Summary Report

2017 Community Health Needs Assessment Report

Big Sky Area, Montana

Prepared for:

Bozeman Health Big Sky Medical Center
Community Health Partners (CHP)
Gallatin City-County Health Department

By:

Professional Research Consultants, Inc.
11326 P Street Omaha, NE 68137-2316
www.PRCCustomResearch.com

2017-0301-02
© September 2017

Professional Research Consultants, Inc.

Table of Contents

Introduction 4

About This Assessment 5

Methodology 5

PRC Community Health Survey 5

Online Key Informant Survey 7

Public Health, Vital Statistics & Other Data 9

Benchmark Data 9

Determining Significance 10

Information Gaps 10

IRS Form 990, Schedule H Compliance 11

Summary of Findings 12

Significant Health Needs of the Community 13

Summary Data 15

Comparisons With Benchmark Data 15

Summary of Key Informant Perceptions 28

Data Charts & Key Informant Input 29

Community Characteristics 30

Population Characteristics 30

Social Determinants of Health 32

General Health Status 34

Overall Health Status 34

Mental Health 37

Death, Disease & Chronic Conditions 44

Leading Causes of Death 44

Cardiovascular Disease 46

Cancer 53

Cancer Risk 55

Respiratory Disease 60

Injury & Violence 65

Diabetes 72

Alzheimer's Disease 75

Kidney Disease 77

Potentially Disabling Conditions 79

Infectious Disease 83

Influenza & Pneumonia Vaccination 84

HIV 86

Sexually Transmitted Diseases 89
Births 93
Prenatal Care 93
Birth Outcomes & Risks 94
Family Planning 97
Modifiable Health Risks 99
Actual Causes Of Death 99
Nutrition, Physical Activity & Weight 100
Substance Abuse 110
Tobacco Use 117
Access to Health Services 121
Lack of Health Insurance Coverage (Age 18 to 64) 121
Difficulties Accessing Healthcare 123
Health Literacy 128
Primary Care Services 129
Emergency Room Utilization 132
Oral Health 133
Vision Care 135
Health Education & Outreach 136
Participation in Health Promotion Events 136
Local Resources 137
Perceptions of Local Healthcare Services 137
Resources Available to Address the Significant Health Needs 138

Introduction

Professional Research Consultants, Inc.

About This Assessment

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in 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, Community Health Partners (CHP), and Gallatin City-County Health Department by Professional Research Consultants, Inc. (PRC). PRC is a nationally recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States since 1994.

Methodology

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

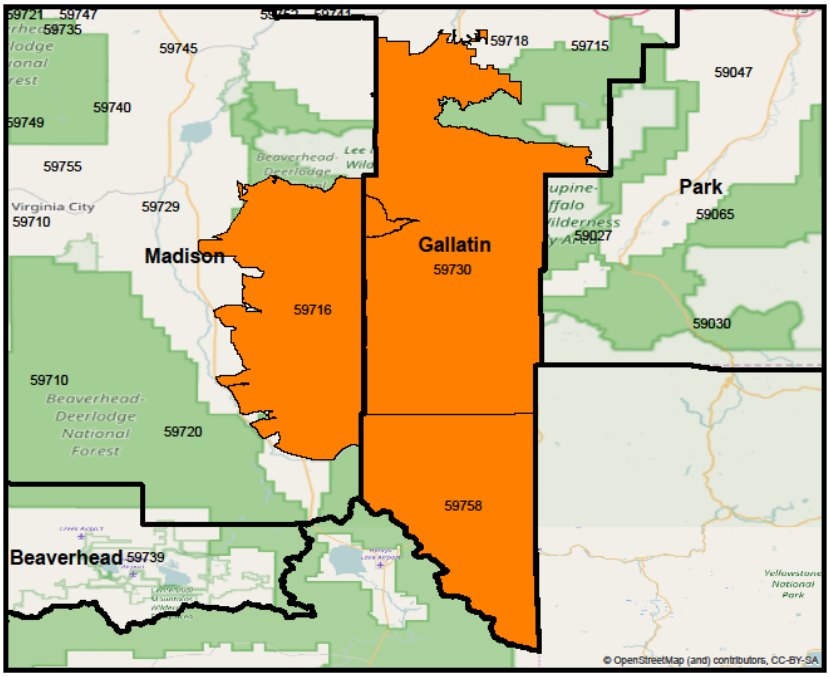
PRC Community Health Survey

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, Community Health Partners, and Gallatin City-County Health Department with PRC.

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 each of the residential ZIP Codes comprising the service area of Bozeman Health Big Sky Medical Center, including 59716, 59730, and 59758. As a newly opened facility, these three ZIP Codes were established as its initial community definition for the purposes of this assessment. This community definition is illustrated in the following map.



Sample Approach & Design

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

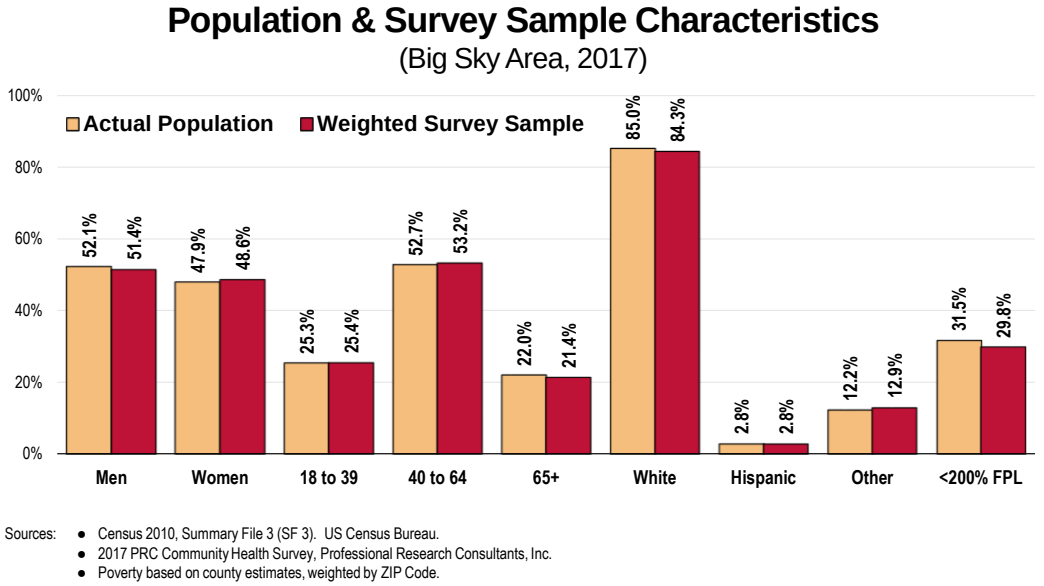
The sample design used for this effort consisted of a random sample of 150 individuals age 18 and older in the Big Sky Area. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

For statistical purposes, the maximum rate of error associated with a sample size of 150 respondents is ±8.0% at the 95 percent level of confidence.

Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. And, while this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias.

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 healthcare needs, and these children are not represented demographically in this chart.]



Further note that in sample segmentation: "**low/mid income**" refers to community members living in households with annual incomes under $73,500, regardless of the number of household members; "**high income**" refers to those households with annual incomes of $73,500 or more.

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

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey was also implemented as part of this process. A list of recommended participants was provided by Bozeman Health, Community Health Partners, and Gallatin City-County Health Department; this list included names and contact information for physicians, 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, 40 community stakeholders took part in the Online Key Informant Survey, as outlined in the following table:

Online Key Informant Survey Participation		
Key Informant Type	**Number Invited**	**Number Participating**
Physician/Advanced Practice Clinician	14	7
Public Health/Community Health Representative	10	7
Other Health Professional	6	3
Social Services Provider	7	5
Other Community Leader	31	18

Final participation included representatives of the organizations outlined below.

- Alcohol and Drug Services of Gallatin County
- AWARE
- Big Sky Community Food Bank
- Big Sky Fire Department
- Big Sky Medical Center
- Big Sky School District
- Big Sky Youth Empowerment
- Bozeman Health Deaconess Hospital
- Cancer Support Community Montana
- Community Health Partners
- Community West Outreach
- Gallatin City-County Health Department
- Gallatin Early Childhood Community Council
- Gallatin Valley Land Trust
- Help Center 211
- Hospice of Bozeman Health Frontier Home Health
- Human Resource Development Council
- NAMI
- Thrive
- Town of West Yellowstone
- West Yellowstone Police Department
- West Yellowstone School
- West Yellowstone Social Services
- Willing Workers Ladies Aid
- Youth Dynamics

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

Minority/medically underserved populations represented:

> *African-Americans, domestic violence victims, elderly, English as a second language, foreign visitors to Yellowstone, those with geographic barriers, Hispanic, homeless, immigrants, LGBTQ, low-income, Medicare/Medicaid recipients, mentally ill, Native Americans, non-English speaking, seasonal workers, undocumented immigrants, uninsured/underinsured, veterans, women and children*

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

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

Public Health, Vital Statistics & Other Data

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

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

Note that secondary data indicators reflect the combined area of Gallatin and Madison counties.

Benchmark Data

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 are reported in the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trend Data* published by the Centers for Disease Control and Prevention and the US Department of Health & Human Services. State-level vital statistics are also provided for comparison of secondary data indicators.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2015 PRC National Health Survey*; the methodological approach for the national study is 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. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across sectors.
- Guide 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 secondary data indicators (which do not carry sampling error, but might be subject to reporting error), "significance," for the purpose of this report, is determined by a 5% variation from the comparative measure.

Information Gaps

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

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

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

IRS Form 990, Schedule H Compliance

For 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 Form 990 Schedule H, the following table cross-references related sections.

IRS Form 990, Schedule H (2016)	See Report Page
Part V Section B Line 3a *A definition of the community served by the hospital facility*	5
Part V Section B Line 3b *Demographics of the community*	30
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*	138
Part V Section B Line 3d *How data was obtained*	5
Part V Section B Line 3e *The significant health needs of the community*	13
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*	14
Part V Section B Line 3h *The process for consulting with persons representing the community's interests*	7
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)*	n/a

Summary of Findings

Professional Research Consultants, Inc.

Significant Health Needs of the Community

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

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

Areas of Opportunity Identified Through This Assessment	
Access to Healthcare Services	• Primary Care Physician Ratio • Lack of Transportation • Dental Insurance Coverage
Cancer	• Cancer is a leading cause of death. • Prostate Cancer Deaths • Female Breast Cancer Incidence • Cancer (Non-Skin) Prevalence • Cervical Cancer Screening (Age 21-65)
Dementia, Including Alzheimer's Disease	• Progressive Memory Loss/Confusion (Age 45+)
Heart Disease & Stroke	• Cardiovascular disease is a leading cause of death. • High Blood Pressure Prevalence
Injury & Violence	• Motor Vehicle Accident Deaths • Seat Belt Usage • Fall-Related Deaths (Age 65+) • Falls (Age 45+) • Firearm Prevalence
Mental Health	• Diagnosed Depression • Medication/Treatment for Mental Health • Suicide Deaths • *Mental Health ranked as a top concern in the Online Key Informant Survey.*
Substance Abuse	• Current Drinking Prevalence • Negatively Affected by Substance Abuse (Self or Other's) • *Substance Abuse ranked as a top concern in the Online Key Informant Survey.*
Tobacco Use	• Use of Smokeless Tobacco

Community Feedback on Prioritization of Health Needs

On September 14, 2017, Bozeman Health, Community Health Partners, and Gallatin City-County Health Department convened two groups of community stakeholders (representing community-based organizations and residents) to evaluate, discuss and prioritize health issues for the Big Sky Area, based on findings of this Community Health Needs Assessment (CHNA). The meetings were held in the communities of Big Sky (where 12 attendees took part) and West Yellowstone (10 attendees). Professional Research Consultants, Inc. (PRC) began these meetings with a presentation of key findings from the CHNA, highlighting the significant health issues identified from the research (see Areas of Opportunity above). Following the data review, PRC answered any questions and facilitated a group dialogue. Finally, participants were provided an overview of the prioritization exercise that followed.

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

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

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

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

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

1. **Mental Health**
2. **Access to Health Services**
3. **Substance Abuse**
4. **Injury & Violence**
5. **Heart Disease & Stroke**
6. **Tobacco Use**
7. **Cancer**
8. **Dementias, Including Alzheimer's Disease**

Summary Data

Comparisons With Benchmark Data

The following tables provide an overview of indicators in the Big Sky Area. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

Reading the Data Summary Tables

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

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

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

Social Determinants	Big Sky Area	Big Sky Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
Linguistically Isolated Population (Percent)	**0.8**	0.4	4.6	
Population in Poverty (Percent)	**13.0**	15.2	15.5	
Population Below 200% FPL (Percent)	**31.5**	35.9	34.3	
Children Below 200% FPL (Percent)	**32.1**	44.0	44.0	
% Worry/Stress Over Rent/Mortgage in Past Year	**27.0**		31.6	
No High School Diploma (Age 25+, Percent)	**3.5**	7.2	13.4	
Unemployment Rate (Age 16+, Percent)	**3.0**	4.8	5.1	
		better	similar	worse

Overall Health	Big Sky Area	Big Sky Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
% "Fair/Poor" Physical Health	7.4	15.1	18.3	
% Activity Limitations	27.1	23.9	20.0	
		better	similar	worse

Access to Health Services	Big Sky Area	Big Sky Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
% [Age 18-64] Lack Health Insurance	16.8	15.1	10.1	0.0
% [Insured 18-64] Have Coverage Through ACA	20.0		14.9	
% [Insured] Went Without Coverage in Past Year	1.3			
% Inconvenient Hrs Prevented PCP Visit in Past Year	14.1			
% Cost Prevented Getting Prescription in Past Year	5.9		9.5	
% Cost Prevented Visit to a PCP in Past Year	6.2			
% Difficulty Getting a PCP Appointment in Past Year	8.6			
% Difficulty Finding a PCP in Past Year	10.2			
% Transportation Hindered PCP Visit in Past Year	16.1			
% Language/Culture Prevented Care in Past Year	0.0			

Access to Health Services (continued)	Big Sky Area	Big Sky Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
% Skipped Prescription Doses to Save Costs	9.9		10.2	
% Have Difficulty Understanding Health Professionals	2.8			
Primary Care Doctors per 100,000	79.0	81.9	87.8	
% [Age 18+] Have a Specific Source of Ongoing Care	74.3		74.0	95.0
% [Age 18-64] Have a Specific Source of Ongoing Care	71.2		73.1	89.4
% [Age 65+] Have a Specific Source of Ongoing Care	85.2		76.8	100.0
% Have Had Routine Checkup in Past Year	62.9	62.9	70.5	
% Two or More ER Visits in Past Year	5.9		8.5	
% Rate Local Healthcare "Fair/Poor"	15.8		14.2	
		better	similar	worse

Arthritis, Osteoporosis & Chronic Back Conditions	Big Sky Area	Big Sky Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
% [50+] Arthritis/Rheumatism	19.9		32.0	
% [50+] Osteoporosis	5.1		8.7	5.3
% Sciatica/Chronic Back Pain	26.6		19.4	
		better	similar	worse

Cancer	Big Sky Area	Big Sky Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
Cancer (Age-Adjusted Death Rate)	116.9	155.8	161.0	161.4
Lung Cancer (Age-Adjusted Death Rate)	23.5	39.5	42.0	45.5
Prostate Cancer (Age-Adjusted Death Rate)	23.4	20.5	19.0	21.8
Female Breast Cancer (Age-Adjusted Death Rate)	15.2	20.2	20.6	20.7
Colorectal Cancer (Age-Adjusted Death Rate)	8.4	13.7	14.4	14.5
Prostate Cancer Incidence per 100,000	122.2	127.3	123.4	
Female Breast Cancer Incidence per 100,000	134.4	122.7	123.4	
Lung Cancer Incidence per 100,000	38.2	58.2	62.6	
Colorectal Cancer Incidence per 100,000	32.7	39.9	40.6	
% Skin Cancer	7.8	7.7	7.7	
% Cancer (Other Than Skin)	20.8	7.9	7.7	
% [Women 50-74] Mammogram in Past 2 Years	79.1	73.0	80.3	81.1
% [Women 21-65] Pap Smear in Past 3 Years	56.8	81.3	84.8	93.0
% [Age 50-75] Colorectal Cancer Screening	68.9	62.4	74.5	70.5
		better	similar	worse

Chronic Kidney Disease	Big Sky Area	Big Sky Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
% Kidney Disease	1.2	2.5	3.6	
		better	similar	worse

Dementias, Including Alzheimer's Disease	Big Sky Area	Big Sky Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
Alzheimer's Disease (Age-Adjusted Death Rate)	11.5	20.2	26.1	
% [Age 45+] Increasing Confusion/Memory Loss in Past Yr	24.6		12.8	
		better	similar	worse

Diabetes	Big Sky Area	Big Sky Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
Diabetes Mellitus (Age-Adjusted Death Rate)	6.1	21.1	21.1	20.5
% Diabetes/High Blood Sugar	4.6	7.9	14.5	
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	58.9		55.1	
		better	similar	worse

Educational & Community-Based Programs	Big Sky Area	Big Sky Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
% Attended Health Event in Past Year	13.5			
		better	similar	worse

Family Planning	Big Sky Area	Big Sky Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
Teen Births per 1,000 (Age 15-19) (Gallatin Co.)	15.3	34.8	36.6	
		better	similar	worse

Heart Disease & Stroke	Big Sky Area	Big Sky Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
Diseases of the Heart (Age-Adjusted Death Rate)	122.5	152.6	168.4	156.9
Stroke (Age-Adjusted Death Rate)	33.0	35.9	36.8	34.8
% Heart Disease (Heart Attack, Angina, Coronary Disease)	4.3		6.9	
% Stroke	1.1	2.7	2.6	
% Blood Pressure Checked in Past 2 Years	96.1		93.6	92.6
% Told Have High Blood Pressure (Ever)	45.0	29.1	36.5	26.9
% Cholesterol Checked in Past 5 Years	82.8	74.6	87.4	82.1
% Told Have High Cholesterol (Ever)	20.8		33.5	13.5

Heart Disease & Stroke (continued)	Big Sky Area	Big Sky Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
% 1+ Cardiovascular Risk Factor	78.8		83.0	
		better	similar	worse

HIV	Big Sky Area	Big Sky Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
HIV Prevalence per 100,000 (Gallatin Co.)	26.2	46.4	353.2	
% [Age 18-64] Ever Tested for HIV	51.5		50.8	
		better	similar	worse

Immunization & Infectious Diseases	Big Sky Area	Big Sky Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
% [Age 65+] Flu Vaccine in Past Year	66.3	61.4	58.9	70.0
% [Age 65+] Pneumonia Vaccine Ever	68.3	72.5	76.3	90.0
		better	similar	worse

Injury & Violence Prevention	Big Sky Area	Big Sky Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
Unintentional Injury (Age-Adjusted Death Rate)	36.5	55.5	41.0	36.4
Motor Vehicle Crashes (Age-Adjusted Death Rate)	11.4	20.0	10.6	12.4
% "Always" Wear Seat Belt	74.5	76.7	87.9	92.0
% Read/Sent Text or Email While Driving in the Past Month	32.0			
[65+] Falls (Age-Adjusted Death Rate)	70.2	83.6	59.0	47.0
% [Age 45+] Fell in the Past Year	46.6		28.2	
Firearm-Related Deaths (Age-Adjusted Death Rate)	11.0	17.3	10.6	9.3
% Firearm in Home	68.5		33.8	
% [Homes With Firearms] Weapon(s) Unlocked & Loaded	20.1		20.4	
Violent Crime per 100,000	183.3	277.9	395.5	
% Perceive Neighborhood as “Slightly/Not At All Safe”	0.7		15.3	
% Victim of Domestic Violence (Ever)	20.0		15.1	
		better	similar	worse

Maternal, Infant & Child Health	Big Sky Area	Big Sky Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
No Prenatal Care in First Trimester (Percent)	26.0	29.8		22.1
Low Birthweight Births (Percent) (Gallatin Co.)	7.0	7.3	8.2	7.8
Infant Death Rate	6.0	6.2	6.5	6.0
		better	similar	worse

Mental Health & Mental Disorders	Big Sky Area	Big Sky Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
% "Fair/Poor" Mental Health	20.0		15.5	
% Diagnosed Depression	28.6	19.9	17.9	
% Symptoms of Chronic Depression (2+ Years)	36.0		29.9	
Suicide (Age-Adjusted Death Rate)	16.3	24.3	13.0	10.2
% Have Ever Sought Help for Mental Health	34.1		27.4	
% Taking Rx/Receiving Mental Health Trtmt	21.6		13.6	
% Unable to Get Mental Health Svcs in Past Yr	0.4		4.4	
% Typical Day Is "Extremely/Very" Stressful	14.9		11.7	
% Average <7 Hours of Sleep per Night	19.0		39.5	
		better	similar	worse

Nutrition, Physical Activity & Weight	Big Sky Area	Big Sky Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
% Eat 5+ Servings of Fruit or Vegetables per Day	23.8		27.4	
Population With Low Food Access (Percent)	20.8	24.3	22.4	
% Worried About Running Out of Food in Past Year	2.1		21.0	
% 7+ Sugar-Sweetened Drinks in Past Week	11.8		30.2	
% Healthy Weight (BMI 18.5-24.9)	36.9	37.3	32.9	33.9
% Overweight (BMI 25+)	62.4	61.0	65.2	
% Obese (BMI 30+)	22.6	23.6	33.4	30.5
% [Overweights] Perceive Self "About the Right Weight"	18.5			
% Medical Advice on Weight in Past Year	14.3		20.4	
% [Overweights] Counseled About Weight in Past Year	21.0		27.1	
% No Leisure-Time Physical Activity	10.1	22.5	27.9	32.6
% Meeting Physical Activity Guidelines	29.5	24.5	23.6	20.1
Recreation/Fitness Facilities per 100,000	18.5	14.1	10.1	
		better	similar	worse

Oral Health	Big Sky Area	Big Sky Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
% [Age 18+] Dental Visit in Past Year	67.6	62.6	67.2	49.0
% Have Dental Insurance	52.0		66.5	
		better	similar	worse

Respiratory Diseases	Big Sky Area	Big Sky Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
CLRD (Age-Adjusted Death Rate)	36.8	50.4	41.4	
Pneumonia/Influenza (Age-Adjusted Death Rate)	13.2	14.6	15.4	
% COPD (Lung Disease)	5.7	5.7	9.5	
% [Adult] Currently Has Asthma	7.9	8.9	9.5	
% House Tested for Radon Gas	41.4			
% Use a Wood-Burning Stove for Heat	34.5			
% [Those Who Heat w/Wood Stove] Use a Catalytic Converter	38.2			
		better	similar	worse

Sexually Transmitted Diseases	Big Sky Area	Big Sky Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
Gonorrhea Incidence per 100,000	10.7	42.8	110.7	
Chlamydia Incidence per 100,000	348.5	412.9	456.1	
% Familiar with HPV	83.8			
% Received Info on HPV from Health Provider in Past 3 Yrs	22.6			
		better	similar	worse

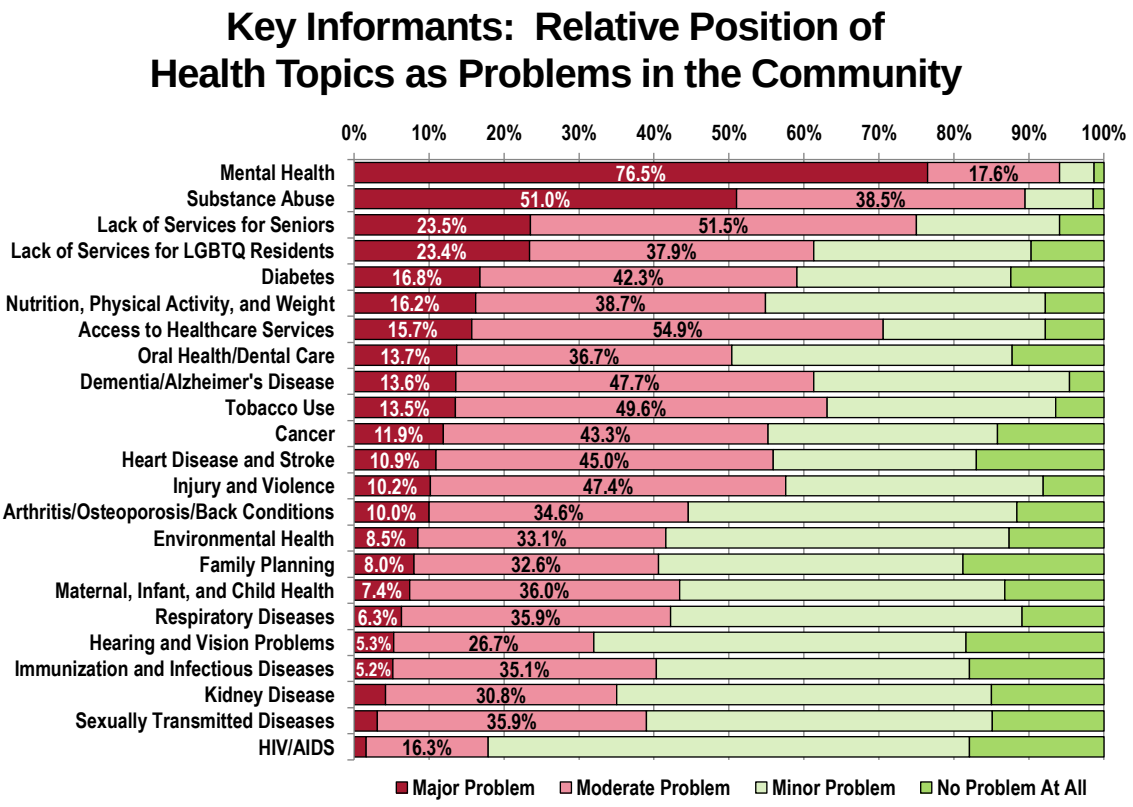
Substance Abuse	Big Sky Area	Big Sky Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
% Current Drinker	72.5	58.0	59.7	
% Excessive Drinker	27.3		22.2	25.4
% Drinking & Driving in Past Month	4.0	4.1	4.1	
Drug-Induced Deaths (Age-Adjusted Death Rate)	8.0	15.3	15.8	11.3
% Illicit Drug Use in Past Month	4.4		3.0	7.1
% Ever Sought Help for Alcohol or Drug Problem	2.6		4.1	
% Life Negatively Affected by Substance Abuse	49.9		32.2	
		better	similar	worse

Tobacco Use	Big Sky Area	Big Sky Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
% Current Smoker	6.5	18.9	14.0	12.0
% Someone Smokes at Home	2.6		10.2	
% [Nonsmokers] Someone Smokes in the Home	0.4		3.9	
% Currently Use an Electronic Nicotine Delivery Device (E-Cigarettes)	1.6		3.8	
% Smoke Cigars	1.9		3.6	0.2
% Use Smokeless Tobacco	8.1	8.2	3.0	0.3
		better	similar	worse

Vision	Big Sky Area	Big Sky Area vs. Benchmarks		
		vs. MT	vs. US	vs. HP2020
% Eye Exam in Past 2 Years	57.4		59.3	
		better	similar	worse

Summary of Key Informant Perceptions

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



Data Charts & Key Informant Input

The following sections present data from multiple sources, including the random-sample 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.

Professional Research Consultants, Inc.

Community Characteristics

Population Characteristics

Land Area, Population Size & Density

Data from the US Census Bureau reveal the following statistics for our community relative to size, population, and density.

Total Population
(Estimated Population, 2011-2015)

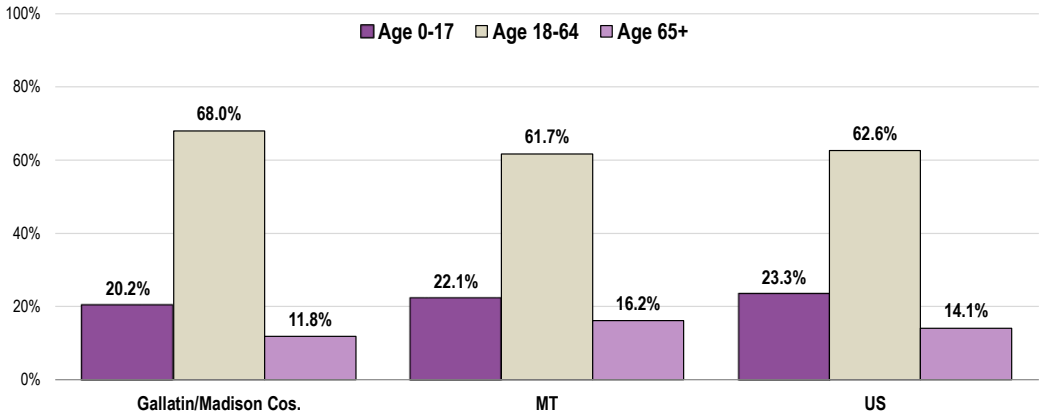
	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Gallatin/Madison Counties	103,090	6,192.94	16.65
Montana	1,014,699	145,546.91	6.97
United States	316,515,021	3,532,070.45	89.61

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

Age

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

Total Population by Age Groups, Percent
(2011-2015)

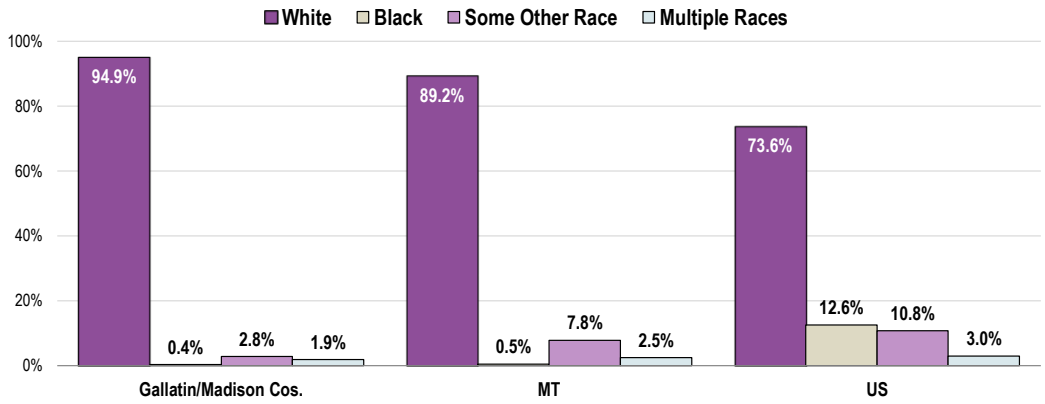


Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2017 from Community Commons at http://www.chna.org.

Race & Ethnicity

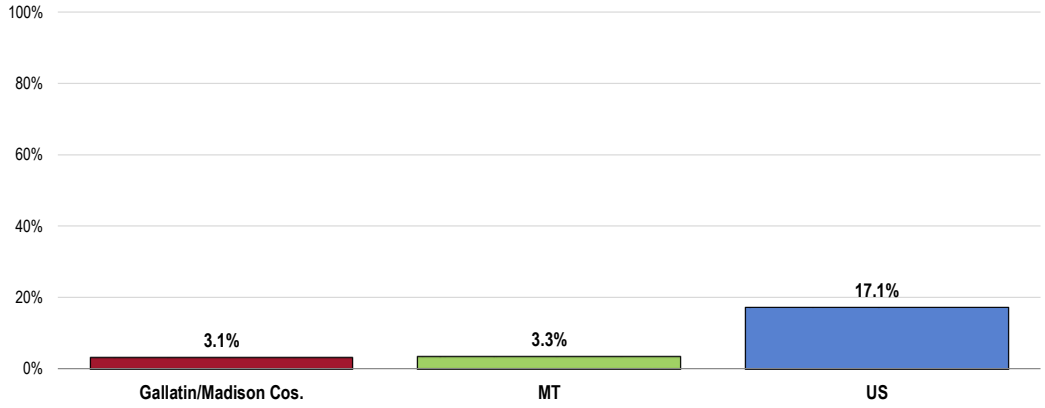
The following charts illustrate the racial and ethnic makeup of our community. Note that ethnicity (Hispanic or Latino) can be of any race.

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



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

Hispanic Population
(2011-2015)



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

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

Social Determinants of Health

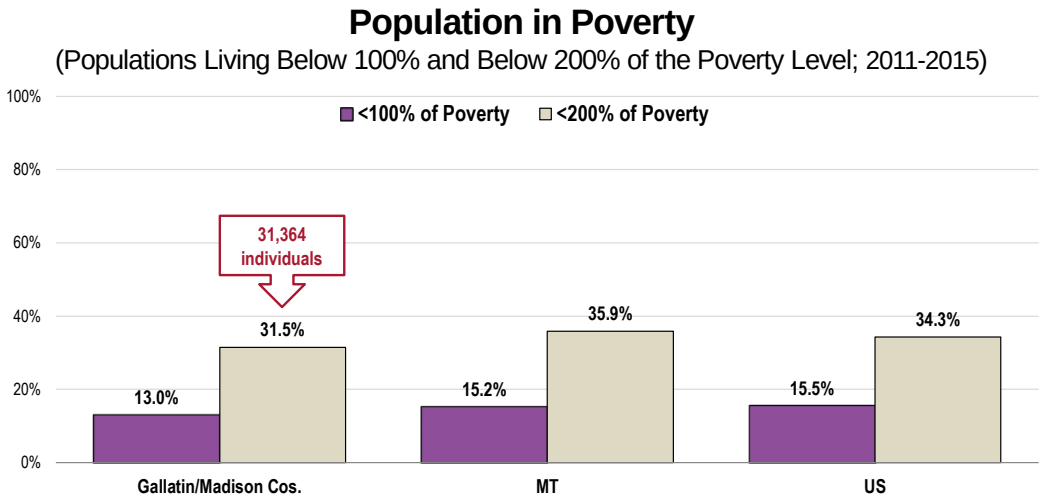
About Social Determinants

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

- Healthy People 2020 (www.healthypeople.gov)

Poverty

The 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.

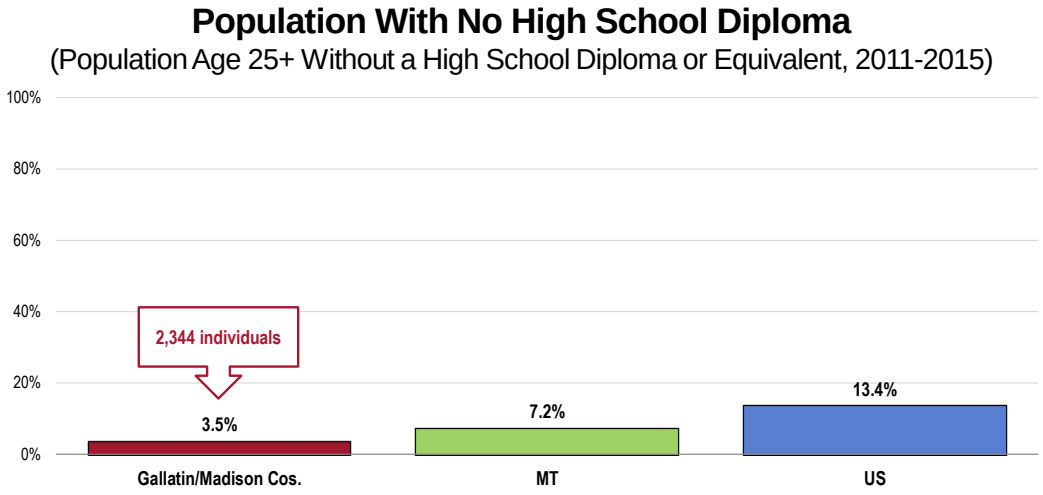


Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2017 from Community Commons at http://www.chna.org.

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

Education

Education levels are reflected in the proportion of our population without a high school diploma.



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

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

General Health Status

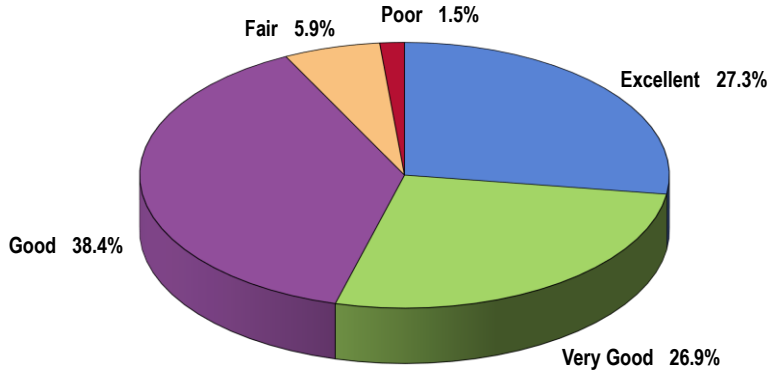
Overall Health Status

Self-Reported Health Status

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

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

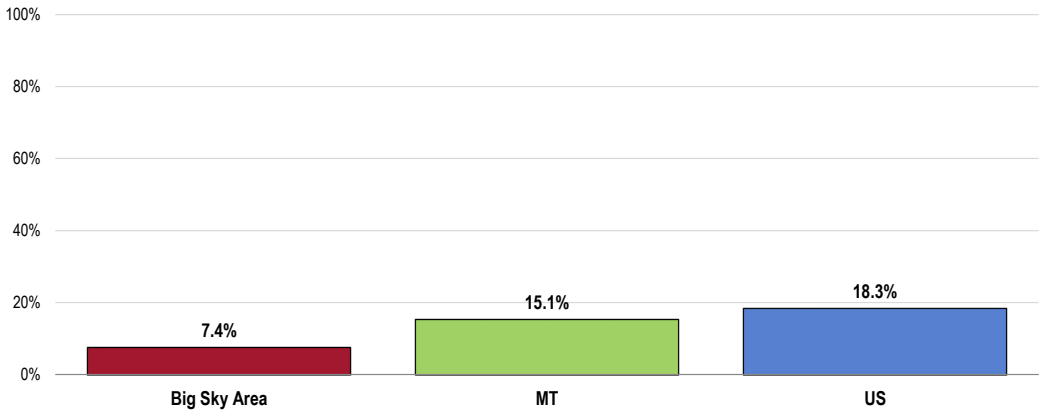
Self-Reported Health Status
(Big Sky Area, 2017)



Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
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 basic demographic characteristics (namely by gender, age groupings, and income).

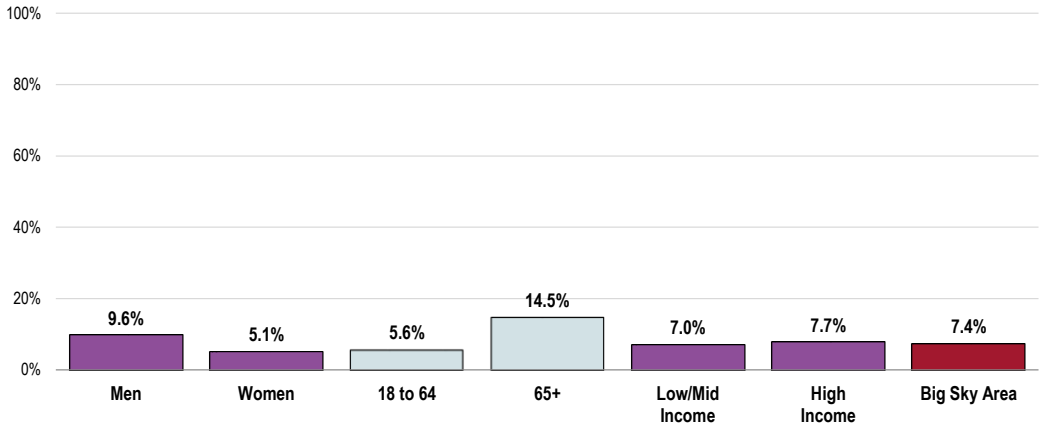
Experience "Fair" or "Poor" Overall Health



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

Experience "Fair" or "Poor" Overall Health

(Big Sky Area, 2017)



Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: ● Asked of all respondents.
● Income categories reflect respondent's annual household income regardless of their household size. "Low/Mid Income" includes households with incomes up to $73,500; "High Income" includes households with incomes of $73,500 or more.

Activity Limitations

About Disability & Health

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

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

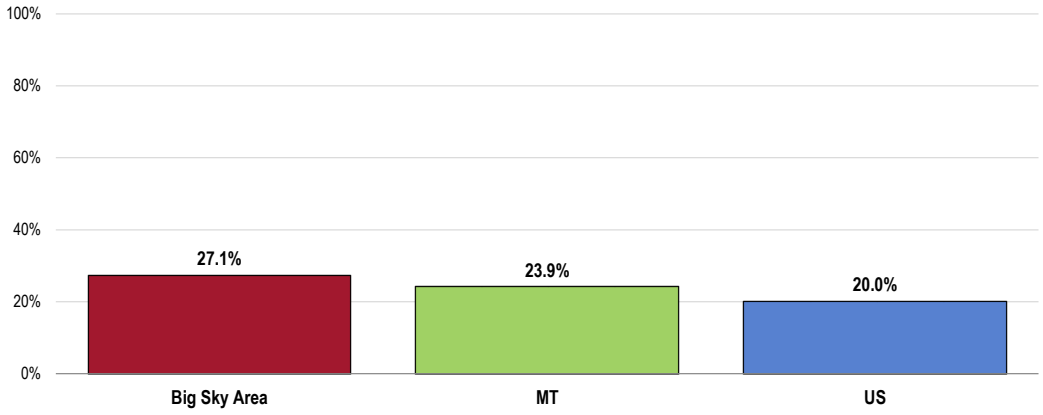
There are many social and physical factors that influence the health of people with disabilities. The following three areas for public health action have been identified, using the International Classification of Functioning, Disability, and Health (ICF) and the three World Health Organization (WHO)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

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

- Healthy People 2020 (www.healthypeople.gov)

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

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

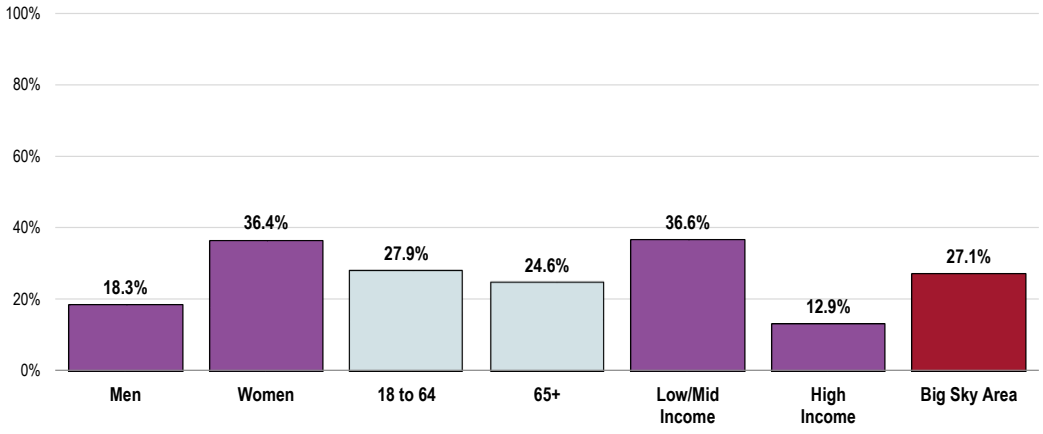


Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Montana data.
- 2015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

Notes:
- Asked of all respondents.

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

(Big Sky Area, 2017)



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

Notes:
- Asked of all respondents.
- Income categories reflect respondent's annual household income regardless of their household size. "Low/Mid Income" includes households with incomes up to $73,500; "High Income" includes households with incomes of $73,500 or more.

Mental Health

About Mental Health & Mental Disorders

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

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

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

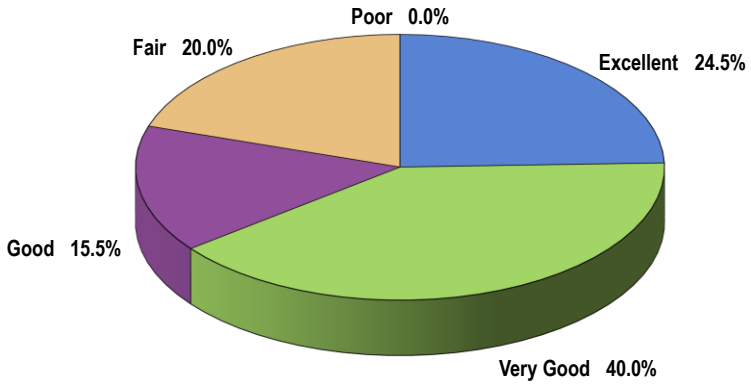
- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
- The incidence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

- Healthy People 2020 (www.healthypeople.gov)

Self-Reported Mental Health Status

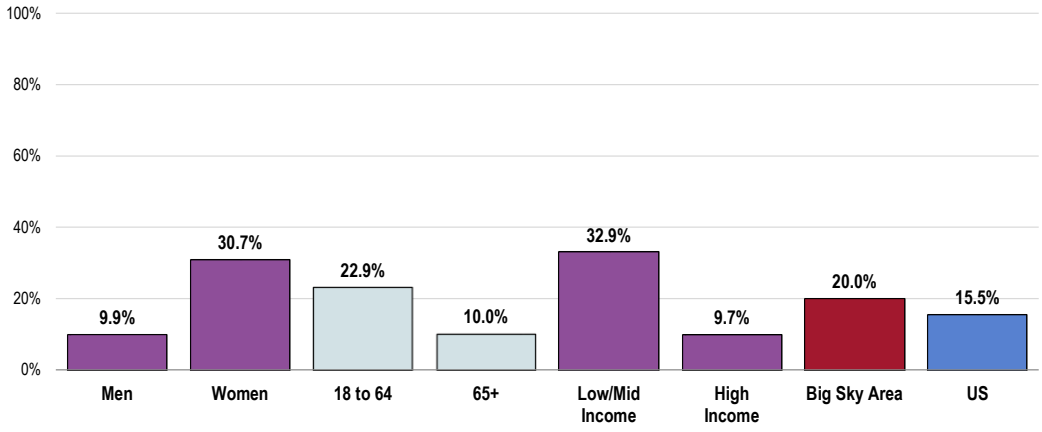
"Now thinking about your mental health, which includes stress, depression, and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair, or poor?"

Self-Reported Mental Health Status
(Big Sky Area, 2017)



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

Experience "Fair" or "Poor" Mental Health
(Big Sky Area, 2017)

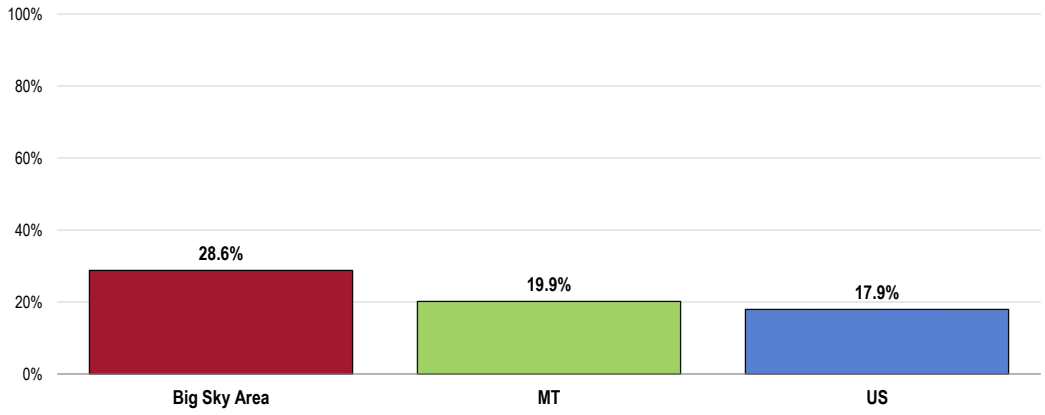


Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 116]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
● Income categories reflect respondent's annual household income regardless of their household size. "Low/Mid Income" includes households with incomes up to $73,500; "High Income" includes households with incomes of $73,500 or more.

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

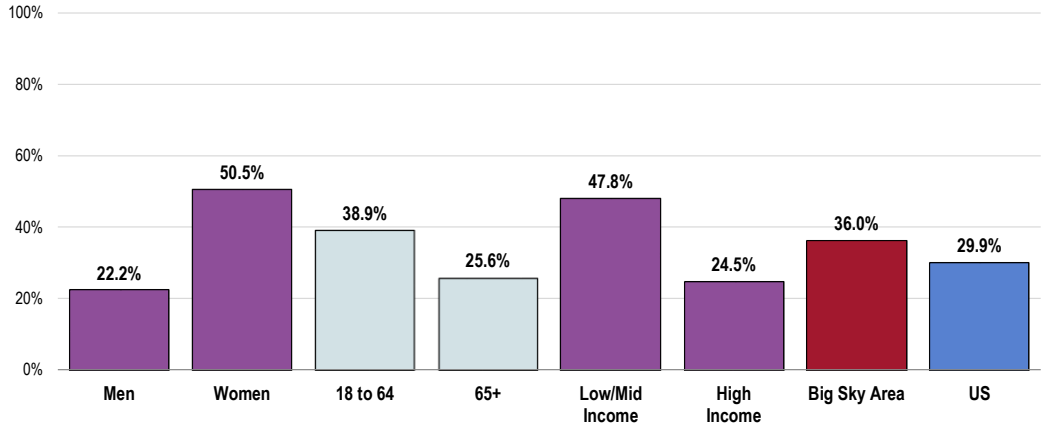


Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 119]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Montana data.
- 2015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

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

Symptoms of Chronic Depression: "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 Experienced Symptoms of Chronic Depression
(Big Sky Area, 2017)

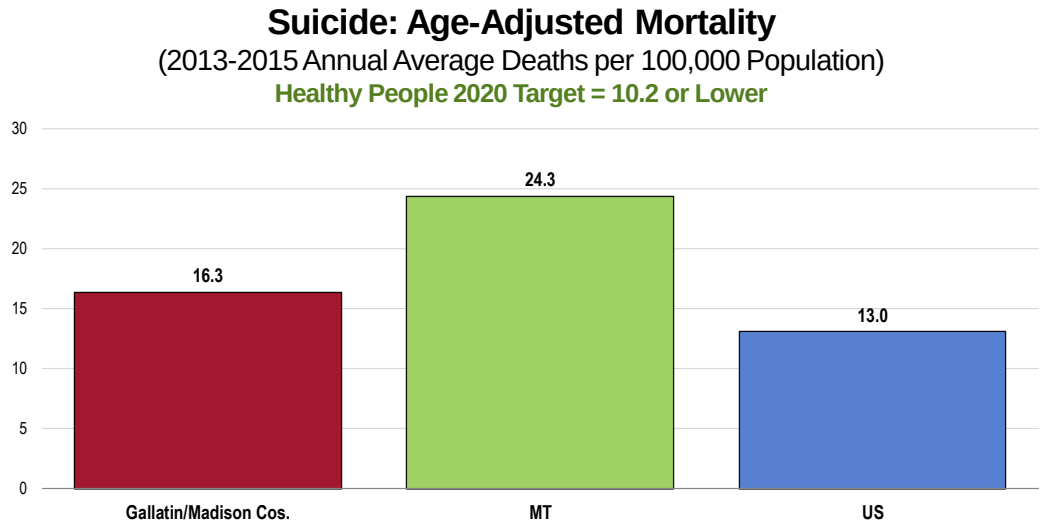


Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]

Notes:
- Asked of all respondents.
- Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.
- Income categories reflect respondent's annual household income regardless of their household size. "Low/Mid Income" includes households with incomes up to $73,500; "High Income" includes households with incomes of $73,500 or more.

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.)



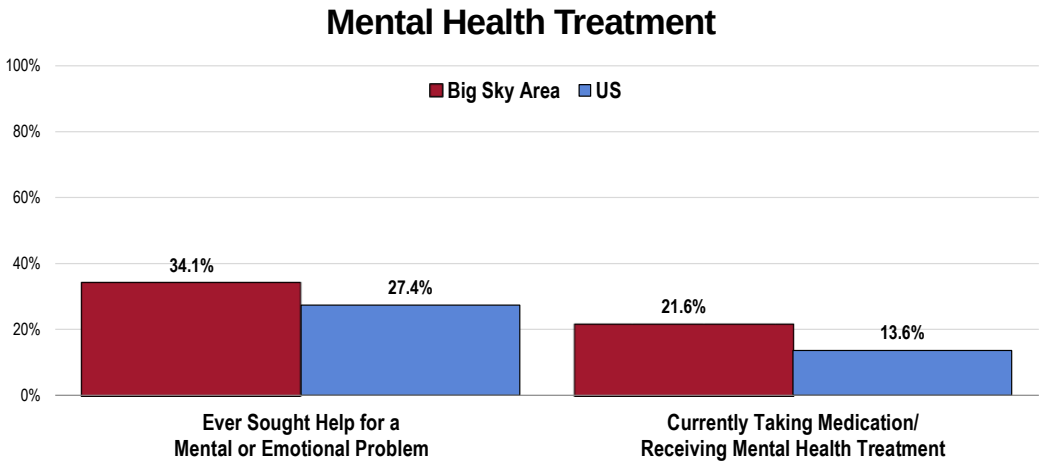
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov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

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

Mental Health Treatment

"Have you ever sought help from a professional for a mental or emotional problem?"

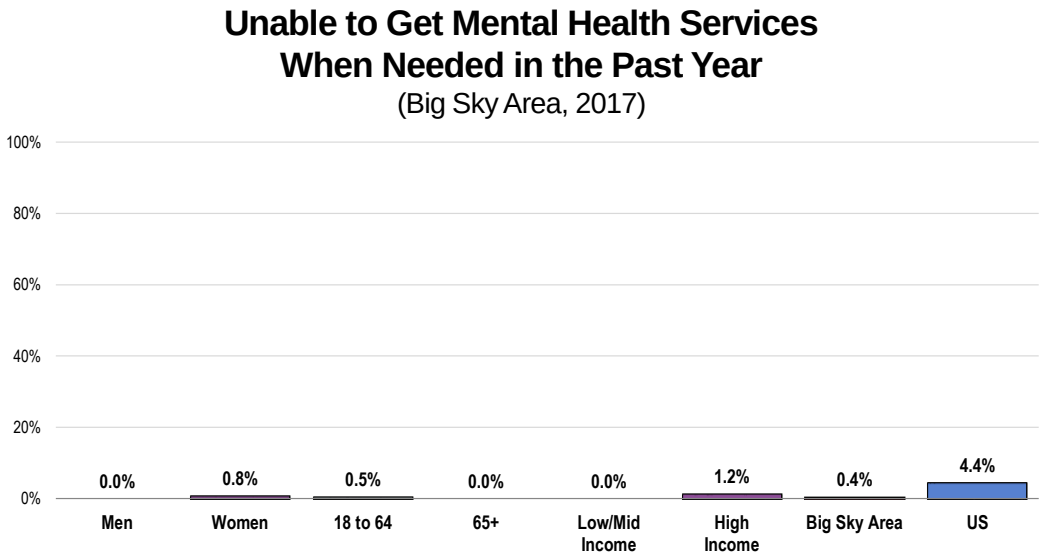
"Are you now taking medication or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?"



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

Notes:
- Reflects the total sample of respondents.

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

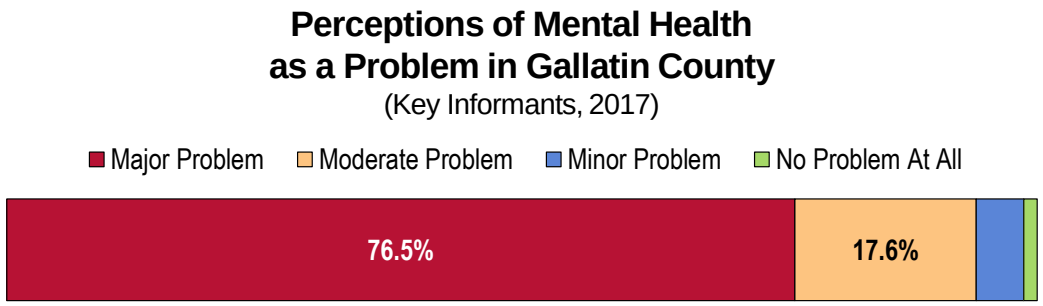


Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 122]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Income categories reflect respondent's annual household income regardless of their household size. "Low/Mid Income" includes households with incomes up to $73,500; "High Income" includes households with incomes of $73,500 or more.

Key Informant Input: Mental Health

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



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

Notes:
- Asked of all respondents.

Challenges

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

Access to Care/Services

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

Wait times for new patients to see a therapist at Gallatin Mental Health are months. We really need a behavioral health and substance abuse counselor in Big Sky, as well as an expansion of mental health crisis response to the southern half of the county and West Yellowstone. – Physician/Advanced Practice Clinician

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

People have serious mental health issues (schizophrenia, bipolar), and as a primary care provider, I am trying to manage medications with these diagnoses. Psych referral appointments are months out. We have waiting lists for the two therapists who come here. – Physician/Advanced Practice Clinician

Need for mental health far outweighs the availability of counselors. Need at least a full-time resident mental health professional in addition to the part-time that is currently provided. – Community Leader

As someone who works directly with this population, I see many issues. One of the largest is acute care for psychiatric help. We are a community that prides ourselves on being able to address the needs of our families, and with psychiatric care, we often have to send our kids and families away. This sends a message that we can't keep you safe at home. Another concern that comes up time and again is the lack of resources for middle-class families. Without funding to give free support to private insurance families, they oftentimes have to leave the community or create huge financial burdens in order to get their needs met. On a final note, suicide in young adults and teens is an epidemic in our community. At this time alone last year, we had 5+ suicides. We need more suicide prevention in schools to help address this serious issue. – Community Leader

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

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

Resources are limited in this community. There is no inpatient option for emergencies. – Other Health Professional

Lack of resources and funding to pay for mental health services. – Community Leader

Lack of services. – Public Health/Community Health Representative

Access to care, diagnosis, public understanding, facilities. – Community Leader

Affordable Care/Services

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

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

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

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

Affordable mental health/counseling services. Lack of services available: currently, only available 2 days a week. – Physician/Advanced Practice Clinician

Lack of Providers

We only have one mental health professional who comes down once a week; sometimes, we have one more come down once a week. There is usually a long waitlist to see them. There is still the stigma of getting help for mental health problems, and being in a small town, I think some people are worried about what other people will think. – Community Leader

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

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

Vulnerable Populations

Additional mental health services for adolescents. Wait list for psychiatry is also too long. Group counseling services for adolescents. – Community Leader

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

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

Denial/Stigma

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

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

Suicide

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

Suicide awareness for teens. Group counseling and support. Mental health groups. – Community Leader

Health Education

There are no community education programs concerning mental health/substance abuse. I believe the school ignores these problems in our community, as well. – Social Services Provider

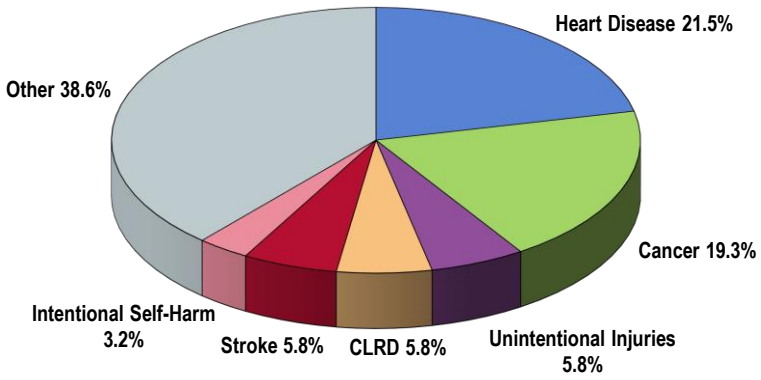
Death, Disease & Chronic Conditions

Leading Causes of Death

Distribution of Deaths by Cause

Cancers and cardiovascular disease (heart disease and stroke) are leading causes of death in the community.

Leading Causes of Death
(Gallatin/Madison Cos., 2015)



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

Age-Adjusted Death Rates for Selected Causes

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

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

The following chart outlines annual average age-adjusted death rates per 100,000 population for selected causes of death in the area. (For infant mortality data, see *Birth Outcomes & Risks* in the **Births** section of this report.)

Age-Adjusted Death Rates for Selected Causes

(2013-2015 Deaths per 100,000 Population)

	Gallatin/Madison Cos.	MT	US	HP2020
Diseases of the Heart	122.5	152.6	168.4	156.9*
Malignant Neoplasms (Cancers)	116.9	155.8	161.0	161.4
Chronic Lower Respiratory Disease (CLRD)	36.8	50.4	41.4	n/a
Unintentional Injuries	36.5	55.5	41.0	36.4
Cerebrovascular Disease (Stroke)	33.0	35.9	36.8	34.8
Intentional Self-Harm (Suicide)	16.3	24.3	13.0	10.2
Pneumonia/Influenza	13.2	14.6	15.4	n/a
Alzheimer's Disease	11.5	20.2	26.1	n/a
Motor Vehicle Deaths	11.4	20.0	10.6	12.4
Firearm-Related	11.0	17.3	10.6	9.3
Drug-Induced	8.0	15.3	15.8	11.3
Diabetes Mellitus	6.1	21.1	21.1	20.5*

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

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

Cardiovascular Disease

About Heart Disease & Stroke

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

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

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

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

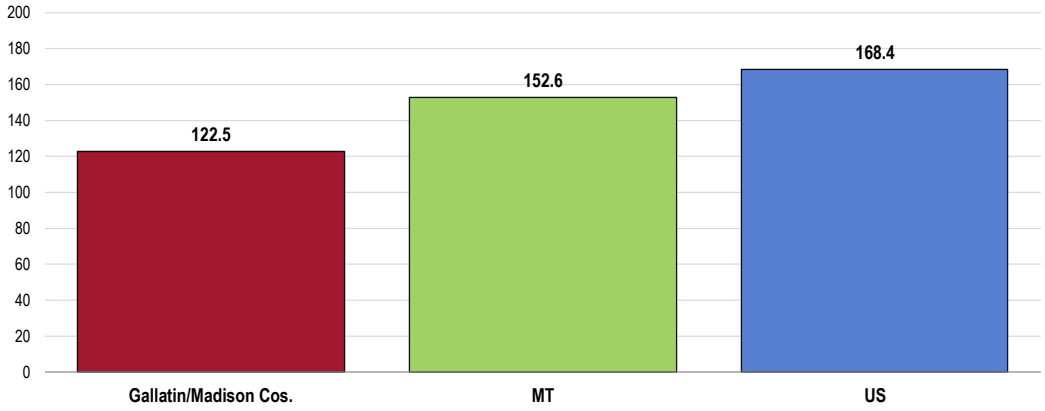
Age-Adjusted Heart Disease & Stroke Deaths

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.

Heart Disease: Age-Adjusted Mortality

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

Healthy People 2020 Target = 156.9 or Lower (Adjusted)



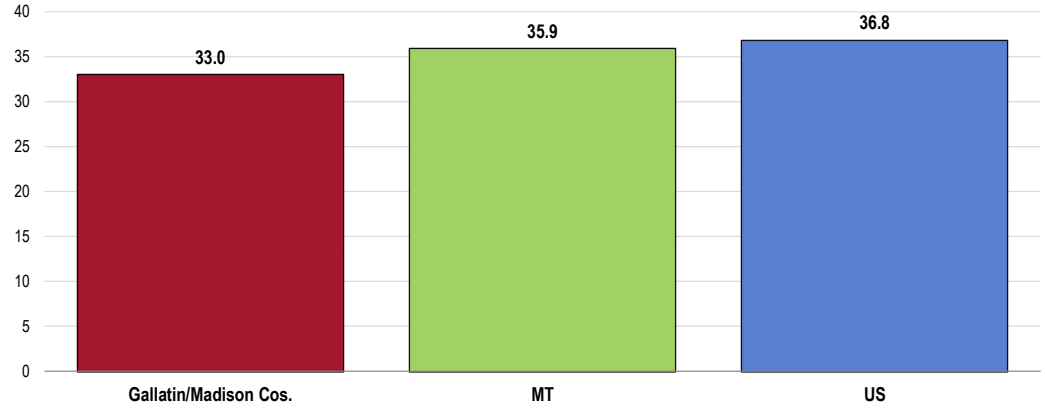
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov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

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

Stroke: Age-Adjusted Mortality

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

Healthy People 2020 Target = 34.8 or Lower



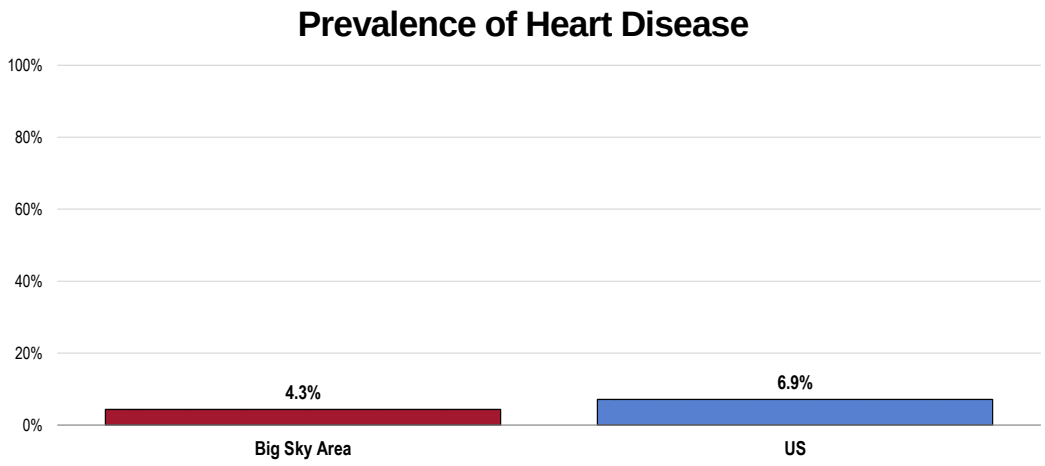
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov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

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

Prevalence of Heart Disease & Stroke

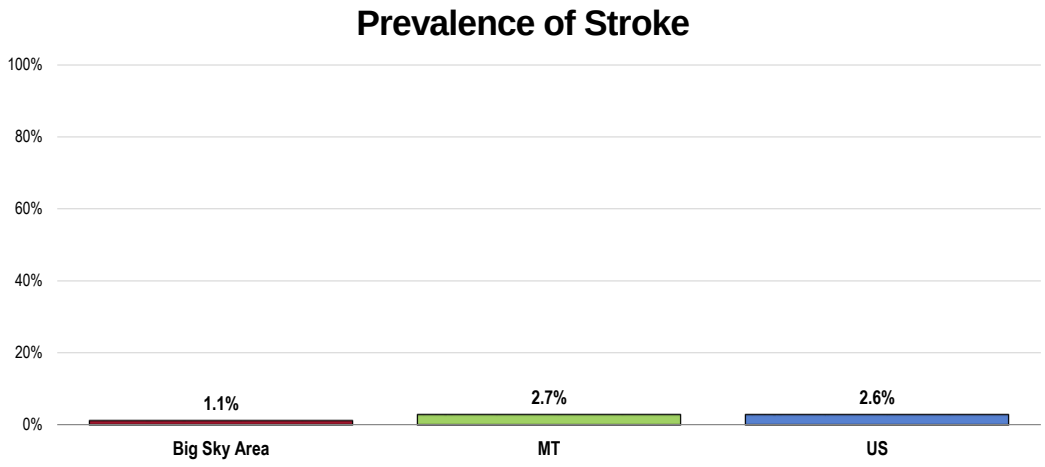
"Has a doctor, nurse or other health professional ever told you that you had: A heart attack, also called a myocardial infarction; or angina or coronary heart disease?" (Heart disease prevalence here is a calculated prevalence that includes those responding affirmatively to either.)

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



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

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



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

Notes:
- Asked of all respondents.

Cardiovascular Risk Factors

About Cardiovascular Risk

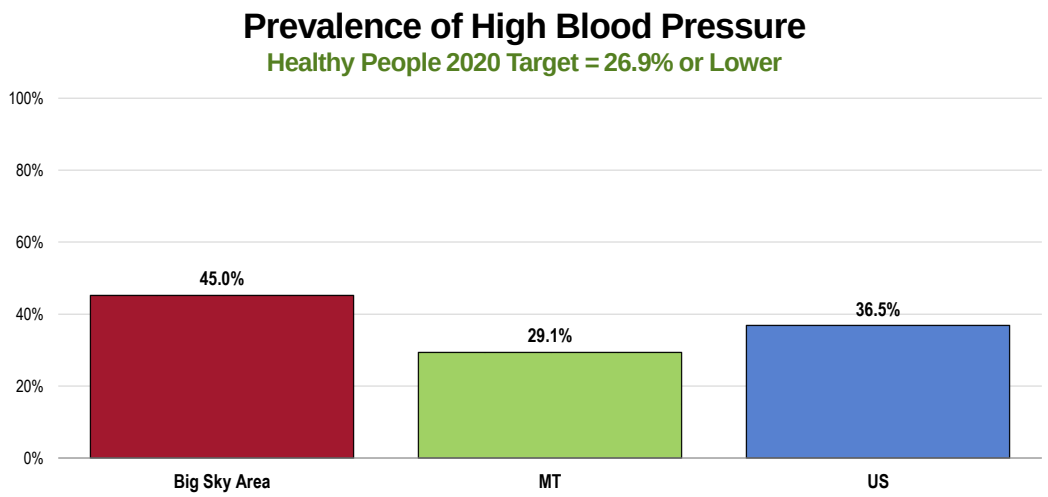
Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans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

- Healthy People 2020 (www.healthypeople.gov)

High Blood Pressure & Cholesterol Prevalence

"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?"

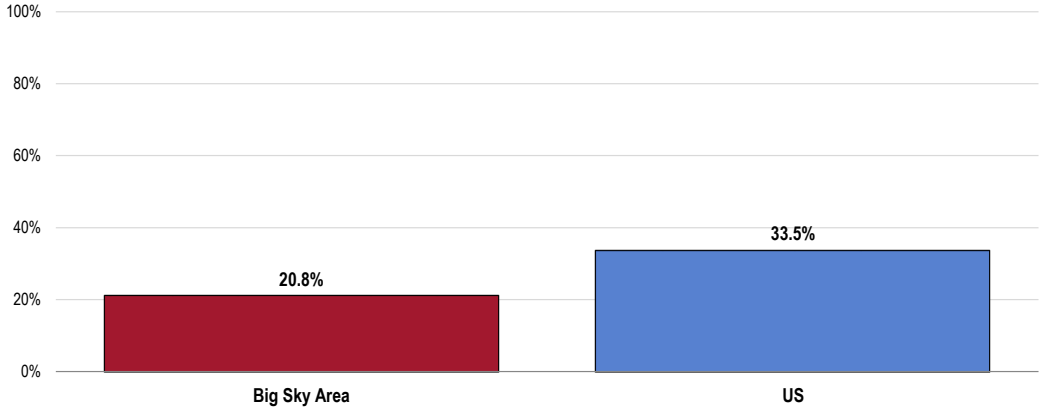


Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 147]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Montana data.
- 2015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

Notes:
- Asked of all respondents.

Prevalence of High Blood Cholesterol

Healthy People 2020 Target = 13.5% or Lower



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

Notes:
- Asked of all respondents.

About Cardiovascular Risk

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

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

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

Three health-related behaviors contribute markedly to cardiovascular disease:

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

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

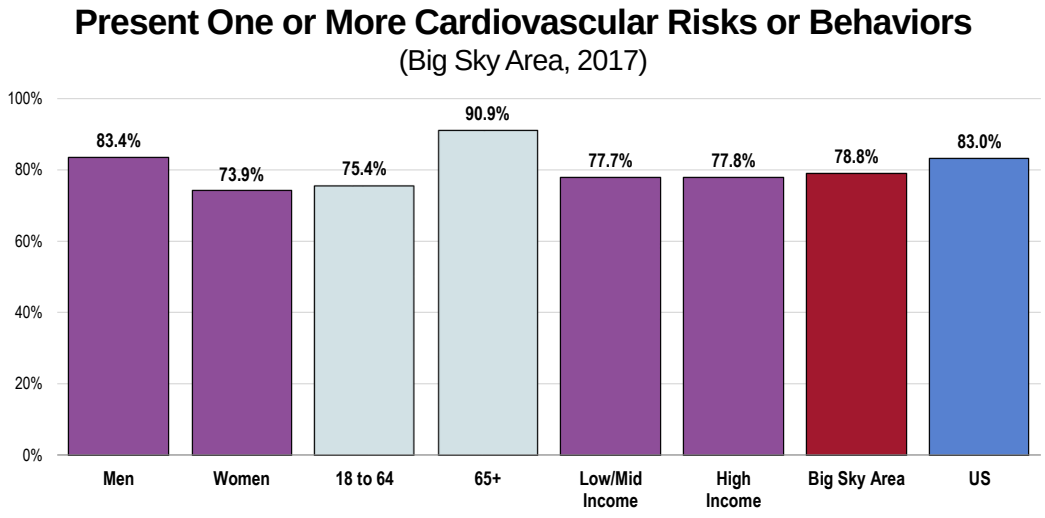
Tobacco use. Smokers have twice the risk for heart attack of nonsmokers. Nearly one-fifth of all deaths from cardiovascular disease, or about 190,000 deaths a year nationally, are smoking-related. Every day, more than 3,000 young people become daily smokers in the US

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

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

Total Cardiovascular Risk

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

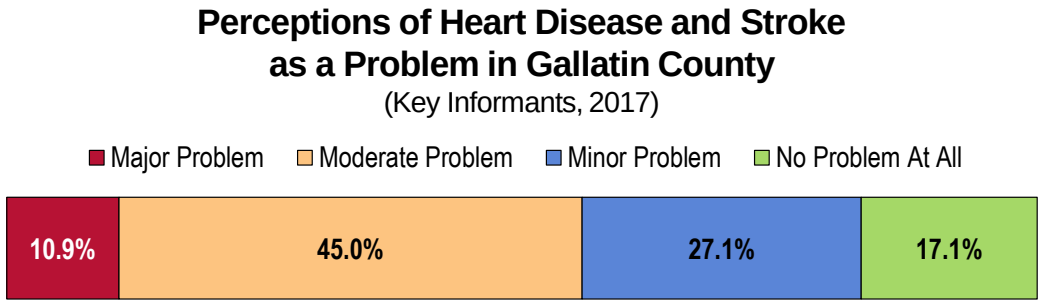


Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.
- Income categories reflect respondent's annual household income regardless of their household size. "Low/Mid Income" includes households with incomes up to $73,500; "High Income" includes households with incomes of $73,500 or more.

Key Informant Input: Heart Disease & Stroke

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



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

Notes:
- Asked of all respondents.

Top Concerns

The key informant rating this issue as a “major problem” said the following:

Lack of Specialists

> *Specialists are needed to identify and assist. – Community Leader*

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)

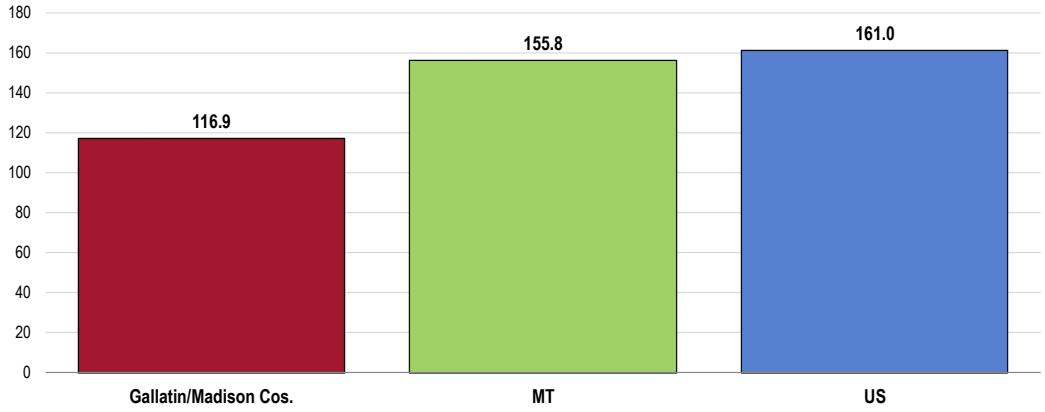
Age-Adjusted Cancer Deaths

The following chart illustrates age-adjusted cancer mortality (all types) in Gallatin and Madison counties combined.

Cancer: Age-Adjusted Mortality

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

Healthy People 2020 Target = 161.4 or Lower



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

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

Lung cancer and prostate cancer are the leading causes of cancer deaths in the area. Other leading sites include breast cancer among women and colorectal cancer (both genders).

Age-Adjusted Cancer Death Rates by Site

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

	Gallatin/Madison Cos.	MT	US	HP2020
ALL CANCERS	116.9	155.8	161.0	161.4
Lung Cancer	23.5	39.5	42.0	45.5
Prostate Cancer	23.4	20.5	19.0	21.8
Female Breast Cancer	15.2	20.2	20.6	20.7
Colorectal Cancer	8.4	13.7	14.4	14.5

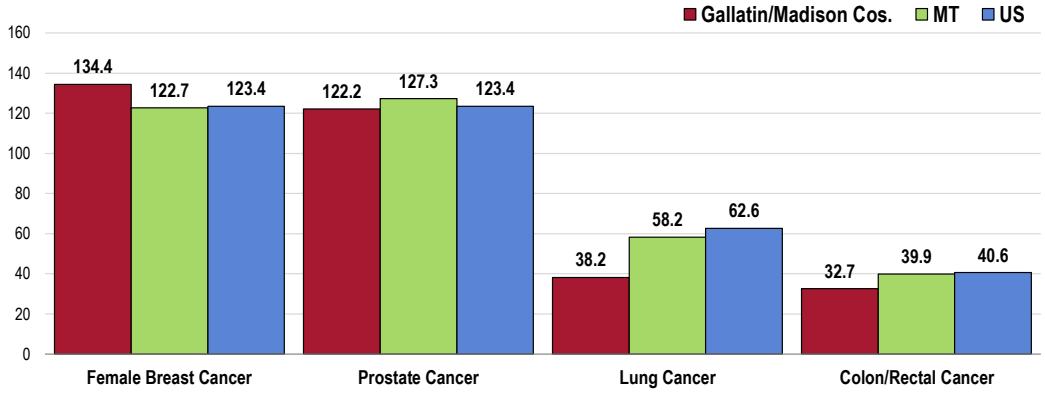
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov

Cancer Incidence

Incidence rates (or case rates) reflect the number of newly diagnosed cases in a given population in a given year, regardless of outcome. They are usually expressed as cases per 100,000 population per year. Here, these rates are also age-adjusted.

Cancer Incidence Rates by Site

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



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

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

Cancer Risk

About Cancer Risk

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

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

Cancer Screenings

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

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

Female Breast Cancer Screening

About Screening for Breast Cancer

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

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

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

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

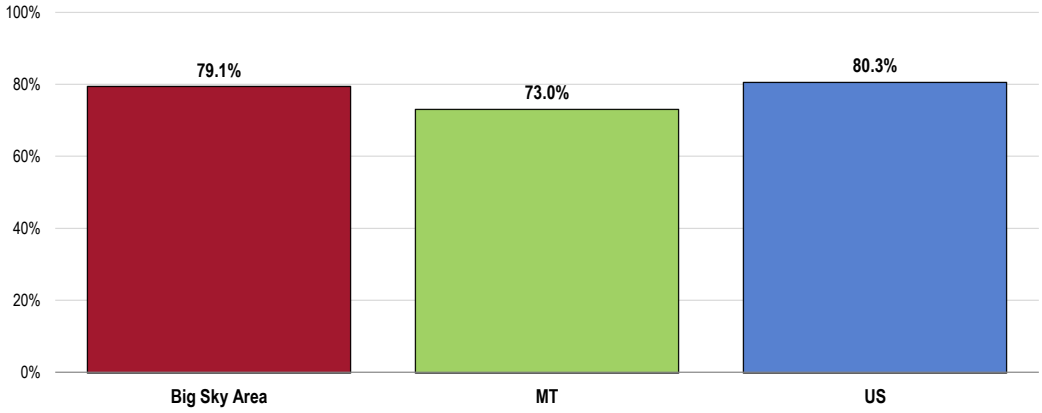
Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

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?" (Calculated here among women age 50 to 74 indicating screening within the past 2 years.)

Have Had a Mammogram in the Past Two Years

(Among Women Age 50-74)

Healthy People 2020 Target = 81.1% or Higher



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

Notes:
- Reflects female respondents 50-74.

Cervical Cancer Screenings

About Screening for Cervical Cancer

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

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

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

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

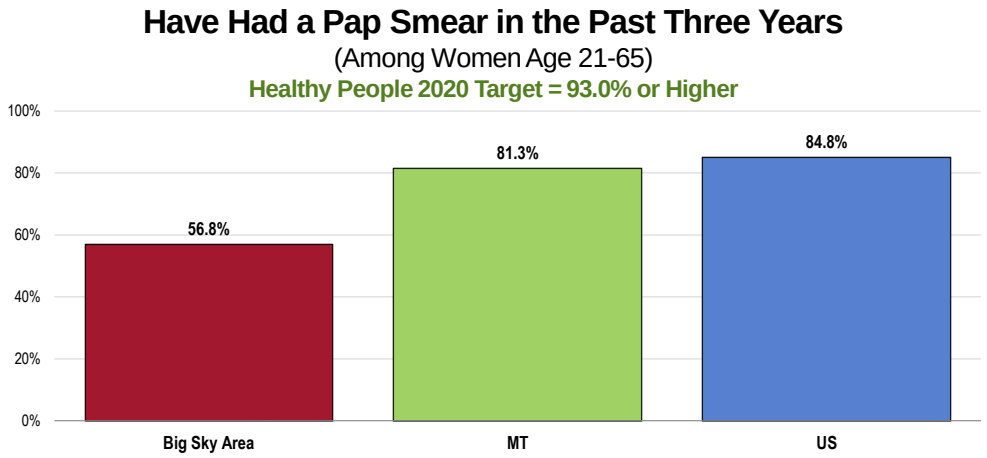
The USPSTF recommends against routine Pap smear screening in women who have had a total hysterectomy for benign disease.

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

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

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

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?" (Calculated here among women age 21 to 65 indicating screening within the past 3 years.)



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

Notes:
- Reflects female respondents age 21 to 65.

Colorectal Cancer Screenings

About Screening for Colorectal Cancer

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

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

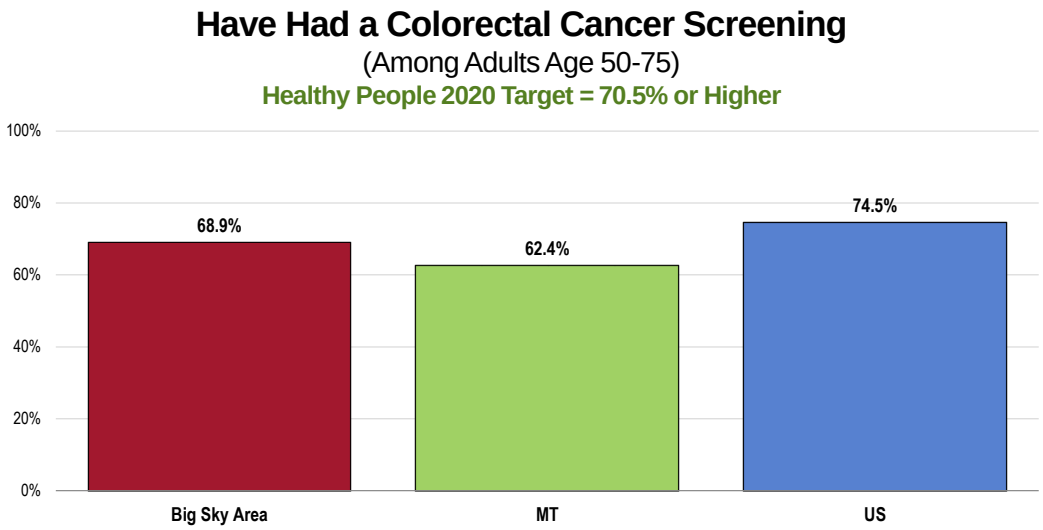
- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

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

Colorectal Cancer Screening: "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?" and

"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?"

(Calculated here among both genders age 50 to 75 indicating fecal occult blood testing within the past year and/or sigmoidoscopy/colonoscopy [lower endoscopy] within the past 10 years.)

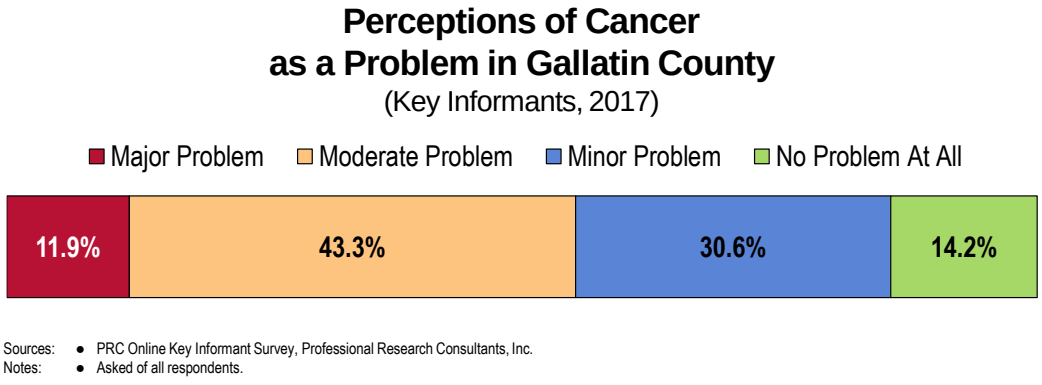


Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 155]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 Montana data.
- 2015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

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

Key Informant Input: Cancer

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



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

Top Concerns

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

Prevalence/Incidence

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

> *Cancer is a problem in every community. It seems like a lot of people in this town who have cancer don't have insurance or are under-insured. Cancer treatment must be done at a larger town. – Community Leader*

> *It seems like everyone that I know who's over 40 has cancer. – Social Services Provider*

Access to Care/Services

> *No services whatsoever. – Community Leader*

Respiratory Disease

About Asthma & COPD

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

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

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

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

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

Risk factors for asthma currently being investigated include:

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

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

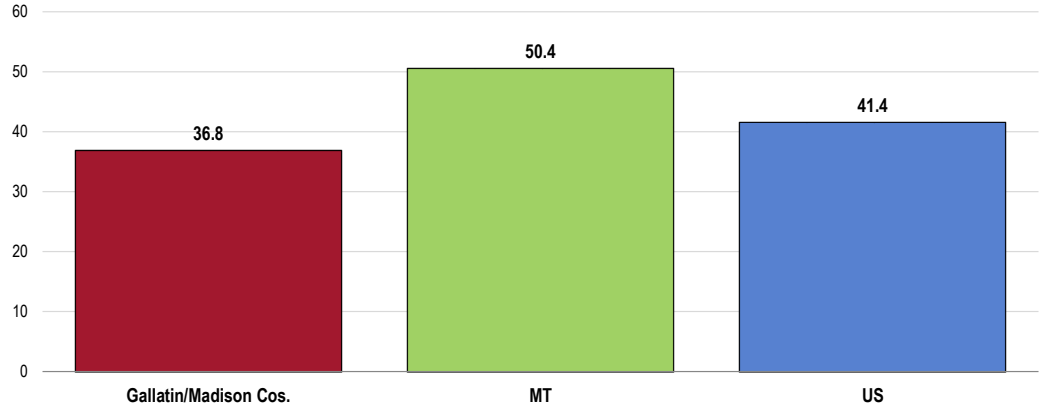
Age-Adjusted Respiratory Disease Deaths

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

Pneumonia and influenza mortality is also illustrated in the following chart. For prevalence of vaccinations against pneumonia and influenza, see also the **Infectious Disease** section of this report.

CLRD: Age-Adjusted Mortality

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

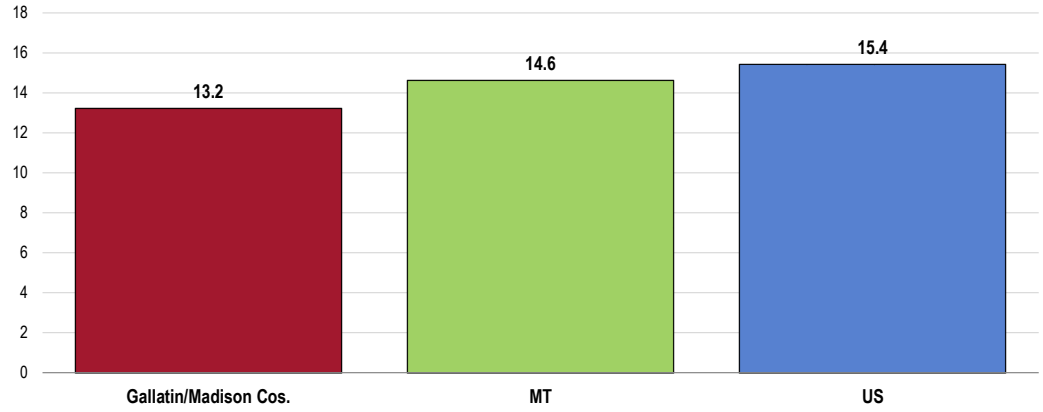


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.

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

Pneumonia/Influenza: Age-Adjusted Mortality

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



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

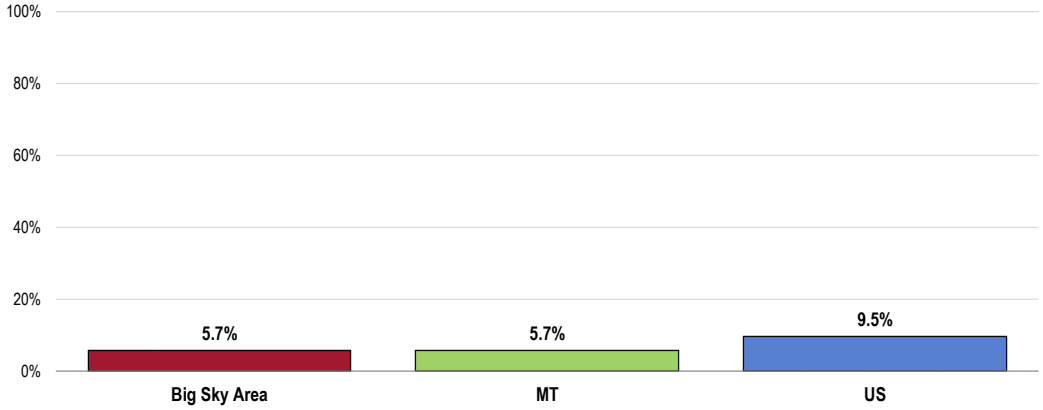
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Respiratory Diseases

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)



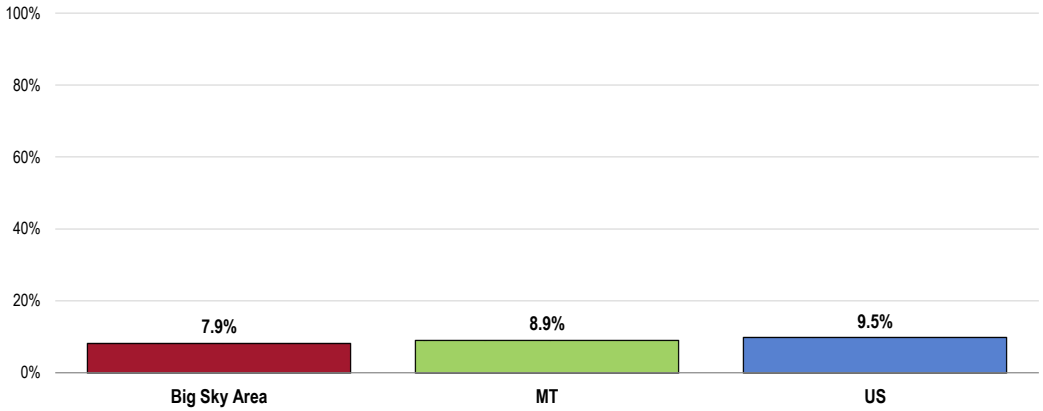
Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 24]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Montana data.
- 2015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

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

Asthma

"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 ["current asthma"].)

Adult Asthma: Current Prevalence



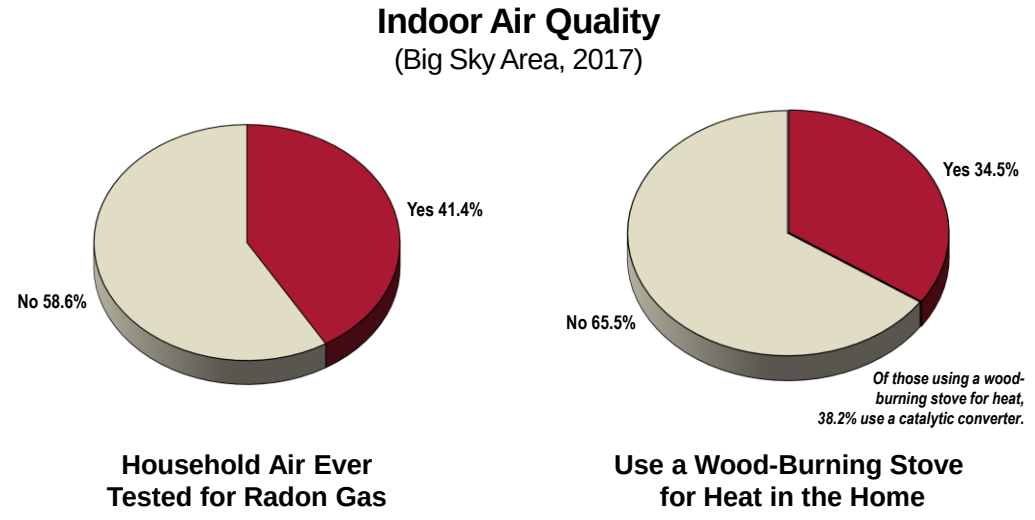
Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services,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

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

Indoor Air Quality

"Now thinking about where you currently live, would you please tell me if your household air has ever been tested for the presence of radon gas?"

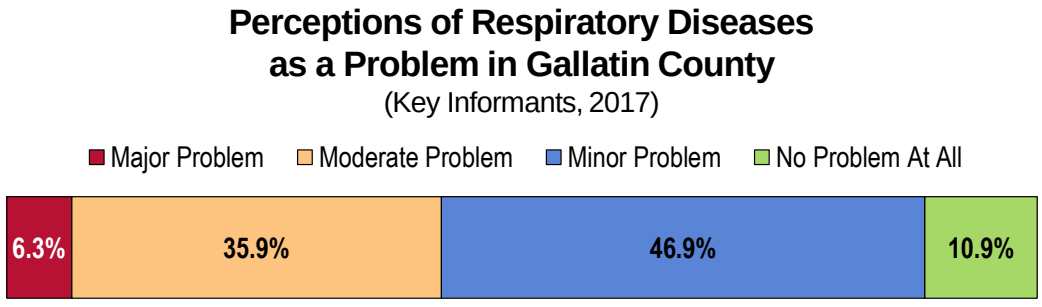
"Do you use a wood-burning stove to heat your home?" and **"A catalytic converter is a device installed in newer stoves that helps the stove function more cleanly and efficiently. Does your stove have a catalytic converter?"**



Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 303-305]
Notes: ● Reflects the total sample of respondents.

Key Informant Input: Respiratory Disease

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



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

Top Concerns

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

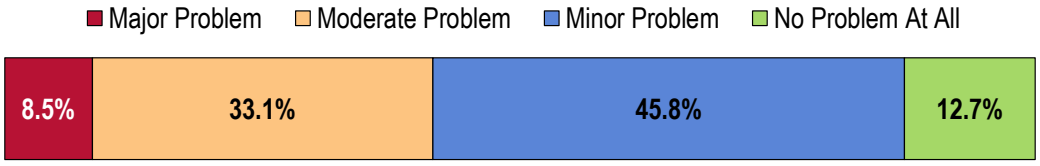
Lack of Specialists/Specialty Services

> *Access to specialty care. – Public Health/Community Health Representative*
>
> *A lung doctor to identify and treat respiratory disease is not available in West Yellowstone. Bozeman Deaconess is the closest provider. – Community Leader*

Key Informant Input: Environmental Health

The following chart outlines key informants' perceptions of the severity of *Environmental Health* as a problem in Gallatin County:

Perceptions of Environmental Health as a Problem in Gallatin County
(Key Informants, 2017)



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

Top Concerns

The person rating this issue as a "major problem" gave this reasoning:

Air Quality

> *We live in a valley where air can stagnate and hang for quite a while. In winter, many people use their fireplaces, and in spring and summer, people will burn their crops or gardens in prep for the next season. – Community Leader*

Injury & Violence

About Injury & Violence

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

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

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

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

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

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

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

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

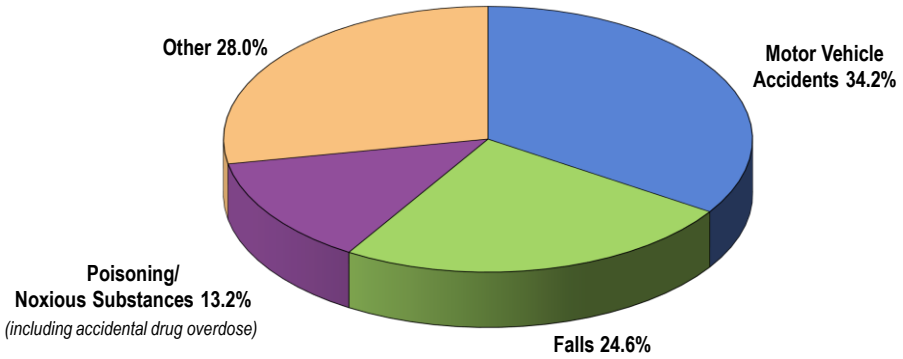
Efforts to prevent violence may focus on:

- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence
- Healthy People 2020 (www.healthypeople.gov)

Leading Causes of Accidental Death

Leading causes of accidental death in the area include the following:

Leading Causes of Accidental Death
(Gallatin/Madison Cos., 2013-2015)



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

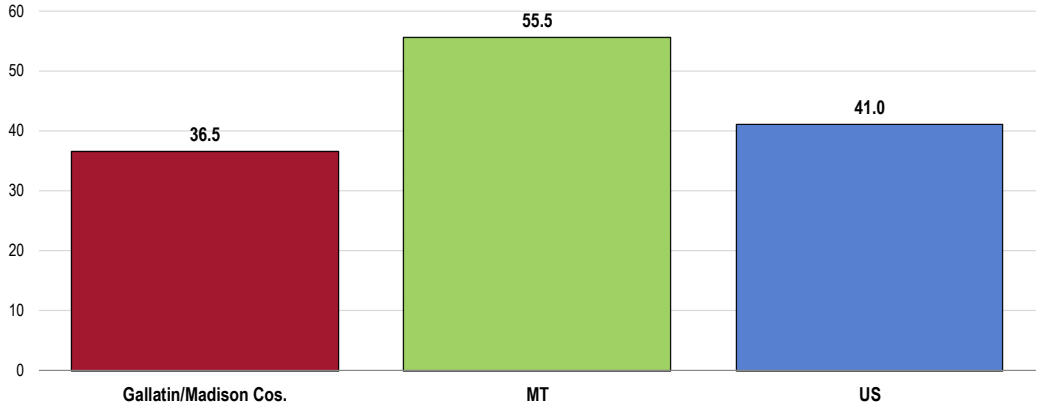
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

The following chart outlines age-adjusted mortality rates for unintentional injury in the area.

Unintentional Injuries: Age-Adjusted Mortality
(2013-2015 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 36.4 or Lower

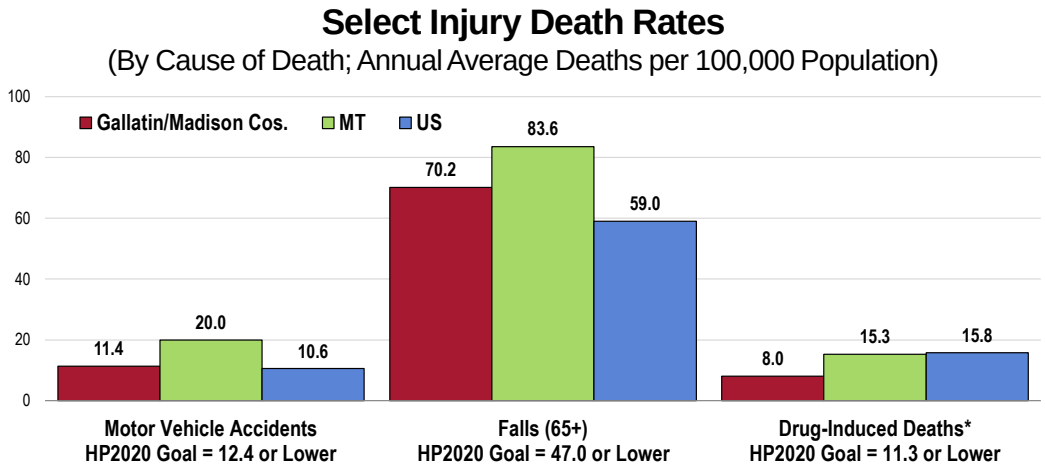


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov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

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

Age-Adjusted Deaths for Selected Injury-Related Causes

The following chart outlines age-adjusted mortality rates for motor vehicle crash deaths, fall-related deaths (among adults age 65+), and drug-induced deaths (both intentional and unintentional overdoses).

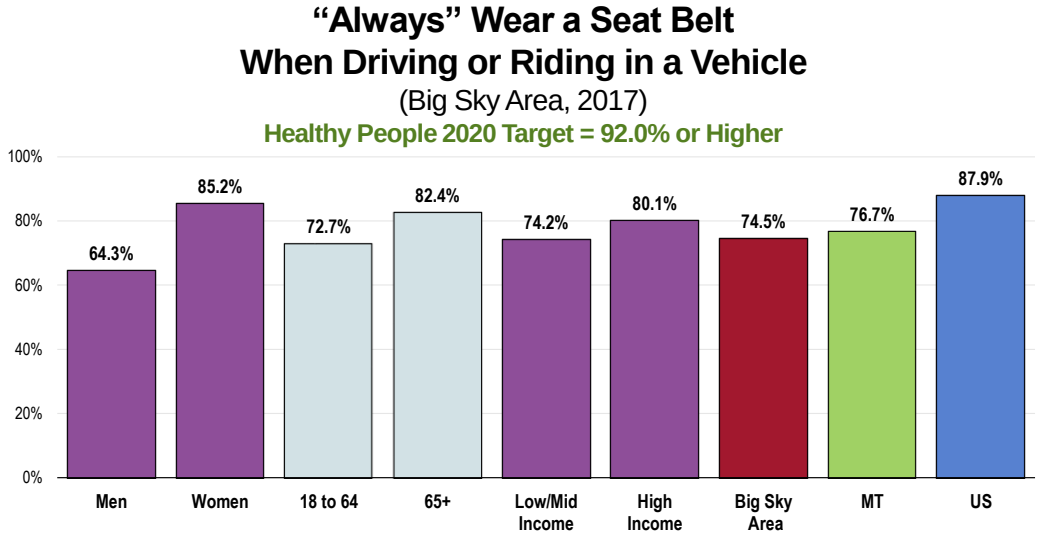


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-13.1, IVP-23.2, SA-12]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- *Drug-induced deaths include both intentional and unintentional drug overdoses.

Motor Vehicle Safety

"How often do you use seat belts when you drive or ride in a car? Would you say: always, nearly always, sometimes, seldom, or never?"

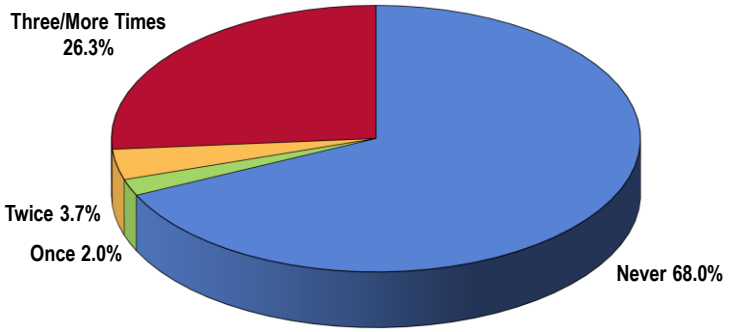


Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 307]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Montana data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-15]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's annual household income regardless of their household size. "Low/Mid Income" includes households with incomes up to $73,500; "High Income" includes households with incomes of $73,500 or more.

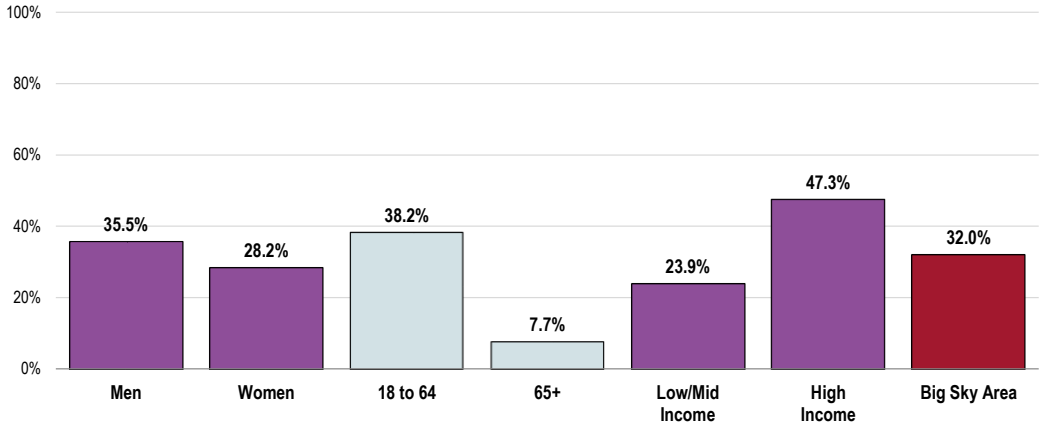
"In the past 30 days, how many times would you say that you sent or read text messages or e-mail while driving and the vehicle was in motion?"

Frequency of Texting or Emailing While Driving in the Past Month
(Big Sky Area, 2017)



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

Read/Sent Text or Email While Driving in the Past Month
(Big Sky Area, 2017)

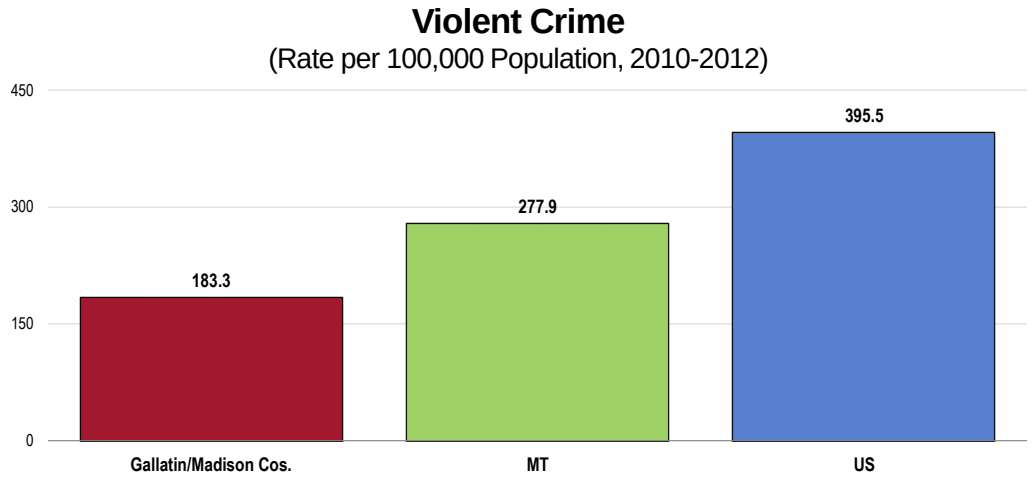


Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 306]
Notes: ● Asked of all respondents.
● Income categories reflect respondent's annual household income regardless of their household size. "Low/Mid Income" includes households with incomes up to $73,500; "High Income" includes households with incomes of $73,500 or more.
● Includes texts and emails sent/received using "Voice to Text"/"Text to Voice" technology.

Intentional Injury (Violence)

Violent Crime

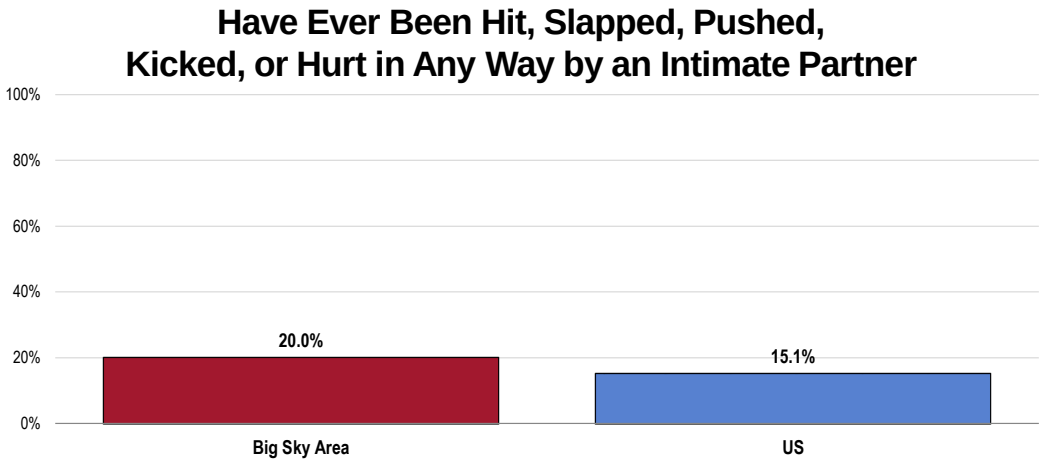
Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault. Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.



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

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

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?"

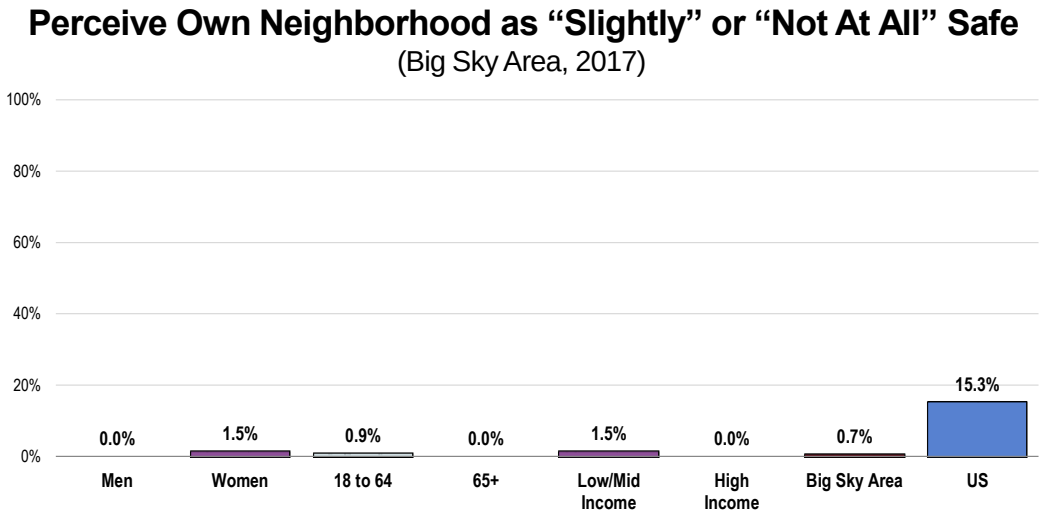


Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 50]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Neighborhood Safety

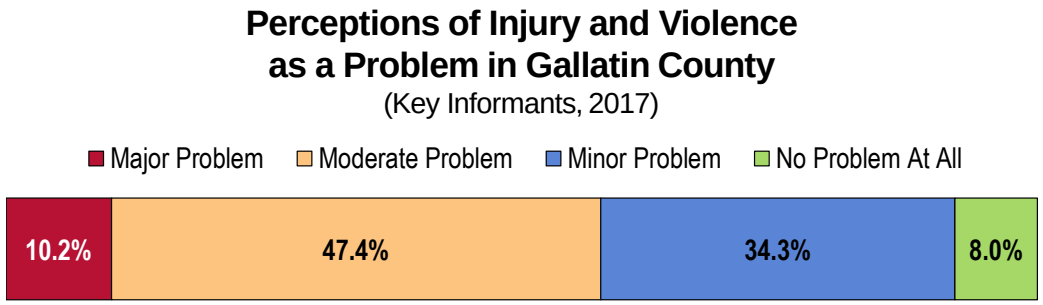
"How safe from crime do you consider your neighborhood to be? Would you say: extremely safe, quite safe, slightly safe, or not at all safe?"



Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]
Notes: ● Asked of all respondents.
● Income categories reflect respondent's annual household income regardless of their household size. "Low/Mid Income" includes households with incomes up to $73,500; "High Income" includes households with incomes of $73,500 or more.

Key Informant Input: Injury & Violence

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



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

Top Concerns

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

Domestic Violence

> *There is a lot of domestic violence related to alcohol and drugs. I have also seen four kids in the past four months who had suspected sexual abuse. – Physician/Advanced Practice Clinician*

> *Domestic abuse counseling is not accessible. If we did have someone in West Yellowstone, it could not be a support group because others around would see who is being abused, which puts the victim in danger. – Community Leader*

Access to Care/Services

> *Safeguards for victims of domestic abuse, in addition to Haven, which is a great resource. – Community Leader*

Diabetes

About Diabetes

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

Diabetes mellitus:

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

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

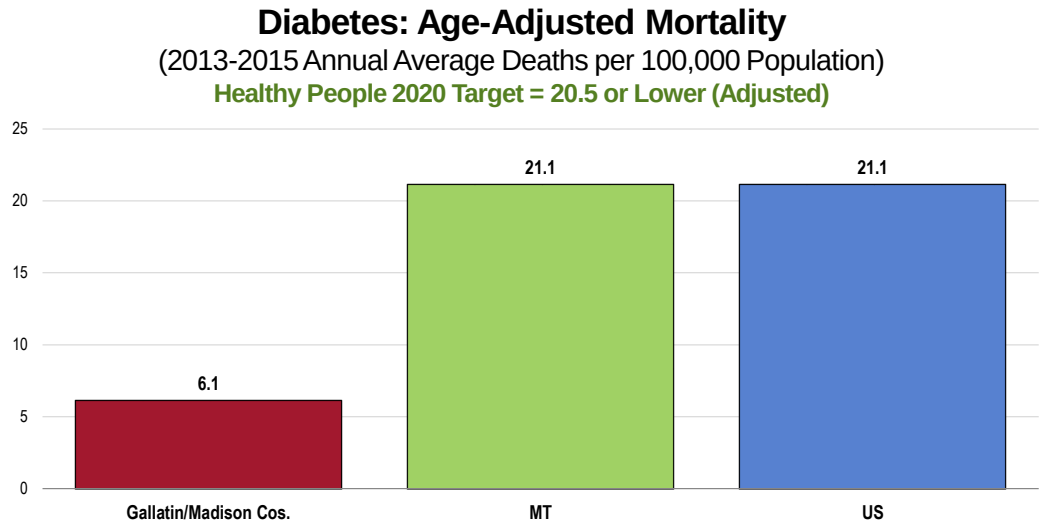
People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes.

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

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Diabetes Deaths

Age-adjusted diabetes mortality for the area is shown in the following chart.

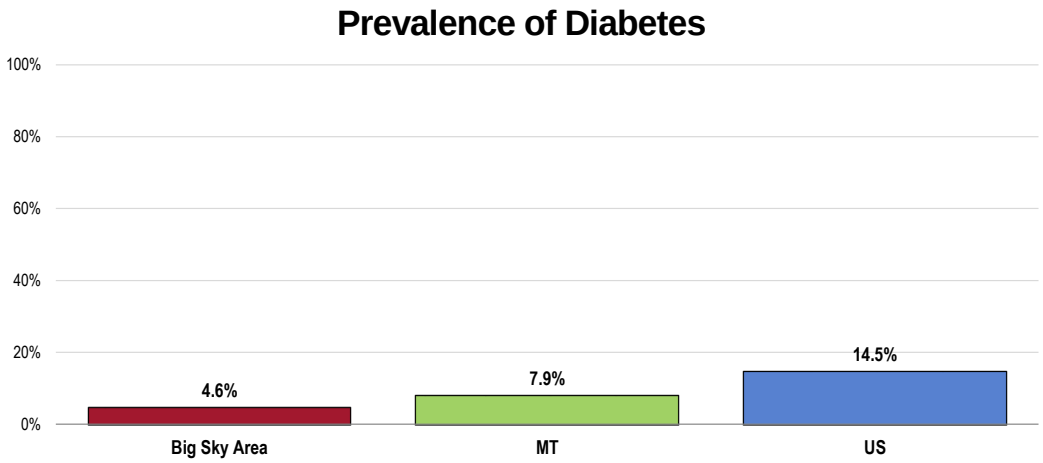


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov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

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

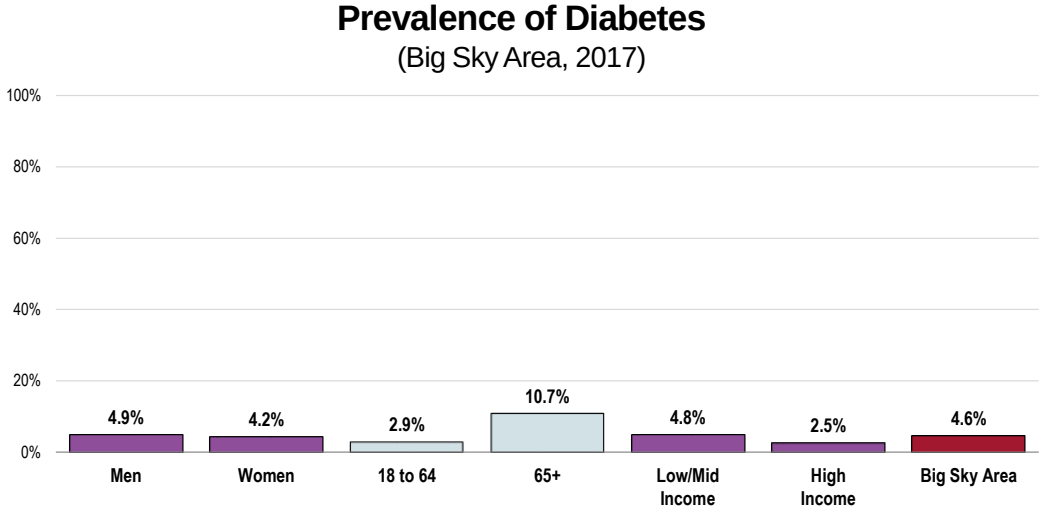
Prevalence of Diabetes

"Have you ever been told by a doctor, nurse, or other health professional that you have diabetes?"
(Calculated to exclude women having diabetes only occurring during pregnancy.)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Montana data.

Notes:
- Asked of all respondents.

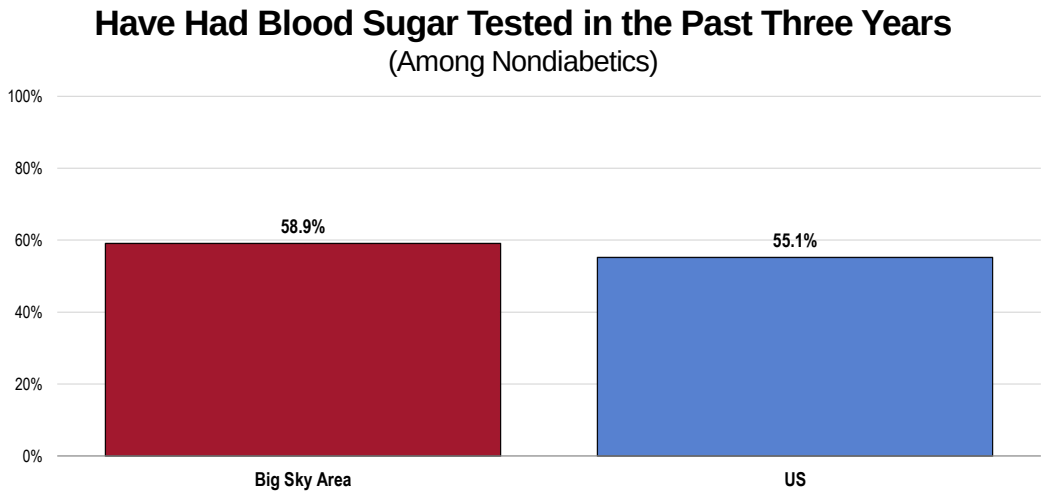


Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's annual household income regardless of their household size. "Low/Mid Income" includes households with incomes up to $73,500; "High Income" includes households with incomes of $73,500 or more.
- Excludes gestational diabetes (occurring only during pregnancy).

Diabetes Testing

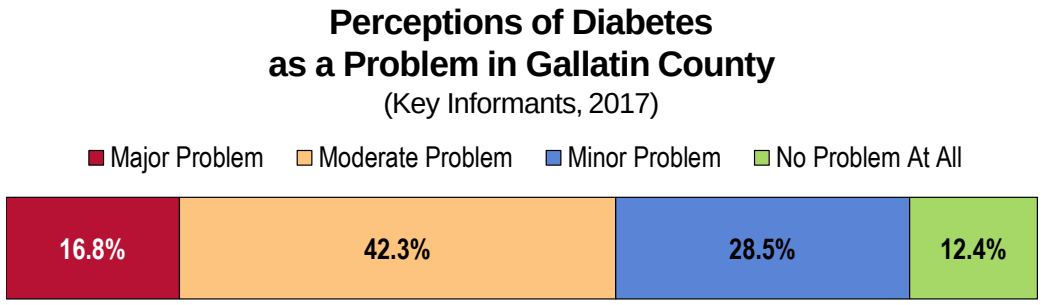
Adults who do not have diabetes: "Have you had a test for high blood sugar or diabetes within the past three years?"



Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 39]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of respondents who have not been diagnosed with diabetes.

Key Informant Input: Diabetes

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



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

Challenges

The person rating this issue as a "major problem" said:

Access and Compliance

> *Managing their diabetes with diet and exercise (costly healthy food in our community). Access to the diabetes center in Bozeman is limited due to distance and costs of travel. Poor patient compliance. – Physician/Advanced Practice Clinician*

Alzheimer's Disease

About Dementia

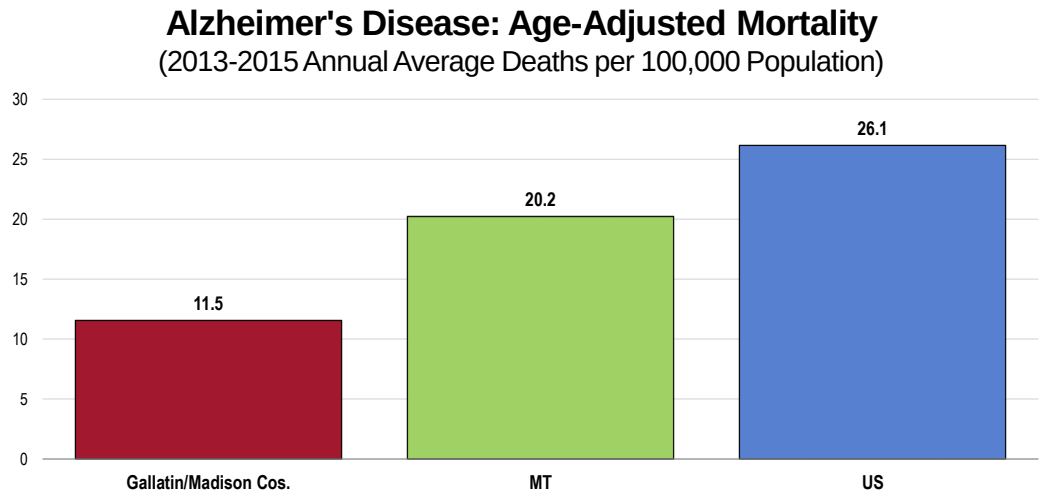
Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—to such an extent that it interferes with a person's daily life. Dementia is not a disease itself, but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean a person has dementia. Alzheimer's disease is the most common cause of dementia, accounting for the majority of all diagnosed cases.

Alzheimer's disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer's disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat and prevent Alzheimer's disease are found.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Alzheimer's Disease Deaths

Age-adjusted Alzheimer's disease mortality is outlined in the following chart.

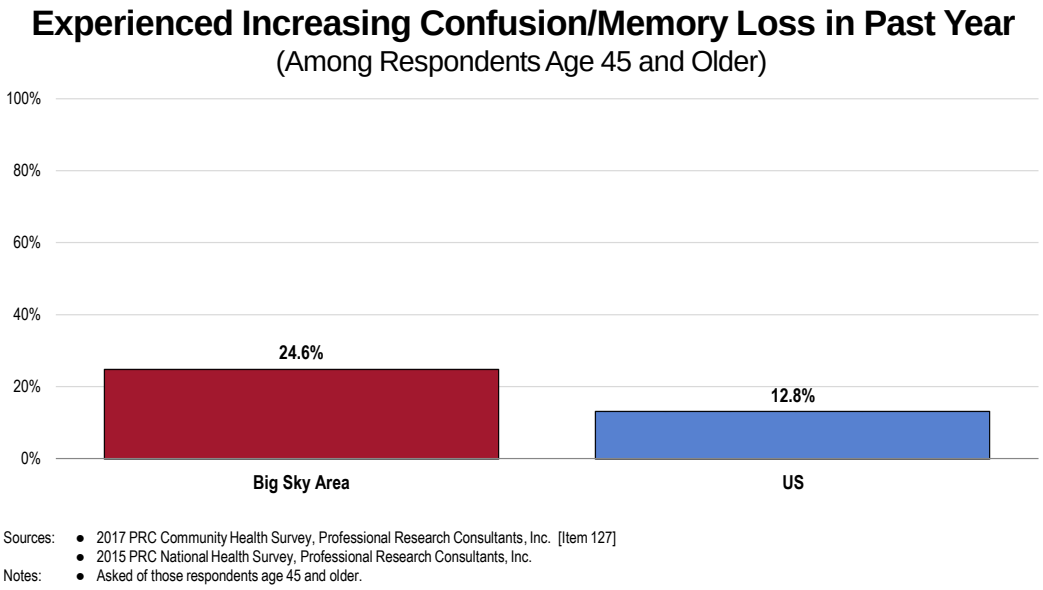


Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.

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

Confusion & Memory Loss

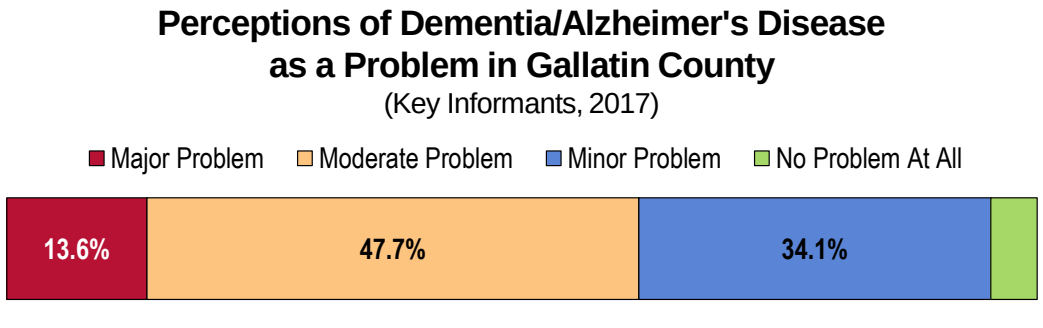
Adults Age 45 and Older: "During the past 12 months, have you experienced confusion or memory loss that is happening more often or getting worse?"



Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of those respondents age 45 and older.

Key Informant Input: Dementias, Including Alzheimer's Disease

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



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

Top Concerns

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

Prevalence/Incidence

> *Fifty percent of hospice patients have dementia. If there are not resources, this is a difficult disease to manage in the home. – Other Health Professional*

Lack of Specialists/Specialty Services

> *Need a specialist to identify and treat issues. – Community Leader*

Kidney Disease

About Kidney Disease

Chronic kidney disease and end-stage renal disease are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are responsible for premature death and exact a high economic price from both the private and public sectors. Nearly 25% of the Medicare budget is used to treat people with chronic kidney disease and end-stage renal disease.

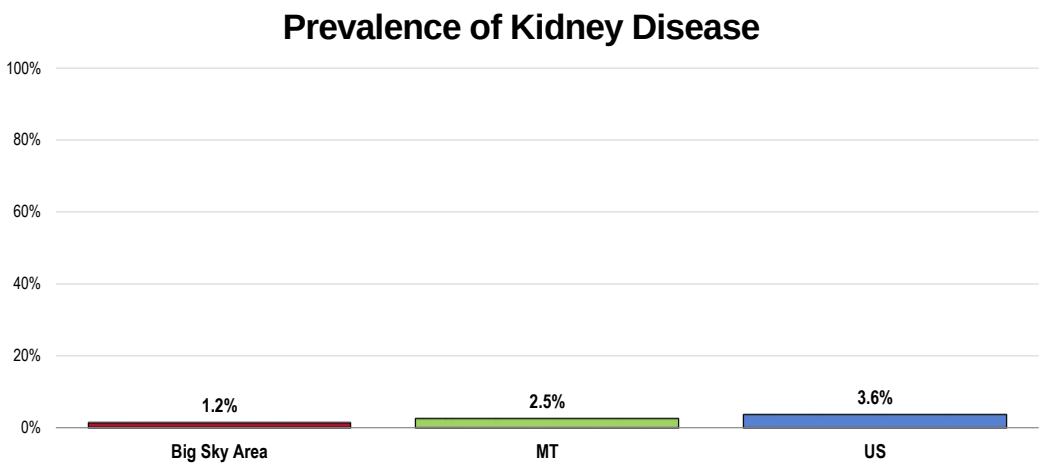
Genetic determinants have a large influence on the development and progression of chronic kidney disease. It is not possible to alter a person's biology and genetic determinants; however, environmental influences and individual behaviors also have a significant influence on the development and progression of chronic kidney disease. As a result, some populations are disproportionately affected. Successful behavior modification is expected to have a positive influence on the disease.

Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the national Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes in persons at risk.

- Healthy People 2020 (www.healthypeople.gov)

Prevalence of Kidney Disease

"Would you please tell me if you have ever suffered from or been diagnosed with kidney disease?"

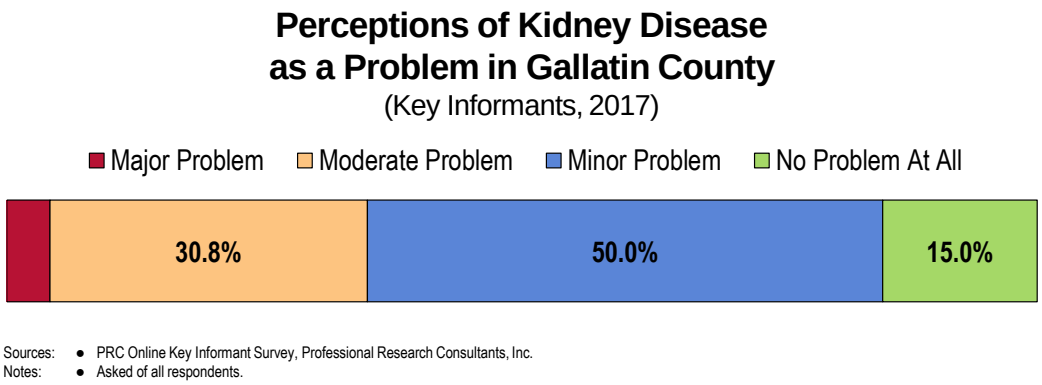


Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 32]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Montana data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Key Informant Input: Kidney Disease

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



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

Top Concerns

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

Lack of Specialists/Specialty Services

> *Identifying chronic kidney disease is an issue. You need a specialist. We do not have access to a specialist in West Yellowstone. – Community Leader*

Potentially Disabling Conditions

About Arthritis, Osteoporosis, & Chronic Back Conditions

There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than $128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones). In the United States, an estimated 5.3 million people age 50 years and older have osteoporosis. Most of these people are women, but about 0.8 million are men. Just over 34 million more people, including 12 million men, have low bone mass, which puts them at increased risk for developing osteoporosis. Half of all women and as many as 1 in 4 men age 50 years and older will have an osteoporosis-related fracture in their lifetime.

Chronic back pain is common, costly, and potentially disabling. About 80% of Americans experience low back pain in their lifetime. It is estimated that each year:

- 15%-20% of the population develop protracted back pain.
- 2-8% have chronic back pain (pain that lasts more than 3 months).
- 3-4% of the population is temporarily disabled due to back pain.
- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

Americans spend at least $50 billion each year on low back pain. Low back pain is the:

- 2nd leading cause of lost work time (after the common cold).
- 3rd most common reason to undergo a surgical procedure.
- 5th most frequent cause of hospitalization.

Arthritis, osteoporosis, and chronic back conditions all have major effects on quality of life, the ability to work, and basic activities of daily living.

- Healthy People 2020 (www.healthypeople.gov)

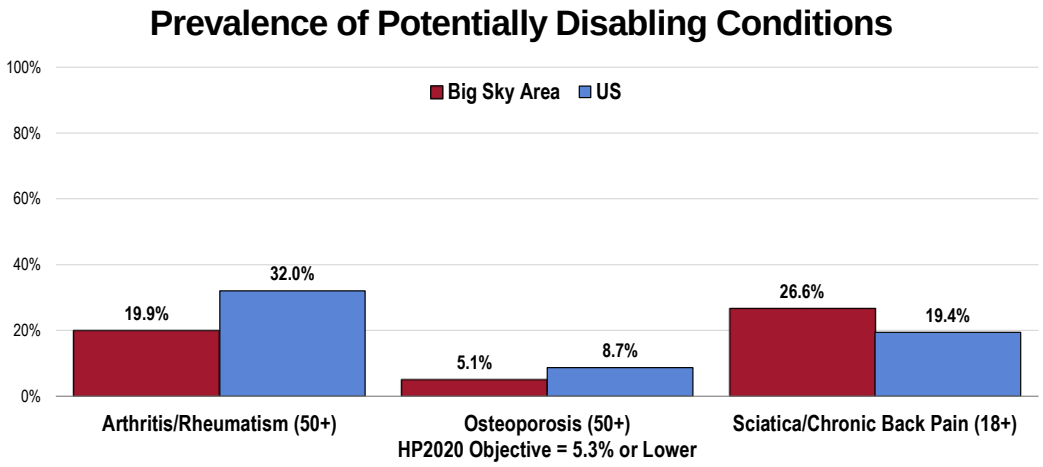
Arthritis, Osteoporosis, & Chronic Back Conditions

"Would you please tell me if you have ever suffered from or been diagnosed with arthritis or rheumatism?" (Reported here among only those age 50+.)

"Would you please tell me if you have ever suffered from or been diagnosed with osteoporosis?" (Reported in the following chart among only those age 50+.)

"Would you please tell me if you have ever suffered from or been diagnosed with sciatica or chronic back pain?" (Reported here among all adults age 18+.)

See also *Overall Health Status: Activity Limitations* in the **General Health Status** section of this report.

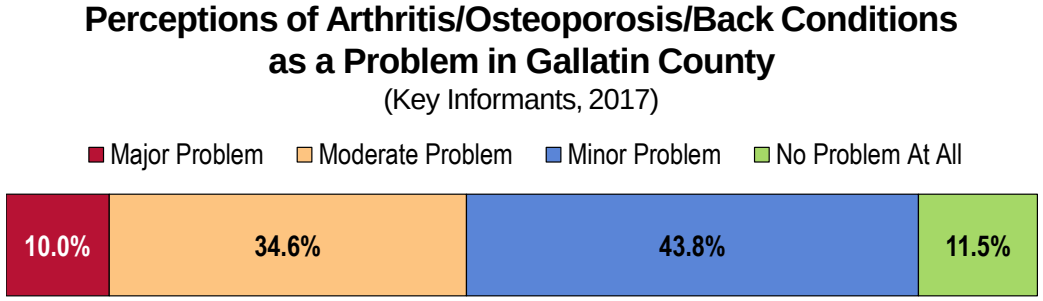


Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 28, 161-162]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AOCBC-10]

Notes:
- The sciatica indicator reflects the total sample of respondents; the arthritis and osteoporosis columns reflect adults age 50+.

Key Informant Input: Arthritis, Osteoporosis, & Chronic Back Conditions

The following chart outlines key informants' perceptions of the severity of *Arthritis, Osteoporosis, & Chronic Back Conditions* as a problem in Gallatin County:



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

Notes:
- Asked of all respondents.

Top Concerns

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

Aging Population

We have a large portion of our population who are 50 years of age or older. – Community Leader

I think just because we have quite a large senior population. – Community Leader

Prevalence/Incidence

We see a considerable number of people with these conditions, leading to chronic pain. There is no multidisciplinary pain or specialty pain management care anywhere close to Gallatin. – Physician/ Advanced Practice Clinician

Lack of Specialists/Specialty Services

Specialists are required to diagnose, monitor, and assist with these issues. Bozeman Deaconess is the closest doctor. I have transportation issues. – Community Leader

Vision & Hearing Impairment

About Vision

Vision is an essential part of everyday life, influencing how Americans of all ages learn, communicate, work, play, and interact with the world. Yet millions of Americans live with visual impairment, and many more remain at risk for eye disease and preventable eye injury.

The eyes are an important, but often overlooked, part of overall health. Despite the preventable nature of some vision impairments, many people do not receive recommended screenings and exams. A visit to an eye care professional for a comprehensive dilated eye exam can help to detect common vision problems and eye diseases, including diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration.

These common vision problems often have no early warning signs. If a problem is detected, an eye care professional can prescribe corrective eyewear, medicine, or surgery to minimize vision loss and help a person see his or her best.

Healthy vision can help to ensure a healthy and active lifestyle well into a person's later years. Educating and engaging families, communities, and the nation is critical to ensuring that people have the information, resources, and tools needed for good eye health.

- Healthy People 2020 (www.healthypeople.gov)

About Hearing & Other Sensory or Communication Disorders

An impaired ability to communicate with others or maintain good balance can lead many people to feel socially isolated, have unmet health needs, have limited success in school or on the job. Communication and other sensory processes contribute to our overall health and well-being. Protecting these processes is critical, particularly for people whose age, race, ethnicity, gender, occupation, genetic background, or health status places them at increased risk.

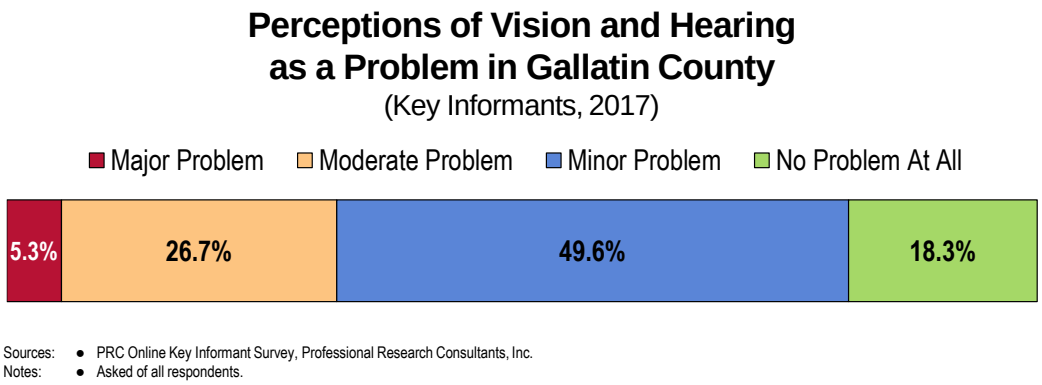
Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such a social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition, biological causes of hearing loss and other sensory or communication disorders include: genetics; viral or bacterial infections; sensitivity to certain drugs or medications; injury; and aging.

As the nation's population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

- Healthy People 2020 (www.healthypeople.gov)

Key Informant Input: Vision & Hearing

The following chart outlines key informants' perceptions of the severity of *Vision & Hearing* as a problem in Gallatin County:



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

Top Concerns

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

Access to Care/Services

> *There are no facilities in my community to assess hearing/vision problems, and no hearing/vision impairment support. In addition, vision/hearing is not included in most healthcare insurance plans and goes untreated by most people I know. – Social Services Provider*

Lack of Providers

> *We have no hearing or vision providers in West Yellowstone. – Community Leader*

Infectious Disease

About Immunization & Infectious Diseases

The increase in life expectancy during the 20th century is largely due to improvements in child survival; this increase is associated with reductions in infectious disease mortality, due largely to immunization. However, infectious diseases remain a major cause of illness, disability, and death. Immunization recommendations in the United States currently target 17 vaccine-preventable diseases across the lifespan.

People in the US continue to get diseases that are vaccine-preventable. Viral hepatitis, influenza, and tuberculosis (TB) remain among the leading causes of illness and death across the nation and account for substantial spending on the related consequences of infection.

The infectious disease public health infrastructure, which carries out disease surveillance at the national, state, and local levels, is an essential tool in the fight against newly emerging and re-emerging infectious diseases. Other important defenses against infectious diseases include:

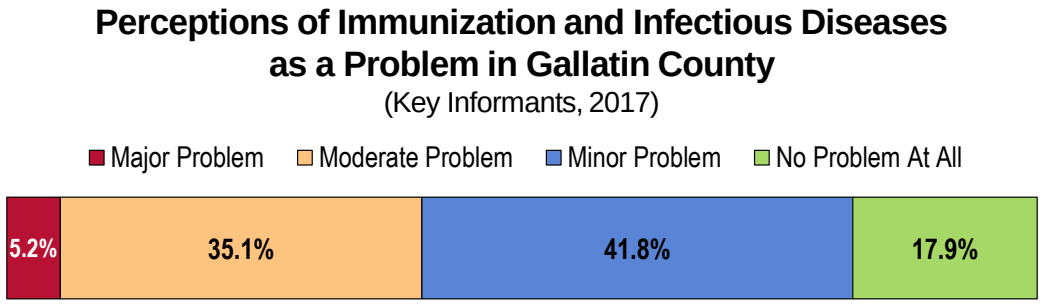
- Proper use of vaccines
- Antibiotics
- Screening and testing guidelines
- Scientific improvements in the diagnosis of infectious disease-related health concerns

Vaccines are among the most cost-effective clinical preventive services and are a core component of any preventive services package. Childhood immunization programs provide a very high return on investment. For example, for each birth cohort vaccinated with the routine immunization schedule, society:

- Saves 33,000 lives.
- Prevents 14 million cases of disease.
- Reduces direct healthcare costs by $9.9 billion.
- Saves $33.4 billion in indirect costs.
- Healthy People 2020 (www.healthypeople.gov)

Key Informant Input: Immunization & Infectious Diseases

The following chart outlines key informants' perceptions of the severity of *Immunization & Infectious Diseases* as a problem in Gallatin County:



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

Top Concerns

The person rating this issue as a "major problem" said:

Health Education

> *Continuing to educate parents regarding the importance of routine childhood immunizations will be key moving forward so that they can make informed decisions that are based on years of scientific evidence, rather than false claims about anecdotal stories linking vaccines to autism and other ailments. In addition, educating parents about the importance of the HPV vaccine for the prevention of cervical cancer to increase vaccination rates. – Public Health/Community Health Representative*

Influenza & Pneumonia Vaccination

About Influenza & Pneumonia

Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the nation, accounting for 56,000 deaths annually. Pneumonia mortality in children fell by 97% in the last century, but respiratory infectious diseases continue to be leading causes of pediatric hospitalization and outpatient visits in the US. On average, influenza leads to more than 200,000 hospitalizations and 36,000 deaths each year. The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths (1,270 of which were of people younger than age 18) between April 2009 and March 2010.

- Healthy People 2020 (www.healthypeople.gov)

Flu Vaccinations

"During the past 12 months, have you had a flu shot?"

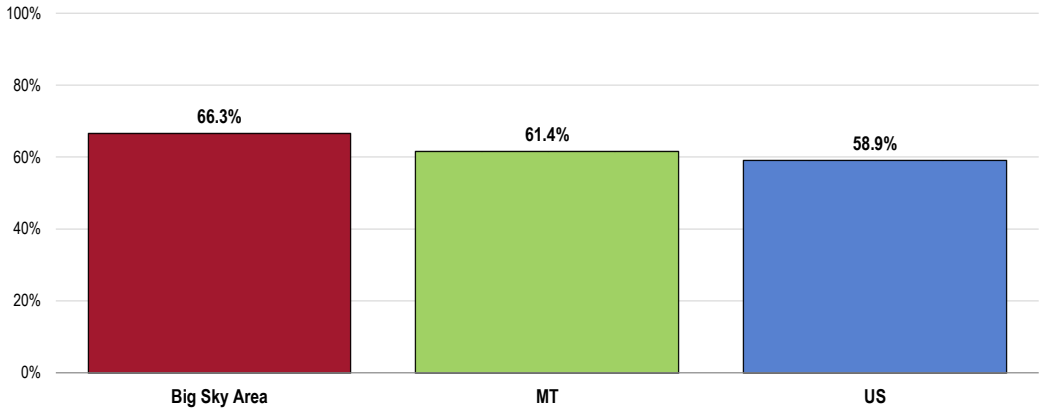
"A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the seasonal flu shot. Have you ever had a pneumonia shot?"

Columns in the following chart show these findings among those age 65+.

Older Adults: Have Had a Flu Vaccination in the Past Year

(Among Adults Age 65+)

Healthy People 2020 Target = 70.0% or Higher



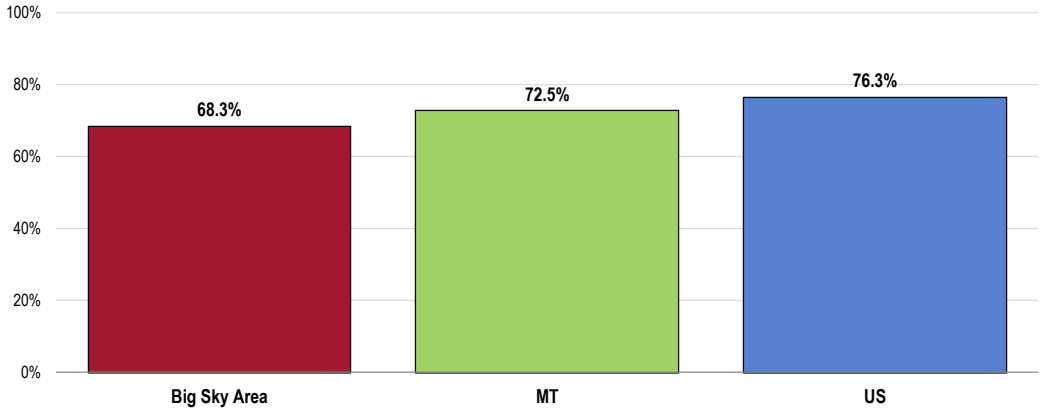
Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 163]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Montana data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-12.12]

Notes:
- Reflects respondents 65 and older.

Older Adults: Have Ever Had a Pneumonia Vaccine

(Among Adults Age 65+)

Healthy People 2020 Target = 90.0% or Higher



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 165]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Montana data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives IID-13.1, IID-13.2]

Notes:
- Reflects respondents 65 and older.

HIV

About HIV

The HIV epidemic in the United States continues to be a major public health crisis. An estimated 1.1 million Americans are living with HIV, and 1 in 5 people with HIV do not know they have it. HIV continues to spread, leading to about 56,000 new HIV infections each year.

HIV is a preventable disease, and effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50% of new HIV infections occur as a result of the 21% of people who have HIV but do not know it.

In the era of increasingly effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and healthcare programs.

There are gender, race, and ethnicity disparities in new HIV infections:

- Nearly 75% of new HIV infections occur in men.
- More than half occur in gay and bisexual men, regardless of race or ethnicity.
- 45% of new HIV infections occur in African Americans, 35% in whites, and 17% in Hispanics.

Improving access to quality healthcare for populations disproportionately affected by HIV, such as persons of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention. People getting care for HIV can receive:

- Antiretroviral therapy
- Screening and treatment for other diseases (such as sexually transmitted infections)
- HIV prevention interventions
- Mental health services
- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important. Prevention work with people living with HIV focuses on:

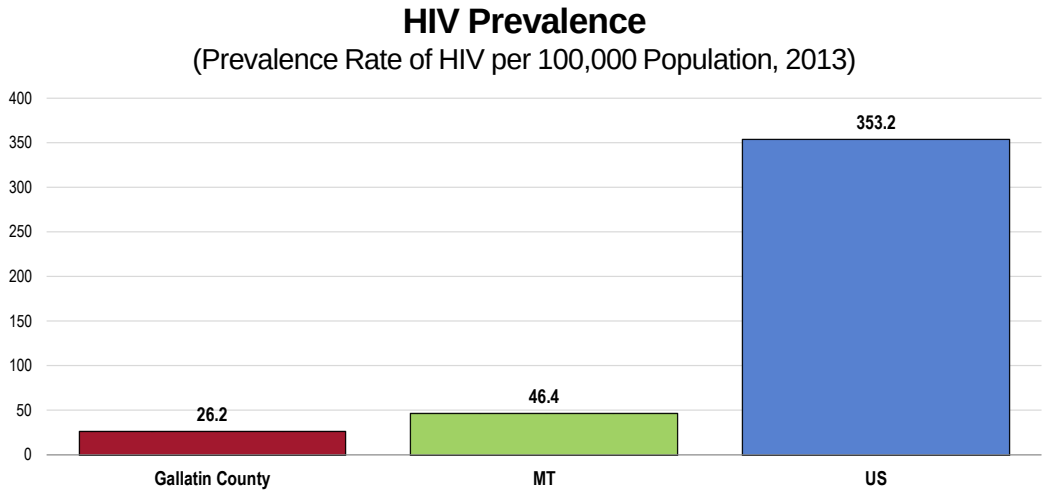
- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

- Healthy People 2020 (www.healthypeople.gov)

HIV Prevalence

The following chart outlines prevalence (current cases, regardless of when they were diagnosed) of HIV per 100,000 population in the area.

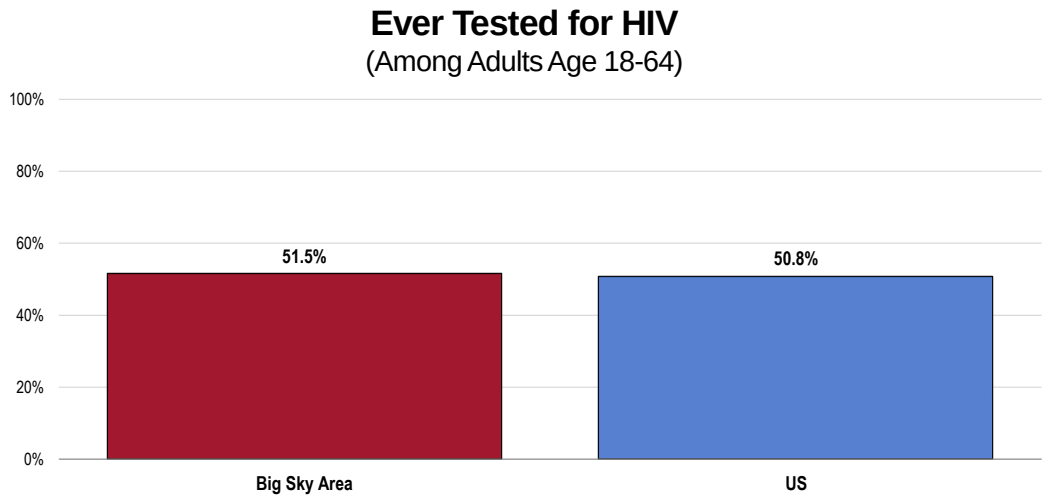


Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Retrieved April 2017 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.
- Raw counts for Madison County were too small to be calculated reliably.

HIV Testing

"Not counting tests you may have had when donating or giving blood, when was the last time you were tested for HIV?" (Reported here only among adults age 18 to 64.)

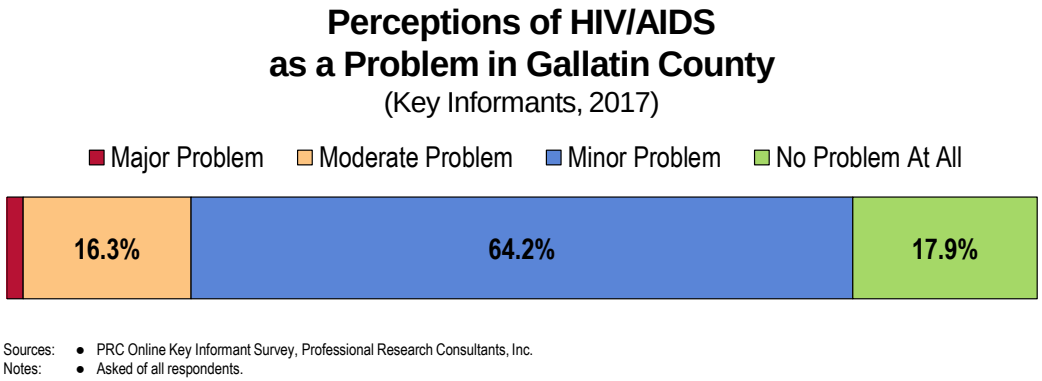


Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects respondents age 18 to 64.

Key Informant Input: HIV/AIDS

The following chart outlines key informants' perceptions of the severity of *HIV/AIDS* as a problem in Gallatin County:



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

Sexually Transmitted Diseases

About Sexually Transmitted Diseases

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. Several factors contribute to the spread of STDs.

Biological Factors. STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- **Asymptomatic nature of STDs**. The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.
- **Gender disparities**. Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.
- **Age disparities**. Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.
- **Lag time between infection and complications**. Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

Social, Economic and Behavioral Factors. The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors. Social, economic, and behavioral factors that affect the spread of STDs include: racial and ethnic disparities; poverty and marginalization; access to healthcare; substance abuse; sexuality and secrecy (stigma and discomfort discussing sex); and sexual networks (persons “linked” by sequential or concurrent sexual partners).

- Healthy People 2020 (www.healthypeople.gov)

Chlamydia & Gonorrhea

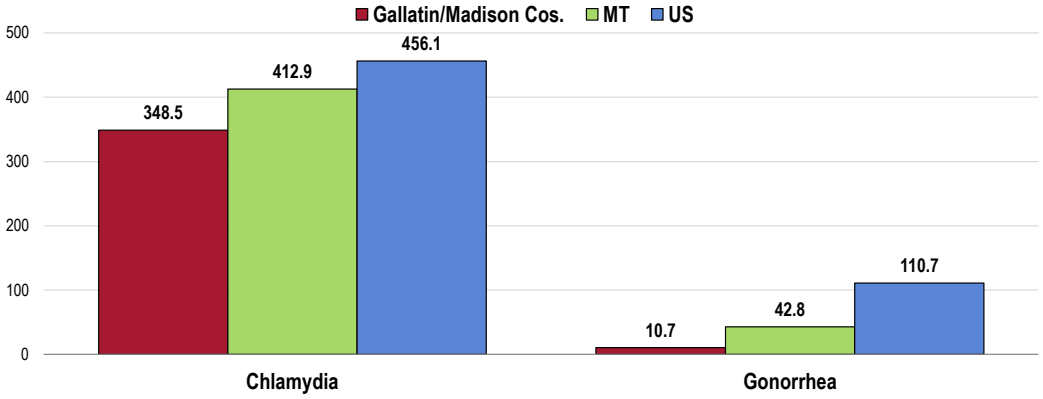
Chlamydia. Chlamydia is the most commonly reported STD in the United States; most people who have chlamydia are unaware, since the disease often has no symptoms.

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.

Chlamydia & Gonorrhea Incidence

(Incidence Rate per 100,000 Population, 2014)



Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Retrieved April 2017 from Community Commons at http://www.chna.org.

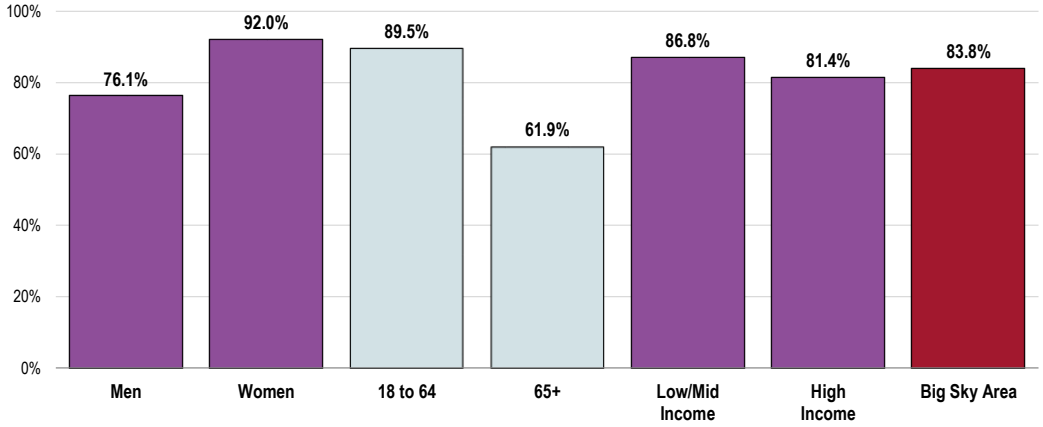
Notes:
- This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Human Papillomavirus (HPV)

"Before today, were you familiar with the human papillomavirus, also known as HPV, which is a common infection that can cause several types of cancer in men and women?"

Familiar with Human Papillomavirus (HPV)

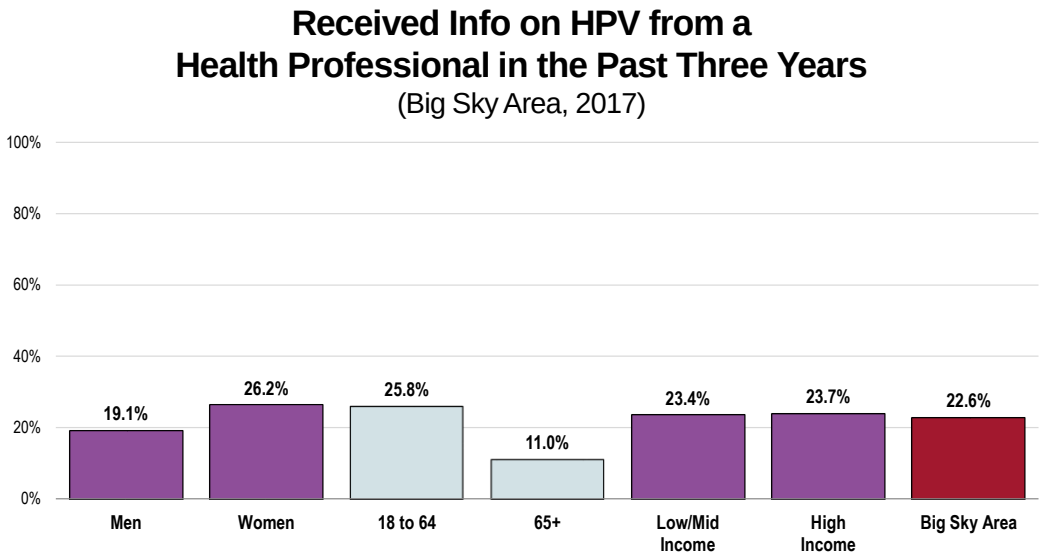
(Big Sky Area, 2017)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 311]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's annual household income regardless of their household size. "Low/Mid Income" includes households with incomes up to $73,500; "High Income" includes households with incomes of $73,500 or more.

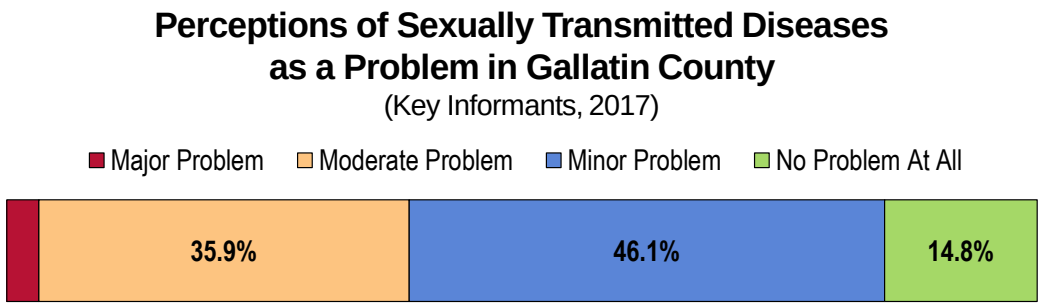
"In the past three years, has a doctor or other health care professional given you information about HPV? This includes both written and spoken information."



Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 312]
Notes: ● Asked of all respondents.
● Income categories reflect respondent's annual household income regardless of their household size. "Low/Mid Income" includes households with incomes up to $73,500; "High Income" includes households with incomes of $73,500 or more.
● Includes both written and spoken information.

Key Informant Input: Sexually Transmitted Diseases

The following chart outlines key informants' perceptions of the severity of *Sexually Transmitted Diseases* as a problem in Gallatin County:



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

Top Concerns

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

Prevalence/Incidence

> *The rates of STIs continues to increase in all respects. Technology is creating barriers to disease investigations and easy availability of anonymous sex partners. Some diseases are becoming resistant to traditional forms of treatment. Unintended consequences of strong HIV treatment has led to increased risky promiscuity among MSM communities. – Public Health/Community Health Representative*
>
> *We have many sexually active young adults in the summer. Sexually transmitted disease can be identified in West Yellowstone, but if any major issues happen, services are in Bozeman. – Community Leader*

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 healthcare system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Many factors can affect pregnancy and childbirth, including pre-conception health status, age, access to appropriate healthcare, and poverty.

Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. There are racial and ethnic disparities in mortality and morbidity for mothers and children, particularly for African Americans. These differences are likely the result of many factors, including social determinants (such as racial and ethnic disparities in infant mortality; family income; educational attainment among household members; and health insurance coverage) and physical determinants (i.e., the health, nutrition, and behaviors of the mother during pregnancy and early childhood).

- Healthy People 2020 (www.healthypeople.gov)

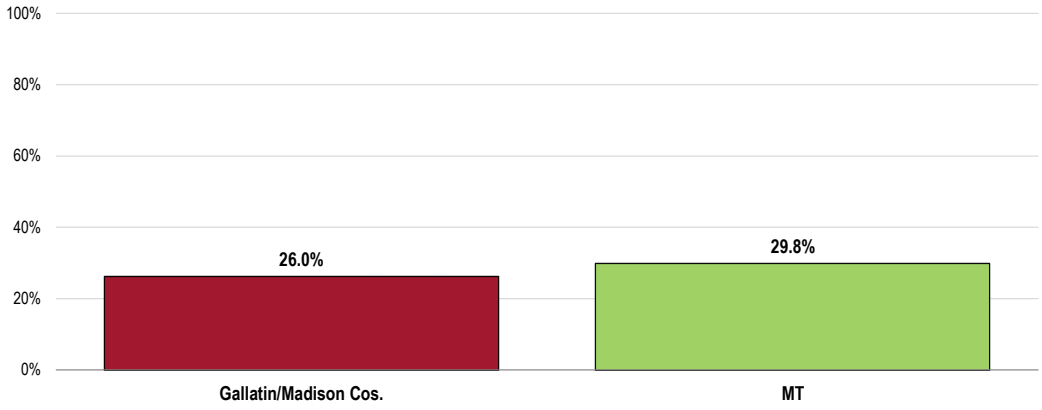
Prenatal Care

Early and continuous prenatal care is the best assurance of infant health. Lack of timely prenatal care (care initiated during the first trimester of pregnancy) is outlined in the following chart.

Lack of Prenatal Care in the First Trimester

(Percentage of Live Births, 2013-2015)

Healthy People 2020 Target = 22.1% or Lower



Sources:
- Montana Department of Public Health & Human Services, Office of Vital Statistics. Retrieved May 2017 from Indicator-Based Public Health Information System at http://ibis.mt.gov.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-10.1]

Note:
- This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.

Birth Outcomes & Risks

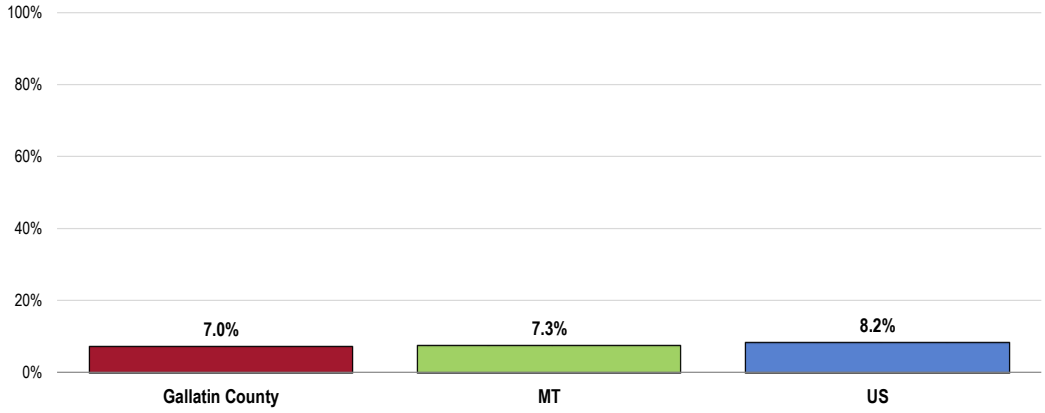
Low-Weight Births

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight. Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable. Births of low-weight infants are described in the following chart.

Low-Weight Births

(Percent of Live Births, 2006-2012)

Healthy People 2020 Target = 7.8% or Lower



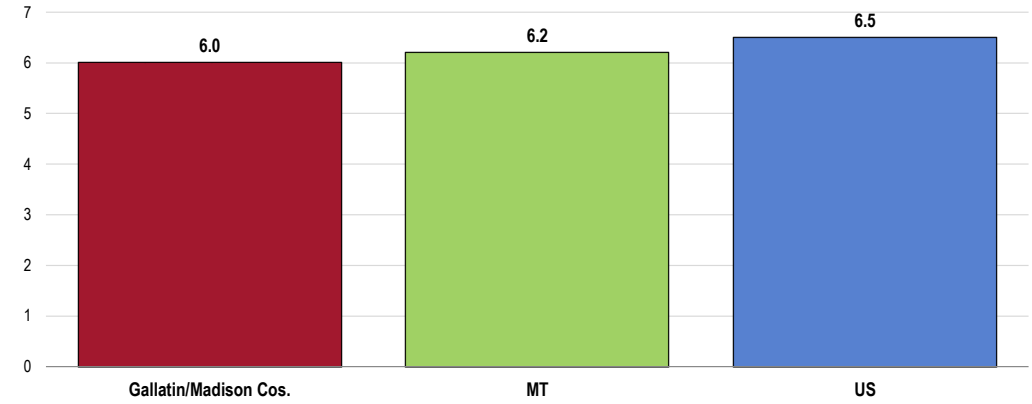
Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.
- Retrieved April 2017 from Community Commons at http://www.chna.org.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

Note:
- This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.
- Data is not available for Madison County.

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.

Infant Mortality Rate
(Annual Average Infant Deaths per 1,000 Live Births, 2006-2010)
Healthy People 2020 Target = 6.0 or Lower



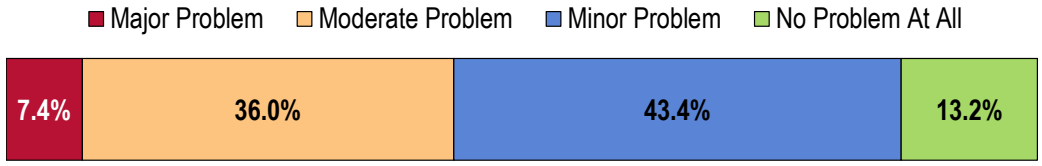
Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.
- Retrieved April 2017 from Community Commons at http://www.chna.org.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

Notes:
- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

Key Informant Input: Infant & Child Health

The following chart outlines key informants' perceptions of the severity of *Infant & Child Health* as a problem in Gallatin County:

Perceptions of Infant and Child Health as a Problem in Gallatin County
(Key Informants, 2017)



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

Notes:
- Asked of all respondents.

Top Concerns

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

Access to Care/Services

> *OB/GYN and pediatricians are not available in West Yellowstone. Monthly visits are accessible, but when a patient needs the weekly visits, it is a two-hour drive to Bozeman and back. – Community Leader*
>
> *The hospital here does send mothers to another community for their births, and there's no one on staff at the hospital to support maternity care. Infants and children are under-supported by doctors at our hospital; we have recently had children dying of the flu and other illnesses that seem to be treatable. – Social Services Provider*

Prevention

> *It is very difficult to get parents to come in for well-child checks. There are several children below their age developmentally. We try to encourage them to come in, but parents but have little compliance. We also have several children who have mental issues and can't get enough mental health up here, or they can't afford the counseling they are in need of. – Physician/Advanced Practice Clinician*

Mental Health

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

Family Planning

Births to Teen Mothers

About Teen Births

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

- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately $3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

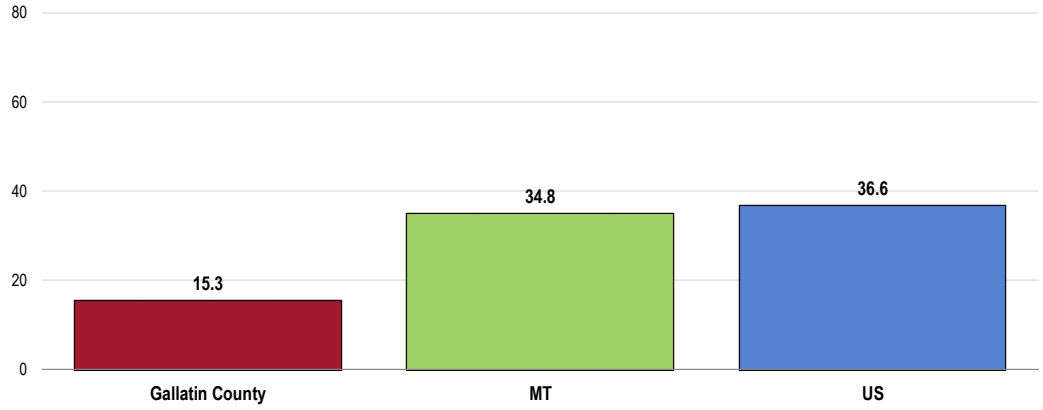
Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

- Healthy People 2020 (www.healthypeople.gov)

The following chart describes local teen births.

Teen Birth Rate

(Births to Women Age 15-19 Per 1,000 Female Population Age 15-19, 2006-2012)

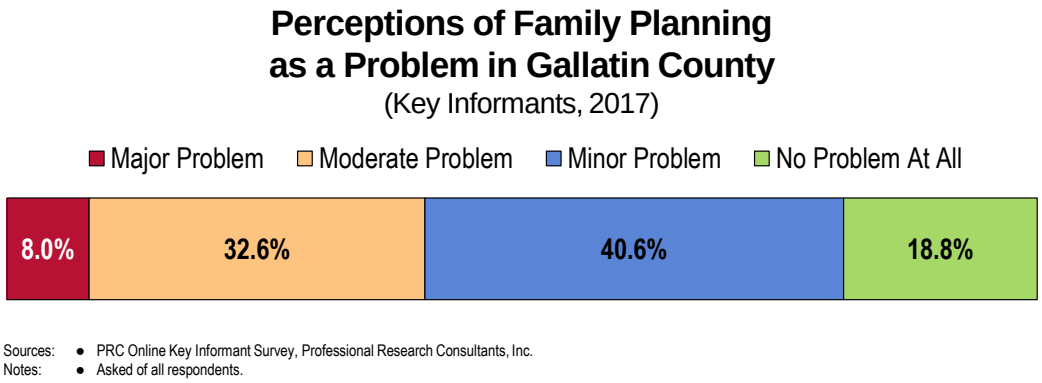


Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.
- Retrieved April 2017 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the rate of total births to women under the age of 15 - 19 per 1,000 female population age 15 - 19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.
- Data is not available for Madison County.

Key Informant Input: Family Planning

The following chart outlines key informants' perceptions of the severity of *Family Planning* as a problem in Gallatin County:



Top Concerns

The person rating this issue as a "major problem" said:

Health Education

> *I don't believe there is any planning. We need school classes in parenthood planning and organizing your life. – Social Services Provider*

Modifiable Health Risks

Actual Causes Of Death

About Contributors to Mortality

A 1999 study (an update to a landmark 1993 study), estimated that as many as 40% of premature deaths in the United States are attributed to behavioral factors. This study found that behavior patterns represent the single-most prominent domain of influence over health prospects in the United States. The daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress are all important determinants of health.

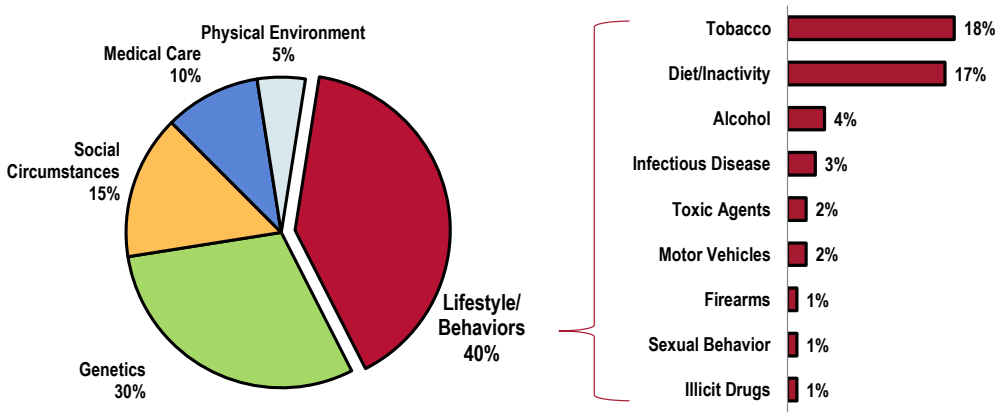
The most prominent contributors to mortality in the United States in 2000 were **tobacco** (an estimated 435,000 deaths), **diet and activity** patterns (400,000), **alcohol** (85,000), **microbial agents** (75,000), **toxic agents** (55,000), **motor vehicles** (43,000), **firearms** (29,000), **sexual behavior** (20,000), and **illicit use of drugs** (17,000). Socioeconomic status and access to medical care are also important contributors, but difficult to quantify independent of the other factors cited. Because the studies reviewed used different approaches to derive estimates, the stated numbers should be viewed as first approximations.

These analyses show that smoking remains the leading cause of mortality. However, poor diet and physical inactivity may soon overtake tobacco as the leading cause of death. These findings, along with escalating healthcare costs and aging population, argue persuasively that the need to establish a more preventive orientation in the US healthcare and public health systems has become more urgent.

- Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, Phd, MSc; Julie L. Gerberding, MD, MPH. "Actual Causes of Death in the United States." JAMA, 291(2004):1238-1245.

While causes of death are typically described as the diseases or injuries immediately precipitating the end of life, a few important studies have shown that the actual causes of premature death (reflecting underlying risk factors) are often preventable.

Factors Contributing to Premature Deaths in the United States



Sources: ● "The Case For More Active Policy Attention to Health Promotion"; (McGinnis, Williams-Russo, Knickman) Health Affairs. Vol. 32. No. 2. March/April 2002."Actual Causes of Death in the United States": (Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH.) JAMA. 291 (2000) 1238-1245.

Nutrition, Physical Activity & Weight

Nutrition

About Healthful Diet & Healthy Weight

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

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

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people's—particularly children's—food choices.

- Healthy People 2020 (www.healthypeople.gov)

Daily Recommendation of Fruits/Vegetables

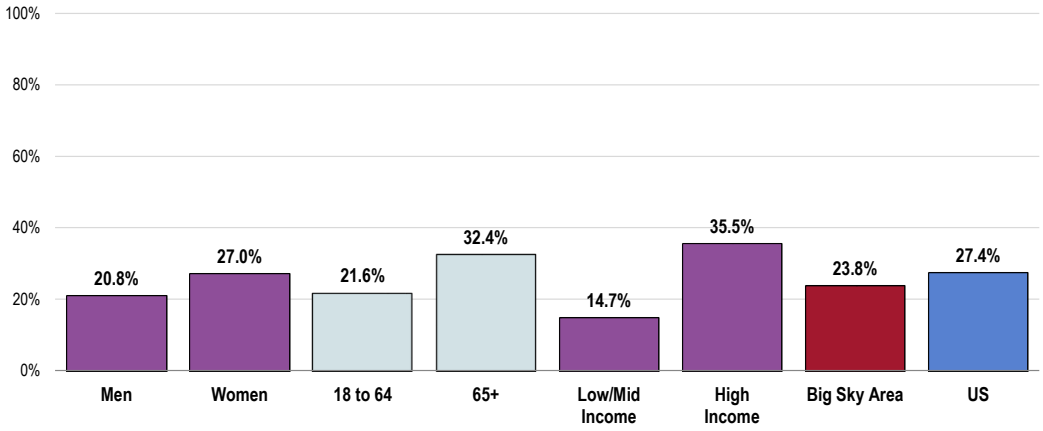
To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

"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 adults at the respondent level. The proportion reporting having 5 or more servings per day is shown in the following chart.

Consume Five or More Servings of Fruits/Vegetables Per Day
(Big Sky Area, 2017)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

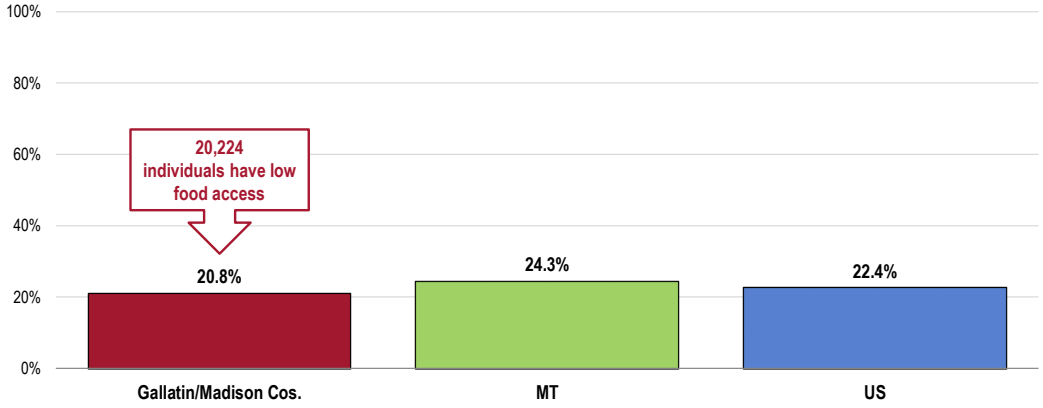
Notes:
- Asked of all respondents.
- Income categories reflect respondent's annual household income regardless of their household size. "Low/Mid Income" includes households with incomes up to $73,500; "High Income" includes households with incomes of $73,500 or more.
- For this issue, respondents were asked to recall their food intake on the previous day.

Access to Fresh Produce

A food desert is defined as a low-income area where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas. This related chart is based on US Department of Agriculture 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 April 2017 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as low-income areas where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas. This indicator is relevant because it highlights populations and geographies facing food insecurity.

Physical Activity

About Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults and older adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity: gender (boys); belief in ability to be active (self-efficacy); and parental support.

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity: parental education; gender (boys); personal goals; physical education/school sports; belief in ability to be active (self-efficacy); and support of friends and family.

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

- Healthy People 2020 (www.healthypeople.gov)

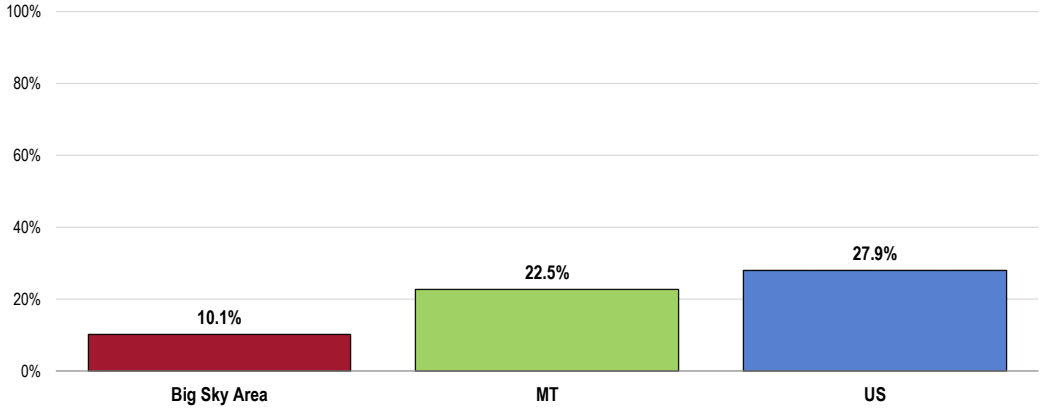
Leisure-Time Physical Activity

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

"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?"

No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 Target = 32.6% or Lower



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Montana data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

Notes:
- Asked of all respondents.

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

Meeting Physical Activity Recommendations

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."

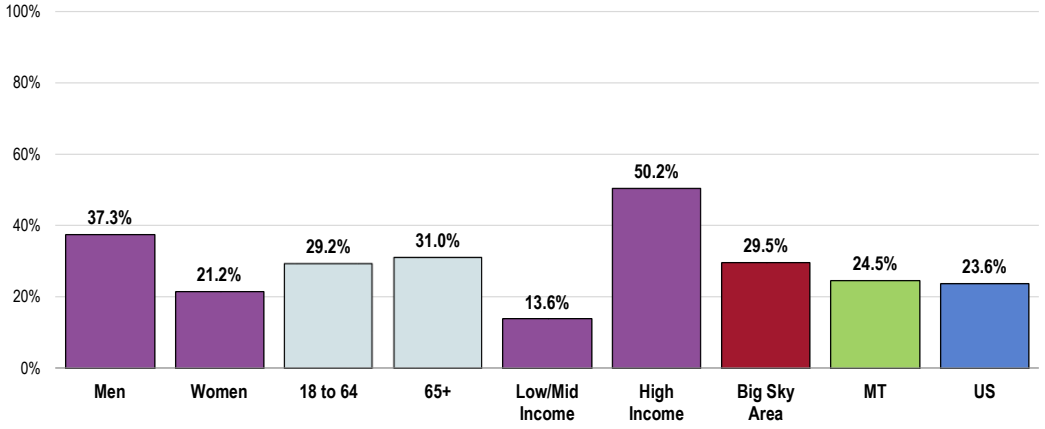
"Meeting physical activity recommendations" includes adequate levels of both aerobic and strengthening activity:

- 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; **and**
- Strengthening activity is at least 2 sessions per week of exercise designed to strengthen muscles.

Meets Physical Activity Recommendations

(Big Sky Area, 2017)

Healthy People 2020 Target = 20.1% or Higher



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 174]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Montana data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-2.4]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's annual household income regardless of their household size. "Low/Mid Income" includes households with incomes up to $73,500; "High Income" includes households with incomes of $73,500 or more.
- 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 healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

- Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared ($inches^2$)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI ≥30 kg/m^2. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI ≥30 kg/m^2, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2.

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

Classification of Overweight and Obesity by BMI	BMI (kg/m^2)
Underweight	<18.5
Healthy Weight	18.5 – 24.9
Overweight, not Obese	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.

Adult Weight Status

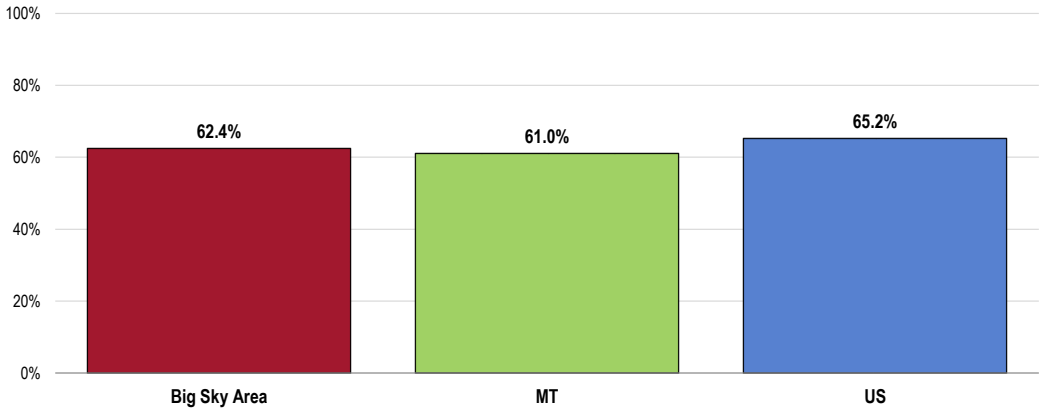
"About how much do you weigh without shoes?"

"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). Note that, in the following chart, the overweight calculation also includes those who are obese according to these guidelines.

Prevalence of Total Overweight

(Percent of Adults With a Body Mass Index of 25.0 or Higher)



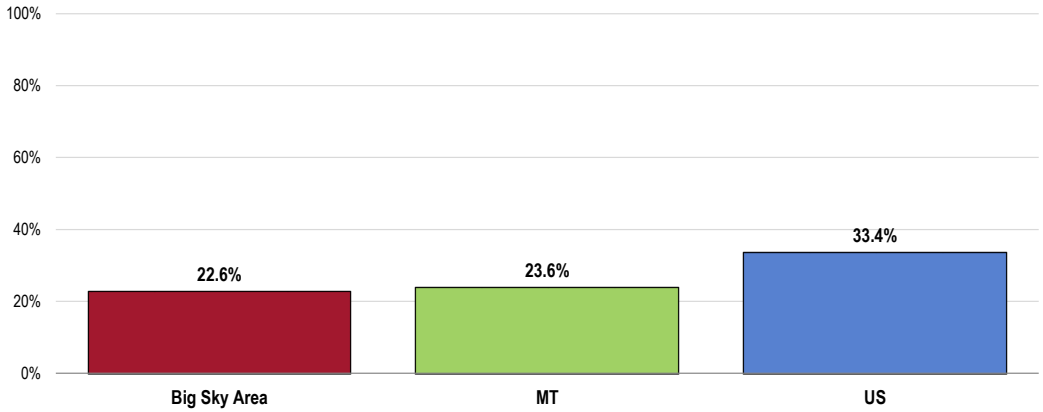
Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 176-177]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Montana data.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Prevalence of Obesity

(Percent of Adults With a Body Mass Index of 30.0 or Higher)

Healthy People 2020 Target = 30.5% or Lower



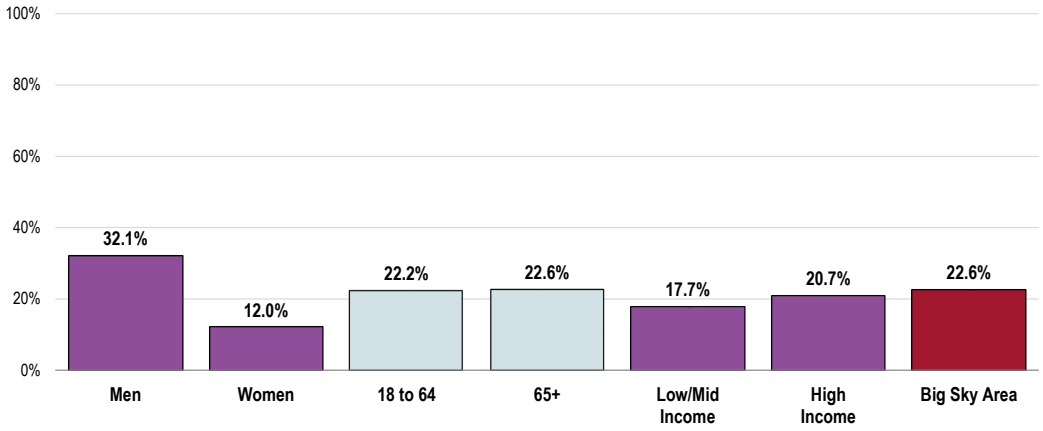
Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 176]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Montana data.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Prevalence of Obesity

(Percent of Adults With a BMI of 30.0 or Higher; Big Sky Area, 2017)

Healthy People 2020 Target = 30.5% or Lower



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 176]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]

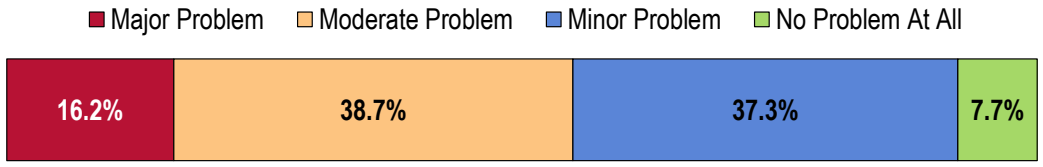
Notes:
- Based on reported heights and weights, asked of all respondents.
- Income categories reflect respondent's annual household income regardless of their household size. "Low/Mid Income" includes households with incomes up to $73,500; "High Income" includes households with incomes of $73,500 or more.
- 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 Gallatin County:

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in Gallatin County

(Key Informants, 2017)



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

Notes:
- Asked of all respondents.

Top Concerns

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

Obesity

> *I believe that our community makes some effort on encouraging outdoor activities and good nutrition, but could do more. I believe obesity is a huge concern in our area. HRDC and SNAP do provide educational nutrition classes, but they are not widely advertised, it seems. I believe more community events supporting and encouraging healthy choices and exercise could be encouraging. I feel that our weather contributes a lot to this, as well. We have plenty of access to outdoor activities in the summer, but nine months out of the year, it is limited; unless you ski/snowboard, there are significant limitations. Many communities have indoor activity centers for kids, such as trampoline centers, water parks, indoor pools, kid zones, etc. Our community could grow in this area. – Community Leader*

Healthy Community

> *This is a very fit community. I came from a different community a couple of years ago, and we had a lot of obesity, diabetes, and lack of exercise. This is a very fit community, and people care about their health. – Physician/Advanced Practice Clinician*

Substance Abuse

About Substance Abuse

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

- Healthy People 2020 (www.healthypeople.gov)

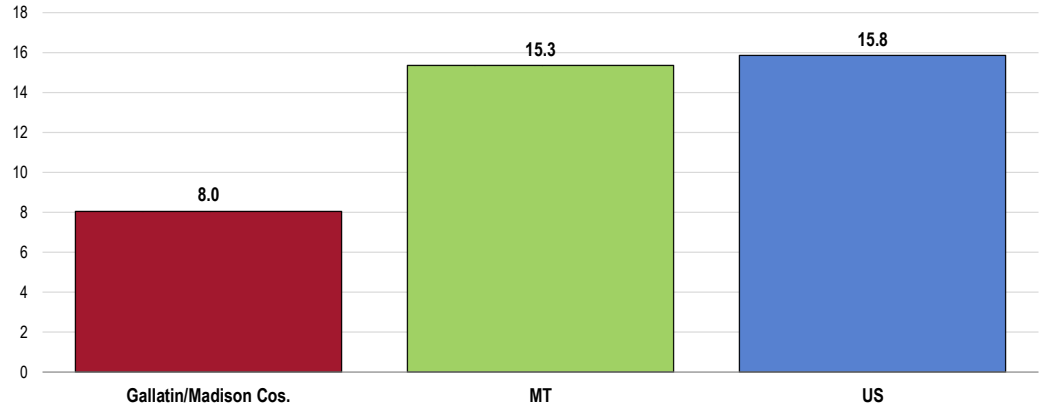
Age-Adjusted Drug-Induced Deaths

Drug-induced deaths include all deaths for which drugs are the underlying cause, including those attributable to acute poisoning by drugs (drug overdoses) and deaths from medical conditions resulting from chronic drug use (e.g., drug-induced Cushing's syndrome). A "drug" includes illicit or street drugs (e.g., heroin and cocaine), as well as legal prescription and over-the-counter drugs; alcohol is not included. These deaths may also be either intentional (e.g., suicide) or unintentional (accidental). The following chart outlines local age-adjusted mortality for drug-induced deaths.

Drug-Induced Deaths: Age-Adjusted Mortality

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

Healthy People 2020 Target = 11.3 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-12]

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

Alcohol Use

Excessive Drinkers. 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.

"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?"

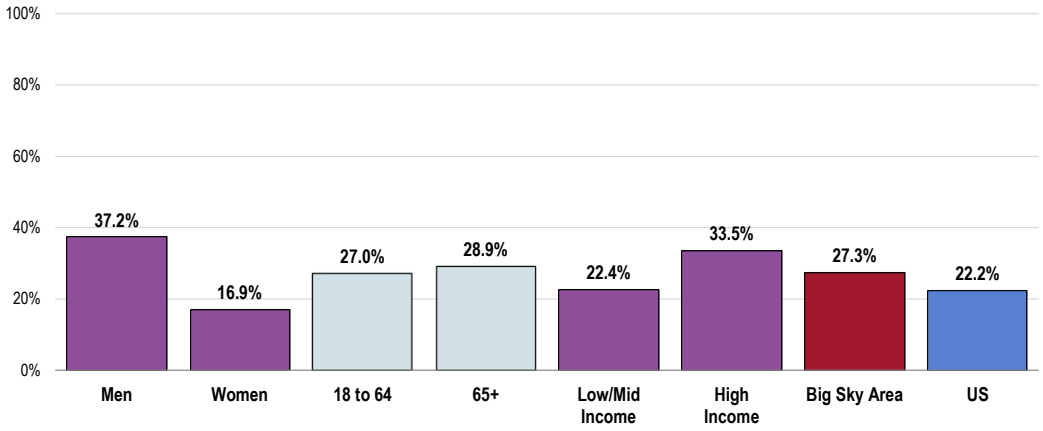
"On the day(s) when you drank, about how many drinks did you have on the average?"

"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

(Big Sky Area, 2017)

Healthy People 2020 Target = 25.4% or Lower



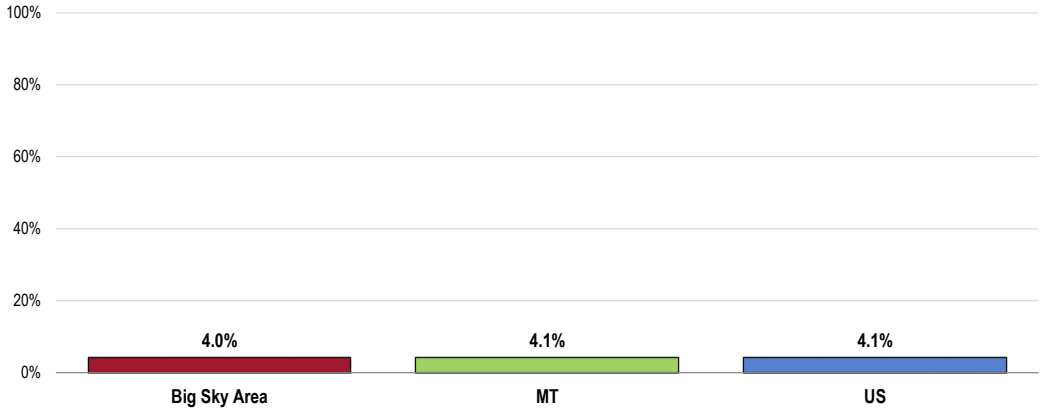
Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 189]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-15]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's annual household income regardless of their household size. "Low/Mid Income" includes households with incomes up to $73,500; "High Income" includes households with incomes of $73,500 or more.
- Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

Drinking & Driving. As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that the actual incidence of drinking and driving in the community is likely higher.

"During the past 30 days, how many times have you driven when you've had perhaps too much to drink?"

Have Driven in the Past Month After Perhaps Having Too Much to Drink

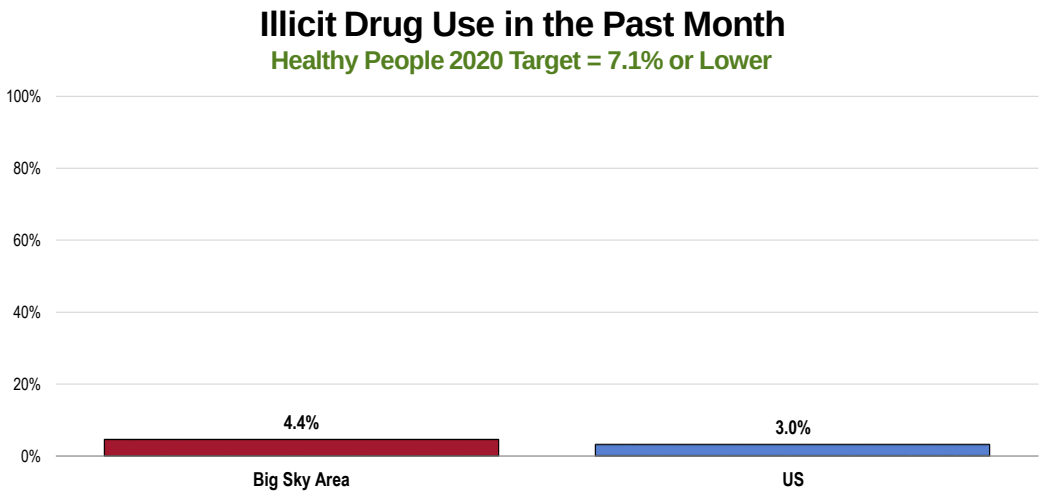


Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 66]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 Montana data.

Notes:
- Asked of all respondents.

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?"

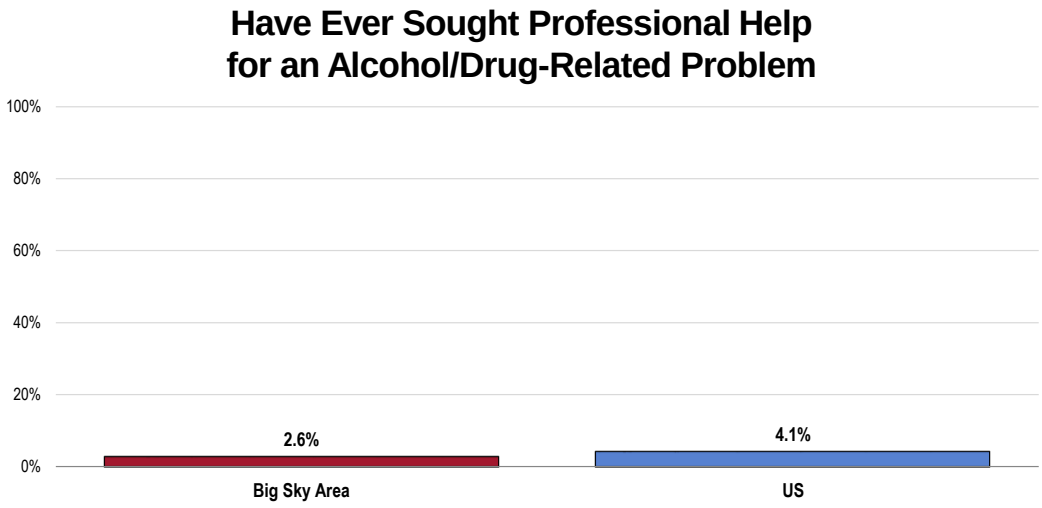


Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 67]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-13.3]

Notes:
- Asked of all respondents.

Alcohol & Drug Treatment

"Have you ever sought professional help for an alcohol or drug-related problem?"



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 68]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

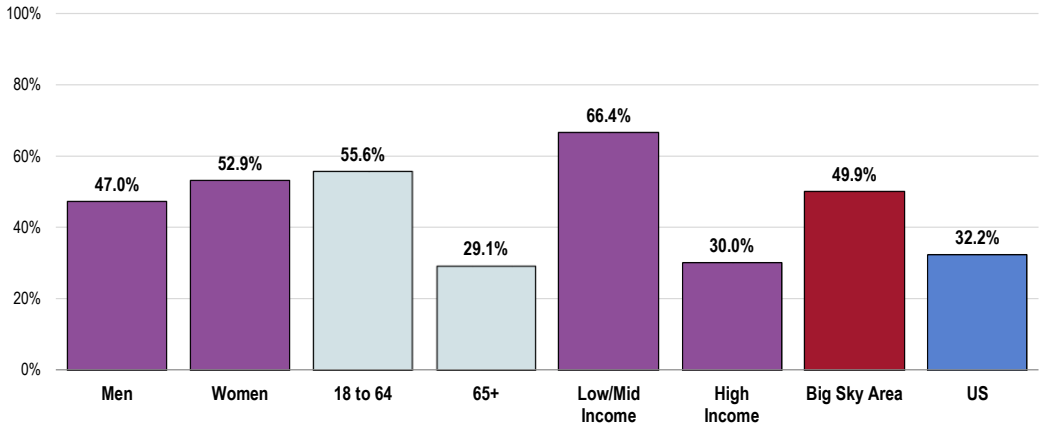
Notes:
- Asked of all respondents.

Personal Impact of 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, 2017)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 69]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

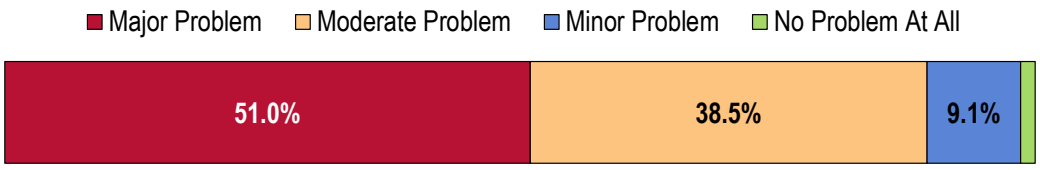
Notes:
- Asked of all respondents.
- Income categories reflect respondent's annual household income regardless of their household size. "Low/Mid Income" includes households with incomes up to $73,500; "High Income" includes households with incomes of $73,500 or more.

Key Informant Input: Substance Abuse

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

Perceptions of Substance Abuse as a Problem in Gallatin County

(Key Informants, 2017)



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

Notes:
- Asked of all respondents.

Barriers to Treatment

Among those rating this issue as a "major problem," the greatest barriers to accessing substance abuse treatment are viewed as:

Access to Care/Services

Lack of resources. Stigma surrounding addiction, and the social acceptance and expectation surrounding alcohol use, especially in excess. – Public Health/Community Health Representative

It is not available for youth, and it is not great for adults. There is no inpatient care for either. In terms of prevention, the dollars that are available for prevention from the state are not being used well, and this work needs to be done through the public health model of care. – Community Leader

Lack of adequate recovery houses and detox centers. – Community Leader

Lack of AA meetings (currently 2 weekly). Patient compliance. – Physician/Advanced Practice Clinician

Quality treatment. – Other Health Professional

There isn't residential care that I am aware of. – Community Leader

Lack of services. – Public Health/Community Health Representative

Lack of Providers

We don't have substance abuse professionals. People admitting that they have a problem. The stigma associated with substance abuse prevents some people from seeking help. – Community Leader

Court-ordered drug counseling is an issue. We have no one certified for weekly counseling. – Community Leader

Multiple entities that can charge Medicaid for services rendered. Also, a treatment facility! – Public Health/Community Health Representative

No providers. – Physician/Advanced Practice Clinician

We do have a counselor come from Bozeman twice a month to help with this. – Community Leader

Education

I see a constant need for support in this area. I believe that many issues in our community and families stem from substance abuse issues. I know that it is a costly service that often takes court interference to be addressed. Education in schools for kids and teens is a concern. Although it exists, I believe that many programs need to be revisited and built to grow as our community does. I don't think people know where to start to get help. – Community Leader

Transportation

Transportation and desire for services. – Community Leader

Most Problematic Substances

Key informants (who rated this as a "major problem") clearly identified **alcohol** as the most problematic substance abused in the community.

Problematic Substances as Identified by Key Informants				
	Most Problematic	Second-Most Problematic	Third-Most Problematic	**Total Mentions**
Alcohol	93.8%	6.3%	6.3%	**17**
Methamphetamines or Other Amphetamines	6.3%	25.0%	43.8%	**12**
Prescription Medications	0.0%	25.0%	12.5%	**6**
Heroin or Other Opioids	0.0%	12.5%	18.8%	**5**
Marijuana	0.0%	31.3%	0.0%	**5**
Cocaine or Crack	0.0%	0.0%	6.3%	**1**
Hallucinogens or Dissociative Drugs (e.g. Ketamine, PCP, LSD, DXM)	0.0%	0.0%	6.3%	**1**
Synthetic Drugs (e.g. Bath Salts, K2/Spice)	0.0%	0.0%	6.3%	**1**

Tobacco Use

About Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

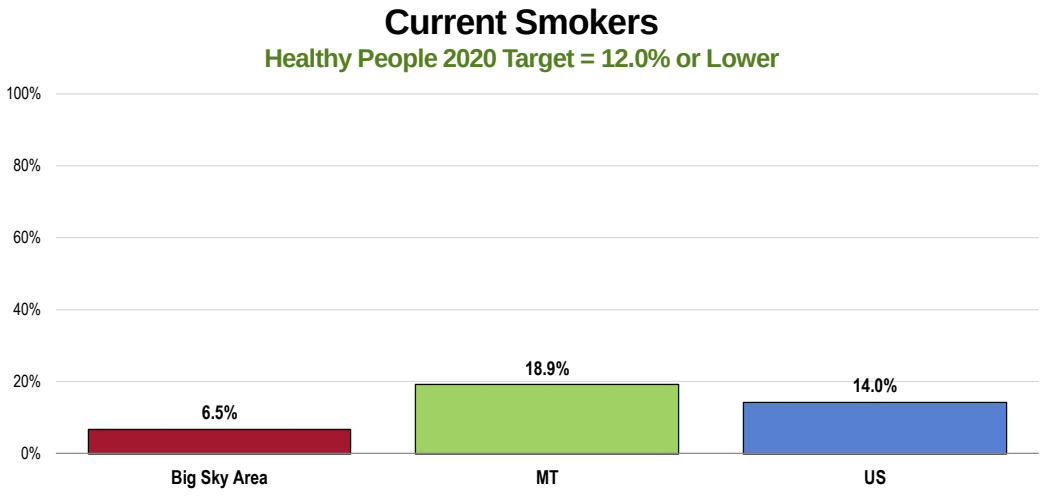
There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

- Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

"Do you now smoke cigarettes every day, some days, or not at all?"



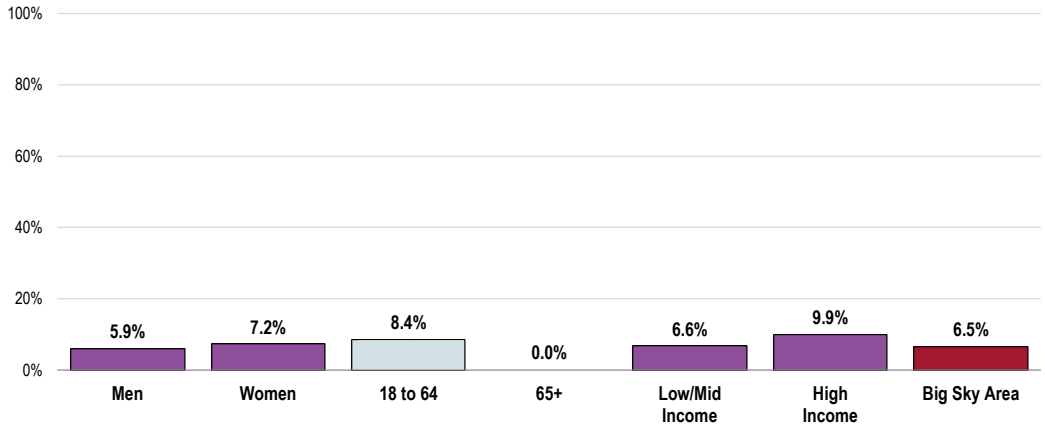
Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 181]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Montana data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

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

Current Smokers

(Big Sky Area, 2017)

Healthy People 2020 Target = 12.0% or Lower



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 181]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

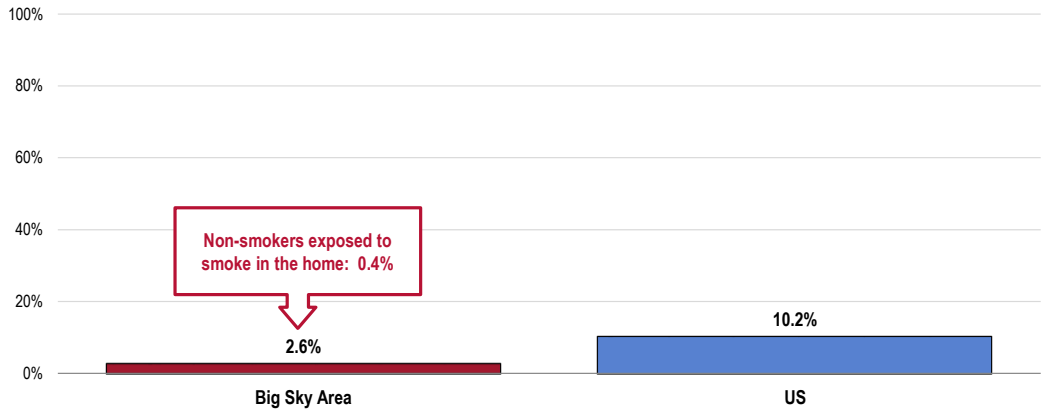
Notes:
- Asked of all respondents.
- Income categories reflect respondent's annual household income regardless of their household size. "Low/Mid Income" includes households with incomes up to $73,500; "High Income" includes households with incomes of $73,500 or more.
- Includes regular and occasional smokers (every day and some days).

Secondhand Smoke

"In the past 30 days, has anyone, including yourself, smoked cigarettes, cigars, or pipes anywhere in your home on an average of four or more days per week?"

The following chart details these responses among the total sample of respondents, as well as among only households with children age 0-17.

Member of Household Smokes at Home



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 58, 183]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

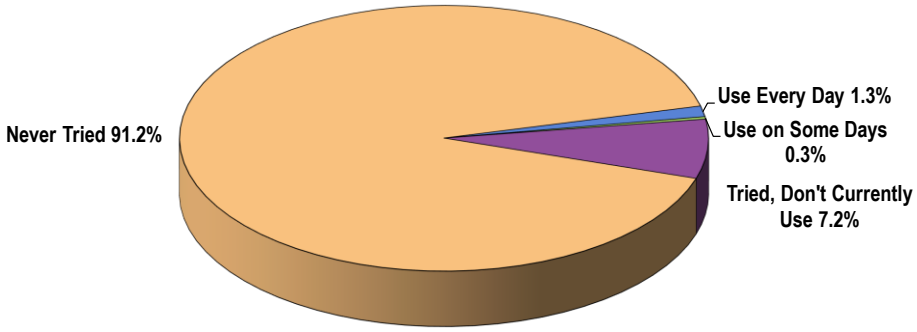
Notes:
- Asked of all respondents.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Electronic Nicotine Delivery Devices

"The next questions are about electronic nicotine delivery systems, also known as e-cigarettes, e-cigs, e-hookahs, hookah pens, or vape pens. These are battery-operated devices that simulate traditional cigarette smoking, but do not involve the burning of tobacco. The cartridge or liquid "e-juice" used in these devices produces vapor and comes in a variety of flavors. Have you ever used an electronic nicotine delivery device, such as an e-cigarette?"

Use of an Electronic Nicotine Delivery Device (E-Cigarettes, etc.)

(Big Sky Area, 2017)



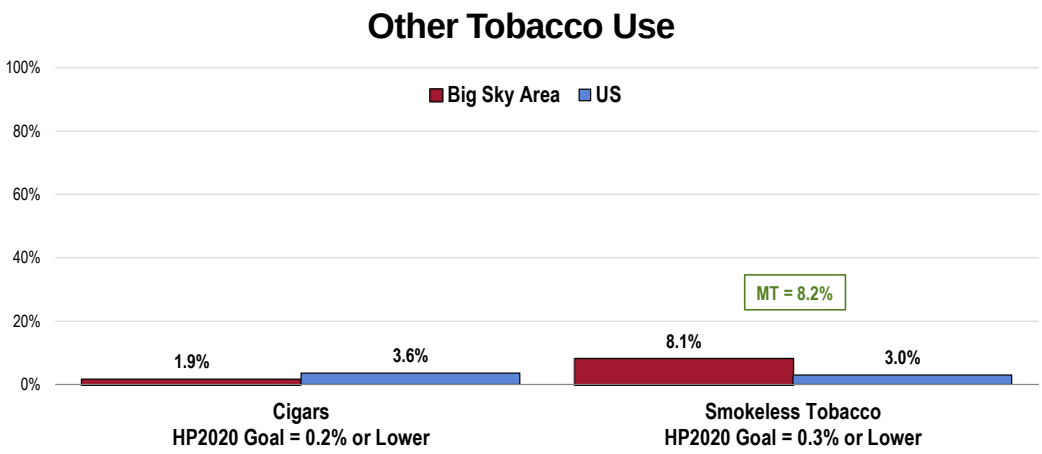
Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 208]

Notes:
- Asked of all respondents.
- Electronic nicotine delivery devices are also known as e-cigarettes, e-cigs, e-hookahs, hookah pens, or vape pens.

Other Tobacco Use

"Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?"

"Do you now smoke cigars every day, some days, or not at all?"

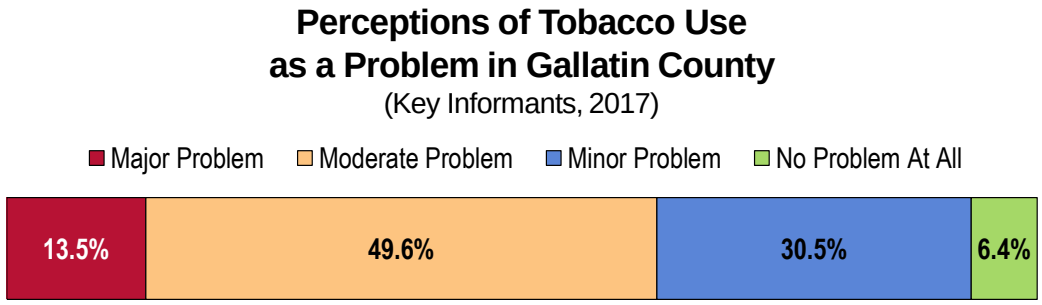


Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 59-60]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Montana data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives TU-1.2, TU-1.3]

Notes:
- Reflects the total sample of respondents.
- Smokeless tobacco includes chewing tobacco, snuff, or snus.

Key Informant Input: Tobacco Use

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



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

Notes:
- Asked of all respondents.

Top Concerns

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

Prevalence/Incidence

> *One of the biggest issues facing continued reduction in tobacco use is the perception that it is no longer a problem that needs to be addressed. It feels like there is often a reluctance to discuss tobacco use because we have been working on it for so long already, and people want to address other issues. However, tobacco use still continues to be the leading cause of preventable death in our communities. – Public Health/Community Health Representative*

> *Seems to be on the rise; no evidence to support that, however. – Community Leader*

Transience

> *Lots of transient people here, as we are a tourist town. – Community Leader*

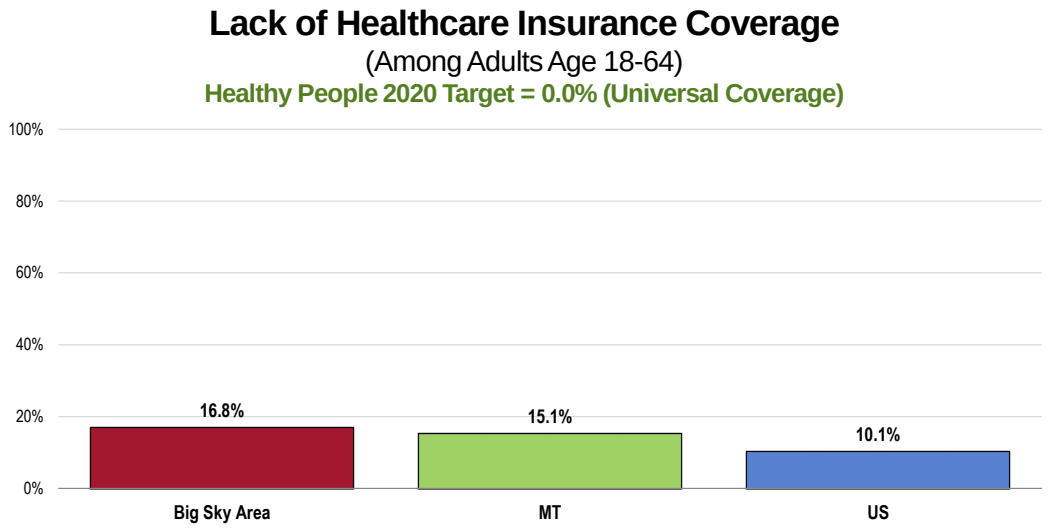
Access to Health Services

Lack of Health Insurance Coverage (Age 18 to 64)

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

"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?"



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 190]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Montana data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

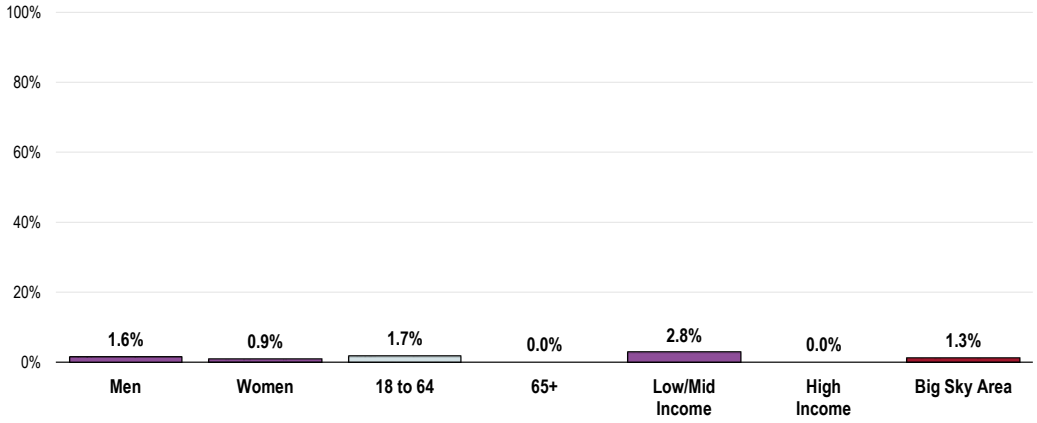
Notes:
- Asked of all respondents under the age of 65.

Recent Lack of Coverage

"During the past 12 months, did you have health insurance coverage all of the time, or was there a time in the year when you did not have any health coverage?"

Went Without Healthcare Insurance Coverage At Some Point in the Past Year

(Among Insured Adults; Big Sky Area, 2017)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 309]

Notes:
- Asked of all insured respondents.
- Income categories reflect respondent's annual household income regardless of their household size. "Low/Mid Income" includes households with incomes up to $73,500; "High Income" includes households with incomes of $73,500 or more.

Difficulties Accessing Healthcare

About Access to Healthcare

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)

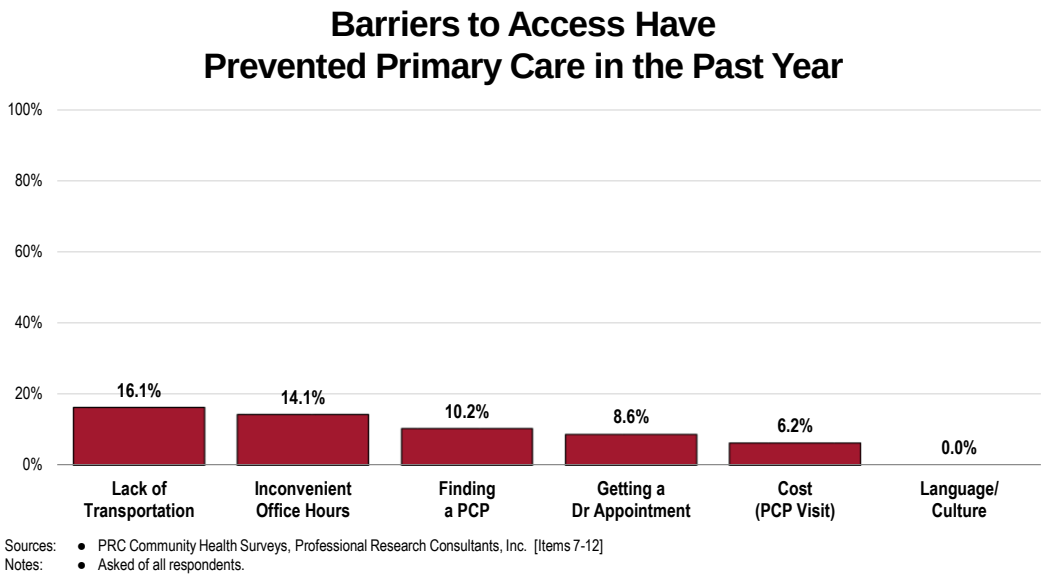
Barriers to Healthcare Access

To better understand healthcare access barriers, survey participants were asked whether any of the following barriers to access prevented them from receiving primary health care. Primary care was defined as any medical care from a Family Practice, General Practice, or Internal Medicine doctor, or from a Physician Assistant or Nurse Practitioner.

"Was there a time in the past 12 months when…

- … you needed primary care, but had **difficulty finding a primary care provider**?"
- … you had difficulty getting an **appointment** to see a primary care provider?"
- … you needed to see a primary care provider, but could not because of the **cost**?"
- … a **lack of transportation** made it difficult or prevented you from seeing a primary care provider or making a medical appointment?"
- … you were not able to see a primary care provider because the **office hours were not convenient**?"
- … you were not able to see a primary care provider due to **language or cultural differences**?"

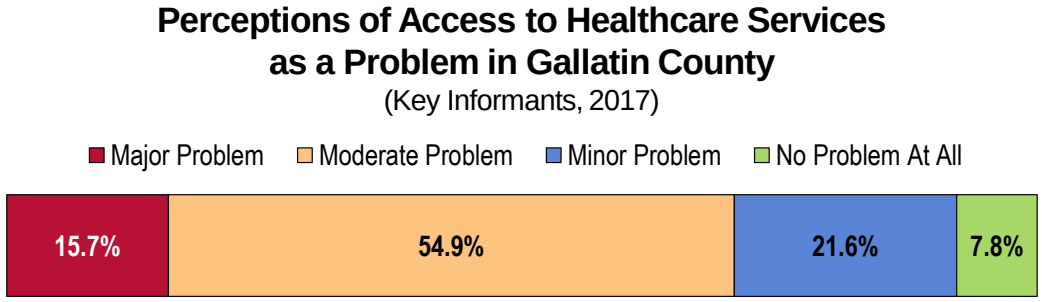
The percentages shown in the following chart reflect the total population, regardless of whether medical care was needed or sought.



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 7-12]
Notes: ● Asked of all respondents.

Key Informant Input: Access to Healthcare Services

The following chart outlines key informants' perceptions of the severity of *Access to Healthcare Services* as a problem in Gallatin County:



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

Top Concerns

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

Distance

> *Most people drive to Big Sky, Bozeman, or Idaho to seek care, as our clinic here has limited hours and it takes a while before you are seen as a patient. – Community Leader*
>
> *Access has gotten better in West Yellowstone, but we are still quite a remote community. The clinic can only do so much here; they have to refer a lot of things out. We do now have a hospital in Ennis and Big Sky, which makes it faster to get to an emergency room, but I would say the majority of people still go to Bozeman or Idaho Falls for most of their health appointments. – Community Leader*
>
> *People have a hard time accessing healthcare services due to our rural location, transportation issues, finances, and time. If they need to travel to Bozeman for follow-up, it takes a whole day off from work, and they may or may not have a vehicle. Some patients rent a car for the day. Others take the bus, but that is $20 round trip per person; better than not having anything, and cheaper than gas most likely. – Physician/Advanced Practice Clinician*

Affordable Care/Services

> *Health insurance is too expensive, leaving people and families with high deductibles, and making it very difficult to get proper medical care. – Community Leader*
>
> *Service for underinsured, single parents, mental health. – Community Leader*

Mental Health

> *Access to mental health services is lacking. We have no inpatient psych services in a town that has the largest college in Montana. In addition, we have no psychiatrist at this time that takes Medicaid or Medicare. – Physician/Advanced Practice Clinician*

Type of Care Most Difficult to Access

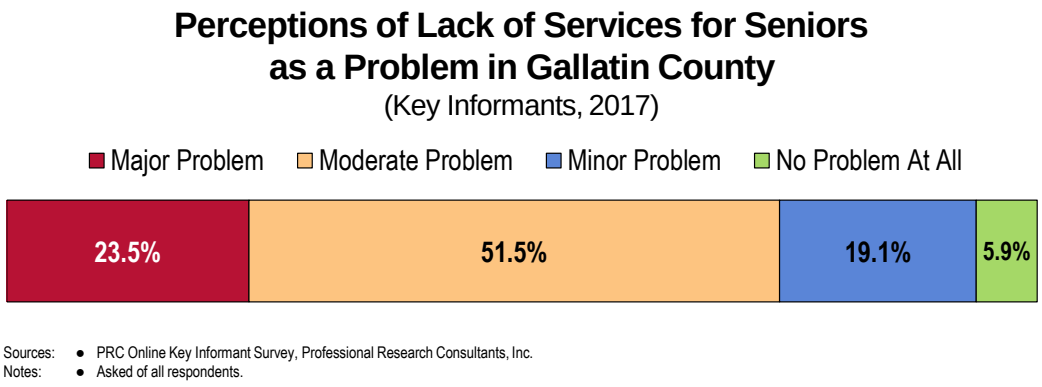
Key informants (who rated this as a "major problem") most often identified **mental health services** as the most difficult to access in the community.

Medical Care Difficult to Access as Identified by Key Informants

	Most Difficult	Second-Most Difficult	Third-Most Difficult	**Total Mentions**
Mental Health Services	57.1%	16.7%	0.0%	**5**
Substance Abuse Treatment	14.3%	16.7%	16.7%	**3**
Chronic Disease Care	14.3%	33.3%	0.0%	**3**
Dental Care	14.3%	0.0%	16.7%	**2**
Prenatal Care	0.0%	16.7%	16.7%	**2**
Specialty Care	0.0%	16.7%	0.0%	**1**
Elder Care	0.0%	0.0%	16.7%	**1**
Hospice Care	0.0%	0.0%	16.7%	**1**
Pain Management	0.0%	0.0%	16.7%	**1**

Key Informant Input: Lack of Services for Seniors

The following chart outlines key informants' perceptions of the *Lack of Services for Seniors* as a problem in Gallatin County:



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

Top Concerns

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

Access to Care/Services

Very limited; no senior services or senior center in this community. We also can't get anyone to provide in-home healthcare for seniors from a larger city, where these services are based. Seniors also have difficulty affording specialty care and traveling to those appointments 90+ miles away. – Physician/Advanced Practice Clinician

We do not have a facility that is specific to elderly need, nor do we have home healthcare. So if you need to recuperate, there is no choice other than leaving West Yellowstone. – Community Leader

There are absolutely no support groups for seniors in my community. – Social Services Provider

We don't have enough Medicare providers. – Physician/Advanced Practice Clinician

I'm not sure what services are available. – Other Health Professional

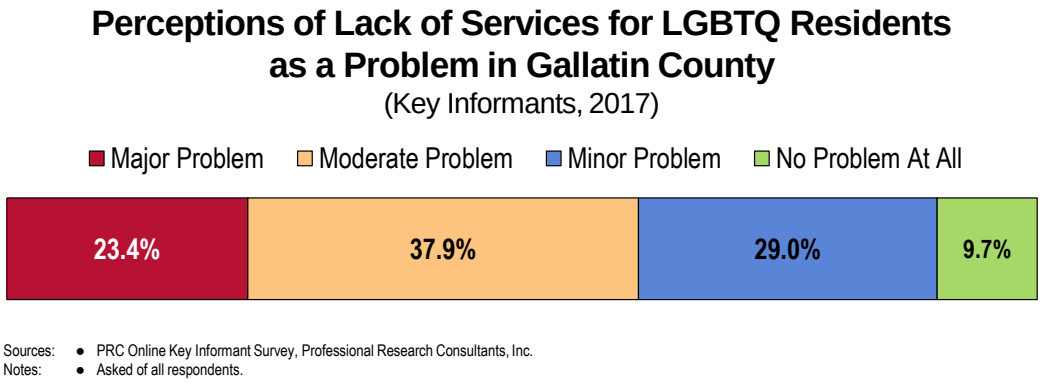
Transportation

Transportation services in Gallatin, Park, and Madison counties is likely the biggest issue regarding access to care for older individuals. – Public Health/Community Health Representative

Seniors in our community do not like to drive or don't have a person to assist them. Some of my seniors do not want to visit a doctor. – Community Leader

Key Informant Input: Lack of Services for LGBTQ Residents

The following chart outlines key informants' perceptions of the *Lack of Services for LGBTQ Residents* as a problem in Gallatin County:



Top Concerns

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

Health Education

> *The biggest need in this area is informing health professionals and social service providers of the importance of asking patients about their sexuality, as this can be risk factor for many preventable conditions. Fostering a welcoming setting throughout the three counties will help both providers and patients. Additionally, increasing the awareness of our residents on the difficulties faced by the LGBTQ population in our community may foster a more open, compassionate, and sincere conversation. – Public Health/Community Health Representative*

> *Not enough awareness. – Physician/Advanced Practice Clinician*

Community Attitude

> *Montana, in general, does not have a culture that is open to diversity. Gallatin, specifically, does not have a healthcare facility I'm aware of that openly states a welcoming attitude towards different races, cultures, or gender. – Physician/Advanced Practice Clinician*

Access to Care/Services

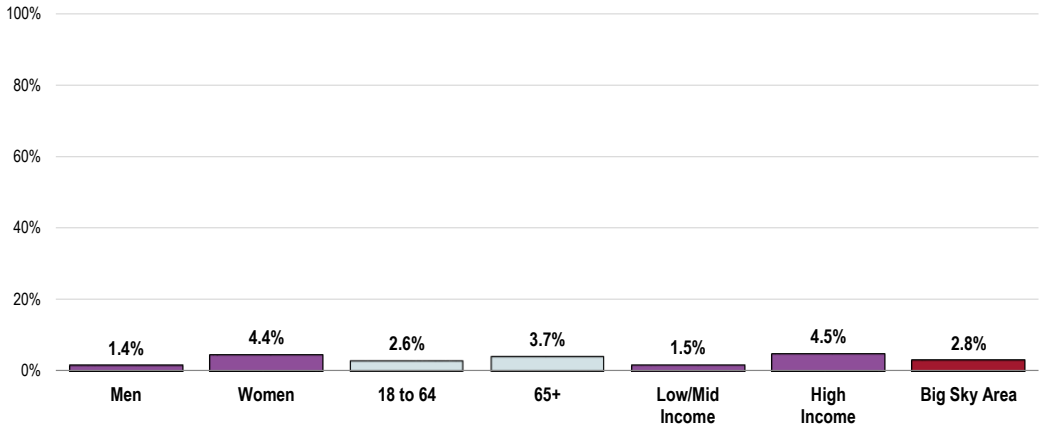
> *I'm not sure what services are available. – Other Health Professional*

Health Literacy

"How difficult is it for you to understand information that doctors, nurses, and other health professionals tell you? Would you say it is: very easy, somewhat easy, somewhat difficult, or very difficult?"

Find Info Stated by Health Professionals Difficult to Understand

(Big Sky Area, 2017)



Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 310]
Notes: ● Asked of all respondents.
● Income categories reflect respondent's annual household income regardless of their household size. "Low/Mid Income" includes households with incomes up to $73,500; "High Income" includes households with incomes of $73,500 or more.

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:

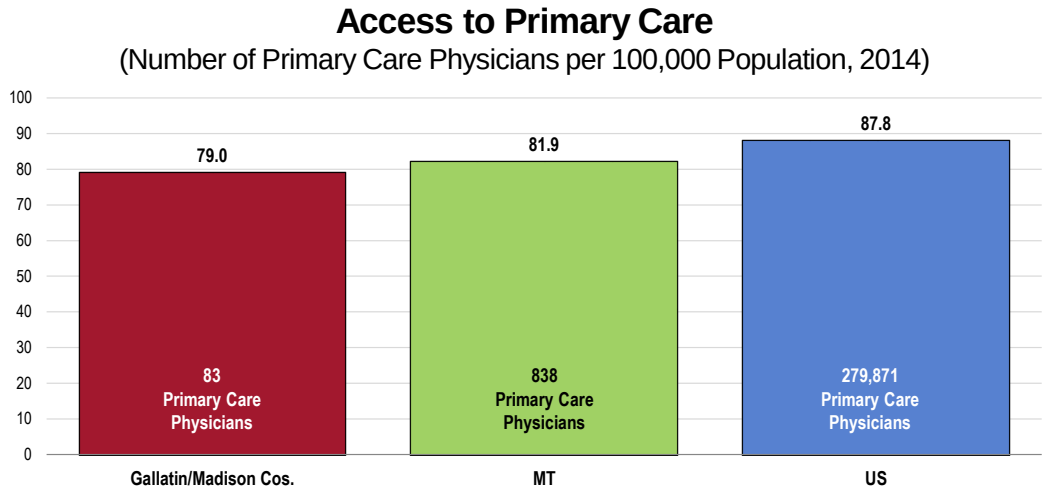
- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

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 April 2017 from Community Commons at http://www.chna.org.

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

Specific Source of Ongoing Care

Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

"Is there a particular place that you usually go to if you are sick or need advice about your health?"

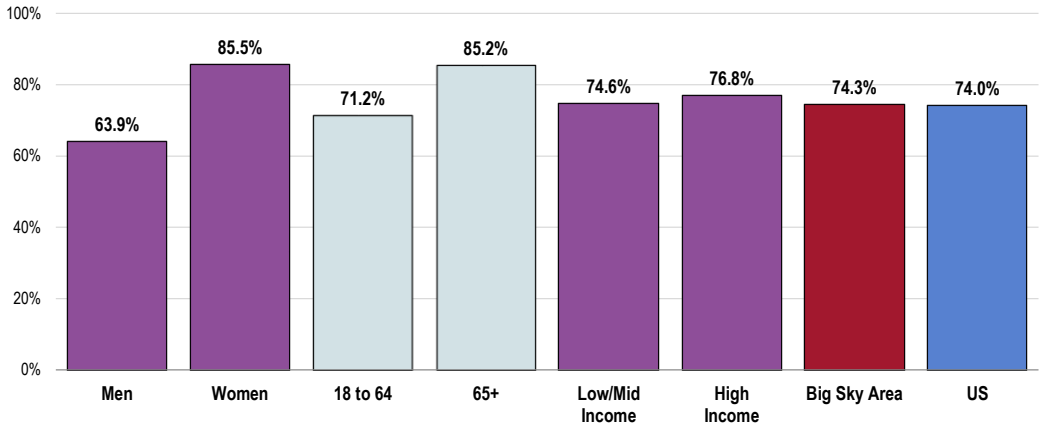
"What kind of place is it: a medical clinic, an urgent care center/walk-in clinic, a doctor's office, a hospital emergency room, military or other VA healthcare, or some other place?"

The following chart illustrates the proportion of the Big Sky Area population with a specific source of ongoing medical care. Note that a hospital emergency room is not considered a specific source of ongoing care in this instance.

Have a Specific Source of Ongoing Medical Care

(Big Sky Area, 2017)

Healthy People 2020 Target = 95.0% or Higher

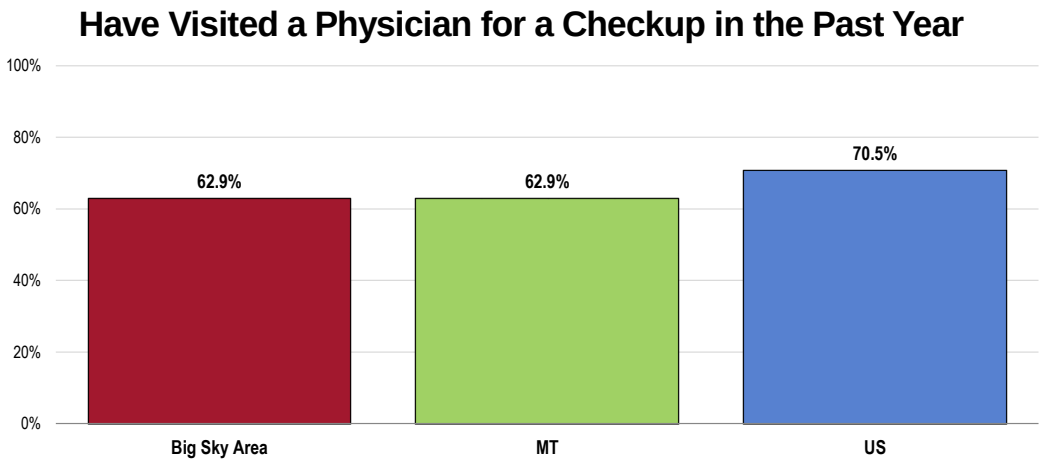


Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 191-193]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-5.1]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's annual household income regardless of their household size. "Low/Mid Income" includes households with incomes up to $73,500; "High Income" includes households with incomes of $73,500 or more.

Utilization of Primary Care Services

"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 or other health professional for a routine checkup?"

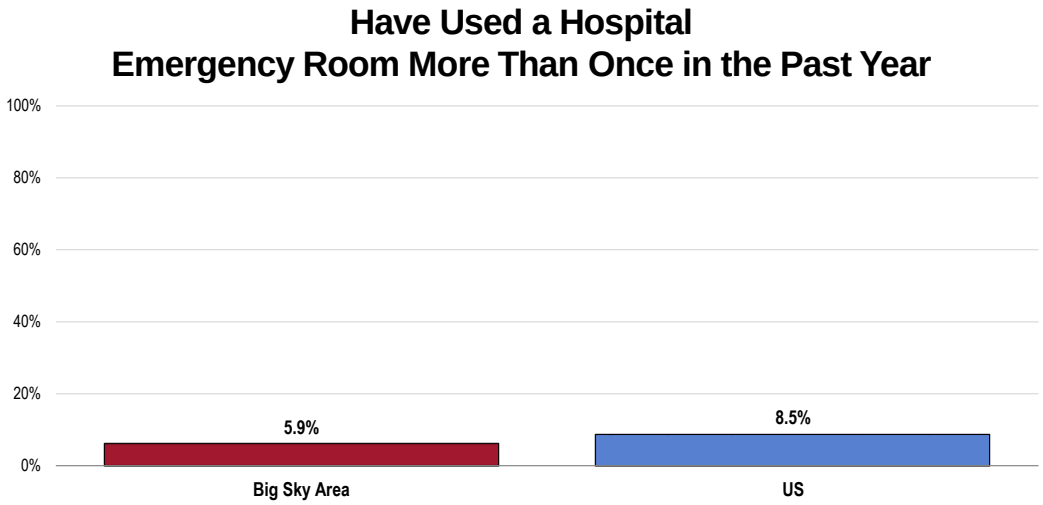


Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Montana data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Emergency Room Utilization

"In the past 12 months, how many times have you gone to a hospital emergency room about your own health? This includes ER visits that resulted in a hospital admission." (Responses here reflect the percentage with two or more visits in the past year.)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]
- 2015 PRC National Health Survey, Professional Research Consultants, 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**.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Barriers that can limit a person's use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

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

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

- Healthy People 2020 (www.healthypeople.gov)

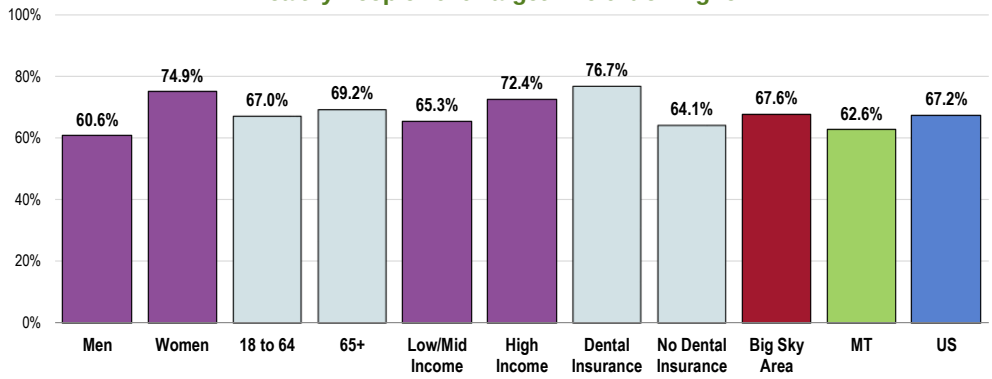
Dental Care

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

Have Visited a Dentist or Dental Clinic Within the Past Year

(Big Sky Area, 2017)

Healthy People 2020 Target = 49.0% or Higher

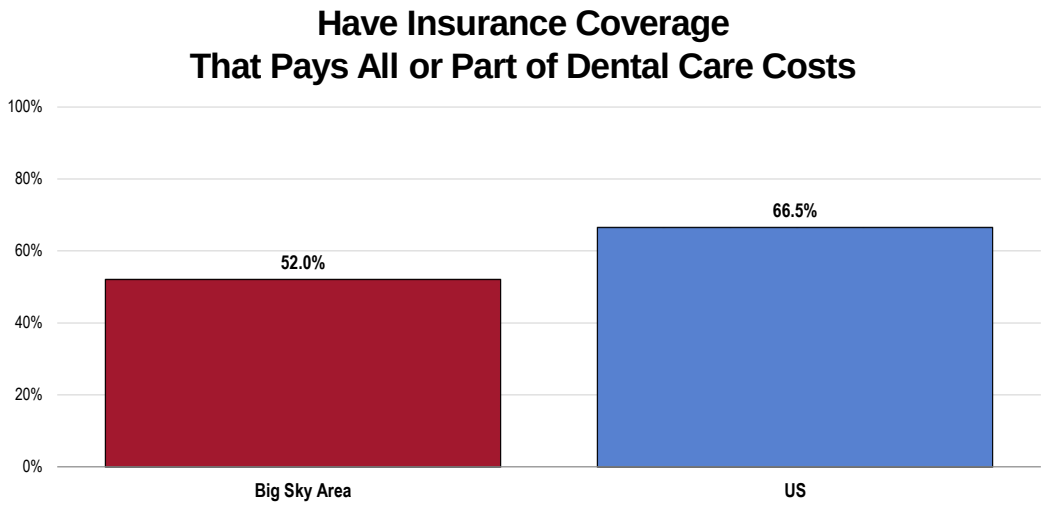


Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, CDC: 2014 Montana data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's annual household income regardless of their household size. "Low/Mid Income" includes households with incomes up to $73,500; "High Income" includes households with incomes of $73,500 or more.

Dental Insurance

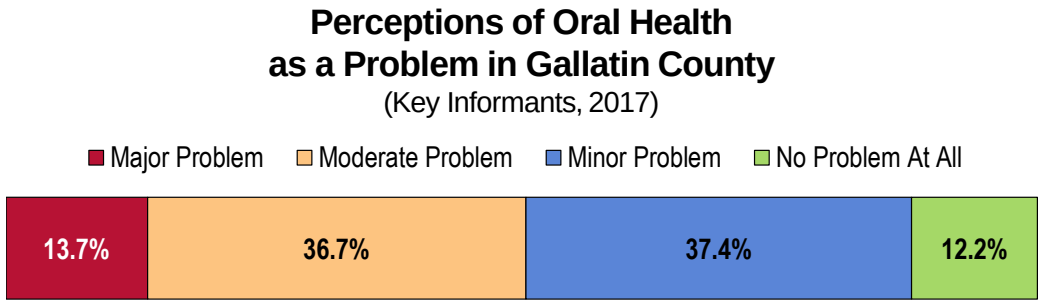
"Do you currently have any health insurance coverage that pays for at least part of your dental care?"



Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Key Informant Input: Oral Health

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



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

Top Concerns

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

Health Education

> *I think people don't know or appreciate the link between oral health and overall health. We do have the dental clinic in Bozeman, but there is a perception that all they do is pull your teeth. – Public Health/ Community Health Representative*

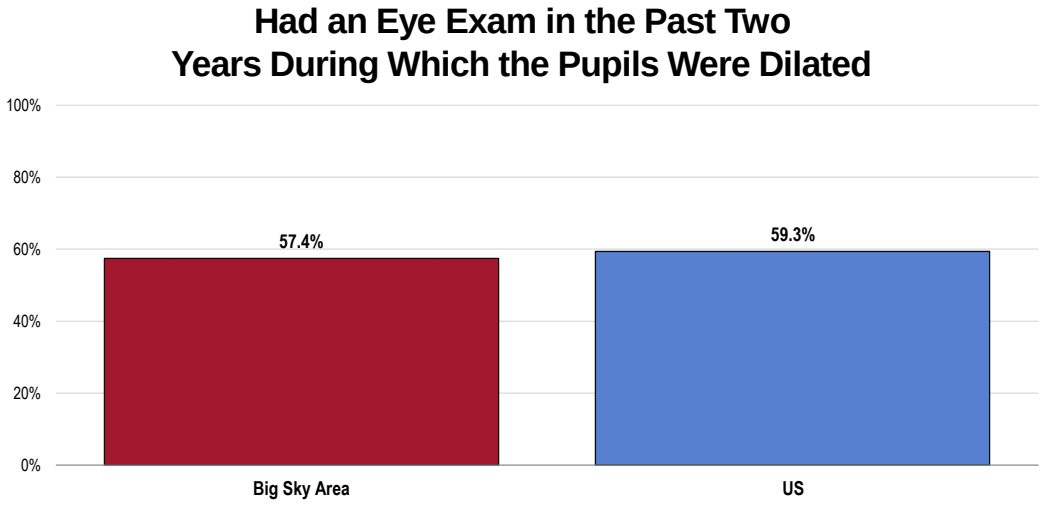
Affordable Care/Services

> *Mostly because dental care is not covered through most insurance plans. Many people have not been properly educated about home dental care and preventative care techniques. – Social Services Provider*

Vision Care

"When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light." (Responses in the following chart represent those with an eye exam within the past 2 years.)

See also *Potentially Disabling Conditions: Vision & Hearing Impairment* in the **Death, Disease, & Chronic Conditions** section of this report.



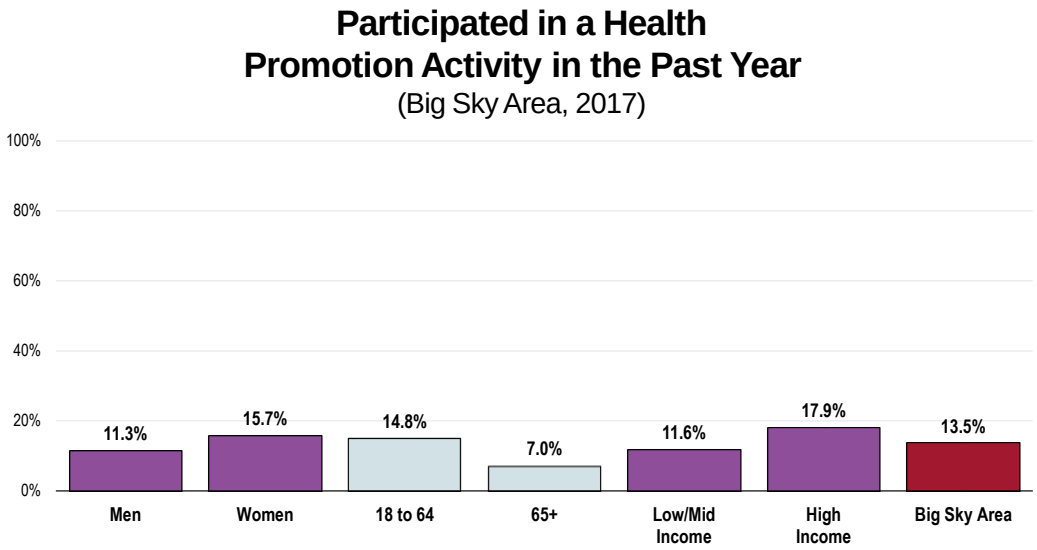
Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Health Education & Outreach

Participation in Health Promotion Events

"In the past 12 months, have you participated in any organized health promotion activities, such as health fairs, health screenings, or seminars, either through your work, hospital, or community organizations?"

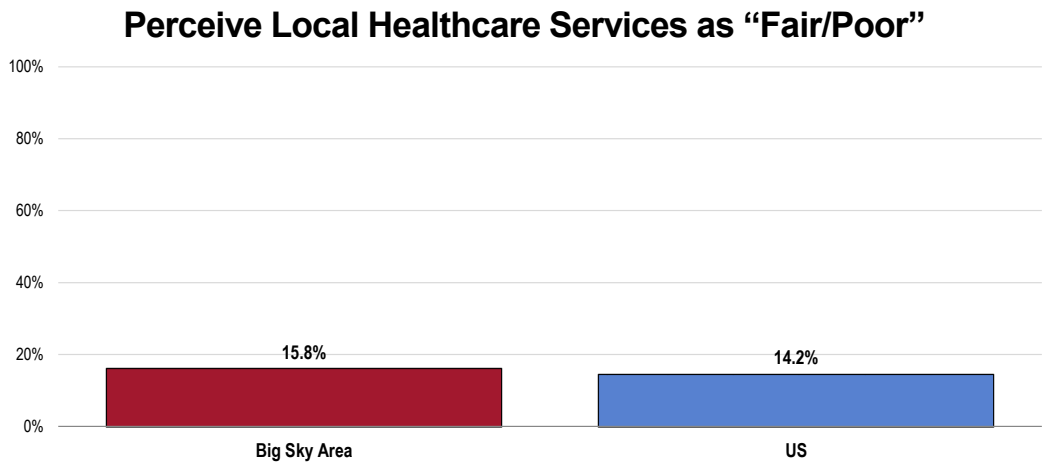


Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 314]
Notes: ● Asked of all respondents.
● Income categories reflect respondent's annual household income regardless of their household size. "Low/Mid Income" includes households with incomes up to $73,500; "High Income" includes households with incomes of $73,500 or more.

Local Resources

Perceptions of Local Healthcare Services

"How would you rate the overall health care services available to you? Would you say: excellent, very good, good, fair, or poor?"



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Healthcare Services

Bozeman Health
Community Health Partners
Doctor's Offices
Gallatin City-County Health Department
Gallatin Mental Health Center
Health Department
Help Center
Medicare/Medicaid
Mental Health Board
Mental Health Services
Social Services
Sprout Dental
Urgent Care
West Yellowstone Foundation Bus
West Yellowstone Smiles

Arthritis, Osteoporosis, & Chronic Back Conditions

Alpine Orthopedics
Bridger Orthopedics
Community Health Partners
Lone Peak Physical Therapy
West Yellowstone Chiropractor

Cancer

Cancer Support Community Montana
Gallatin City-County Public Health
Palliative Care
START Program

Dementias/Alzheimer's Disease

Bridgercare
Edgewood Vista Memory Care
Gallatin County Rest Home (GCRH)
Highgate Assisted Living
Spring Creek Inn

Diabetes

Bountiful Baskets
Bozeman Health Deaconess Hospital
Community Health Partners
Doctor's Offices
Galavan
Meals on Wheels
Nutrition Services
SNAP

Environmental Health

Montana State University

Family Planning

Bridgercare
Private Foundations
School Systems
Social Services

Heart Disease & Stroke

Community Health Partners
Social Services

HIV/AIDS

Community Health Partners

Immunization & Infectious Diseases

Doctor's Offices
Gallatin City-County Health Department
Montana Immunization Program
School Systems

Maternal, Infant, & Child Health

Bozeman Health Big Sky Medical Center
Community Health Partners
Doctor's Offices
Mental Health Services
Parents as Teachers

Injury & Violence

Aspen
Bozeman Police Department
Child Protective Services
Haven

Lack of Services for LGBTQ Residents

Bridgercare
Gallatin City-County Health Department
Montana State University

Lack of Services for Seniors

Area Agency on Aging
Big Sky Community Food Bank
Bozeman Health Deaconess Hospital
Bozeman/Belgrade Senior Centers
Churches
Community Health Partners
Galavan
Hospice
Human Resource Development Council
Senior Center
West Yellowstone Social Services

Mental Health

211
AA/NA
AWARE
Big Sky Youth Empowerment
Bozeman Health
Bozeman Health Deaconess Hospital
Bozeman School District
Community Health Partners
Crisis Evaluation Team
Crisis Hotline
Crisis Response Team
CSCT Programs
Doctor's Offices
Envision
Gallatin Mental Health Center
Health Department
Help Center
Hope House
Law Enforcement
Mental Health Center
Mental Health Local Advisory Council
Mental Health Services
Montana State University
NAMI
Public Health Home Visitation Services
St. Peter's Behavioral Health
Warm Springs State Hospital
West Yellowstone Mental Health Foundation
Western Montana Mental Health
Women in Action
Youth Dynamics

Nutrition, Physical Activity, & Weight

Greater Gallatin Way
Health Department
Human Resource Development Council
School Systems
SNAP
Thrive
YMCA

Oral Health

Community Health Partners
Dentist's Offices
Sprout Dental