INTRODUCTION AND BACKGROUND

What is community health? How do we define it, or measure it? Can we improve it? What does it mean to us, and to our families?

For most Americans, “health” is regarded as a personal matter, affected by our personal DNA, the results of our last medical tests, and the diseases that we happen to acquire. Within this definition, the term “health” involves personal questions usually discussed in exam rooms or at home with people we love and trust. But community health, or public health, contemplates a wider realm of questions that impact all of us. Is our water clean? Is the air healthy? Do our children attend affordable day care centers that serve healthy foods, keep kids active, and require immunizations? Can we afford health insurance, or rent? Can the health system provide effective care for loved ones or friends who are depressed or in mental health crisis? Is the person driving toward us on the highway intoxicated?

What did we learn? Some of the most significant issues uncovered included:

• Gallatin County residents report widespread concern about deficiencies in our behavioral health care system. Montanans commit suicide at nearly twice the national rate, and nearly 30% of Gallatin County residents reported experiencing symptoms of chronic depression. In our middle schools and high schools, an alarming percentage of students report contemplating or attempting suicide.

• Gallatin County residents (and Montanans) are less likely to use seatbelts and more likely to die in a car accident than other Americans.

• Thousands more residents of Gallatin County and Montana had health insurance in 2018 than three or six years prior, allowing access to basic preventative health services; Roughly one in five adult residents engage in no leisure time physical activity, and only 27.8% of residents achieve recommended levels of both aerobic and strengthening exercise.

The organizations that sponsored this assessment intend to share its contents widely so that Gallatin County residents and organizations can use it in ways that make sense to them. We also have begun an effort to facilitate a community effort to write a Community Health Improvement Plan to identify high-priority issues and formulate ways to build awareness and drive improvements. By doing so, we hope that this document will help build healthier communities for the residents within Gallatin County.

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Gallatin County has a diverse economy, with opportunities that encompass tourism, agriculture, high-tech industries, and endless opportunities for entrepreneurs.

About Gallatin County

Gallatin County covers over 2,500 square miles with varying topography and climates, from temperate river valleys to snow-capped peaks and open ranch lands. Nearly half of all the land in Gallatin County is under public ownership, managed by the Gallatin National Forest, State of Montana, Bureau of Land Management, or the National Park Service.

With Yellowstone National Park nearby and a thriving downtown in the heart of Bozeman, Gallatin County has a diverse economy, with opportunities that encompass tourism, agriculture, high-tech industries, and endless opportunities for entrepreneurs. Skiers, outdoor enthusiasts, parents, business owners, vacationers, ranchers, retirees, students, and many others have grown to love Gallatin County’s boundless opportunities for a number of reasons. However, this unique and beautiful area does not come without its health challenges for residents.

This document serves as a summary of a comprehensive Community Health Assessment (CHA), conducted between September 2017 and February 2018 by the Gallatin City-County Health Department, in collaboration with Bozeman Health Deaconess Hospital and Community Health Partners, and with a large degree of community participation.

Gallatin County is located in Southwest Montana, bordering Wyoming and Idaho, with Yellowstone National Park to the south. Although Bozeman, the county seat, has a population of more than 50,000 people, it still holds onto a small town feel. Gallatin County is known as an outdoor enthusiast's destination, with world-class fly fishing, hiking, and skiing. Bozeman is also home to Montana State University, a land-grant institution with 16,703 students enrolled at the start of the 2017 school year.
Understanding the Determinants of Health

Determinants of health are environmental conditions in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as “place.” In addition to the more material attributes of “place,” the patterns of social engagement and sense of security and well being are also affected by where people live.

In Gallatin County, results from the community health status assessment consistently show that people who live at or below 200% of the Federal Poverty Level are more likely to experience poor health, less likely to visit a doctor or access prescription medications, and report fair or poor mental health conditions. These same people are less likely to receive preventative screenings for cancer and access healthy foods. These are just a few examples.

Resources that enhance quality of life can have a significant influence on population health outcomes.

Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments that are free of life-threatening toxins.

Understanding the relationship between how population groups experience “place” and the impact of “place” on health is fundamental to the determinants of health, including both social and physical determinants.

Examples of Social Determinants Include:

- Availability of resources to meet daily needs (e.g. safe housing, local food markets)
- Access to educational, economic, and job opportunities
- Access to health care services
- Access to quality education and job training
- Availability of community-based resources in support of community living
- Opportunities for recreational and leisure-time activities
- Public transportation options
- Public safety
- Social support
- Social norms and attitudes (e.g. discrimination, racism, distrust of government)
- Exposure to crime, violence, and social disorder (e.g. presence of trash, lack of cooperation in a community)
- Socioeconomic conditions (e.g. concentrated poverty and the stressful conditions that accompany it)
- Residential segregation
- Language/literacy
- Access to mass media and emerging technologies (e.g. cell phones, internet, social media)
- Cultural opportunities
The 2018 Community Health Assessment is a follow-up to similar studies conducted in 2011 and 2014 for Gallatin, Madison, and Park counties by Professional Research Consultants, Inc. (PRC). This assessment is a systematic, data-driven approach to determining health status, behaviors, and needs of residents in the tri-county area. This information will be used to inform decisions and guide efforts to improve community health and wellness.

**GOALS**

A Community Health 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 the community's health status.

This Community Health Assessment will serve as a tool toward reaching the following goals:

- Describing the health status of the population
- Identifying areas for health improvement
- Determining factors that impact health outcomes
- Identifying assets and resources that can be mobilized to address the population's health improvement
INCORPORATING DATA

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

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

Final participation included representatives from the following organizations:

- Alcohol and Drug Services of Gallatin County
- American Indian Student Support Services
- AWARE
- Belgrade School District
- Big Sky Community Food Bank
- Big Sky Fire Department
- Big Sky Medical Center
- Big Sky School District
- Big Sky Youth Empowerment
- Billings Clinic Acorn Pediatrics
- Bozeman Health
- Bozeman Health Deaconess Hospital
- Bozeman Health Internal Medicine
- Bozeman Health Urgent Care
- Bozeman Parks and Recreation Department
- Bozeman Police Department
- Bozeman School District
- Bridgercare
- Brookdale Springmeadows
- Cancer Support Community Montana
- City of Belgrade
- City of Bozeman
- City of Three Forks
- Community Health Partners
- Community West Outreach
- Cottonwood Case Management
- Ennis School District
- Gallatin City-County Health Department
- Gallatin County Commission
- Gallatin County Detention Center
- Gallatin County Government
- Gallatin Early Childhood
- Community Council
- Gallatin Valley Farm to School
- Gallatin Valley Land Trust
- Greater Gallatin United Way
- HAVEN
- Headwaters Area Food Bank
- Help Center 211
- Highgate Senior Living
- Hospice of Bozeman Health
- Frontier Home Health
- Human Resource Development Council
- Lakota School District
- Livingston Food Resource Center
- Madison County
- Madison County Public Health Department
- Madison County Senior Care
- Madison Valley Medical Center
- Manhattan School District
- Mint Dental Studio
- Monforton School District
- Montana Independent Living Project
- Montana Nutrition and Physical Activity Program
- Montana State University
- NAMI
- Park County
- Park County Community Foundation
- Park County Government
- Park County Public Health Department
- Park County Sheriff’s Office
- Park County Superintendent of Schools
- Shields Valley School District
- SNAP-Education Program
- Sprout Oral Health
- The Community Cafe
- Thrive
- Town of West Yellowstone
- West Yellowstone Police Department
- West Yellowstone School
- West Yellowstone Social Services
- Willing Workers Ladies Aid
- YMCA
- Youth Dynamics
- ZoeCare
COMMUNITY FEEDBACK ON PRIORITIZATION OF HEALTH NEEDS

From September 13 through 15, 2017, Bozeman Health, Community Health Partners, and the Gallatin City-County Health Department convened five groups of community stakeholders representing community-based organizations and residents to evaluate, discuss, and prioritize health issues for Gallatin, Madison, and Park counties, based on the findings of the Community Health Needs Assessment (CHNA). The meetings were held in Belgrade (21 attendees), Three Forks (eight attendees), Big Sky (12 attendees), West Yellowstone (10 attendees), and Bozeman (33 attendees).

PRC began these meetings with a presentation of key findings from the CHNA, highlighting the significant health issues identified from the research. Following the data review, PRC answered 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, 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:

1. How many people are affected?
2. How does the local community data compare to state or national levels, or Healthy People 2020 targets?
3. To what degree does each health issue lead to death or disability, impair quality of life, or impact other health issues?

DEMOGRAPHIC PROFILE OF GALLATIN COUNTY

DEMOGRAPHIC PROFILE

<table>
<thead>
<tr>
<th>AGE DISTRIBUTION GALLATIN COUNTY</th>
<th>5-year Estimate 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>85 years and over</td>
<td>% Female  0.0%     % Male  2.0%</td>
</tr>
<tr>
<td>80 to 84 years</td>
<td>% Female  4.0%     % Male  6.0%</td>
</tr>
<tr>
<td>75 to 79 years</td>
<td>% Female  10.0%    % Male  12.0%</td>
</tr>
<tr>
<td>70 to 74 years</td>
<td>% Female  14.0%    % Male  14.0%</td>
</tr>
<tr>
<td>65 to 69 years</td>
<td>% Female  12.0%    % Male  10.0%</td>
</tr>
<tr>
<td>60 to 64 years</td>
<td>% Female  8.0%     % Male  6.0%</td>
</tr>
<tr>
<td>55 to 59 years</td>
<td>% Female  6.0%     % Male  4.0%</td>
</tr>
<tr>
<td>50 to 54 years</td>
<td>% Female  4.0%     % Male  2.0%</td>
</tr>
<tr>
<td>45 to 49 years</td>
<td>% Female  2.0%     % Male  0.0%</td>
</tr>
<tr>
<td>40 to 44 years</td>
<td>% Female  0.0%     % Male  0.0%</td>
</tr>
<tr>
<td>35 to 39 years</td>
<td>% Female  2.0%     % Male  0.0%</td>
</tr>
<tr>
<td>30 to 34 years</td>
<td>% Female  0.0%     % Male  2.0%</td>
</tr>
<tr>
<td>25 to 29 years</td>
<td>% Female  0.0%     % Male  2.0%</td>
</tr>
<tr>
<td>20 to 24 years</td>
<td>% Female  0.0%     % Male  2.0%</td>
</tr>
<tr>
<td>15 to 19 years</td>
<td>% Female  0.0%     % Male  2.0%</td>
</tr>
<tr>
<td>10 to 14 years</td>
<td>% Female  0.0%     % Male  2.0%</td>
</tr>
<tr>
<td>5 to 9 years</td>
<td>% Female  0.0%     % Male  2.0%</td>
</tr>
<tr>
<td>under 5 years</td>
<td>% Female  0.0%     % Male  2.0%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates
In 2012-2016, Gallatin County had an average total population of 98,000 -- 47,400 (48%) females and 50,500 (52%) males. The median age was 33.2 years. An estimated 21% of the population was under 18 years and 11% was 65 years and older.

Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates
### AVERAGE UNEMPLOYMENT RATE 2017

- **Gallatin County**: 4.4%
- **Montana**: 4.0%
- **U.S.**: 2.6%


### AVERAGE UNEMPLOYMENT RATE 2017 (BY MONTH)

<table>
<thead>
<tr>
<th>Month</th>
<th>Gallatin County</th>
<th>Montana</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017 Jan</td>
<td>2.9%</td>
<td>5.0%</td>
<td>4.8%</td>
</tr>
<tr>
<td>2017 Feb</td>
<td>2.7%</td>
<td>4.7%</td>
<td>4.7%</td>
</tr>
<tr>
<td>2017 Mar</td>
<td>2.7%</td>
<td>4.6%</td>
<td>4.5%</td>
</tr>
<tr>
<td>2017 Apr</td>
<td>2.9%</td>
<td>3.9%</td>
<td>4.4%</td>
</tr>
<tr>
<td>2017 May</td>
<td>2.9%</td>
<td>3.5%</td>
<td>4.3%</td>
</tr>
<tr>
<td>2017 Jun</td>
<td>2.5%</td>
<td>4.0%</td>
<td>4.3%</td>
</tr>
<tr>
<td>2017 Jul</td>
<td>2.2%</td>
<td>3.6%</td>
<td>4.3%</td>
</tr>
<tr>
<td>2017 Aug</td>
<td>2.0%</td>
<td>3.6%</td>
<td>4.4%</td>
</tr>
<tr>
<td>2017 Sep</td>
<td>2.2%</td>
<td>3.5%</td>
<td>4.2%</td>
</tr>
<tr>
<td>2017 Oct</td>
<td>2.8%</td>
<td>3.7%</td>
<td>4.1%</td>
</tr>
<tr>
<td>2017 Nov</td>
<td>3.3%</td>
<td>4.1%</td>
<td>4.1%</td>
</tr>
<tr>
<td>2017 Dec</td>
<td>3.0%</td>
<td>4.2%</td>
<td>4.1%</td>
</tr>
<tr>
<td>AVERAGE</td>
<td>2.6%</td>
<td>4.0%</td>
<td>4.4%</td>
</tr>
</tbody>
</table>


### INDUSTRIES (MOST COMMON IN GALLATIN COUNTY)

<table>
<thead>
<tr>
<th>Industry</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Construction</td>
<td>10.3%</td>
</tr>
<tr>
<td>Professional, scientific, and management, and administrative and waste management services</td>
<td>11.2%</td>
</tr>
<tr>
<td>Retail trade</td>
<td>12.9%</td>
</tr>
<tr>
<td>Arts, entertainment, and recreation, and accommodation, and food services</td>
<td>13.0%</td>
</tr>
<tr>
<td>Educational services, and health care and social assistance</td>
<td>23.8%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2012-2016 American Community Survey

### CLASS OF WORKER

- **Private wage and salary workers**: 74.8%
- **Federal, state, or local government workers**: 16.0%
- **Self-employed workers in own not incorporated business**: 8.8%

Source: U.S. Census Bureau, 2012-2016 American Community Survey
**GALLATIN COUNTY HOUSEHOLD INCOME**

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Number of Households</th>
</tr>
</thead>
<tbody>
<tr>
<td>$200,000 or more</td>
<td>2,046</td>
</tr>
<tr>
<td>$150,000 to $199,999</td>
<td>1,636</td>
</tr>
<tr>
<td>$100,000 to $149,999</td>
<td>5,307</td>
</tr>
<tr>
<td>$75,000 to $99,999</td>
<td>4,895</td>
</tr>
<tr>
<td>$50,000 to $74,999</td>
<td>7,668</td>
</tr>
<tr>
<td>$35,000 to $49,999</td>
<td>5,640</td>
</tr>
<tr>
<td>$25,000 to $34,999</td>
<td>3,643</td>
</tr>
<tr>
<td>$15,000 to $24,999</td>
<td>3,418</td>
</tr>
<tr>
<td>$10,000 to $14,999</td>
<td>2,112</td>
</tr>
<tr>
<td>Less than $10,000</td>
<td>2,252</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

**VIOLENT CRIME**

Rate per 100,000 Population, 2010-2012

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

**GALLATIN COUNTY RATE**

- Bozeman: 192.9
- Montana: 277.9
- U.S.: 395.5

**MONTANA RATE**

- Bozeman: 192.9
- Montana: 277.9
- U.S.: 395.5

**DOMESTIC VIOLENCE**

Have ever been hit, slapped, pushed, kicked, or hurt in any way by an intimate partner

- Bozeman: 12.9%
- Other Gallatin County: 21.1%
- U.S.: 15.1%

Source: 2017 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 50).

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

**UNINTENTIONAL INJURIES: AGE-ADJUSTED MORTALITY**

2013-2015 Annual Average Deaths per 100,000 Population

**GALLATIN COUNTY RATE**

- Bozeman: 34.9
- Montana: 55.5
- U.S.: 41.0

Source: 2017 PRC CHNA

**HAVE EVER BEEN HIT, SLAPPED, PUSHED, KICKED, OR HURT IN ANY WAY BY AN INTIMATE PARTNER**

(Total Area, 2017)

- Men: 6.7%
- Women: 23.2%
- 18-39: 15.4%
- 40-64: 15.2%
- 65+: 6.4%
- Low Income: 22.9%
- Mid/High Income: 10.5%
- NH White: 12.1%
- Other/Unknown: 41.6%
- Total Area: 14.7%
ENVIRONMENTAL FACTORS

POPULATION WITH LOW FOOD ACCESS
(Percent of population that is far from a supermarket or large grocery store, 2015)


<table>
<thead>
<tr>
<th></th>
<th>GALLATIN COUNTY</th>
<th>MONTANA</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>20.0%</td>
<td>24.3%</td>
<td>22.4%</td>
<td></td>
</tr>
</tbody>
</table>

POPULATION WITH RECREATION & FITNESS FACILITY ACCESS
(Number of recreation & fitness facilities per 100,000 population, 2014)

Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES.

<table>
<thead>
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<th>MONTANA</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>17.9</td>
<td>14.1</td>
<td>10.1</td>
<td></td>
</tr>
</tbody>
</table>

PERCENTAGE OF THE WORKFORCE THAT DRIVES ALONE TO WORK.
(Among workers who commute in their car alone, the percentage that commute more than 30 minutes)

Source: County Health Rankings.

<table>
<thead>
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<th>MONTANA</th>
<th>U.S.</th>
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<tbody>
<tr>
<td>73%</td>
<td>75%</td>
<td>72%</td>
<td></td>
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</tbody>
</table>

LONG COMMUTE - DRIVING ALONE

Source: County Health Rankings.

<table>
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<th>GALLATIN COUNTY</th>
<th>MONTANA</th>
<th>U.S.</th>
</tr>
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<tbody>
<tr>
<td>12%</td>
<td>15%</td>
<td>15%</td>
<td></td>
</tr>
</tbody>
</table>

BEHAVIORS

AIR QUALITY INDEX REPORT, 2017

Source: EPA Air Quality Index Report, 2017

<table>
<thead>
<tr>
<th></th>
<th>Good</th>
<th>Moderate</th>
<th>Unhealthy for Sensitive Groups</th>
<th>Unhealthy</th>
<th>Very Unhealthy</th>
</tr>
</thead>
<tbody>
<tr>
<td># of days</td>
<td>288</td>
<td>74</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>% of days</td>
<td>78.9%</td>
<td>20.3%</td>
<td>0.5%</td>
<td>0.3%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

CHLAMYDIA INCIDENCE RATE PER 100,000 (2014)

Source: 2017 PRC CHNA

<table>
<thead>
<tr>
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<th>GALLATIN COUNTY</th>
<th>MONTANA</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>367.4</td>
<td>412.9</td>
<td>456.1</td>
<td></td>
</tr>
</tbody>
</table>

GONORRHEA INCIDENCE RATE PER 100,000 (2014)

<table>
<thead>
<tr>
<th></th>
<th>GALLATIN COUNTY</th>
<th>MONTANA</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.6</td>
<td>42.3</td>
<td>110.7</td>
<td></td>
</tr>
</tbody>
</table>

TEEN BIRTH RATE
Births to Women Age 15-19 per 1,000 Female Population, 2006-2012

<table>
<thead>
<tr>
<th></th>
<th>GALLATIN COUNTY</th>
<th>MONTANA</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>15.3</td>
<td>34.8</td>
<td>36.6</td>
<td></td>
</tr>
</tbody>
</table>

% TESTED FOR HIV IN THE PAST YEAR, AGES 18-44

<table>
<thead>
<tr>
<th></th>
<th>GALLATIN COUNTY</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>20.6%</td>
<td></td>
<td>21.3%</td>
</tr>
</tbody>
</table>
INJURY AND VIOLENCE PREVENTION

% “ALWAYS” WEAR A SEAT BELT - ADULTS

<table>
<thead>
<tr>
<th>Location</th>
<th>Gallatin County</th>
<th>Montana</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wear Seat</td>
<td>79.6%</td>
<td>76.7%</td>
<td>87.9%</td>
</tr>
</tbody>
</table>

HP2020 Target = 92%

% ALWAYS WEAR A SEAT BELT - CHILDREN (0-17)

<table>
<thead>
<tr>
<th>Location</th>
<th>Gallatin County</th>
<th>Montana</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wear Seat</td>
<td>95.0%</td>
<td>94.8%</td>
<td></td>
</tr>
</tbody>
</table>

Motor vehicle accidents accounted for 34.3% of accidental deaths throughout Gallatin, Madison, and Park counties between 2013 and 2015. Adult men, aged 40 to 64, are less likely to report consistent seat belt use.

BIKE SAFETY - JUST OVER HALF (51.5%) of children age 5 to 17 throughout Gallatin, Madison, and Park counties are reported to “ALWAYS” wear a helmet when riding a bike.

FIREARM SAFETY

Firearms-Related Deaths: Age-Adjusted Mortality
2013-2015 Annual Average Deaths per 100,000 Population

<table>
<thead>
<tr>
<th>Location</th>
<th>Gallatin County</th>
<th>Montana</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injury</td>
<td>13.9</td>
<td>17.3</td>
<td>10.6</td>
</tr>
</tbody>
</table>

HP2020 Target = 9.3 or lower

SUBSTANCE ABUSE

% EXCESSIVE DRINKERS

Number of persons aged 18 and older who drank more than 2 drinks per day on average (men) or more than 1 drink per day on average (women) or who drank 5 or more drinks during a single occasion (men) or 4 or more drinks during a single occasion (women) in the past 30 days

<table>
<thead>
<tr>
<th>Location</th>
<th>Gallatin County</th>
<th>Montana</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excessive</td>
<td>27.4%</td>
<td>23.0%</td>
<td>26.0%</td>
</tr>
<tr>
<td>Excessive</td>
<td>22.2%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

HP2020 Target = 25.4% or lower

Source: 2017 PRC CHNA

DIET & EXERCISE

PREVALENCE OF TOTAL OVERWEIGHT

(％of Adults with BMI of 25 or higher)

<table>
<thead>
<tr>
<th>Location</th>
<th>Gallatin County</th>
<th>Montana</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overweight</td>
<td>63.3%</td>
<td>61.0%</td>
<td>65.2%</td>
</tr>
</tbody>
</table>

HP2020 Target = 30.5% or lower

PREVALENCE OF OBESITY

(％of Adults with BMI of 30 or higher)

<table>
<thead>
<tr>
<th>Location</th>
<th>Gallatin County</th>
<th>Montana</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity</td>
<td>28.1%</td>
<td>23.6%</td>
<td>33.4%</td>
</tr>
</tbody>
</table>

Source: 2017 PRC CHNA

% OF ADULTS WHO MEET PHYSICAL ACTIVITY RECOMMENDATIONS

<table>
<thead>
<tr>
<th>Location</th>
<th>Gallatin County</th>
<th>Montana</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity</td>
<td>27.8%</td>
<td>24.5%</td>
<td>23.6%</td>
</tr>
</tbody>
</table>

Source: 2017 PRC CHNA
TOBACCO USE

CURRENT SMOKERS

<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bozeman</td>
<td>9.6%</td>
</tr>
<tr>
<td>Other Gallatin</td>
<td>14.3%</td>
</tr>
<tr>
<td>Gallatin County</td>
<td>11.1%</td>
</tr>
<tr>
<td>Montana</td>
<td>18.9%</td>
</tr>
<tr>
<td>U.S.</td>
<td>14.0%</td>
</tr>
</tbody>
</table>

A total of 6.2% of adults in the tri-county area (including smokers and nonsmokers) report that a member of their household has smoked cigarettes in the home an average of 4+ times per week over the past month.

CURRENTLY USE AN ELECTRONIC NICOTINE DELIVERY DEVICE (E-CIGARETTES, ETC.)

<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bozeman</td>
<td>4.5%</td>
</tr>
<tr>
<td>Other Gallatin</td>
<td>6.1%</td>
</tr>
<tr>
<td>Gallatin County</td>
<td>5.0%</td>
</tr>
<tr>
<td>U.S.</td>
<td>3.8%</td>
</tr>
</tbody>
</table>

When asked why they started using electronic nicotine delivery devices, the majority of respondents did so to quit or reduce smoking, while others did so in order to be able to smoke indoors or wherever cigarette smoking is banned or because of its ease of use.

CLINICAL CARE & ACCESS

INSURANCE AND ACCESS

PERCENT AGES 18-64 WHO LACK HEALTH INSURANCE

<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bozeman</td>
<td>11.0%</td>
</tr>
<tr>
<td>Other Gallatin</td>
<td>16.5%</td>
</tr>
<tr>
<td>Gallatin County</td>
<td>12.7%</td>
</tr>
<tr>
<td>Montana</td>
<td>15.1%</td>
</tr>
<tr>
<td>U.S.</td>
<td>10.1%</td>
</tr>
</tbody>
</table>

CANCER SCREENINGS

PERCENT OF WOMEN AGE 50-74 WHO HAVE HAD A MAMMOGRAM IN THE PAST TWO YEARS

<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallatin County</td>
<td>71.8%</td>
</tr>
<tr>
<td>Montana</td>
<td>73.0%</td>
</tr>
<tr>
<td>U.S.</td>
<td>80.3%</td>
</tr>
</tbody>
</table>

PERCENT OF WOMEN AGE 21-65 WHO HAVE HAD A PAP SMEAR IN THE PAST THREE YEARS

<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallatin County</td>
<td>74.5%</td>
</tr>
<tr>
<td>Montana</td>
<td>81.3%</td>
</tr>
<tr>
<td>U.S.</td>
<td>84.8%</td>
</tr>
</tbody>
</table>

PERCENT OF ADULTS AGE 50-75 WHO HAVE HAD A COLORECTAL CANCER SCREENING

<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallatin County</td>
<td>72.5%</td>
</tr>
<tr>
<td>Montana</td>
<td>62.4%</td>
</tr>
<tr>
<td>U.S.</td>
<td>74.5%</td>
</tr>
</tbody>
</table>

Source: 2017 PRC CHNA
MENTAL HEALTH

HAVE BEEN DIAGNOSED WITH A DEPRESSIVE DISORDER

- **Bozeman**: 23.1%
- **Other Gallatin County**: 28.3%
- **Gallatin County**: 24.7%
- **Montana**: 19.9%
- **U.S.**: 17.9%

SUICIDE (AGE-ADJUSTED MORTALITY)

2013-2015 Annual Average deaths per 100,000 population

- **Gallatin County**: 15.6
- **Montana**: 24.3
- **U.S.**: 13.0

HEALTH OUTCOMES: DEATHS (MORTALITY)

**CANCER (AGE-ADJUSTED MORTALITY)**

2013-2015 Annual Average deaths per 100,000 population

- **Gallatin County**: 117.6
- **Montana**: 155.8
- **U.S.**: 161.0

**DIABETES (AGE-ADJUSTED MORTALITY)**

2013-2015 Annual Average deaths per 100,000 population

- **Tri-County Area**: 8.5
- **Montana**: 21.1
- **U.S.**: 21.1

**HEART DISEASE (AGE-ADJUSTED MORTALITY)**

2013-2015 Annual Average deaths per 100,000 population

- **Gallatin County**: 125.1
- **Montana**: 152.6
- **U.S.**: 168.4

**DEATHS RELATED TO INJURY AND VIOLENCE**

**UNINTENTIONAL INJURY (AGE-ADJUSTED MORTALITY)**

2013-2015 Annual Average deaths per 100,000 population

- **Gallatin County**: 34.9
- **Montana**: 55.5
- **U.S.**: 41.0

**FIREARM-RELATED DEATHS (AGE-ADJUSTED MORTALITY)**

2013-2015 Annual Average deaths per 100,000 population

- **Tri-County Area**: 13.9
- **Montana**: 17.3
- **U.S.**: 10.6

**MOTOR VEHICLE CRASHES (AGE-ADJUSTED MORTALITY)**

2013-2015 Annual Average deaths per 100,000 population

- **Gallatin County**: 125.1
- **Montana**: 152.6
- **U.S.**: 168.4

**INFANT MORTALITY RATE (AGE-ADJUSTED MORTALITY)**

2013-2015 Annual Infant deaths per 1,000 Live Births

- **Tri-County Area**: 5.0
- **Montana**: 5.8
- **U.S.**: 5.9

Source: 2017 PRC CHNA
KEY FINDINGS & PRIORITY AREAS

In the previous pages of this report, there is a great deal of information that has enabled Gallatin County residents to begin to understand the status of health in the county. Below are some of the issues that stood out in the data that was collected, and that Gallatin City-County Health Department believes are most impactful to the health of the residents of Gallatin County. The Community Health Assessment, along with other data reports and resources, are available at www.healthygallatin.org.

MENTAL HEALTH & SUBSTANCE ABUSE

The behavioral health system serving Gallatin County has been put under significant stress in recent years by two major forces: a rising demand for services driven, in part, by a rapidly growing population, and the erosion of funding sources that sustain the system. These forces are straining an already taxed public mental health system, resulting in widespread community concern that the current system is failing to meet the needs of its most vulnerable citizens.

As in much of Montana, community focus groups consistently identify the mental health system and substance abuse as major causes of concern. Residents and practitioners point to a long list of problems, including:

- Lack of access to affordable mental health and substance abuse services, including specialized services such as detox and inpatient psychiatric care;
- A system that struggles to keep up with the demand of serving those in crisis;
- Funding cuts that have decimated core case management services for those with serious and persistent mental health conditions;
- A persistent stigma associated with even basic mental health care.

There is wide recognition of this problem by community members as well as key partners in government, health care providers, social services agencies, and mental health practitioners. These groups are actively working to assess and address the problems, but these efforts are underpinned by a recognition that remedies to the system’s ailments will be neither quick nor simple.
Health data provides no shortage of indicators of the scale of the problem. From 2013 to 2015, the suicide rate in Montana (24.3 suicides per 100,000 population) was nearly double the national rate (13 per 100,000) for the same period. Reported suicides in Gallatin, Park, and Madison counties (20 suicides per 100,000) are lower than statewide figures, but remain a major cause of concern.5 Perhaps even more troublesome, the most recent Youth Risk Behavior Survey (YRBS) showed that 17% of high school students surveyed reported having considered suicide, and that roughly 1 in 10 high school students have attempted suicide. The same survey reported that 11.6% of middle school students reported at least one suicide attempt, and 28.8% reported being bullied on school property.6

A community health survey conducted in 2017 showed that a large proportion of adults in Gallatin County (29.7%) reported experiencing symptoms of chronic depression, defined by two or more years of feeling depressed or sad on most days, just over one in four respondents to the same survey reported being diagnosed with a depressive disorder.7

SUBSTANCE ABUSE INDICATORS

Concern over the mental health system is intertwined with similar concerns over substance use disorders. Substance abuse was identified as a “major problem” by more than half (52.7%) of community informants in Gallatin, Park, and Madison counties who responded to a 2017 Community Health Needs Assessment survey. Mental health was the only issue identified more frequently than substance abuse as a “major problem,” with 79.7% of respondents identifying it as such.

Gallatin County is roughly comparable to the rest of the U.S. in the percentage of people (26% vs. 22.2% nationally)8 who reported alcohol consumption that would be considered “excessive,” as defined and measured by Healthy People 2020.9 YRBS data gathered in 2017 indicated that 17.48% of more than 2,300 high school students surveyed in Southwest Montana reported drinking at least 5 alcoholic drinks in a row within the past 30 days. The same survey indicated that 35.5% of high school students reported using marijuana at least once, and 18.8% said they first tried marijuana at age 14 or younger.

There is a need for additional assessment in order to better understand substance abuse in Gallatin County. However, one statewide survey conducted in 2012 and 2013 — the National Survey on Drug Use and Health — offered a glimpse of that need, indicating that 7.24% of Montanans needed, but were not receiving, treatment for alcohol use.10,11

INDICATORS OF NEED

Substance Abuse Indicators

- Major Problem
- Moderate Problem
- Minor Problem
- No Problem At All

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

- Mental Health
- Substance Abuse
- Services for LGBTQ Residents
- Maternal, Infant, and Child Health
- Services for Older Adults/Seniors
- Tobacco Use
- Oral Health/Dental Care
- Nutrition, Physical Activity, and Weight
- Immunization and Infectious Diseases
- Environmental Health
- Hearing and Vision Problems
- Diabetes
- Oral Health/Dental Care
- Injury and Violence
- Mental Health
- Substance Use
- HIV/AIDS
- Cancer
A FRAGILE & FRAGMENTED MENTAL HEALTH SYSTEM

Those seeking to navigate the local mental health system consistently report services that are fragmented and difficult to navigate. Mental health providers report a system that is not only fragmented, but also fragile. Budget cuts within the Montana Medicaid system have caused some providers to shut down operations altogether.

For years, the Gallatin Mental Health Center has been a lynchpin of the community’s public mental health system. The organization has, as part of its mission, sought to serve all who need mental health services, regardless of the ability to pay. The organization’s workforce and financial strength have been significantly degraded in recent years, in part due to statewide cuts to Medicaid rates for certain services. The organization, which once employed six case managers at its Bozeman office, reduced that workforce component to one case manager in late 2017 and, at that time, had no plans to add more. Concurrently, the organization lost senior managers, prescribing providers, therapists, and crisis response staff. These losses have contributed to service interruptions and difficulties in accessing care. The effects have cascaded into other organizations that work with people in crisis, including the emergency department at Bozeman Health Deaconess Hospital and law enforcement.

Those who work within the system report that the lack of case management workers increases the risk that people living with serious mental illness will move into crisis. Crisis response staff report persistent and serious problems finding safe places to treat people in crisis. The problems are not limited to the Gallatin Mental Health Center. Another provider in Gallatin County, Winds of Change, also closed its doors in the wake of state budget cuts that affected its ability to operate. Other providers have been forced to cut staffing that serve children with developmental delays. The Child Development Center, which provided critical evaluation and diagnostic services necessary for infants and toddlers to qualify for services under the Individuals with Disability Education Act (IDEA), also closed its doors in 2017. This further removed support for families in need of high-quality early intervention services that prepare children with developmental delays for success in preschool and kindergarten.

The budget cuts enacted in 2017 and early 2018 underscored the foundational problems with Montana’s mental health system. “We’ve understood that the mental health system in Montana hasn’t seemed sustainable for some time,” Lander Cooney, CEO of Community Health Partners, told the Bozeman Daily Chronicle.

In a March 2018 article in the Missoulian, the CEO of Western Montana Mental Health said the situation was moving toward crisis, as an increasing number of Montanans seek care in emergency departments or end up in detention facilities and state-funded institutions.

Paul Meyer
CEO, WESTERN MONTANA MENTAL HEALTH

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8 Photograph: Missoula Mental Health Center CEO decries budget cuts, layoffs, closures. The Missoulian.
This backdrop of budget cuts, staff reductions, and facility closures presents significant challenges for individuals, organizations, and government officials seeking to improve the system. The challenge is heightened even more because, in Montana, local mental health systems lack a central governing structure to coordinate funding, set community goals, and seek improvements to the system.

Even so, community organizations and passionate individuals are working to fill this gap in a variety of ways to serve the needs of those who rely on the system to function. One ad-hoc coalition, called the Elevating Behavioral Health (EBH) committee, includes senior managers from Bozeman Health, Community Health Partners, Gallatin City-County Health Department, Montana State University, and non-profits including the Greater Gallatin United Way, the Help Center, the Human Resource Development Council (HRDC), and the Cancer Support Community Montana. The committee is facilitating four work groups focusing on effective crisis services, reducing stigma and increasing public understanding of mental health issues, access to services, and coordination of the system.

The work of the EBH committee is also connected by overlapping membership and priorities with the Gallatin Local Mental Health Advisory Council, one of several regional committees created in 1999 by the Montana Legislature. The group’s mission is to increase local public participation and awareness of mental health issues and care by assessing, planning, and strengthening public mental health services.

More targeted work is also occurring: Gallatin City-County Health Department, for instance, is the fiscal agent of the Project LAUNCH grant, which seeks to apply a public health approach to addressing social-emotional needs of children ages 0 to 8 years old. This work is being pursued by several local non-profit organizations, including Community Health Partners, Child Care Connections, Bozeman Health, Thrive, and the Greater Gallatin United Way.

These efforts seek to incorporate behavioral health principles and services into the community in ways that will help residents, organizations, and families address behavioral health issues early in life. Throughout all these efforts, those seeking solutions voice hope for a system that addresses behavioral health with at least as much compassion, attention, and coordination as traditional medical healthcare. As this work moves forward, a number of key focus areas have emerged, including:

- The need for sustained and skilled oversight of the mental health system to coordinate and connect care;
- An immediate need to improve services for people in mental health crisis;
- A community-wide effort to reduce stigma and build understanding of behavioral health issues;
- Integration of behavioral health services into primary care as a way to identify and address behavioral health issues early and effectively.

Through Project LAUNCH, these organizations are seeking to integrate behavioral health expertise and services into infant and early childhood care and education sites, the county’s largest pediatric clinic, and maternal child health home visitation programs.
The pathways to preventing disability or premature death associated with chronic diseases are impacted by a number of factors, including some that are less changeable, such as genetics. However, science and experience have demonstrated the enormous potential to improve quality of life and extend life expectancy through a number of specific interventions, including:

- Timely access to preventative health screenings delivered through a primary care physician;
- A diverse and nutritious diet;
- Regular physical activity;
- The avoidance of tobacco products.

While many of these factors are driven by the behavior of individuals, a community working together can make healthy choices more evident and easier to access in a number of ways, including:

- Increasing access to nutritious foods
- Designing built environments that encourage exercise and active modes of transportation, such as walking and biking.
- Creating efforts to prevent young people from using tobacco, and helping others quit.

Finally, the success and impact of these efforts can be maximized by providing everyone with access to affordable, quality health care services that are connected to community resources and organizations.

The enormous impact of chronic disease in Gallatin County, while not dissimilar from the impact seen statewide and nationally, is critically important to consider in any effort to improve the health of the community. For most residents of Gallatin County, their length and quality of life will be profoundly impacted by a chronic disease, such as cardiovascular or pulmonary disease, cancer, and diabetes. Most Americans, and most residents of Gallatin County, will die from causes associated with a chronic disease. However, all Americans, and all residents of Gallatin County, can reduce risks and increase quality of life through healthy behaviors related to diet, physical activity, and tobacco use.

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<table>
<thead>
<tr>
<th>Rank</th>
<th>Cause of Death</th>
<th># of Deaths</th>
<th>% of Total Deaths</th>
<th>Age-Adjusted Rate</th>
<th>Associated Risk Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Heart Disease</td>
<td>2,139</td>
<td>21.6%</td>
<td>154.7</td>
<td>Smoking, physical inactivity, hypertension, high-fat diet, high blood cholesterol, overweight</td>
</tr>
<tr>
<td>2</td>
<td>Cancer</td>
<td>2,030</td>
<td>20.5%</td>
<td>146.4</td>
<td>Smoking, high-fat diet, chronic alcohol abuse</td>
</tr>
<tr>
<td>3</td>
<td>Unintentional Injuries</td>
<td>623</td>
<td>6.3%</td>
<td>53.7</td>
<td>Binge and chronic drinking, non-use of safety belts</td>
</tr>
<tr>
<td>4</td>
<td>Chronic Lower Respiratory Disease</td>
<td>723</td>
<td>7.3%</td>
<td>51.9</td>
<td>Smoking, exposure to certain chemicals</td>
</tr>
<tr>
<td>5</td>
<td>Cerebrovascular Disease (including stroke)</td>
<td>439</td>
<td>4.4%</td>
<td>32.4</td>
<td>High blood pressure, smoking, high blood cholesterol</td>
</tr>
<tr>
<td>6</td>
<td>Intentional Self-Harm</td>
<td>267</td>
<td>2.7%</td>
<td>25.9</td>
<td>Depression, alcohol or substance abuse, major stressor events</td>
</tr>
<tr>
<td>7</td>
<td>Diabetes</td>
<td>311</td>
<td>3.1%</td>
<td>23.5</td>
<td>Overweight, physical inactivity, poor nutrition</td>
</tr>
<tr>
<td>8</td>
<td>Alzheimer’s Disease</td>
<td>316</td>
<td>3.2%</td>
<td>22.7</td>
<td>Family history, physical inactivity, poor diet</td>
</tr>
<tr>
<td>9</td>
<td>Chronic Liver Disease</td>
<td>162</td>
<td>1.6%</td>
<td>13.7</td>
<td>Chronic alcohol abuse, hepatitis B or hepatitis C</td>
</tr>
<tr>
<td>10</td>
<td>Nephritis, Nephrotic Syndrome</td>
<td>155</td>
<td>1.6%</td>
<td>11.2</td>
<td>Diabetes, HIV, hepatitis B, hepatitis C</td>
</tr>
</tbody>
</table>

CONTRIBUTING FACTORS

Tobacco use, lack of leisure time physical activity, being overweight and/or obese, and poor diet increase an individual’s risk for developing the chronic diseases that cause the greatest amount of morbidity and mortality in Gallatin County. Addressing these lifestyle behaviors from a population level, such as tobacco-free spaces or community-wide physical activity campaigns, are effective ways to positively tackle the problem. However, individual and small group intervention will be necessary as well for segments of the local population in need of more intensive support to make healthy behavioral changes.

TOBACCO USE

The 2017 Community Health Needs Assessment (CHNA) indicated that 11.1% of Gallatin County residents currently smoked, less than the Montana rate of 18.9% and the U.S. rate of 14.0%.10 When examining smoking rates by income level, it is apparent that the lowest income Gallatin County residents represent a larger portion of current smokers than those in higher income categories. Additionally, over the past three CHNAs, the percent of current smokers making an attempt to quit in the past year has declined from 53% to 36%. In recent years, electronic nicotine delivery systems (ENDS), such as e-cigarettes, JUULs, and vapes, have increased in use among youth and adults alike, with the largest increase among those under the age of 18 years old.

Tobacco use not only negatively affects the health of the users, but it can also have detrimental health affects among those exposed to secondhand smoke. This includes lung cancer, emphysema, and asthma, to name a few. In Gallatin County, 5.5% of residents reported having a family member smoke within the home in the past year, the majority of these households included children. Similar to tobacco use, exposure to secondhand smoke disproportionately affects the lowest income residents of the county.


DIET & NUTRITION

The quality of Gallatin County residents’ diet has a substantial impact on the risk of developing chronic diseases, such as heart disease, diabetes, and cancer. In Gallatin County, just under one-third of the residents reported eating five or more servings of fruits and vegetables per day, with men and low-income residents representing the two groups reporting the lowest percentage. A contributing factor to low levels of fruit and vegetable consumption is lack of access to fruits and vegetables at a grocery store. In Gallatin County, 20% of residents live more than 1 mile from a grocery store in urban areas or more than 10 miles in rural areas, thus limiting their ability to purchase these items.

Consumption of sugar-sweetened beverages (SSBs), such as soda, sweet tea, and juices, also contributes to an unhealthy diet and weight gain. One in four Gallatin County adults reported consuming seven or more SSBs per week. Men consume more SSBs per week than women, and low-income residents consume more SSBs than higher income residents. Additionally, 42.1% of obese adults, 20.2% of overweight adults, and 17% of healthy weight adults reported consuming seven or more SSBs per week. Consumption of SSBs also declines with age (PRC).

PHYSICAL ACTIVITY

Participating in leisure-time physical activity is an important aspect of chronic disease prevention for all county residents, but recent data indicates that 1 in 5 adult residents engage in no leisure time physical activity, and only 27.8% of residents achieve recommended levels of both aerobic and strengthening exercise.11 Those reporting no leisure-time physical activity most frequently include men, residents 65 years of age and older, and residents reporting the lowest incomes. Among area children 2 to 17 years old, parents responding to the PRC assessment reported that more than 60% engage in one or more hours of physical activity per day. However, there is sharp decline in physical activity among children ages 13 to 17 years old compared to their younger counterparts.
Overweight and obesity have a devastating impact on the health of Gallatin County residents. Measured by body mass index (BMI), nearly two-thirds (63.8%) of Gallatin County residents are overweight or obese. This is slightly more than the percentage of all Montana adults (61.0%) and slightly less than all U.S. adults (65.2%), according to the BRFSS. Of the 63.8% of residents who are overweight, 28.1% are obese, with a BMI of 30.0 or greater. Similar to the previously discussed contributing factors to chronic disease, a greater percentage of low-income residents report being obese compared to higher income residents. Obesity is also more common among residents reporting “other/unknown” race or ethnicity compared to non-Hispanic white residents (44.5% vs 26.4%).

When interacting with health care professionals, only 19.9% of all area adults have received advice about their current weight. Fortunately, as shown in Figure 1 (previous page), opportunities exist to both prevent chronic diseases from occurring and provide the care necessary to reduce the burden of complications associated with many chronic diseases.

Community resources are available to provide opportunities for physical activity for all age groups, along with education about eating a more nutritious diet. The Gallatin City-County Health Department has the resources to help residents with programs that focus on:

- Cancer screening
- Health insurance enrollment
- Chronic Disease Self-management and worksite wellness
- Tobacco prevention and cessation
- Women, Infants, and Children (WIC), nutrition education and access to healthy food
- Immunizations

In addition, the Gallatin City-County Health Department plans to expand existing partnerships and explore new ones with other organizations in the community. The key to improving the overall health of Gallatin County is prioritizing access to the opportunities discussed above for all residents.

**FIGURE 1. OBSERVED AND PREVENTABLE DEATHS AMONG THE 5 LEADING CAUSES IN MONTANA, 2014**


HOPE & ONGOING WORK

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GALLATIN COUNTY is the third most populated of Montana’s 56 counties with an estimated 107,810 residents in 2017. It is also one of the fastest growing counties in the state of Montana. A large percentage of this growth is due to migration, a stronger indicator that Gallatin County is a desirable place to live.

Specifically, the Bozeman area continues to rank as one of the fastest growing communities of its size in the nation. While population growth slowed between 2008 and 2010, the rate of growth in the entire region has surpassed these pre-recession levels, and since 2014, rates have averaged 4.7% per year or 1,800 new residents every year.

### Projected Growth Rates and Other Indicators

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### Population Trends

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<td>2.4%</td>
<td>2.2%</td>
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</tr>
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</table>

A report completed by Economic and Planning Systems, Inc. for the City of Bozeman in January 2018 estimates that even if current growth trends continue at a moderate pace, Gallatin County will grow by nearly 55,000 people from 2017 through 2045. Half this growth will likely occur in the City of Bozeman. That is an annual change of approximately 2,000 people, or 5 people per day. The Gallatin Valley as a whole is evolving from a rural region to a more urban one. Aside from Bozeman, communities throughout Gallatin County have also experienced growth. As this growth continues in the region, the valley may be designated as an urbanized area in 2020 by the U.S. Census (Figure 2). Regional transportation planning and federal transportation planning and construction funds may follow.


While connection to water and sewer district services might not be possible in unincorporated areas of the county, it does not mean that growth in these areas will come to a standstill. Instead, continued development in these areas will give rise to additional onsite wastewater treatment systems classified either as public or private. Privately-owned, individual onsite systems in areas without centralized sewer facilities have been successfully implemented across Gallatin County and are used to treat and disperse wastewater. Although technical guidelines and regulations for the design and installation of the onsite systems exist to safeguard public health and the environment, these systems are often managed by private users. This means there are risks to surface and groundwater resources if these systems malfunction or are improperly operated and maintained. The cumulative effects of areas of high-density onsite wastewater treatment systems increases the potential for groundwater contamination, as development pressure affects groundwater quality.


Factors Affected by Growth: Human Health and Environmental Health Impacts

The impact of growth will show up in different ways across the county resulting in a variety of positive and negative impacts on health, the environment, and available resources and infrastructure. Job growth, a strong economy, and diversity are examples of positive impacts of community growth. However there are negative impacts. For example, while the City of Bozeman has the tools to provide facility services such as water and sewer, smaller water and sewer districts may be limited due to financial resources or other barriers, which could limit the amount of growth that occurs in the unincorporated areas of the county.

Water Quality

While connection to water and sewer district services might not be possible in unincorporated areas of the county, it does not mean that growth in these areas will come to a standstill. Instead, continued development in these areas will give rise to additional onsite wastewater treatment systems classified either as public or private. Privately-owned, individual onsite systems in areas without centralized sewer facilities have been successfully implemented across Gallatin County and are used to treat and disperse wastewater. Although technical guidelines and regulations for the design and installation of the onsite systems exist to safeguard public health and the environment, these systems are often managed by private users. This means there are risks to surface and groundwater resources if these systems malfunction or are improperly operated and maintained. The cumulative effects of areas of high-density onsite wastewater treatment systems increases the potential for groundwater contamination, as development pressure affects groundwater quality.


Air Quality

Air quality is an additional environmental health-related impact of growth. Increased vehicular traffic and the proximity of roadways to neighborhoods have been known to negatively impact respiratory disease, lung development, sleep, stress, hypertension, and fatal traffic injuries.


Affordable Housing

Affordable Housing

Although growth can have positive impacts on the local economy and employment rates, these benefits are accompanied by increased demand for services, such as housing for workers and the attendant increase in wastewater treatment. As of August 2017, the median home price in Bozeman was $398,000, up from $245,000 in 2011 as the recovery from the recession began. Based on the standard formula that says that a person should spend 30% or less of their paycheck on housing, a Bozeman household would need to bring in $68,400 ($32.00 an hour for one person) per year to afford the median home price. Wage levels in Gallatin County do not match the necessary earnings to afford a home at the median price. What this translates to is a need for affordable housing. Housing prices that match income levels is a pressing and intensifying concern specifically for those with lower wages and fixed incomes.


FIGURE 2. POPULATION INDEX

Source: U.S. Census Intercensal Population Estimates; Economic & Planning Systems
HOUSING ACCESS & INEQUITIES

Housing is a social determinant of health, and safe, affordable housing is a basic human necessity regardless of income, education, life status, or age (See Figure 3). A lack of affordable housing can result in poor academic performance, an escalation in domestic violence, substance abuse, poor health, and homelessness. Other literature suggests that affordable, stable housing is a major factor for individuals who are maintaining treatment regimens for chronic diseases, such as type 2 diabetes, hypertension, and HIV/AIDS. In short, lack of safe, affordable housing makes a bad situation worse.

Stable housing available to those across the income spectrum, including working people, seniors, individuals transitioning from homelessness, and those with special needs, is a challenge in Gallatin County’s tight housing market. Specifically, the demand for affordable housing for transient workers and for those with lower earnings has forced individuals and families to move further away from their work, therefore increasing their transportation costs. The lack of housing has forced some residents to live in trailers and vehicles without reliable heat or access to basic sanitation (running water and sewage disposal). While storage tanks are often attached to recreational vehicles, families and individuals have to haul waste to authorized dump facilities to legally dispose of it. In areas where families and individuals are living further from wastewater treatment services, this method of waste disposal comes at a cost to the individual and a risk to the public in cases of illegal dumping. Among the county laws and regulations, specific requirements apply to both zoning and wastewater treatment for recreational vehicle (RV) encampments. In recent years, Gallatin City-County Health Department and other city and county agencies have noticed a significant rise in informal housing developments — often, unpermitted trailer parks or RV encampments — throughout the county.

RV encampments of two or more units often raise questions and concerns from neighbors and cascade into investigations by organizations that deal with the enforcement of public health laws and regulations. Often, there is no easy, cost-effective solution, as those living in vehicles and RVs present a unique challenge and represent a vulnerable population. While these informal housing units can provide much needed shelter, this living situation can also pose threats to public health and the environment.

As the county continues to grow, these encampments will continue to emerge, challenging the government and human service organizations that protect public health and foster safe, affordable housing for the growing population.

FIGURE 3

COMMUNITY ASSETS & RESOURCES

Growth will likely continue, and community leaders recognize that it will continue regardless of whether or not the community has discussed the impacts and vetted potential solutions. There is promise that the county can grow and maintain the values and quality of life that draws people to this area, while multiple organizations and community leaders understand that growth must be addressed proactively and cooperatively into the future.

PLANNING FOR GROWTH

The Gallatin County Triangle Study, completed in September of 2014, identifies and provides recommendations to Gallatin County and the cities of Belgrade and Bozeman regarding the coordination of planning infrastructure, land use, and public services in the “Triangle” area of the Gallatin Valley (the land area in and around Bozeman, Belgrade, and the unincorporated community of Four Corners). The Triangle report is intended to provide a framework for how the county and cities can work together effectively and efficiently to meet the goals of their respective growth policies and ensure public health and safety. The report is timely given that Belgrade, Bozeman, and Gallatin County are updating their current growth policies over the course of the next two years. Cooperative efforts by city and county officials and government organizations will be crucial to managing this effort to the best benefit of those who live and work in Gallatin County.
INTERGOVERNMENTAL COLLABORATION

Working together to solve common issues maximizes efficiency across programs and government sectors. Within Gallatin County, two joint city-county planning boards exist: the City of Manhattan and Belgrade. These boards have jurisdiction within the city limits and in areas surrounding the city. Gallatin County and the City of Bozeman also have an agreement that forms the consolidated City-County Health Department, and there are other agreements regarding law enforcement throughout the county. As of January 2017, a Planning Coordinating Committee comprised of commissioners, planning board members, and staff from Gallatin County, the City of Bozeman, and the City of Belgrade have started to meet and discuss ways to work together to plan for continued growth.

WORKING TOWARD AFFORDABLE HOUSING

Targeted work to address housing affordability and accessibility is also in progress. In 2018, the City of Bozeman hired its first Affordable Housing Program Manager to work toward creating clear definitions as to what affordable housing means in Bozeman. There is also recognition from city leaders that affordable housing requires a public health approach to address the continuum of needs and concerns. Similarly, entrepreneurial leadership from organizations, such as the Human Resource Development Council, and community partners, including St. James Episcopal Church and Montana State University’s School of Architecture, have started the Housing First Village Initiative which aims to provide housing for the chronically homeless. The initiative is designed to support successful reintegration of the homeless into community living and permanent housing. The single-user “tiny” homes or shelters proposed provide a cost-effective way to address the growing issue of homelessness, while maintaining the autonomy and dignity of the residents. This initiative is an example of what is possible when multiple sectors of the community work together to identify solutions.19


FUTURE ASSESSMENT NEEDS

There are a number of opportunities to examine how development can be managed to protect and improve environmental quality for new and existing residents. Some important larger questions include:

- Can the diverse economy and growing population of Gallatin County be leveraged to support needed infrastructure designed for health and well-being of residents?
- Will growth and development result in displacement of vulnerable people or facilitate social inclusion and integration?
- How can we ensure equity and health is included in discussions related to planning for growth and housing?
- How can our built environment be planned and built to encourage active and healthy lifestyles?
- How can Gallatin County balance safe and healthy housing with the rising demand for affordable housing?
UNINTENTIONAL INJURY

Unintentional Injury (UI) is defined as an incident in which an individual or individuals experience physical harm that is a result of an outside occurrence that was not planned or previously identified. As the leading cause of death for Americans ages 1 to 44 years old, UI is truly indiscriminate, as it touches the lives of everyone, resulting in anything from minor scrapes or bruises to premature death.

Injuries occur across the socioeconomic spectrum without regard to race, gender, religion, or even season. However, some populations have increased risk. Older people, for example, are at higher risk of falls due to physiological changes that result in balance, vision, and/or cognitive decline. Children also are at higher risk due to developmental stages, risk taking behavior, and lack of adequate supervision for specific situations, which is often increased by single parent households, poverty, and hazardous environments.

UI inflicts great burden upon the health of Americans, and while it is mostly preventable, the continued prevalence reveals the ongoing need to address the issue. Public health can enhance and create systems that strengthen the ability to prevent death and serious disability that can result from these injuries. Because Gallatin County is not immune to the consequences of UI, it is imperative that the community identifies the issue and positions itself to better combat this public health concern. For the purposes of this assessment, focus will be on four specific areas of concern: falls, seatbelt use, driving under the influence, and firearms, with each category detailed below.

INDICATORS OF NEED

FALLS

Defined as an event that results in a person coming to rest inadvertently on the ground, floor, or lower level, falls are the leading cause of injury among adults 65 years and older, and are the second leading cause of accidental death worldwide at 23.3%, second only to automobile accidents.21 Globally, 37.3 million falls require medical attention each year, most of which involve children and older adults.

Several factors that contribute to the risk of falls have been identified by various organizations. Alcohol and substance use, medical diagnoses such as neurological or musculoskeletal conditions, environmental factors such as obstacles in the home or outdoors, changes to medications and the resultant side effects, and socioeconomic status leading to concerns such as overcrowded housing, sole parenting, and young maternal age.

The Healthy People 2020 (HP 2020) has set a goal for falls for people 65 years and older at less than 47 deaths per 100,000 individuals. Nationally from 2005 to 2014, death from falls has increased from 43 to 58 deaths per 100,000 people. The 2017 PRC Community Health Needs Assessment data for Park, Madison, and Gallatin counties details 69 deaths per 100,000 people. In May 2017, the Centers for Disease Control & Prevention (CDC) reported 83.6 deaths per 100,000 individuals for Montana as a whole.22

Travel on rural roads or living in rural areas puts individuals at increased risk of death from a motor vehicle crash. In 2015, an estimated 19% of the U.S. population lived in rural areas, yet 57% of vehicle crash deaths occurred on rural roads and half of fatally injured vehicle occupants travelling on rural roads were unrestrained.23

Despite an overall increase, low seatbelt use is an ongoing issue both locally and nationally. PRC’s 2017 survey of the tri-county area revealed that only 78.6% of individuals surveyed always wear a seatbelt when riding in a vehicle. In Montana, 76.7% of individuals always wear their seatbelt when driving compared to 79.6%...
SEATBELT USE CONTINUED

The 2017 Community Health Needs Assessment conducted by PRC reported 13.1 deaths per 100,000 people for the tri-county area as a result of motor vehicle crashes. Montana experiences 20 deaths per 100,000 people, while, nationally, 10.6 deaths per 100,000 people were reported. The Healthy People 2020 goal is less than 12.4 deaths per 100,000 people.24

In Montana, from 2003 to 2012, 932 people were killed in crashes. For individuals over the age of 21 to 34 year olds, Montana experienced a rate of 7.2 deaths per 100,000 compared to the U.S. at 3.1 deaths per 100,000.25

In 2017, Montana's rates were double, if not triple, the national numbers reflect. According to the PRC survey, respondents reported that 62.8% of homes have a firearm kept either in or around the home. This is in stark contrast to the U.S. at 33.8%. Among those households with firearms, Montana and the U.S. were similar in rates of firearms being kept unlocked and loaded at 21% and 20.4% respectively. The PRC survey also revealed that out of the households with children, two-thirds have a firearm kept in or around the home. Two-thirds of homes having a firearm in or around the home, as identified in the PRC survey is reported to be much higher than national numbers reflect.

Driving while impaired (with a blood alcohol content of 0.8%) has long been a public health and safety issue. Approximately one in three traffic deaths involves an impaired driver, and oftentimes the victim is not the driver.27

In Montana, from 2003 to 2012, 932 people were killed in motor vehicle crashes that involved an impaired driver. In 2012, Montana’s rates were double, if not triple, the rates of the nation’s overall drunk driver crashes. Among 21 to 34 year olds, Montana experienced a rate of 21.4 deaths per 100,000 people compared to the U.S. at 6.7 deaths per 100,000 people. For individuals over the age of 35, Montana experienced a rate of 7.2 deaths per 100,000 compared to the U.S. at 3.1 deaths per 100,000. According to 2017 PRC data, Montana had an overall rate of 9.4 deaths per 100,000 people, while the U.S. experienced 3.3 deaths per 100,000 people.

The 2017 PRC data also reported that men were the victims of drunk driver fatalities in Montana at a rate nearly quadruple that of women (14.9 deaths per 100,000 versus 4 deaths per 100,000). PRC’s 2017 survey also revealed that personal reports of driving impaired in the last 30 days were higher for Montana over the U.S. total. In Montana, 3.4% of residents reported driving after drinking too much in the last 30 days, while the U.S. reported 1.9% overall. PRC data for the tri-county area revealed that 4.5% of adults reported driving after drinking too much.

The healthy people 2020 goals for firearm deaths is 9.3 deaths per 100,000 people28. PRC data revealed a rate of 13.9 deaths per 100,000 people for the tri-county area.29 While this is below the rate for Montana, it is still above the national rate and well above the Healthy People 2020 goal.

Driving UNDER THE INFLUENCE

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FIREARMS

Firearms are a leading cause of death in the U.S. According to the most recent data released in November 2017 by the CDC and National Vital Statistics, in 2015, 36,252 people in the U.S. died as a result of injuries sustained by a firearm.23 In 2015, the two major causes of firearm injury deaths were suicide (60.7%)23 and homicide (35.8%).10

In Montana in 2016, 194 deaths were the result of a firearm, and 162 of those were suicides. Montana was ranked 44th of all states for the highest rate of firearm related deaths at 19 deaths per 100,000 people. Alaska was the highest at 23 deaths per 100,000 people.31

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PREVENTION STRATEGIES

FALLS

Proven prevention strategies are available to decrease the incidence of falls, and primary prevention strategies are available to primary care providers. Specifically, providers can screen older adults during annual visits for obstacles in the home, housing situations (do they live alone?), as well as regular medication reviews to identify changes to medications that could potentially lead to increased side effects or interactions. Other prevention strategies include in-home assessments, education, and exercise regimens focused on strength and balance. Other, more broad-reaching prevention strategies involve mass public education campaigns to raise awareness of the dangers that lead to falls, and action plans for families to mitigate the risk.
**SEATBELT USE**

Education is key in the quest to increase seatbelt use to prevent motor vehicle crash injuries. Primary seatbelt laws with higher penalties, along with high visibility enforcement for short periods can reinforce the importance of proper seatbelt adherence. Additional educational opportunities include venues such as churches, schools, youth activity centers, and the workplace.

**DRIVING UNDER THE INFLUENCE**

Effective DUI prevention strategies are numerous, and include ignition interlock systems installed in the cars of driving offenders; zero tolerance laws for anyone under 21 years of age; and mass media campaigns to inform people of the consequences of impaired driving. Campaigns include information on topics, including deaths related to drunk driving, the costs of DUI, and secondary consequences, such as job loss, family trouble, etc. Communities would benefit from taking advantage of opportunities to intervene when there is evidence of substance abuse or potential abuse, providing treatment as needed and appropriate.

**FIREARMS**

The effort to understand and reduce firearms deaths could be significantly helped if Congress would lift restrictions against federal funding for gun research. Public health experts, such as David Hemenway, director of Harvard’s Injury Control Research Center, say current congressional limitations placed on the Centers for Disease Control and Prevention have had a chilling effect on research and hindered a better understanding of the problem.49 Locally, the department of Fish, Wildlife and Parks offers hunter safety education, and several private organizations offer gun safety courses. Many organizations offer free gunlock distribution and education about safe storage of guns and ammunition. Another strategy is for parents to ask about guns in the homes of their children’s friends.50

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UNINTENTIONAL INJURY / CHALLENGES

Acceptance of substance use/abuse is of concern. Drinking is a part of many leisure activities and often involves driving from one place to another. Groups of individuals partake together and some feel ostracized if they do not join in.

Alternatives to driving can be costly. Ride share services and taxis are available, but at a cost more substantial to driving on your own. Many areas in Gallatin County do not have easy or affordable access to public transportation.

Downtown areas in Bozeman have “no parking” rules from 2 am to 7 am, which encourages people to move their cars when they leave downtown drinking establishments. Bozeman police typically do not enforce these rules on weekends in order to encourage use of alternative transportation, though this may not be widely understood by the general public. Individuals often are unaware of their level of impairment and insist upon driving when they really should not be behind the wheel.

Bartenders are somewhat dis-incentivized to stop serving individuals and/or take the keys of those who are intoxicated, as intoxicated people tend to tip better, and “cutting people off” affects the bartenders’ income. The system for enforcing DUI laws focuses a great deal on the punitive ramifications. These efforts could be enhanced by also delineating clear pathways for offenders to access substance use treatment and mental health services when appropriate. Sobriety checkpoints are not allowed in Montana.

FIREARMS

Firearms are socially accepted and, to some extent, expected as a part of life in Montana. Gallatin County residents value their ability to own guns and use them to provide for their families, whether it involves hunting or ranching. Firearms are also used for sport in target competitions and biathlon races.

Firearms are easily accessed in Montana. Laws for Montana are permissive in comparison to other states and do not require a permit or background check.

As detailed above, many homes already have firearms, and many of those are unlocked and accessible. Significant public health research shows a correlation between firearm deaths due to suicide or accident and easy access to unlocked weapons.16

COMMUNITY STRENGTHS

FALLS

For older adults, primary care providers are completing fall assessments during preventative visits as required by Medicare rules. Local senior centers provide exercise classes focusing on strengthening muscles and improving balance. Bozeman Health Deaconess Hospital also provides comprehensive fall assessments for hospitalized patients and incorporates that information into the individual discharge plan.

Seatbelt Use

According to the National Highway Transportation Safety Administration, observed use for seatbelts in Montana has increased from 74% to 78.2% from 2013 to 2017.17 This increase shows promise for continued improvement. Teens are learning to use seatbelts in driver training courses and are becoming regular users more readily.

The State of Montana continues its Vision Zero campaign, educating and promoting the use of seatbelts with a vision of zero traffic fatalities.

In Montana, teens are recognized for making safe choices through the Saved by the Belt campaign, which awards young drivers who have experienced motor vehicle accidents as the driver, and been saved from injury or death because of their seatbelt use.

DRIVING UNDER THE INFLUENCE

In 2015, the Montana House Bill 485 was enacted, which increased the penalties for DUIs, specifically subsequent DUIs. Fines were increased for the first time in decades, as well as minimum and maximum jail sentences. This bill also made it so that all DUIs are cumulative, no longer allowing the subsequent rule to only apply to DUIs within a certain number of years.

Ride share services are a new opportunity for people to get a safe ride home. The public transportation service Streamline offers a nighttime service on the weekends. Taxi service is also available.

Bartenders are encouraged/required to take keys if they notice someone is intoxicated.
There are several agencies in the community that provide free gun locks for anyone who is interested, including Gallatin City-County Health Department. The local Department of Fish, Wildlife and Parks conducts a comprehensive hunter safety course that children are required to complete prior to obtaining a license. The hunter safety course is also available to anyone who is interested.

More thorough and complete assessments are now the norm for individuals over the age of 65 at each visit to a primary care provider. Local resources are available, providing free in-home assessments and recommendations for remodels/environmental changes to provide for a safer home environment through the HRDC, Love Inc., etc.

Efforts to strengthen Montana’s primary seatbelt law — allowing law enforcement to initiate traffic stops for failure to wear a seatbelt — hold significant potential to decrease the number of deaths on state roads. In the U.S., primary seatbelt laws have increased seatbelt use by 14% and decreased deaths by 8%. 38

Montana would likely benefit from increased fines for seatbelt infractions and primary enforcement as an evidence-based opportunity to increase seatbelt use compliance. Encouraging employers to enact seatbelt policies for company vehicles, for example construction vehicles, could also help to increase usage.

Falls

Other opportunities include onsite education at specific recreation areas, informing individuals of dangers in the area as well as strategies to avoid dangerous situations, along with expanded targeted messaging for education to tourists, families, outdoor enthusiasts, and caregivers of older adults.

Due to the high burden of injury and death due to falls, additional assessment may be useful to better understand the effectiveness and use of screening tools by primary health care providers in order to prevent falls.

While firearms remain a politically volatile topic, significant potential exists in efforts to educate individuals and families on gun safety and the correlation between access to weapons and death. Continuing access to inexpensive or free gunlocks is an important step. Nationally, increased scientific research into the causes and potential solutions to gun violence is also key to addressing the problem effectively.

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Falls

Due to the high burden of injury and death due to falls, additional assessment may be useful to better understand the effectiveness and use of screening tools by primary health care providers in order to prevent falls.

It would be beneficial to assess the compliance of bartenders’ enforcement of limits based on apparent levels of intoxication. In other words, are bartenders “cutting people off” when they appear intoxicated and working to stop them from driving.

Another potential assessment would be the use of ride share opportunities over time, especially in the after-bar hours of the night.
Thank you to our key project partners who have a vested interest in Healthy Gallatin and have played an integral role in the Community Health Assessment process.

Published October 2018