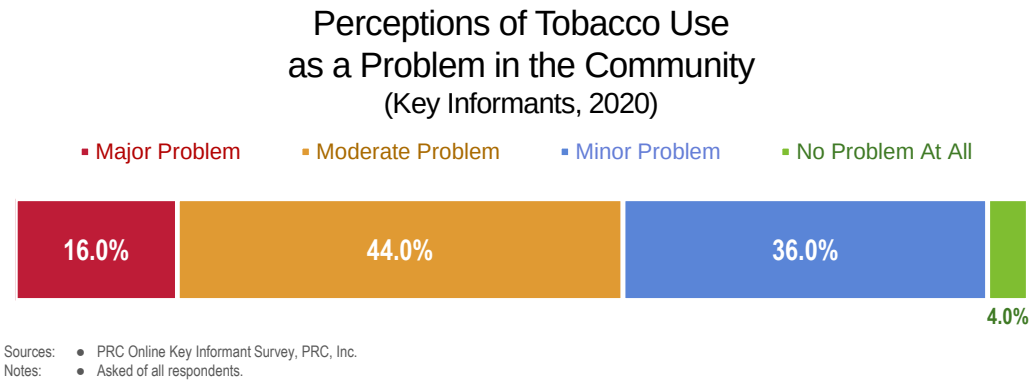


Sources:
- 2020 PRC Community Health Survey, PRC, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Montana data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

Key Informant Input: Tobacco Use

The following chart outlines key informants' perceptions of the severity of *Tobacco Use* as a problem in the community:



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

Prevalence/Incidence

> Lots of use and not very many resources. – Community Leader (Gallatin Gateway, Big Sky & West Yellowstone)
>
> We have several people who smoke and several parents smoke around their kids in the home. – Other Health Provider (Gallatin Gateway, Big Sky & West Yellowstone)
>
> Too many smokers and chewers in this community with no desire to stop. – Community Leader (Gallatin Gateway, Big Sky & West Yellowstone)

Sexual Health

HPV (Human Papillomavirus)

ABOUT HUMAN PAPILLOMAVIRUS (HPV)

Human papillomavirus (HPV) is the most common sexually transmitted infection in the United States. You can get HPV by having vaginal, anal, or oral sex with someone who has the virus. It is most commonly spread during vaginal or anal sex. HPV can be passed even when an infected person has no signs or symptoms.

Anyone who is sexually active can get HPV, even if you have had sex with only one person. You also can develop symptoms years after you have sex with someone who is infected.

In most cases, HPV goes away on its own and does not cause any health problems. But when HPV does not go away, it can cause health problems like genital warts and cancer. Some health effects caused by HPV can be prevented by the HPV vaccines.

The HPV vaccine is safe and effective. It can protect against diseases (including cancers) caused by HPV when given in the recommended age groups. CDC recommends HPV vaccination at age 11 or 12 years (or can start at age 9 years) and for everyone through age 26 years, if not vaccinated already.

Vaccination is not recommended for everyone older than age 26 years. However, some adults age 27 through 45 years who are not already vaccinated may decide to get the HPV vaccine after speaking with their healthcare provider about their risk for new HPV infections and the possible benefits of vaccination. HPV vaccination in this age range provides less benefit. Most sexually active adults have already been exposed to HPV, although not necessarily all of the HPV types targeted by vaccination..

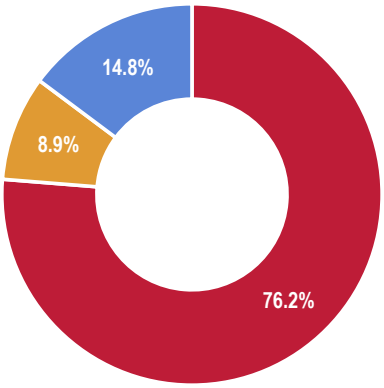
– Centers for Disease Control and Prevention (CDC)

[Age 18-49] **"A vaccine to prevent the HPV infection is available. This vaccine is sometimes called the cervical cancer or genital warts vaccine, HPV shot, Cervarix, or Gardasil. Have you ever had an HPV vaccination?"**

[Age 18-49] **"How many HPV shots did you receive?"**

[All ages 18+] **"The human papillomavirus, also known as HPV, is a common infection that can cause several types of cancer in men and women. During the past three years, has a doctor or other health professional given you information about HPV? This might have been written information, spoken information, or both."**

Have Had an HPV (Human Papillomavirus) Vaccination
(Total Area Adults Under Age 50)



- No HPV Vaccination
- 1-2 Shots (Incomplete for Adults)
- Complete (3-Shot) HPV Vaccination

28.8% of Big Sky Area adults (all ages) report receiving information about HPV from a health professional at some time in the past 3 years.

Sources: • 2020 PRC Community Health Survey, PRC, Inc.
Notes: • Asked of respondents age 18 to 49.

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.

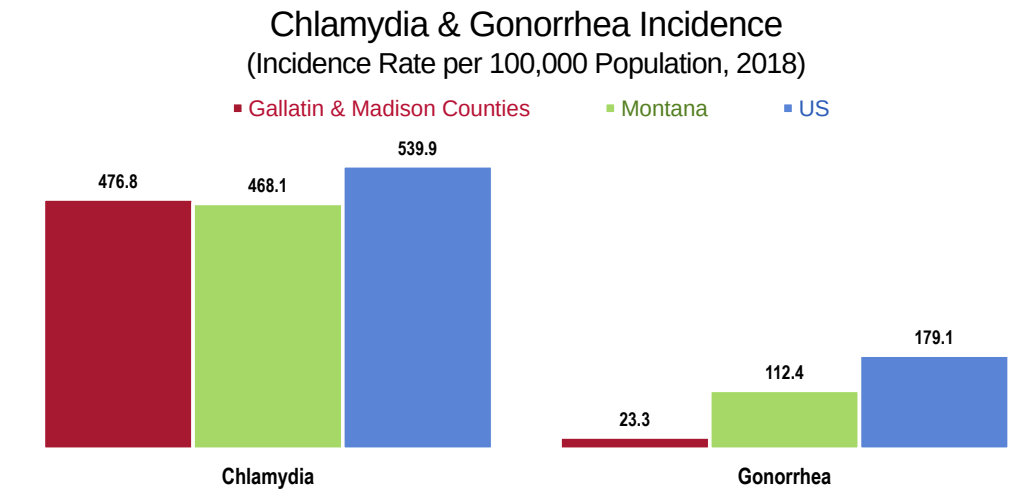
Social, Economic, and Behavioral Factors. The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and 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 health care; 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 ► Chlamydia is the most commonly reported STD in the United States; most people who have chlamydia are unaware, since the disease often has no symptoms.

GONORRHEA ► Anyone who is sexually active can get gonorrhea. Gonorrhea can be cured with the right medication; left untreated, however, gonorrhea can cause serious health problems in both women and men.

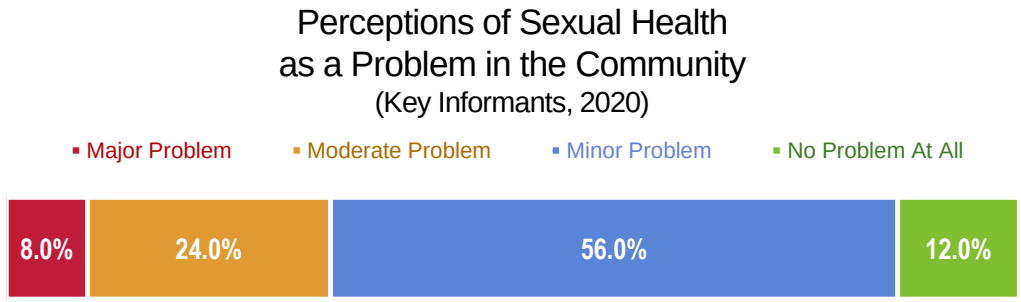
The following chart outlines local incidence for these STDs. [COUNTY-LEVEL DATA]



Sources: ● Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
● Retrieved May 2020 from CARES Engagement Network at https://engagementnetwork.org.
Notes: ● This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Key Informant Input: Sexual Health

The following chart outlines key informants' perceptions of the severity of *Sexual Health* as a problem in the community:



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

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

Unprotected Sex

> Rising STI rates. – Community Leader (Gallatin Gateway, Big Sky & West Yellowstone)

ACCESS TO HEALTH CARE

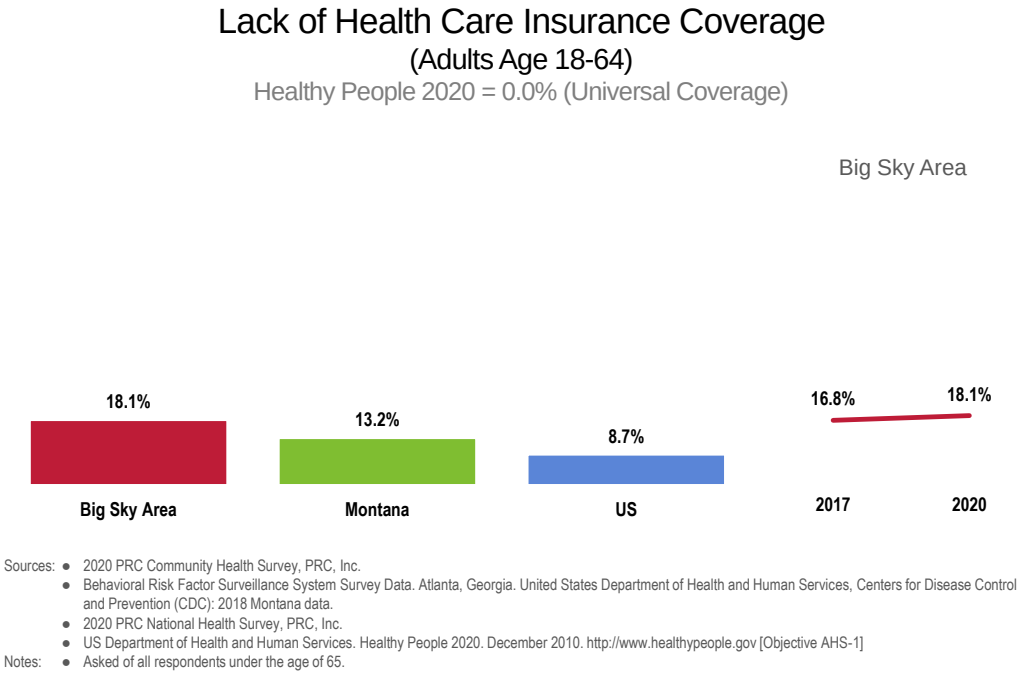
Lack of Health Insurance Coverage

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.

"Do you have any government-assisted healthcare coverage, such as Medicare, Medicaid (or another state-sponsored program)**, or VA/military benefits?"**

"Do you currently have: health insurance you get through your own or someone else's employer or union; health insurance you purchase yourself; or, you do not have health insurance and pay for health care entirely on your own?"

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).



Sources:
- 2020 PRC Community Health Survey, PRC, 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): 2018 Montana data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

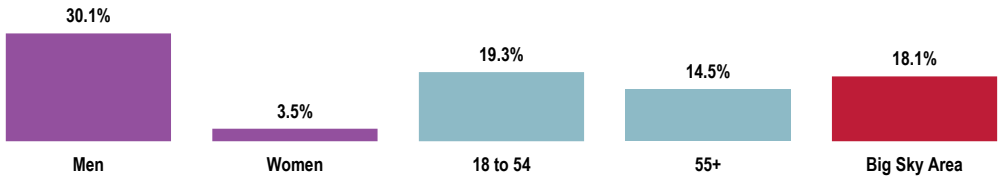
Notes:
- Asked of all respondents under the age of 65.

Lack of Health Care Insurance Coverage

(Adults Age 18-64; Big Sky Area, 2020)

Healthy People 2020 = 0.0% (Universal Coverage)

Among Big Sky Area adults who do have insurance, 2.2% report a time in the past year when they went without coverage.



Sources:
- 2020 PRC Community Health Survey, PRC, 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.

Difficulties Accessing Health Care

ABOUT ACCESS TO HEALTH CARE

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

– Healthy People 2020 (www.healthypeople.gov)

Barriers to Accessing Primary Care

To better understand healthcare access barriers, survey participants were asked whether any of the following barriers to access prevented them from seeing a Primary Care Provider (PCP) or obtaining a needed prescription in the past year.

"Was there a time in the past 12 months when you needed medical care, but had difficulty finding a primary care provider?"

"Was there a time in the past 12 months when you had difficulty getting an appointment to see a primary care provider?"

"Was there a time in the past 12 months when you needed to see a primary care provider, but could not because of the cost?"

"Was there a time in the past 12 months when a lack of transportation made it difficult or prevented you from seeing a primary care provider or making a medical appointment?"

"Was there a time in the past 12 months when you were not able to see a primary care provider because the office hours were not convenient?"

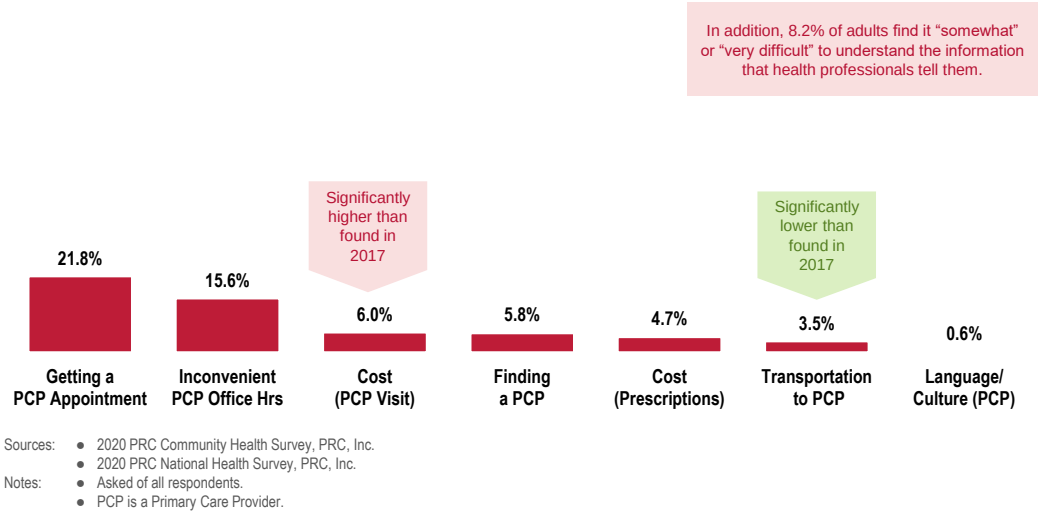
"Was there a time in the past 12 months when you needed a prescription medicine, but did not get it because you could not afford it?"

"Was there a time in the past 12 months when you were not able to see a primary care provider due to language or cultural differences?"

The percentages shown in the following chart reflect the total population, regardless of whether medical care was needed or sought.

Barriers to Access Have Prevented Primary Medical Care in the Past Year

(Big Sky Area, 2020)

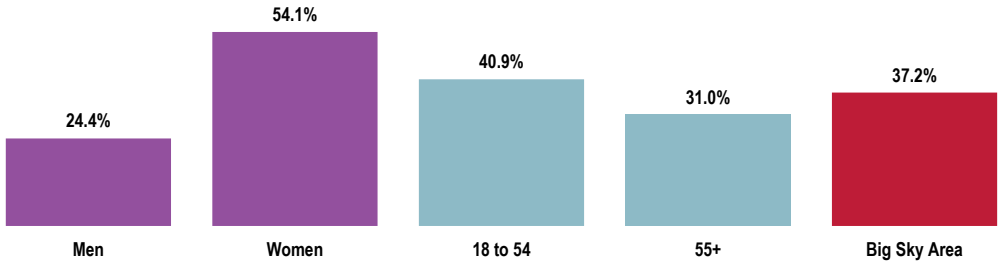


Sources:
- 2020 PRC Community Health Survey, PRC, Inc.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- PCP is a Primary Care Provider.

The following charts reflect the composite percentage of the total population experiencing problems accessing primary care in the past year (indicating one or more of the aforementioned barriers or any other problem not specifically asked), again regardless of whether they needed or sought care.

Experienced Difficulties or Delays of Some Kind
in Receiving Primary Medical Care in the Past Year
(Big Sky Area, 2020)



Sources: ● 2020 PRC Community Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

Key Informant Input: Access to Health Care Services

The following chart outlines key informants' perceptions of the severity of *Access to Health Care Services* as a problem in the community:

Perceptions of Access to Health Care Services
as a Problem in the Community
(Key Informants, 2020)

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

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

Access to Care/Services

> It's hard to get to the hospital, and getting an appointment at the clinic here in West is sometimes impossible. – Community Leader (Gallatin Gateway, Big Sky & West Yellowstone)
>
> We do not have the health care available in West that we need. There is no urgent care style facility here. The current provider does what they can do within their scope, but more is needed. How to pay for this is a major problem. – Community Leader (Gallatin Gateway, Big Sky & West Yellowstone)

Insurance Issues

> Many of my customers do not have health care insurance and are intimidated by the application procedure and perceived costs. Many are unaware what options exist on a "sliding scale" and have no primary care provider. Many have never had health care insurance or a regular, primary care provider in their lifetime and are unfamiliar with or wary of the health care system as a whole. – Community Leader (Gallatin Gateway, Big Sky & West Yellowstone)

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:

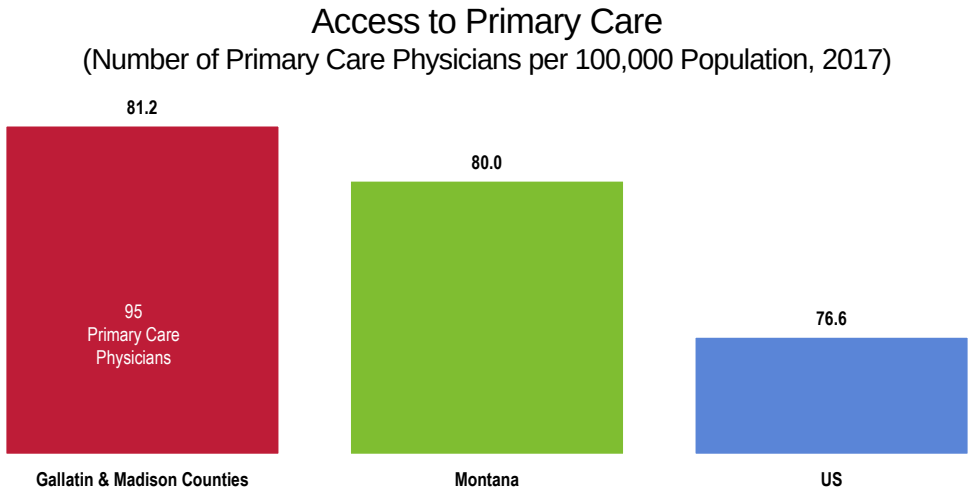
- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

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

This indicator is relevant because a shortage of health professionals contributes to access and health status issues.



Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
- Retrieved May 2020 from CARES Engagement Network at https://engagementnetwork.org.

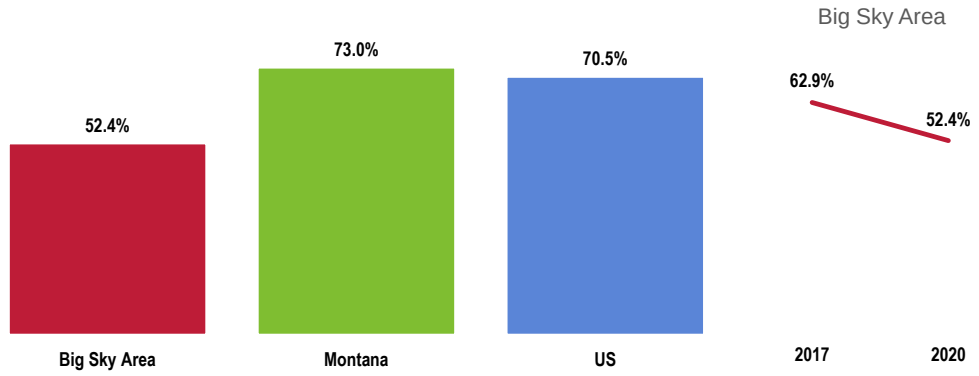
Notes:
- Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs, and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Utilization of Primary Care Services

ADULTS ▶ **"A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition. About how long has it been since you last visited a doctor for a routine checkup?"**

CHILDREN ▶ **"About how long has it been since this child visited a doctor for a routine checkup or general physical exam, not counting visits for a specific injury, illness, or condition?"**

Have Visited a Physician for a Checkup in the Past Year



Sources:
- 2020 PRC Community Health Survey, PRC, 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): 2018 Montana data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

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.

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.

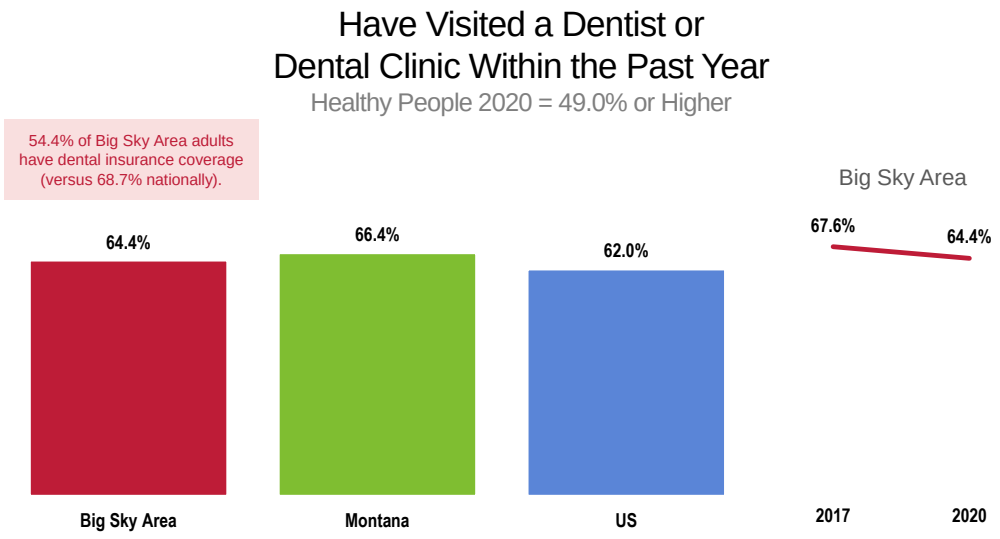
There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

– Healthy People 2020 (www.healthypeople.gov)

Dental Care

"About how long has it been since you last visited a dentist or a dental clinic for any reason?"

"Do you currently have any health insurance coverage that pays for at least part of your dental care?"

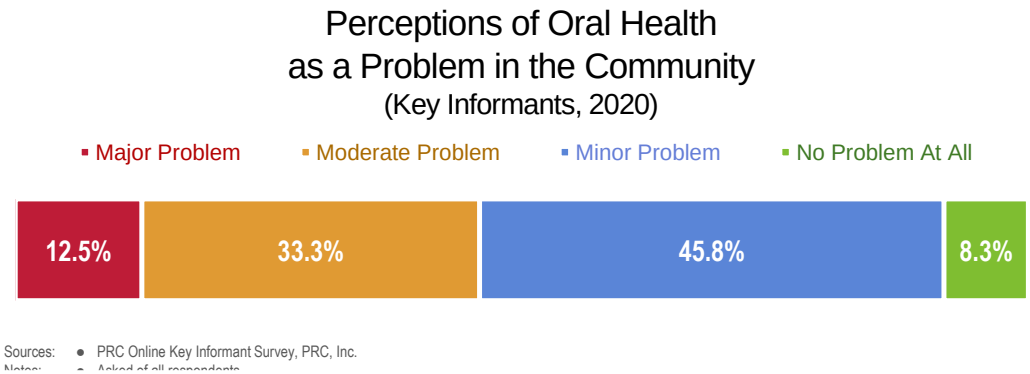


Sources:
- 2020 PRC Community Health Survey, PRC, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Montana data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

Notes:
- Asked of all respondents.

Key Informant Input: Oral Health

The following chart outlines key informants' perceptions of the severity of *Oral Health* as a problem in the community:



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

Insurance Issues

> Oral health is not covered for adults on Medicaid and some Medicare. It is for children who are on Medicaid. We have one dentist here that may take Montana Medicaid but he is from Idaho. He comes one to two times a week. Community Health Partner Dental is first-come/first-service walk-in appointments. I have at times helped individuals by talking to office staff and being allowed to make an appoiment later in the day due to the bus bringing individuals around 10 a.m. Low income struggle to survive and brushing teeth comes second place at times until the pain comes and then they want the tooth pulled because it is cheaper then filling it or root canals. – Social Services Provider (Gallatin Gateway, Big Sky & West Yellowstone)
>
> The vast majority of my customers have no dental insurance, and many never have had a regular dentist in their lives. Most of my clients have no regular at-home cleaning practice and only access dental care in an emergency (i.e., broken or rotten teeth). Most opt for tooth pulling, rather than fixing/implants, due to dental care costs. Oral health is the most fundamental piece of overall health, as healthy eating is difficult when teeth are sore/injured. – Community Leader (Gallatin Gateway, Big Sky & West Yellowstone)

Awareness/Education

> Several people have poor dentition, and we struggle getting the point across that this is an important thing to take care of. – Other Health Provider (Gallatin Gateway, Big Sky & West Yellowstone)

LOCAL RESOURCES

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 Health Care Services

- B2 Big Sky
- Big Sky Medical Center
- Community Health Partners
- Gallatin City-County Health Department
- Social Services
- West Yellowstone Foundation
- Women in Action

Cancer

- Bozeman Deaconess Hospital
- Community Health Partners
- Eastern Idaho Regional Medical Center
- State Resources
- West Yellowstone Foundation

Coronavirus/COVID-19

- Big Sky Medical Center

Dementia/Alzheimer's Disease

- Council on Aging
- Hospital

Family Planning

- Bozeman Deaconess Hospital
- Parents as Teachers
- Social Services

Heart Disease

- Bozeman Health Cardiology
- Naturopathic and Community Health Practitioners

Injury and Violence

- Adult Protective Services
- DHS

Mental Health

- Behavioral Health Urgent Care
- Big Sky Medical Center
- Billings Clinic
- Bozeman Health
- Bozeman Health Behavioral Health
- Bus to Doctors
- Clinical Therapists
- Community Health Partners
- Doctor's Offices
- EIRMC
- Gallatin County
- Gallatin County Mental Health Center
- Hope House
- Hospital
- MAPP
- Mental Health Board
- Mental Health Local Advisory Council
- Mental Health Services
- Montana State University
- Parents as Teachers
- Private Counselors
- Private Therapists
- Providence Mental Health Services
- Social Services
- Teletherapy
- West Yellowstone Food Bank
- West Yellowstone Foundation
- West Yellowstone Social Services
- Women in Action

Nutrition, Physical Activity, and Weight

- Parks and Recreation
- West Yellowstone Rec Program
- West Yellowstone School

Oral Health

- Big Sky Medical Center
- Community Health Partners
- Dentist's Offices
- Mountain Pearls Dentistry
- West Yellowstone Dental

Sexual Health

- Bridgercare

Tobacco Use

- Tobacco Quit Line

Substance Abuse

- 211
- AA/NA
- Behavioral Health Urgent Care
- Big Sky Medical Center
- Community Health Partners
- CWO
- EIRMC
- Gallatin County Drug and Alcohol Services
- Women in Action

APPENDIX

EVALUATION OF PAST ACTIVITIES

Once the data were collected for the 2020 Community Health Needs Assessment, 15 key stakeholders were re-engaged to provide feedback through an online survey regarding Bozeman Health's past community health improvement efforts. The following findings outline their evaluations of the work Bozeman Health Big Sky Medical Center has engaged in since the 2017 Community Health Needs Assessment to address the significant health issues identified through that prior assessment.

General Evaluations

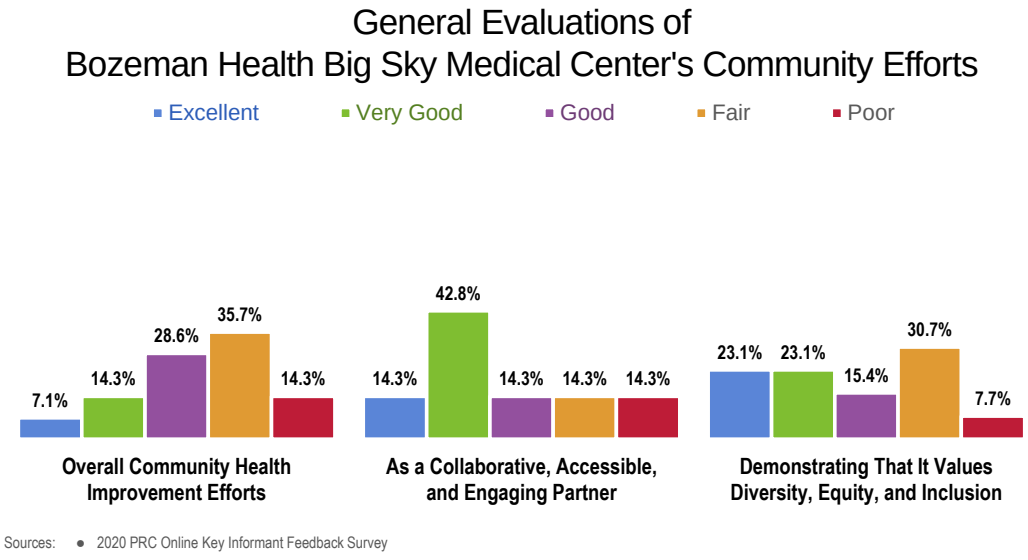
One-half (50.0%) key informants evaluation Bozeman Health Big Sky Medical Center's overall community health improvement efforts as "excellent," "very good," or "good."

- On the other hand, 50.0% rated these efforts as "fair" or "poor."

Additionally:

► 71.4% gave Bozeman Health Big Sky Medical Center (BHBSMC) "excellent/very good/good" evaluations as a **collaborative, accessible, and engaging partner** (28.6% "fair/poor").

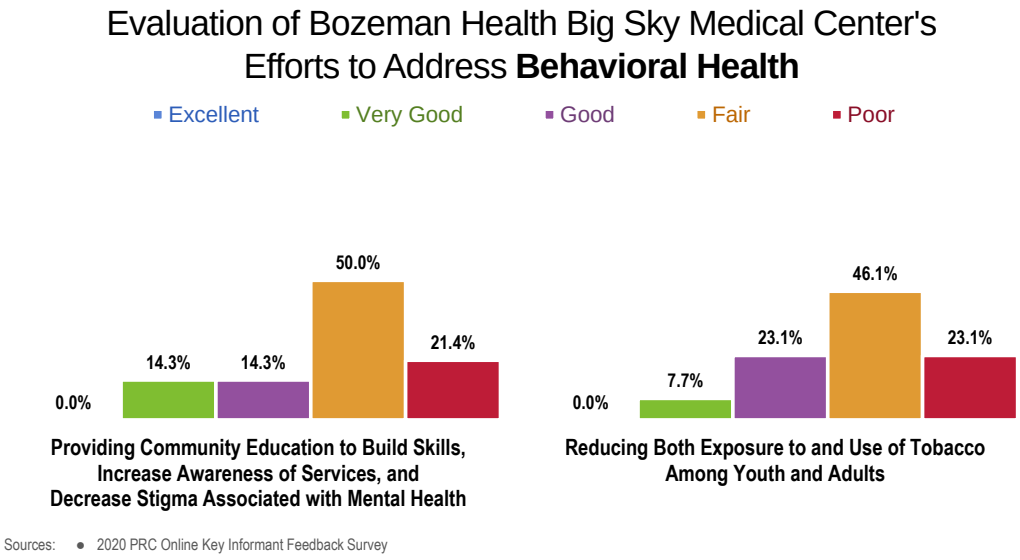
► 61.6% gave BHBSMC "excellent/very good/good" evaluations for demonstrating that it values **diversity, equity, and inclusion** in the community (38.4% "fair/poor").



Behavioral Health

► Relatively few stakeholders (28.6%) gave BHBSMC "excellent/very good/good" evaluations for providing community education (including school-based) education to build skills, increase awareness of services, and decrease stigma associated with **mental health** (71.4% "fair/poor").

► A minority (30.8%) also gave BHBSMC "excellent/very good/good" evaluations for reducing both exposure to and use of **tobacco** among youth and adults (69.2% "fair/poor").

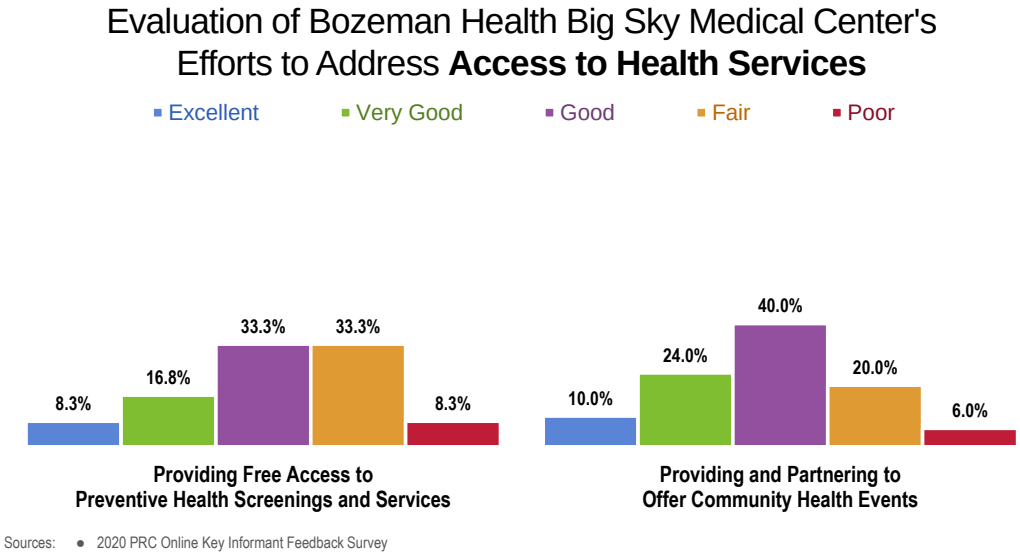


Sources: ● 2020 PRC Online Key Informant Feedback Survey

Access to Health Services

► 58.4% of stakeholders gave BHBSMC "excellent/very good/good" evaluations for providing free access to **preventive health screenings and services** (41.6% "fair/poor").

► 74.0% gave BHBSMC "excellent/very good/good" evaluations for providing and partnering to offer **community health events** (health fairs, webinars, health literacy programs, etc.); 26.0% rated BHBSMC as "fair/poor".

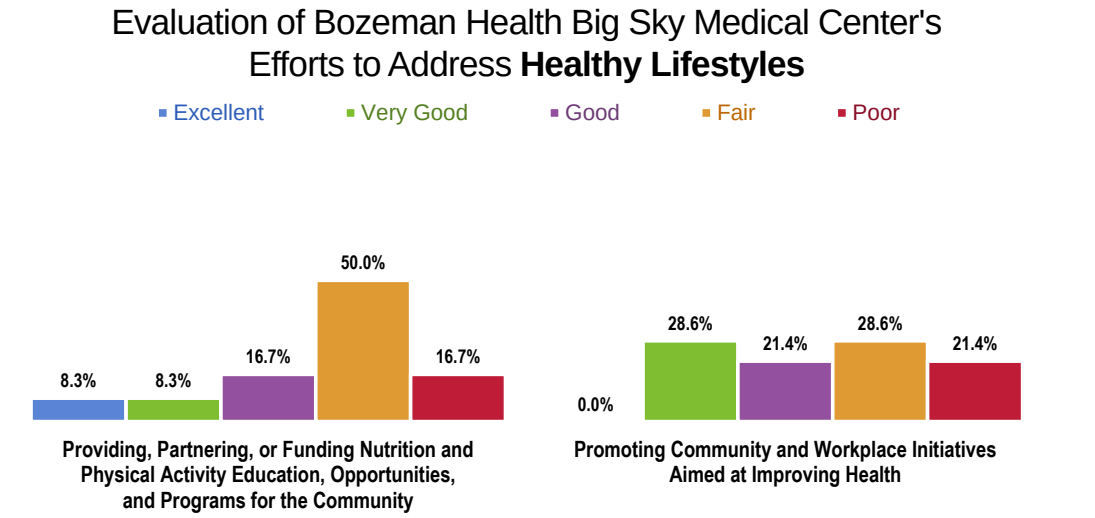


Sources: ● 2020 PRC Online Key Informant Feedback Survey

Healthy Lifestyles

► Just one-third (33.3%) of stakeholders gave BHBSMC "excellent/very good/good" evaluations for providing, partnering, or funding **nutrition and physical activity** education, opportunities, and programs for the community (66.7% "fair/poor").

► One-half (50.0%) gave BHBSMC "excellent/very good/good" evaluations for promoting **community and workplace initiatives** aimed at improving health (50.0% "fair/poor").

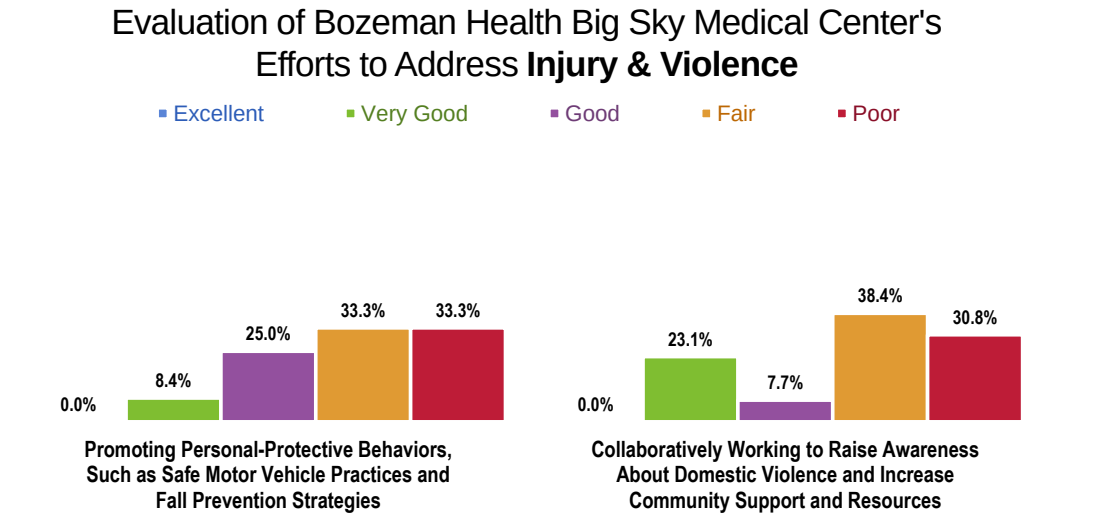


Sources: ● 2020 PRC Online Key Informant Feedback Survey

Injury & Violence

► One-third (33.3%) of stakeholders gave Bozeman Health Big Sky Medical Center "excellent/very good/good" evaluations for promoting **personal-protective behaviors**, such as safe motor vehicle practices and fall prevention strategies (66.6% "fair/poor").

► 30.8% gave BHBSMC "excellent/very good/good" evaluations for collaboratively working to raise awareness about **domestic violence** and increase community support and resources (69.2% "fair/poor").



Sources: ● 2020 PRC Online Key Informant Feedback Survey