



2012 GALLATIN COUNTY

COMMUNITY HEALTH PROFILE

PARTNERS

The key project partners have a vested interest in the Healthy Gallatin Initiative, and have been integral in moving this process forward.



In addition to the key partners, the organizations below have invested time and resources and have been a vested interest in this process. This process is only as strong as the energy and commitment from the community. Thank you for your support!

Acorn Pediatrics
AIDS outreach
Alcohol Drug Services of Gallatin Co.
Belgrade Chamber of Commerce
Belgrade City Council
Belgrade Public Library
Belgrade Public Schools
Blue Cross Blue Shield
Board of Health
Bozeman Deaconess Health Services
Bozeman Deaconess Hospital
Bozeman GLBT Resource Center
Bozeman School District
Bozeman Senior Center
Bridgcare
Cancer Support Community
Career Transitions
Central Service Area Authority
City of Three Forks
Community Health Partners
Community Mediation Center
County Planning & Community Development Office
Department of Health and Human Services
Family Outreach
Gallatin City-County Health Department
Gallatin County Attorney's Office
Gallatin County Emergency Management
Gallatin County Sheriff
Gallatin Mental Health Center
Gallatin Valley Farm to School
Gallatin Valley Land Trust
Gallatin Valley Mental Health Local Advisory Council
Gallatin Valley YMCA
Greater Gallatin United Way

HAVEN
HealthWorks
Help Center
Highgate Senior Living
Human Resource Development Council
Job and Social Services of West Yellowstone
Job Service
Love, Inc
Manhattan City Council
Mental Health America of MT
Mint Dental Studio
Montana Peer Network
Montana State Legislature
Montana State University
Montana Tobacco Prevention Advisory Board
MSU College of Nursing
MSU Health and Human Dev
MSU Local Government Center
MSU Student Health Service
MT chapter of the American Academy of Pediatricians
National Alliance for Mental Health
Nutrition and Physical Activity Program
Rocky Mountain Development Council
St. James Episcopal
The Montana Dental Association
Three Rivers Clinic
Thrive
We Care Chiropractic
West Yellowstone City Council
West Yellowstone News
Western Transportation Institute/Safe Routes to School
WIC
Willing Workers Ladies Aid, Inc.
Women in Action

This report was published December, 2012

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INTRODUCTION AND BACKGROUND

INTRODUCTION

What is health? How can we measure it? How can we improve it? How does it matter to us, and to our families?

For individuals, the answers to the questions above are as unique and wide-ranging as the genetics of our personal DNA, the results of our last medical tests, and the diseases that we happen to acquire. For the individual, these are personal questions usually discussed in exam rooms or at home with people we love and trust.

But the questions above cannot be adequately answered without also acknowledging that our health is fundamentally affected by our community. 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? How many people rely on the emergency room as their main health care provider? Is the person driving toward us on the highway intoxicated?

These are some of the questions that impact all of us every day. Every community chooses to confront these challenges in different ways that reflect the varying sensibilities and priorities of the people who live within the community. What is constant, however, is that a community is better equipped to make choices and set priorities when its residents are well-informed about the health status of the community.

The Community Health Assessment contained on the following pages provides some of the information necessary to make informed choices and set priorities. This document is a summary of work that began more than one year ago to gather data and consult with county residents and community leaders to learn more about the health of our community. This process included more than 20 community meetings, an extensive telephone survey of 700 residents, an examination of existing health data, and consultations with health professionals and human service organizations from across Gallatin County.

Three organizations – Gallatin City-County Health Department, Bozeman Deaconess Hospital, and Community Health Partners – came together to undertake this assessment. For all three organizations, this assessment represents a building block from which to pursue a common mission: better health for our community.

The pages that follow contain a wealth of information that will be relevant to different people and organizations in different ways. What did we learn? Some of the most significant issues uncovered include:

- More than 1 in 5 adults in Gallatin County under the age of 65 do not have health insurance.
- Gallatin County residents (and Montanans) are less likely to use a seatbelt and more likely to die in a car accident than other Americans.
- The suicide rate in Gallatin County is 60 percent higher than the national rate.
- Substance use and abuse is prevalent and a growing concern, particularly in Bozeman.
- Parents all over Gallatin County worry about a lack of healthy, productive activities for their children, particularly adolescents.

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 for 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 a plan 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.



Health Officer
Gallatin City-County Health Department

BACKGROUND

Gallatin County is located in Southwestern Montana and borders Wyoming, Idaho and Yellowstone National Park to the south. From the outside, Gallatin County has a reputation of being an outdoor-enthusiast's destination. World-class fly-fishing can be found within the county, and skiers come from near and far to enjoy the slopes in the winter. This unique and beautiful area does not come without its

health challenges for residents.

This document serves as a summary report of a comprehensive community health assessment (CHA), conducted between June 2011 and August 2012. It was conducted by the Gallatin City-County Health Department, in collaboration with Bozeman Deaconess Health Services and Community Health Partners, and with a large degree of community participation.

KEY FINDINGS

In the following pages of this report, you will find a great deal of information that has enabled the Healthy Gallatin folks to begin to understand the health of the county. Below are some issues that stood out in the data that was collected, and that Healthy Gallatin believe are most impactful to the health of the residents of Gallatin County. Residents can find this full report as well as the Community Health Improvement Plan at www.healthygallatin.org.

- **Barriers to Access:** As the Latino population grows, language barriers become an increased challenge to access to health care. This contributes to significantly poorer health status among Hispanic residents: 71% of Hispanic residents in Gallatin County say that in general their health is poor. Furthermore, many residents have to travel far distances for certain health services, and, especially as gas prices rise, people are less willing to travel.
- **Engaging youth is important to preventing risky behaviors:** The challenge of engaging youth was mentioned throughout the assessment. Communities wanted to provide the youth with more healthy activities in order to prevent them from turning to risky behaviors, such as alcohol, drugs, and sex.
- **Gallatin County has a large population lacking health insurance:** Residents in rural areas and throughout the county consider access to health services a major health challenge. Twenty-two percent of Gallatin County residents are uninsured, and many more are underinsured. This rate is nearly twice as high for those living below 200% of the federal poverty level. Insurance is a major barrier to accessing preventable health services.
- **Health organizations can work together more to increase referrals and maximize impact.** A challenge heard throughout the assessment was collaboration between human service organizations to refer people between organizations and improve health.
- **Mental health:** Communities in Gallatin County experience mental health challenges regularly. The suicide rate in Gallatin County is almost 60% higher than US suicide rates.
- **Stigma against mental health issues and against seeking mental health services are barriers to receiving care.**
- **Sense of community is important to quality of life:** All communities voiced a desire to increase community activities. It is this sense of community that was viewed as an asset, but also an area of opportunity. Communities wanted increased knowledge of community events and services and more community gatherings.
- **Substance Abuse contributes to costly problems:** Twenty percent of residents admit to binge drinking, which is associated with teenage pregnancy, sexually transmitted diseases, domestic violence, motor vehicle crashes, and crime. Furthermore, 9.5% of adults use smokeless tobacco, which is much higher than national rates.

The Mobilizing Action through Planning and Partnership (MAPP) process was undertaken with broad support and was possible through a large degree of community participation. By following the MAPP process, four assessments were conducted in order to create a broad base of information. These four assessments were:

- Community Themes and Strengths Assessment (CTASA)
- Local Public Health System Assessment (LPHSA)
- Forces of Change Assessment (FOCA)
- Community Health Status Assessment (CHSA)

Each of the four MAPP Assessments gathered both qualitative and quantitative data. Through careful review, areas of celebration and areas of opportunity were selected from each of the assessments, and are summarized in the tables below. In the following pages of this report, detailed descriptions of how these issues arose, the process that was conducted, and the stakeholders that participated in each assessment will be discussed.

This unique and beautiful area does not come without its health challenges for residents.

INTRODUCTION AND BACKGROUND

AREAS OF CELEBRATION	CTASA	LPHSA	FOCA	CHSA
Development of Public Health Policies and Plans		•		
Diagnosing/Investigating Public Health Issues		•		
Education	•			
Enforcement of Public Health Laws		•		
Environmental Preservation	•		•	
Natural Resources	•		•	
Safety	•			•

AREAS OF OPPORTUNITY	CTASA	LPHSA	FOCA	CHSA
Affordable Housing	•		•	
Agency Communication	•	•	•	
Bilingual Services	•	•	•	
Communication, integration & networking	•	•	•	•
Coordination of personal health and social services		•		
Economic Development/Seasonal Economy	•		•	
Link people to health services/access	•	•	•	•
Local Food	•		•	
Mental Health	•		•	•
Mobilize Community Partnerships		•		
Monitor Health Status		•		
Public Health System Infrastructure	•	•	•	
Substance Abuse	•		•	•
Tobacco Usage			•	•
Transportation	•		•	•
Unemployment/Underemployment	•		•	
Wealth Disparity	•		•	
Youth Engagement	•	•	•	•

UNDERSTANDING THE DETERMINANTS OF HEALTH

Determinants of health are conditions in the environments 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. 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 free of life-threatening toxins.¹

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 and local food markets)
- Access to educational, economic, and job opportunities
- Access to health care services
- Quality of education and job training
- Availability of community-based resources in support of community living and opportunities for recreational and leisure-time activities
- Transportation options
- Public safety
- Social support
- Social norms and attitudes (e.g., discrimination, racism, and distrust of government)
- Exposure to crime, violence, and social disorder (e.g., presence of trash and 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, the Internet, and social media)
- Culture

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

¹ <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=39>

MOBILIZING FOR ACTION THROUGH PLANNING & PARTNERSHIPS

Mobilizing for Action through Planning and Partnerships (MAPP) is a community-driven strategic planning process for improving community health. Facilitated by the Healthy Gallatin core team with planning and assistance from the MAPP Committee, this framework helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. MAPP is not an agency-focused assessment process; rather, it is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems. Four MAPP Assessments provide a complete

picture of health strengths and opportunities in Gallatin County.

The four assessments conducted as part of the process include:

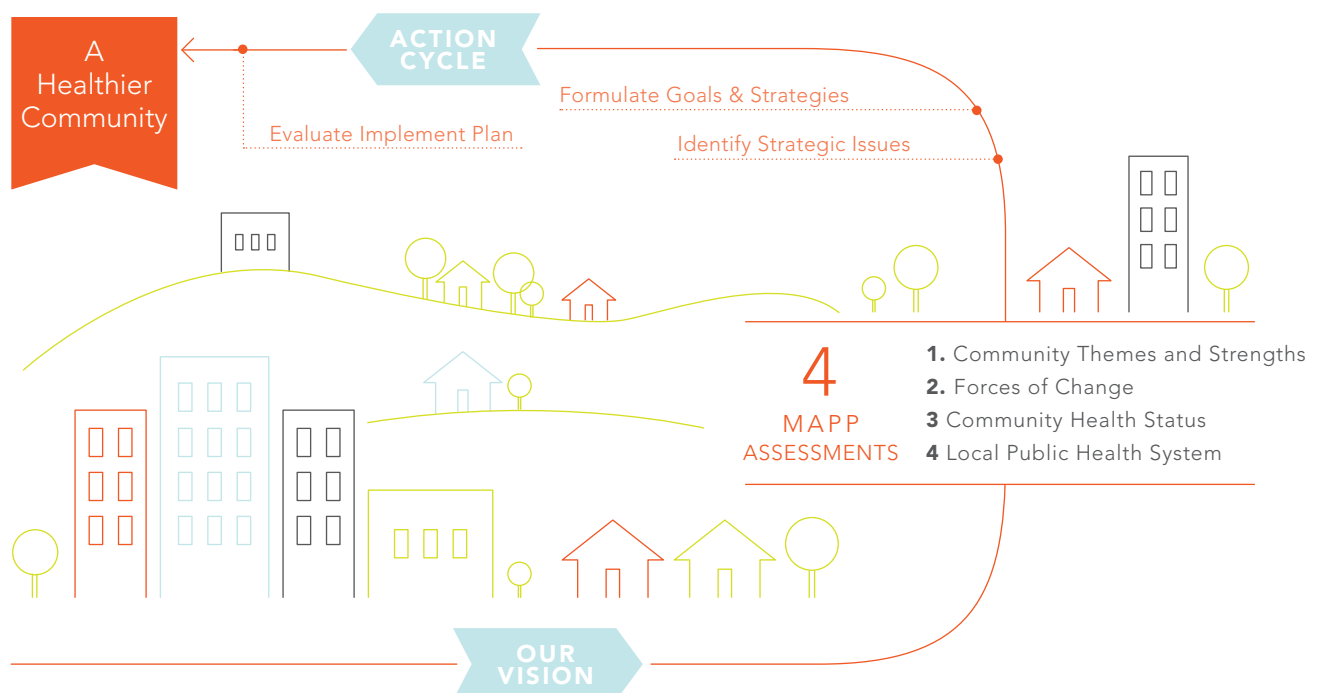
1. Community Themes and Strengths Assessment
2. Local Public Health System Assessment
3. Community Health Status Assessment
4. Forces of Change Assessment

MAPP is a shift in how we think about public health planning. It is a shift from operational to strategic

planning; from a focus on the agency to a focus on the community and the entire public health system, from needs assessment to an emphasis on assets and resources; from a medically or service-oriented model to a model that encompasses a broad definition of health; and from an “agency knows all” perspective to the belief that “everyone knows something.”

Simply put, MAPP is a way of bringing everyone’s collective wisdom together. By gathering all of the assets and resources within the community, the community is able to determine how best to use all of the wisdom to create a healthier community.

MAPP Your Community Roadmap to Health!



GALLATIN COUNTY VISION

On a cold Friday afternoon in January, 2012, over 90 community members met in the Bozeman Public Library to create a vision for the Healthy Gallatin Initiative.

We are committed to making Gallatin County an active, thriving community that values the health of its people. We seek to promote healthy choices for all residents through open communication, collaborative relationships and affordable health resources.

We are dedicated to building partnerships and coalitions to improve the overall community health without stigma or judgment. We support and connect all groups, organizations and individuals that are committed to making Gallatin County a healthy place to live, work, play and grow old.

Pursuing this vision requires the following principles:

- Health resources are accessible and inclusive to everyone
- People are informed, connected and empowered
 - » To improve their own health and that of their families
 - » To engage in larger conversations about health and health disparities
- Organizations and practitioners connect and collaborate across our communities
- Healthy communities include infrastructure that encourages healthy lifestyles



COMMUNITY THEMES AND STRENGTHS ASSESSMENT

The Community Themes and Strengths Assessment provides a deep understanding of the issues residents feel are important. Throughout this assessment, community members shared their thoughts, opinions and concerns about health issues where they live. A large amount of qualitative data was gathered from this assessment.

METHODOLOGY

The Community Themes and Strengths Assessment followed a process called “study circles”, using a facilitation guide that was modified from Everyday Democracy. The study circle model allowed for citizen engagement in each community to identify unique and over-arching health themes and strengths. Community members were asked to participate in a series of meetings where the conversations revolved around the broad idea of health. In each community between eight and 35 residents participated in the conversations. The opinions expressed during the study circles reflect the views of the participants and may not be an accurate representation of the community that was assessed.

The study circles begin with a focus on connecting with the community through introductions and sharing thoughts, experiences, and stories. Questions guided conversations that

explored community assets as well as challenges that impact individual health and the health of their communities. Example questions included, “What does a healthy community look like?” “What makes this community a good and healthy place to live?” and “How do we accomplish the good work that gets done in our community?”

The study circles spend time discussing the community’s most important challenges, and questions guide the participants to think about the causes behind the challenges and the obstacles to addressing the challenges. Many of the issues that came up were social and environmental determinants of health. During the Action Forum of the study circles, participants were asked to identify and prioritize the themes discussed throughout the study circles.



Bozeman Action Forum



West Yellowstone Action Forum

	THREE FORKS	MANHATTAN	WEST YELLOWSTONE	BELGRADE	GALLATIN GATEWAY	BOZEMAN	BIG SKY
MARCH	4 meetings						
APRIL		3 meetings					
MAY			3 meetings				
JUNE				3 meetings	3 meetings		
JULY						3 meetings	1 meeting

²<http://www.everyday-democracy.org/en/Index.aspx>

OVERARCHING RESULTS OF COMMUNITY THEMES AND STRENGTHS

Each community within Gallatin County has health issues that are unique to their populations, but many issues also overlap. Each community prioritized the issues in the final study circles meeting. In the table below you can see how community priorities compare. Some of these issues were combined for the Key Findings on page 6.

THEMES	THREE FORKS	MANHATTAN	WEST YELLOWSTONE	GALLATIN GATEWAY	BELGRADE	BOZEMAN	BIG SKY
Youth	•	•		•	•		
Communication, integration & networking	•	•	•	•	•	•	
Health Care Infrastructure	•	•	•				•
Economic Development		•	•		•		•
Seasonal Economy			•				•
Mental Health	•	•	•		•	•	•
Transportation	•	•	•	•	•	•	
Local Food				•			•
Affordable Housing			•			•	•
Environmental Preservation			•	•		•	•
Public Health Communication					•	•	
Unemployment & Underemployment							•
Bilingual Services			•		•		
Link people to health services/access	•	•	•	•	•	•	•
Substance Abuse			•	•	•	•	•
Local Government				•			•

Due to the format of the study circles, all of the questions regarding health were left open to interpretation from the participants. The conversations were not always framed from existing data. However, many of these issues have quantitative data related to community challenges. Please refer to the indicators and data from the Community Health Status Assessment beginning on page 38.

BELGRADE

COMMUNITY PROFILE

The Belgrade community is located in the central region of the Gallatin Valley. Belgrade lies about 10 miles northwest of Bozeman. Belgrade is bisected by the I-90 Interstate and Montana Rail Link Line. The community is growing rapidly with a lot of young families.

Belgrade has many strengths and assets which promote healthy lifestyles. While the community has a “small-town-feel,” many of the amenities of a larger city are present or available in neighboring communities.

DEMOGRAPHICS

Based on the 2010 census, the population of Belgrade was 7,389. According to the census, 33% of the population of Belgrade is living below 200% of the Federal Poverty Level. Belgrade has a very young population: 28% of Belgrade’s population is under the age of 18, which is the highest in the county, and 6% of Belgrade’s population is over the age of 65, which is the lowest in the county.

METHODOLOGY

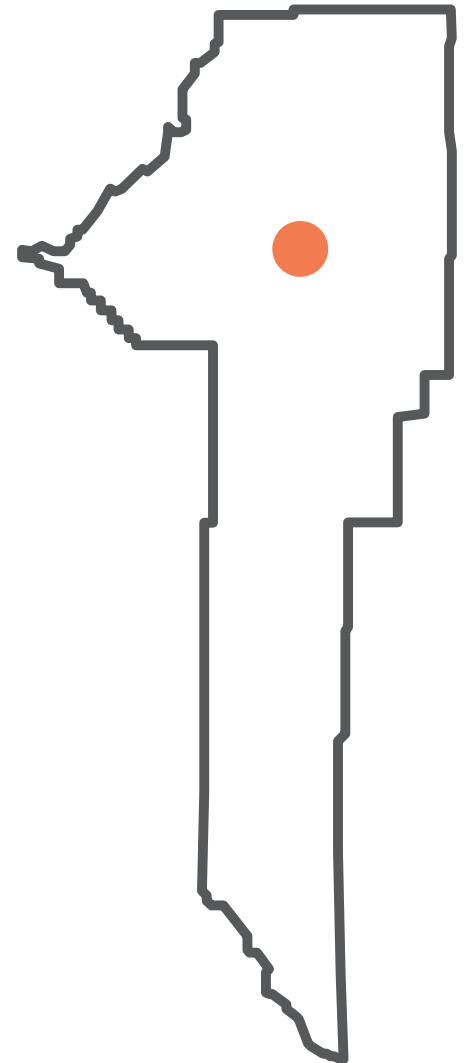
Because Belgrade is separated by Interstate-90, two study circles were held simultaneously on opposite sides of town to increase accessibility. The two study circles joined together for the third session, for prioritization

and the action forum. Thirty-eight Belgrade residents participated in the study circles, including representation from healthcare providers, the Latino Community, civic organizations, faith institutions, the senior community and the school system.

ASSETS

The following is a list of assets that exist in Belgrade.

- (more) Affordable housing
- Belgrade Special Event Center
- Community Gatherings
- Farmers market
- Health services
- Kids sports programs
- Library & Library programs
- Outdoors
- Polite and caring community members
- Safe place for kids
- School system
- Splash park
- Small size and central location



“I love living in Belgrade. All the big city amenities are near, but it’s a small town feel.”

IDENTIFYING THEMES AND ADDRESSING CHALLENGES

In each community there are challenges that impact the health of the residents. The following themes were identified as areas that the participants believed would have a substantial and lasting impact on the health of their community.

- **ACCESS-MENTAL HEALTH:** Youth and non-English speakers experience many barriers to receiving mental health services. A stigma against needing counseling and confidentiality issues prevent many youth from accessing mental health services. Non-English speakers are unaware of many services available and the lack of a Spanish-speaking counselor makes many available counseling services unusable.
- **BILINGUAL SERVICES:** The Latino community cannot utilize certain services, including parenting classes, mental and personal health services, community services, and day care because they are not available in Spanish.
- **COMMUNICATION:** Communication of community activities and available services is important to forming a Belgrade identity and maintaining services that are located within the community.
- **CONNECTED COMMUNITY:** The Belgrade community is split in half by Interstate-90 and the Montana Rail Link Line, which makes people less connected to the community. Furthermore, since many Belgrade residents work in Bozeman, Belgrade is viewed as simply a place to sleep, and less as a community.
- **ECONOMIC DEVELOPMENT*:** Economic Development in Belgrade is important to revitalizing Main Street so storefronts are open and new entertainment facilities, like a movie theatre or bowling alley, may become available.
- **INFRASTRUCTURE:** Because the Montana Rail Link Line cuts through Belgrade, longer trains will further hold up traffic and emergency vehicles. Sewer and water systems need improvements to grow with the increasing population.
- **YOUTH*:** Homeless youth without adult supervision contribute to serious drug and alcohol abuse, teen pregnancy, and high-school drop-out. A lack of summer and after-school programs or employment and community service opportunities leaves youth unconnected to the community and disempowered. Youth are more hesitant to access health services, which include mental and reproductive health, and contributes to poor health outcomes.
- **TRANSPORTATION:** Transportation is important for youth without licenses and for those who can't afford to drive with increased gas prices. Currently the Streamline is limited and the latest bus is 6:30 PM.

“It’s a great community, but people are not engaged... they see it as a place where their house is, not a community”

** Challenges that were prioritized by community members*

BELGRADE

BELGRADE PUBLIC HEALTH SYSTEM

Below is a visual representation of the organizations and associations that contribute to the health and well-being of the community of Belgrade.



BELGRADE ACTION IDEAS

- **BRING MENTOR PROGRAM TO BELGRADE SCHOOLS:** Belgrade school administrators are looking into mentor programs to benefit at-risk youth. The program is still in need of volunteer mentors and funds to get the program running.
- **BUILD A RECREATION CENTER FOR YOUTH & COMMUNITY ACTIVITIES:** Participants envisioned a recreation center for people of all ages, youth to seniors, to congregate throughout the day to provide healthy activities, a more cohesive Belgrade community, and a space for afterschool and summer activities.

BIG SKY

COMMUNITY PROFILE

The Big Sky Community is an unincorporated, census-designated place (CDP) in Gallatin and Madison counties. The primary industry is tourism, due mostly to ski resorts. The Gallatin River provides activities for rafters and kayakers and is a designated Blue Ribbon trout stream. Trails throughout the community, for both winter and summer recreation, promote tourism during the offseason and provide healthy activities for residents. Health services include a dentist, a small medical clinic, a physical therapist, chiropractor, and a pharmacy.

The community of Big Sky has many strengths and assets which encourage healthy lifestyles. The public school system is expanding to provide more athletic options as well as arts and music programs. As a young town with a young population, residents are very active, and trails and bike paths are available for physical activity and community activities.

DEMOGRAPHICS

Based on the 2010 census, the population of Big Sky was 2,308. Furthermore, according to the Census, 33% of the population lives below 200% of the Federal Poverty Level and there is a 9% unemployment rate. Big Sky has the highest proportion, 55%, of residents with a Bachelor's degree or higher.

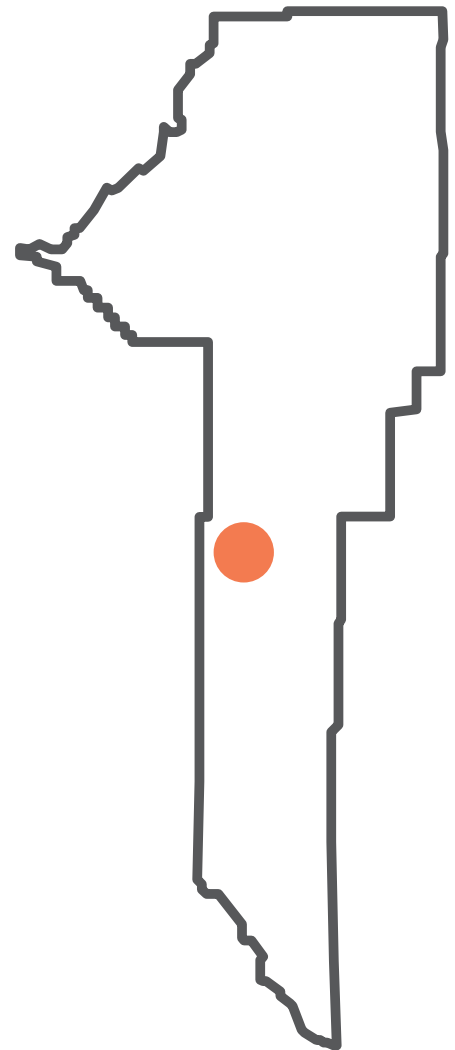
METHODOLOGY

Because of Big Sky's seasonal economy, residents could not commit to three weeks of study circles in July and August, so study circles in Big Sky occurred over one session in July. Ten Big Sky residents participated in this session: representation included local healthcare providers, local non-profits, resort management and seasonal resort employees.

ASSETS

The following is a list of assets that exist in the community of Big Sky.

- Access to clean outdoors
- Arts & theatre
- Dedication to Big Sky
- Education
- Healthy & pro-active residents
- Healthcare providers
- Library
- Safe place for kids
- School system
- Splash park
- Small size and central location
- Low population density
- Law enforcement
- Non-profit childcare
- Outdoor recreation
- Sewer and water infrastructure
- Spiritual health
- Tourism



“This community works together... it seems like everyone has your back.”

BIG SKY

IDENTIFYING THEMES AND ADDRESSING CHALLENGES

In each community there are challenges that impact the health of the residents. The following themes were identified as areas that the participants believed would have a substantial and lasting impact on the health of Big Sky.

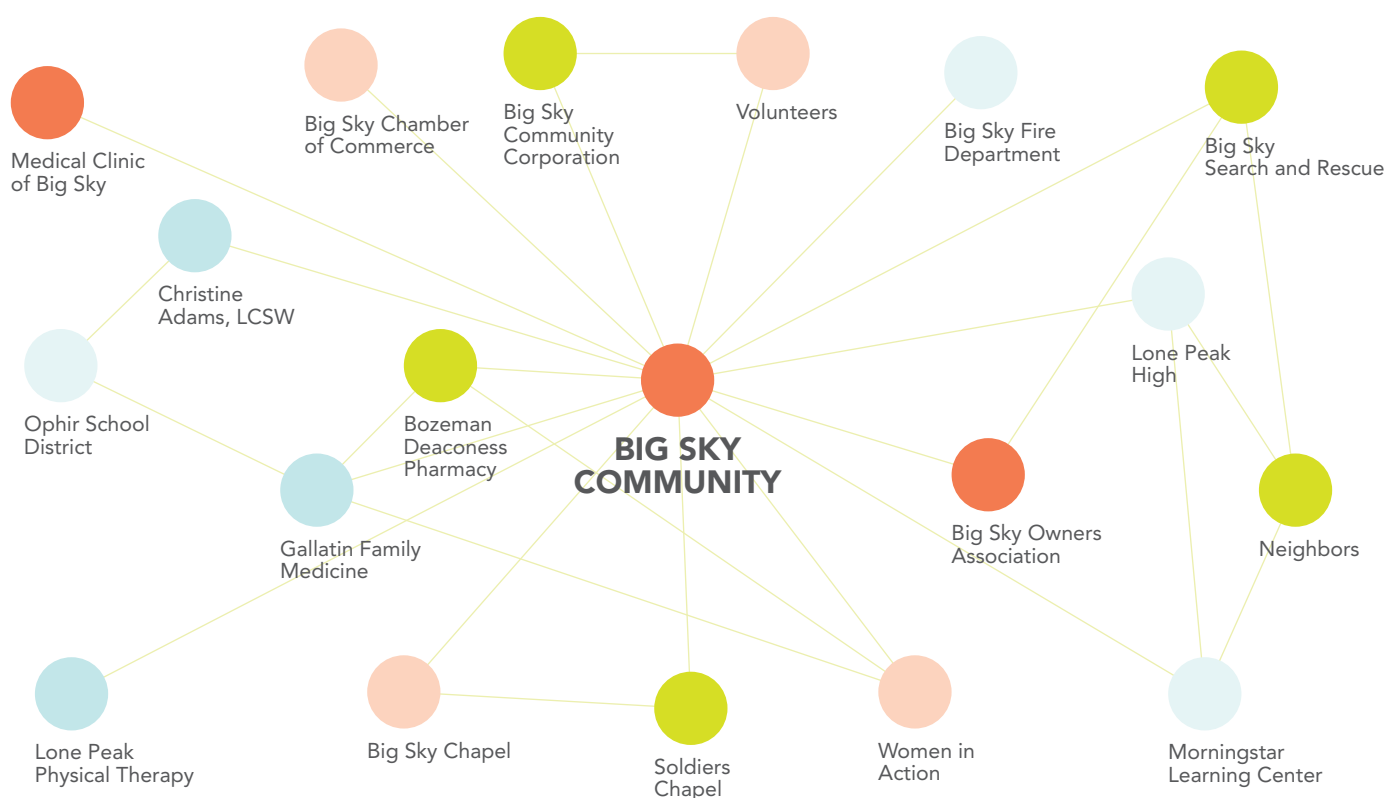
- **AFFORDABLE FOOD:** The cost of living is higher in Big Sky than in the rest of the county. Healthy and fresh food is difficult to afford, which makes eating healthy unavailable. Residents with dietary constraints, including diabetes, are especially hindered with the higher prices of food.
- **AFFORDABLE HOUSING:** Housing is very dense and very expensive. Lower income housing is unavailable.
- **EDUCATION:** The education system is expanding, but participants envisioned increased school sports, arts and music programs. Since Big Sky is a newer school district, there is room for improvement.
- **ENVIRONMENTAL STEWARDSHIP:** Big Sky is unique because of the wildlife and environment, but these are threatened without environmental stewardship. There are few opportunities to recycle, but making it easier to be environmentally mindful would increase environmental stewardship.
- **HEALTHCARE ACCESS:** High uninsurance rates makes healthcare less affordable, despite the numerous service providers in the community. Seasonal employees especially lack health insurance, causing great burdens to receiving care. Big Sky does not have advanced healthcare or in-patient mental health services.
- **LOCAL GOVERNANCE:** Because Big Sky is unincorporated, addressing challenges like substance abuse is more difficult. Local governance is important to building a cohesive community.
- **STABLE ECONOMY, YEAR-ROUND & LOCAL*:** People make a living 8 months a year, and are dependent on the ski season and economic health of the US. A high unemployment rate contributes to high stress and substance abuse. Employers hire personnel from outside of Big Sky because people are willing to come from all over the world and live in poor conditions.

“Health insurance here is like a jar in a bar when someone needs something, but that hurts everyone.”

** Prioritized by community members*

BIG SKY PUBLIC HEALTH SYSTEM

Below is a visual representation of the organizations and associations that contribute to the health and well-being of the community of Big Sky.



BIG SKY ACTION IDEAS

- **CURBSIDE RECYCLING:** To make recycling easier so more residents are able to participate and more recyclable items are recycled.
- **CREATE A COMMUNITY GARDEN:** So that affordable, healthy food is available.
- **INCREASE RECREATION ACTIVITIES:** Activities for all ages and social activities to reduce substance abuse and high-risk behaviors.

BOZEMAN

COMMUNITY PROFILE

The city of Bozeman is located in the central Gallatin Valley, and is the fourth most populated city in Montana. Bozeman is also the county seat of Gallatin County. Bozeman is a college town, home to Montana State University, making it a hub for research and development. Numerous non-profits in the area provide opportunities for arts and culture and work to protect the environment and promote health.

The community of Bozeman has many strengths and assets which encourage healthy lifestyles. Bozeman's downtown is a hub for community gatherings and entertainment. The education system and Montana State University provide great education and develop human capital as a resource. Furthermore, spaces such as parks, trails and bike paths are available for community activities and physical activity.

DEMOGRAPHICS

Based on the 2010 census, the population of Bozeman was 37,280. Thirty-eight percent of residents live below 200% of the Federal Poverty Level, which is the second highest rate in the county.

METHODOLOGY

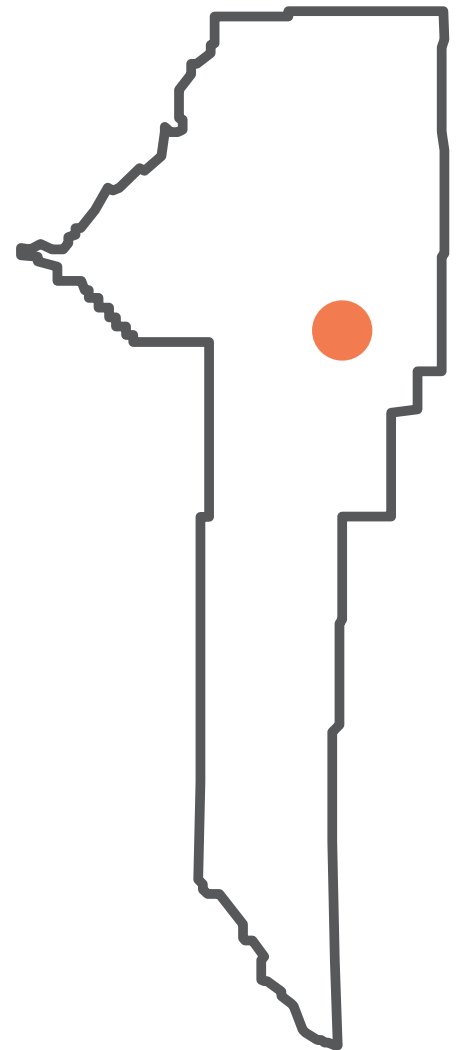
Study circles in Bozeman occurred over three weeks in July. Twenty-eight

Bozeman residents participated in the study circles, and included representation from Montana State University, civic organizations, members of the senior community and representation from the school system.

ASSETS

The following is a list of assets that exist in the community of Bozeman .

- Civic groups
- Civic pride
- Clean environment
- Community activities
- Desire to be healthy
- Diversity
- Dynamic local media
- Education system
- Friendly community
- Health resources
- Human capital
- Interfaith alliance
- Library
- Opportunity to participate in politics
- Parks and Recreation
- Vibrant main street



“Bozeman is not resource poor: we have a lot of human capital.”

IDENTIFYING THEMES AND ADDRESSING CHALLENGES

In each community there are challenges that impact the health of the residents. The following themes were identified as areas that the participants believed would have a substantial and lasting impact on the health of their community.

- **ACCESS TO TRANSPORTATION*:** Increasing the reach of public transportation and the connectivity of bike trails. The streamline provides transportation options around Bozeman, but does not provide service on Sundays or regular and expanded transportation into Belgrade.
- **ENVIRONMENTAL PRESERVATION:** Air and water quality is threatened across Gallatin County because of increased coal traffic and proximity to hydrolic fracturing in the Bakkan oil fields. Climate change and a growing population may affect the water supply.
- **AFFORDABLE HOUSING:** A lack of affordable housing is increasing homelessness rates in Bozeman and throughout the county.
- **YOUTH ENGAGEMENT*:** Many recent college graduates are unemployed with high levels of debt. Many middle and high school students are cut from sports and cannot find employment. Opportunities for community service and political activism would empower youth and provide healthy activities.
- **COMPREHENSIVE HEALTH SYSTEM (INCLUDING MENTAL HEALTH) THAT'S AFFORDABLE AND WELCOMING TO ALL*:** The health system has to reach out to vulnerable populations and ensure people feel empowered to access services.
- **PUBLIC HEALTH EDUCATION:** A communication strategy by the public health system to educate the public about how to stay healthy and how to access available services would be an asset to the community. Education about mental health and social services could also reduce the stigma around accessing these services.
- **CLASSISM/AGEISM:** Individuals living in poverty and individuals over the age of 45 may experience discrimination when looking for employment.
- **CONNECTING PEOPLE TO SERVICES:** Health resources exist and are available, but the challenge is people using them.

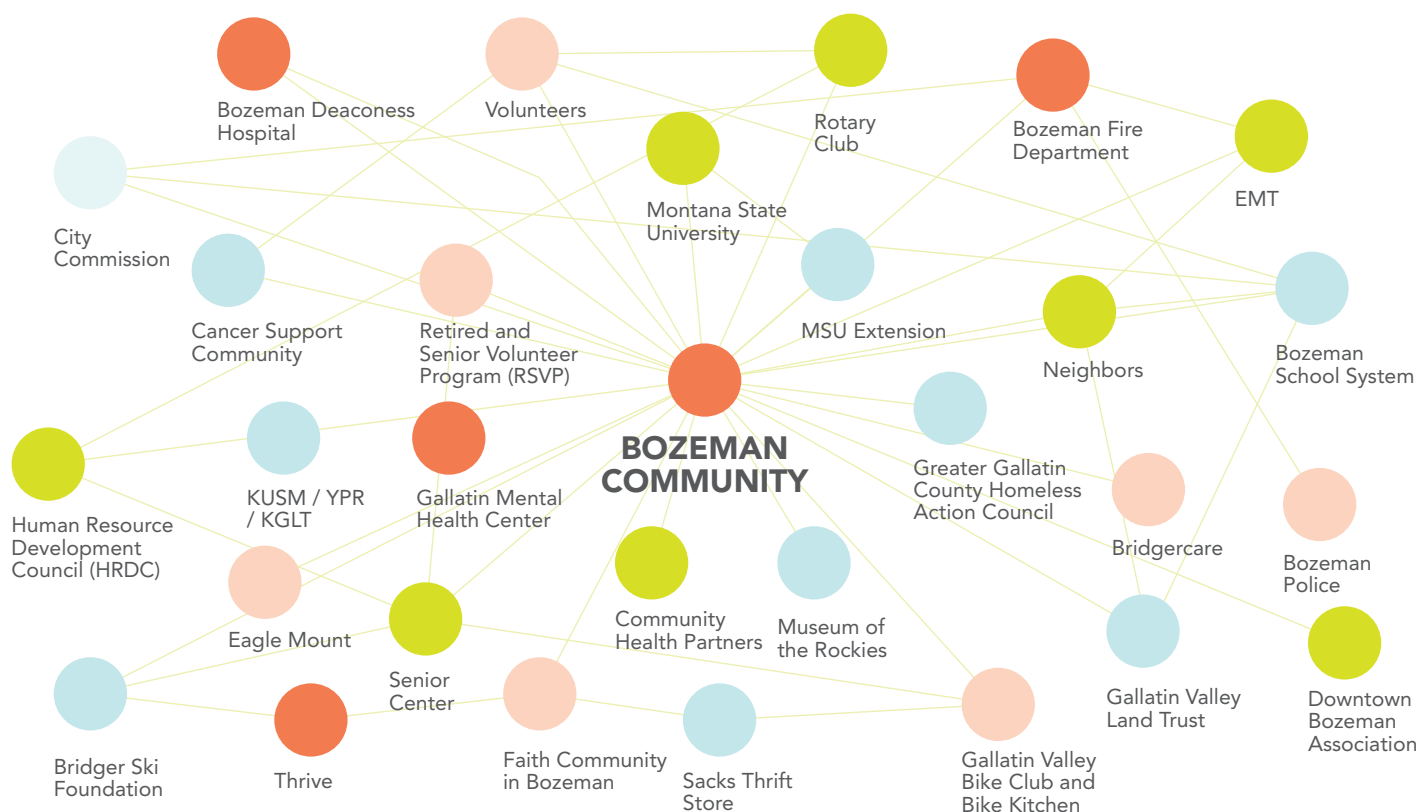
“We disregard our poverty and fail to acknowledge it.”

** Challenges that were prioritized by community members*

BOZEMAN

BOZEMAN PUBLIC HEALTH SYSTEM

Below is a visual representation of the organizations and associations that contribute to the health and well-being of the community of Bozeman.



BOZEMAN ACTION IDEAS

- **OUTREACH TO VULNERABLE POPULATIONS:** Help people feel welcome at health offices and access needed services.
- **"NO WRONG DOOR":** Ensure that service providers are knowledgeable about existing services so people in need of additional services can be referred. Service providers need to work together to ensure Bozeman residents receive the assistance they need.

GALLATIN GATEWAY

COMMUNITY PROFILE

Gallatin Gateway is an unincorporated community at the entrance to the Gallatin Canyon. Gallatin Gateway lies 12 miles southwest of Bozeman. The historic Gallatin Gateway Inn, as well as the community's access to the Gallatin National Forest makes Gateway a destination for tourists. Additionally, agriculture and farming are important industries in the community.

Gallatin Gateway has many strengths and assets which promote healthy lifestyles. Residents enjoy a small town feel with easy access to the outdoors. Trails and parks are easily accessible for community activities and physical activity. Furthermore, many dedicated community groups promote health and education in Gateway. A community center is available for community events like a quarterly community potluck dinner.

DEMOGRAPHICS

Based on the 2010 census, the population of Gallatin Gateway was 856, of which 17% is living below 200% of the Federal Poverty Level. Eleven percent of Gallatin Gateway residents have not graduated high school, which is the second highest in the county.

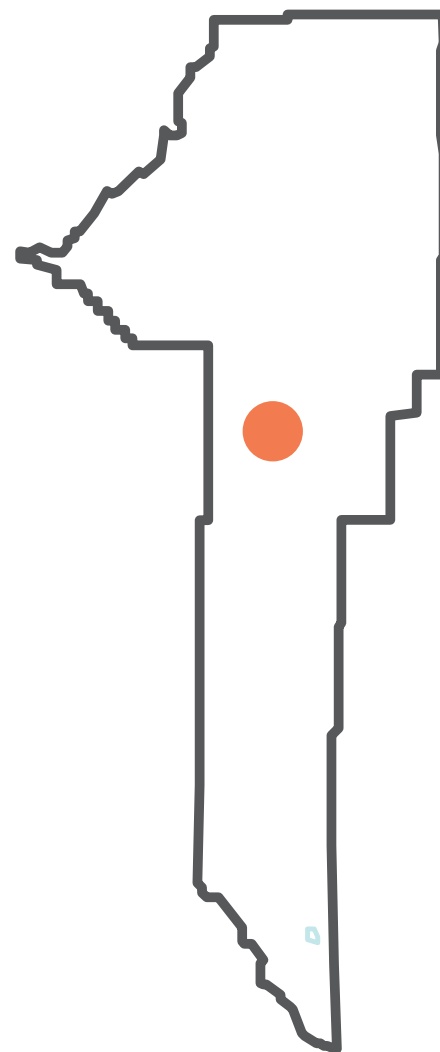
METHODOLOGY

Study circles in Gateway occurred over three weeks in June. Fourteen Gallatin Gateway residents participated during the three study circles. The attendees of these sessions included families, representation from the senior community and civic organizations.

ASSETS

The following is a list of assets that exist in Gallatin Gateway.

- Bike Path
- Civic engagement
- Concerned citizens
- Gallatin Gateway Community Center
- Gateway Inn & Stacey's: tourism
- Health-oriented school
- Little Bear Schoolhouse Museum
- Outdoors: mountains and river
- Parks
- Quarterly Community Dinners
- Safe community
- Small community feel



"I get up every morning & look out my window at the mountains and the air is fresh. That is health."

GALLATIN GATEWAY

IDENTIFYING THEMES AND ADDRESSING CHALLENGES

In each community there are challenges that impact the health of the residents. The following themes were identified as areas that the participants believed would have a substantial and lasting impact on the health of Gallatin Gateway.

- **ACCESS TO FOOD LOCALLY*:** There is no grocery store within Gallatin Gateway, and transportation to access food is limited/non-existent. Access to food is especially difficult for low-income families and individuals.
- **ACCESS TO HEALTHCARE:** Gateway does not have any health services located within the community. Transportation to and from Bozeman for health reasons is important, especially for the elderly and low-income individuals.
- **COMMUNITY COMMUNICATION AND COORDINATION*:** The lack of a singular communication channel within the community makes sharing news and advertising community events and services difficult.
- **EDUCATION:** A high home-school rate creates challenges with the transition between home-school curriculum and public school.
- **TRANSPORTATION:** Transportation is important since Gallatin Gateway does not have many local service options. If youth do not have parents to drive them to and from activities, they cannot attend, and high school students are unable to take first period class at Bozeman High School because of the bus schedule.

** Challenges that were prioritized by community members*

“There is nothing for getting into town to see a doctor... let alone to go grocery shopping.”

GALLATIN GATEWAY PUBLIC HEALTH SYSTEM

Below is a visual representation of the organizations and associations that contribute to the health and well-being of the community of Gallatin Gateway.



GALLATIN GATEWAY ACTION IDEAS

- **COORDINATE WITH STREAMLINE AND GALAVAN:** To increase transportation to needed services and arrange a morning and afternoon activity bus for youth.
- **ACCESS TO FOOD LOCALLY:** Increase access to local food and access to food locally.
- **GATEWAY BULLETIN BOARD:** The creation of a physical or virtual Gallatin Gateway Bulletin Board to publicize events, rideshares, etc.

MANHATTAN, CHURCHILL, & AMSTERDAM

COMMUNITY PROFILE

The Manhattan, Churchill and Amsterdam communities are located in the central region of the Gallatin Valley. The communities of Churchill and Amsterdam lie almost 9 miles south of Manhattan. Manhattan is bisected by Montana Rail Link line and the East Gallatin River flows just east of the town. Churchill and Amsterdam communities have a long and proud agricultural history, and farming is still prevalent today.

The communities of Manhattan, Churchill, and Amsterdam have many strengths and assets which promote healthy lifestyles. The school and education system is a source of community pride, which attracts residents from neighboring communities. Furthermore, public spaces such as parks and trails are great assets that contribute to the overall health of the community.

DEMOGRAPHICS

Based on the 2010 census, the population of Manhattan was 1,520, Churchill was 902 and Amsterdam had a population of 180 which makes a combined total of the area 2,602. According to the census, 30% of the population of Manhattan is living below 200% of the Federal Poverty Level, which contrasts to 19% in Churchill and 6% in Amsterdam.

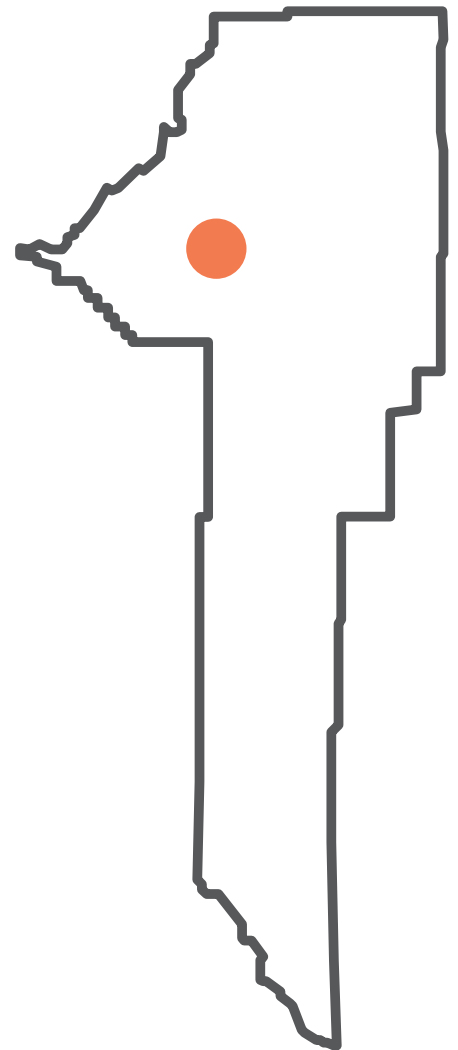
METHODOLOGY

Sixteen community members participated in the Manhattan, Churchill, and Amsterdam study circles. The attendees of these sessions included representation from Manhattan emergency response, civic organizations, faith institutions, the school system, and members of the senior community. The majority of the study circle attendees were from Manhattan. While some of the information gathered can be applied to the Churchill and Amsterdam communities, the information in this section may not be a true reflection of those communities due to the lack of representation in the study circles.

ASSETS

The following is a list of assets that exist in the communities of Manhattan, Churchill and Amsterdam.

- Agriculture
- Clean water
- Community events
- Environment
- Farmers market
- Parks
- Parks and trails
- School field trips and activities
- Sports and recreation
- Support for neighbors and friends
- Volunteers
- School field trips and activities



**“This is where Idaho gets
its potatoes!”**

IDENTIFYING THEMES AND ADDRESSING CHALLENGES

In each community there are challenges that impact the health of the residents. The following themes were identified as areas that the participants believed would have a substantial and lasting impact on the health of their community.

- **YOUTH ACTIVITIES***: A high population of latch-key kids and a lack of productive youth activities contribute to high-risk behavior.
- **ACCESS TO HEALTHCARE RESOURCES***: A dentist is the only healthcare provider that serves in Manhattan. Services such as a clinic & pharmacy, mental health counseling, and emergency care are unavailable in Manhattan.
- **INCREASE ECONOMIC VITALITY***: Blackhawk is opening a factory in Manhattan, which will increase employment opportunities and demands for services within the community. More businesses, such as entertainment facilities and a gym would improve health and quality of life.
- **ACCESS TO TRANSPORTATION**: The community's distance to services is not far enough to demand services within the community, but is too far for easy access. Gas

prices into neighboring communities are a barrier to needed services and activities.

- **MENTAL HEALTH ACCESS**: In the event of a mental health emergency, a law enforcement officer must take the individual to Bozeman to receive help, leaving fewer officers in case of emergency. Mental health crises could be prevented if awareness and out-patient care were increased.

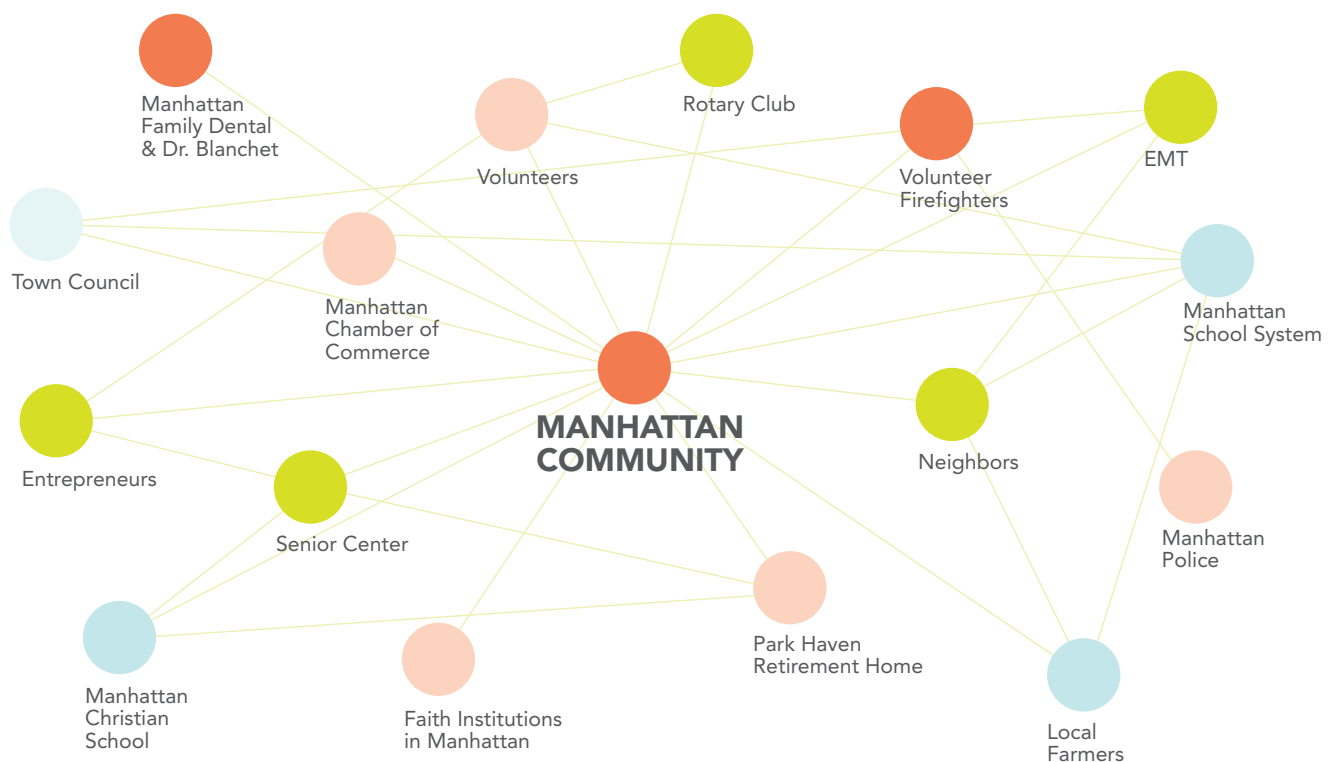
“For a community this size, I wouldn’t expect the number of calls about suicide and violence related to mental health.”

** Challenges that were prioritized by community members*

MANHATTAN, CHURCHILL, & AMSTERDAM

MANHATTAN PUBLIC HEALTH SYSTEM

Below is a visual representation of the organizations and associations that contribute to the health and well-being of the community of Manhattan.



MANHATTAN ACTION IDEAS

- **CREATE RECREATION PROGRAMS DURING THE SUMMER AND AFTER SCHOOL:** A survey was distributed to youth in Manhattan asking what activities are most demanded and how much assistance youth are willing to contribute. The results of this survey will be used to inform and explore recreation programs during the summer and after school.
- **CONNECT WITH MAJOR EMPLOYERS, INCLUDING BLACKHAWK, TO ENGAGE THEM IN THE COMMUNITY:** Create partnerships between the community and major employers. Manhattan will benefit if employers see the community as more than a location for their business.

THREE FORKS

COMMUNITY PROFILE

Three Forks is located in the western region of the Gallatin Valley, about 30 miles west of Bozeman. The city lies geographically near the point in Missouri Headwaters State Park, where the Jefferson, Madison, and Gallatin Rivers converge to form the Missouri River. Area attractions such as Lewis and Clark Caverns State Park and the newly renovated Sacajawea Hotel have made Three Forks and the surrounding area a regional hub for tourism.

Three Forks has many strengths and assets which promote healthy lifestyles. An abundance of activities, from a golf range to trails and civic groups all help build a strong sense of community pride. The small town boasts an array of health services, including a clinic & pharmacy, chiropractor, and dentist, as well as an expanding school system and library and an active ministerial and church collaboration. Residents do not have to travel far for many of their needs.

DEMOGRAPHICS

Based on the 2010 census, the population of Three Forks was 1,869, of which 16% were over the age of 65. According to the census, 40% of the population of Three Forks is living below 200% of the Federal Poverty Level, which is the highest in the county.

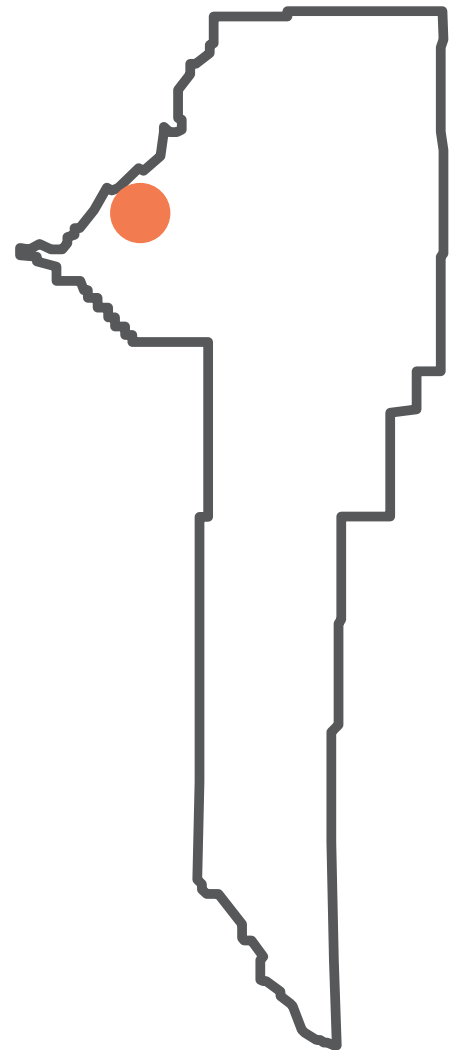
METHODOLOGY

Study circles in Three Forks occurred over 4 sessions during March. Fifteen Three Forks residents participated, including representation from medical providers, town council representation, civic organizations, faith institutions, members of the senior community and representation from the school system.

ASSETS

The following is a list of assets that exist in Three Forks.

- Access to Healthcare
- Community events
- Community Pride
- Faith Community
- Golf Course
- Library
- Museums
- Parks and Recreation
- Quilting and Civic Clubs
- Security
- Senior Center
- Support for neighbors and friends
- Tourism and Sacajawea Hotel
- Trails
- Volunteers



“People know where Three Forks is... we can use that to our advantage.”

THREE FORKS

IDENTIFYING THEMES AND ADDRESSING CHALLENGES

In each community there are challenges that impact the health of the residents. The following themes were identified as areas that the participants believed would have a substantial and lasting impact on the health of Three Forks.

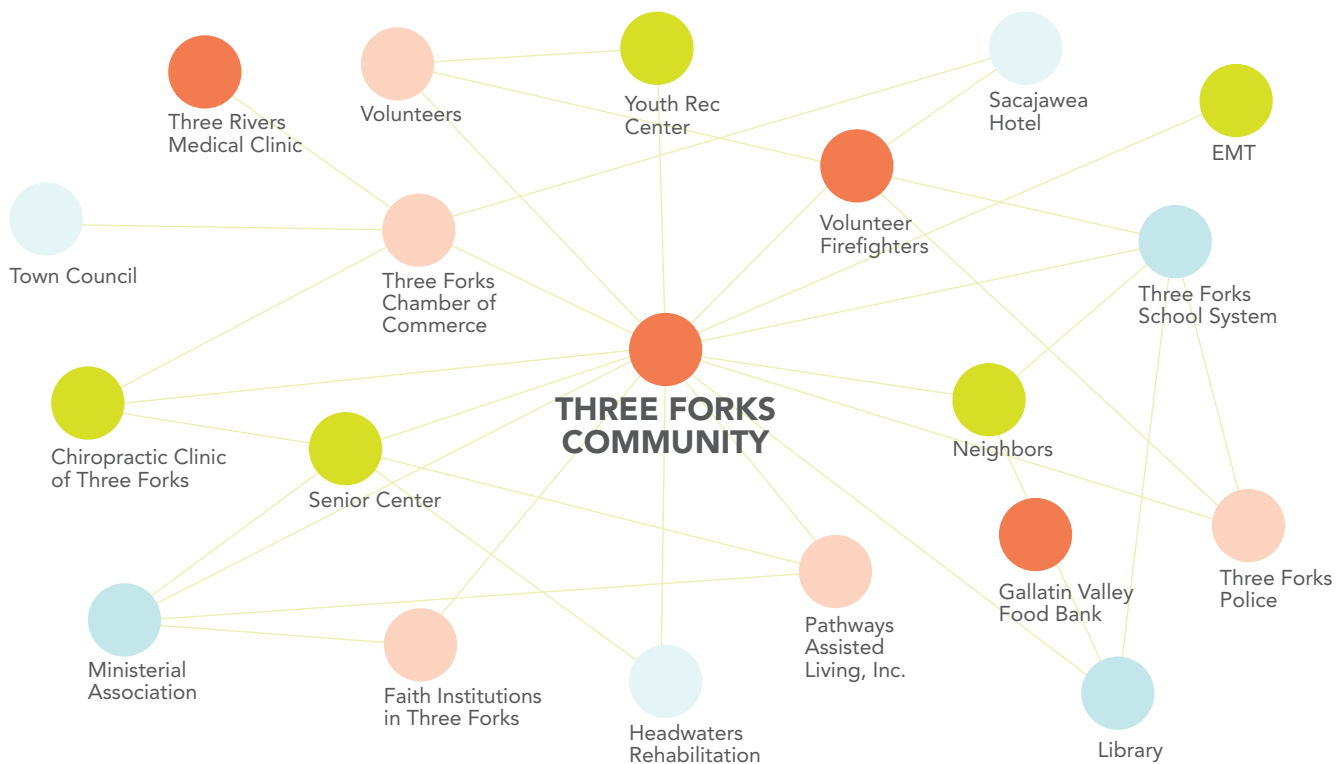
- **MAINTAINING THE SERVICES ALREADY AVAILABLE*:** Three Forks has a lot of health services available within the community, but the lack of a retention plan challenges the long term sustainability of services. If key players leave, Three Forks could be left without health services.
- **COMMUNICATION*:** Communication about events and services in Three Forks is important for building and maintaining available services. Communication about services is also important between service providers and concerned residents so people can be referred. Communication between families is also lacking, as family dynamics change and families spend less time together.
- **FOOD SECURITY:** Food security is uncertain for vulnerable groups including youth and the very elderly. Many youth show up to the youth center without having eaten, and the very elderly rely on their neighbors for food.
- **YOUTH*:** Many youth in Three Forks are without adult supervision and without after-school activities, which contributes to drug and alcohol abuse and high teenage pregnancy rates. A youth recreation center is serving many at-risk youth, but has limited hours. In order to remain open, the owners are currently seeking a permanent location where they may be able to increase services.
- **MENTAL HEALTH ACCESS:** Three Forks does not have any mental health services.

“I didn’t know that was going on! How can services remain here if we don’t know they’re here?”

** Challenges that were prioritized by community members*

THREE FORKS PUBLIC HEALTH SYSTEM

Below is a visual representation of the organizations and associations that contribute to the health and well-being of the community of Three Forks.



THREE FORKS ACTION IDEAS

- **INCREASE COMMUNICATION:** Formulate newsletters or community gatherings so people know what's going on and what services are available.
- **ENHANCE YOUTH CENTER:** Find a permanent location for the youth center and transportation to and from the location.

WEST YELLOWSTONE

COMMUNITY PROFILE

West Yellowstone is located in southern Gallatin County, adjacent to Yellowstone National Park. Surrounded on the remaining sides by the Gallatin National Forest, West Yellowstone is a hub for tourism and outdoor recreation. It is 90 miles south of Bozeman and 100 miles north of Idaho Falls, Idaho, which can be very isolating and challenging for residents, especially regarding access to services.

West Yellowstone has many strengths and assets which promote healthy lifestyles. Outdoor recreation is easily accessible throughout the town and parks surrounding it. Numerous trails provide healthy recreation to residents throughout the winter and summer months. Furthermore, the small town boasts an array of services, including a clinic & pharmacy, counseling, dentist, physical therapist, and chiropractor.

DEMOGRAPHICS

Based on the 2010 census, the population of West Yellowstone was 1,271, of which 17.9% were Hispanic or Latino. According to the census, 35% of the population of West Yellowstone is living below 200% of the Federal Poverty Level.

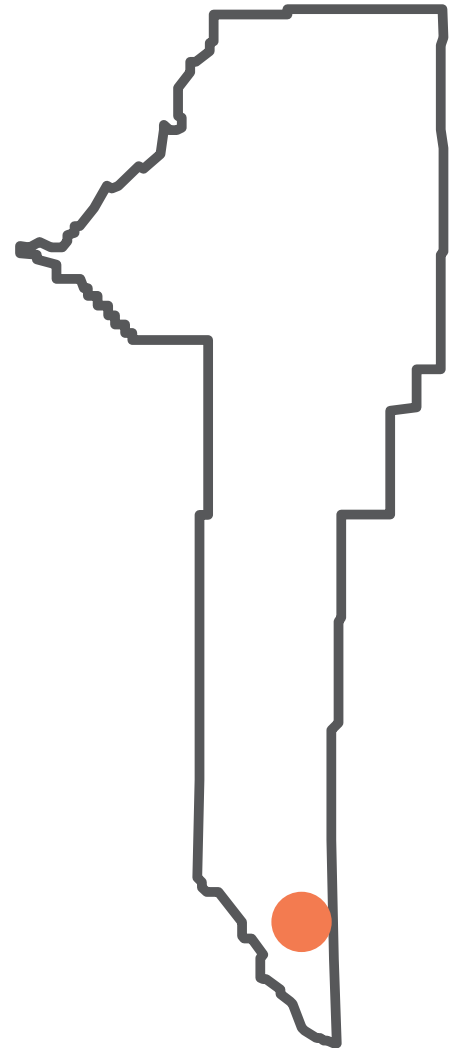
METHODOLOGY

Eighteen West Yellowstone residents participated in the study circles, which occurred over three sessions in May. The attendees of these sessions included representation from medical providers, the town council, civic organizations, faith institutions, and members of the senior community.

ASSETS

The following is a list of assets that exist in the community of West Yellowstone.

- Education
- Access to healthcare
- Support for neighbors and friends
- Volunteers
- Trails
- Museums
- Yellowstone National Park
- Natural environment
- Mental health services
- Tenacity of residents
- Tourism
- Diversity



“West is unique... there’s something about it that makes you want to stay.”

IDENTIFYING THEMES AND ADDRESSING CHALLENGES

In each community there are challenges that impact the health of the residents. The following themes were identified as areas that the participants believed would have a substantial and lasting impact on the health of West Yellowstone.

- **COMMUNITY INTEGRATION AND NETWORKING:** In order to find information about events in the community, you have to be looking for it. Increasing community participation could increase emotional commitment to the community so that people are invested. West has one of the highest Hispanic populations within the county, yet integration is difficult because of language barriers.
- **SEASONAL ECONOMY:** The economy in West Yellowstone relies on the tourism from Yellowstone National Park. Employment opportunities are highly seasonal, and there are few long-term careers available for residents. Many residents are seasonal, and the influx of summer tourists also brings transient populations.
- **AFFORDABLE HOUSING:** Quality and affordable housing is lacking in West Yellowstone. Many housing arrangements are organized by employers, but this is seasonal. Affordable housing is a cyclical issue: if there's not enough housing, businesses can't hire, and if no one will hire, there won't be housing.
- **CRISIS HEALTHCARE*:** In case of challenges with mental health, victims of sexual assault or partner/family member assault there are no options for care. Since the recent introduction of mental health counseling through the Gallatin Mental Health Center, there have been fewer mental health crises in the community.
- **ACCESS TO AND KNOWLEDGE OF VARIOUS FORMS OF HEALTHCARE:** Vulnerable groups, including the transient and Hispanic populations are largely unaware of quality and affordable healthcare options and services that are available in West Yellowstone.
- **ALCOHOL AND DRUG COUNSELING AND REHABILITATION:** West Yellowstone faces challenges with substance abuse in the community, especially among the transient populations. There are limited alcohol rehabilitation options within the community, and no options for low-income individuals.

“When Yellowstone Park coughs, we catch a cold.”

** Challenges that were prioritized by community members*

WEST YELLOWSTONE

WEST YELLOWSTONE PUBLIC HEALTH SYSTEM

Below is a visual representation of the organizations and associations that contribute to the health and well-being of the community of West Yellowstone.



WEST YELLOWSTONE ACTION IDEAS

- **INCREASE ACCESS TO CRISIS HEALTHCARE AND CRISIS COUNSELING:** Community Health Partners hosts counseling services from Gallatin Mental Health Center, which is well utilized. Increasing counseling options, as well as implementing a peer-to-peer hotline or crisis line for crisis counseling could address more acute mental health crises.
- **ENCOURAGE EMPLOYER DRUG AND ALCOHOL TESTING:** Community West Outreach is encouraging employer drug and alcohol testing among new hires.

Through this initiative, Community West Outreach minimizes costs to employers by providing the needed documents and provides resources for substance abuse education. With more people involved, reaching out to employers would be faster.

- **COMMUNITY GATHERING:** A community gathering would increase community cohesiveness. Celebrating together with an international food festival or dance contest would integrate different populations and could help communication efforts throughout the community.

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

THE LOCAL PUBLIC HEALTH SYSTEM

What defines a public health system? In Gallatin County, the local public health system is comprised of many organizations (public, private and voluntary entities) and individuals that engage in activities that contribute to the delivery of the ten essential public health services. It takes more than healthcare providers and public health agencies to address the social, economic, environmental and individual factors which influence health.



This assessment will assist in identifying paths for improvement, ensuring the provision of quality services, and the means for implementing more efficient responses to public health challenges.

The Local Public Health System Assessment helps to answer the questions:

What are the activities and capacities of our public health system?

How well are we providing the Essential Public Health Services in our county?

THE TEN ESSENTIAL PUBLIC HEALTH SERVICES:

1. Monitor health status to identify community health problems
2. Diagnose and investigate health problems and health hazards
3. Inform, educate, and empower people about health issues
4. Mobilize community partnerships to identify and solve health problems
5. Develop policies and plans that support individual and community health efforts
6. Enforce laws and regulations that protect health and ensure safety
7. Link people to needed personal health services and assure the provision of health
8. Assure a competent public and personal health care workforce
9. Evaluate effectiveness, accessibility, and quality of personal and population health services
10. Research for new insights and innovative solutions to health problems

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

METHODOLOGY

Gallatin County participated in The National Public Health Performance Standards Program (NPHPSP) Local Assessment, which is framed around the 10 Essential Public Health Services (EPHS). This program is used throughout the United States to evaluate the performance of local public health systems. It was developed in 2001 as a collaboration of the Center for Disease Control (CDC) and the National Association of County and City Officials (NACCHO).

Within the Local Instrument, each EPHS includes between 2-4 model standards that describe the key aspects of an optimally performing public health system. Each model standard is followed by assessment questions that serve as measures of performance. Each site's responses to

these questions should indicate how well the model standard - which portrays the highest level of performance or "gold standard" - is being met.

Participants responded to assessment questions using the following response options below. These

same categories are used in this report to characterize levels of activity for Essential Services and model standards.

LPHSA PERFORMANCE SCORING SCALE

Optimal Activity	Greater than 75% of the activity is met
Significant Activity	Greater than 50% but no more than 75% of the activity is met
Moderate Activity	Greater than 25% but no more than 50% of the activity is met
Minimal Activity	Greater than 0% but no more than 25% of the activity is met
No Activity	0% or absolutely no activity

PROCESS

The assessment was conducted in two separate three-hour meetings. Workgroups were organized by Essential Public Health Service, and participants chose which services they thought they best represented based on short summaries of each. Each workgroup was professionally facilitated using an electronic voting system to streamline the voting process. Scoring is based on the knowledge and perception of participants in each EPHS group. This perception may not always be a true reflection of activity that is or is not taking place in the county.

Because of the limitations noted, the results and recommendations associated with these reported data should be used for quality improvement purposes and guiding an overall public health infrastructure and performance improvement process.

COMMUNITY INVOLVEMENT

This process is limited in that it only represents the organizations and people present at the meeting. Thirty-eight organizations and sixty-five individuals participated, including representation from the local health department, healthcare providers, human service organizations, schools and universities, elected officials and governmental organizations, faith institutions, youth development organizations, economic and philanthropic organizations, and environmental agencies.

SUMMARY OF FINDINGS

SUMMARY OF ESSENTIAL PUBLIC HEALTH SERVICES SCORES

EPHS1	Monitor health status to identify community health problems	30
EPHS2	Diagnose and investigate health problems and health hazards	68
EPHS3	Inform, educate, and empower people about health issues	52
EPHS4	Mobilize community partnerships to identify and solve health problems	29
EPHS5	Develop policies and plans that support individual and community health efforts	62
EPHS6	Enforce laws and regulations that protect health and ensure safety	62
EPHS7	Link people to needed personal health services and assure the provision of health	35
EPHS8	Assure a competent public and personal health care workforce	41
EPHS9	Evaluate effectiveness, accessibility, and quality of personal and population health services	51
EPHS10	Research for new insights and innovative solutions to health problems	55
OVERALL SCORE		49

CHALLENGES

Based on the results from the assessment, the following areas have been identified as top challenges to the local public health system.

ESSENTIAL SERVICE 4: Mobilize community partnerships to identify and solve health problems

- The number of partnerships and strategic alliances between organizations could be increased to help maximize impact on the populations they serve.

ESSENTIAL SERVICE 1: Monitor Health Status to Identify Community Health Problems

- There is limited sharing and access

to assessments that are conducted by organizations that would contribute to the understanding of health statuses within the county.

- There is limited knowledge and access of population health registries.

ESSENTIAL SERVICE 7: Link people to needed personal health services and assure the provision of health

- There is a lack of coordination between organizations that provide personal health and social services.
- There is a lack of Spanish-speaking services- especially for mental health counseling.

STRENGTHS

While there are many areas of opportunity to improve within the public health system, there are also many areas in which Gallatin County is within the area of 'significant activity'. Those specific areas that were ranked highest are listed below.

- Optimal planning and protocols for public health emergencies
- Strong authority and enforcement with regard to public health laws, regulations and ordinances
- Linking higher learning and research to the public health sector

FORCES OF CHANGE ASSESSMENT

The Forces of Change (FOC) assessment focuses on identifying the local, state and national forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate.

METHODOLOGY

The Forces of Change Assessment was conducted during a single three-hour brainstorming session that was professionally facilitated. Thirteen public health professionals participated in the assessment, with representation from across the county including academia, community health, rural health, and environmental health organizations. Participants were asked to identify factors, trends and events affecting the health of Gallatin County, ranging from economic forces to social, political, and environmental forces. After compiling a list of forces, participants were asked to identify both threats and opportunities for many of the forces identified. This list was sent out to MAPP committee members for comments, suggestions, and additions. Once the list was

finalized, members of the MAPP Committee organized the list into categories. The following is a summary of the assessment results.

THEME FORCES

- Tough economic climate / Recession
- Youth issues
- Changing demographics
- Health access and quality
- Changing political landscape

SUMMARY OF THE RESULTS

The Local Public Health System is not operating in a vacuum: there are many global, national and regional forces that affect how our local system can operate. Overarching forces affecting our local public health system are the economic climate, youth issues, changing demographics, access and quality of healthcare services, and the political landscape.

ECONOMIC CLIMATE

The recession of 2009 and the ensuing period of slow economic growth have had dramatic consequences. Recovery has continued to be slow and job growth is the slowest in history. Unemployed and underemployed individuals have less access to health insurance and must prioritize their greatest needs. Tightening local, state, and national budgets mean less funding for research and development

as well as for programs funding important infrastructure development (such as water and sewer) that directly impact community and individual health.

Locally, Gallatin County has seen the impact of the struggling economy as an increasing number of individuals look to the local public health system for support. Residents are seeking services and amenities more locally to avoid high gas prices. Uninsured and underinsured individuals, with high deductibles have difficulty paying

for preventive health services, dental care, and mental health services. In a tough economic climate, mental health services are especially important, but a stigma against it as well as decreased time and money to seek out mental health services make help less accessible.

The unpredictability of the tourism industry, on which many communities across Gallatin County depend, causes a stressful seasonal economy, especially among a tough national

and global economy. Since tourism revolves around the outdoor activities and environment, environmental patterns, such as severe weather, affect the tourism and the economy in the county.

YOUTH EMPOWERMENT

Across the country, the struggling economy has decreased the ability of youth to find productive employment and the accessibility of services and activities for youth. There is not lack of activities for kids and youth, but in rural communities, the time and resource commitment to transport kids to population centers is limiting. Due to limited meaningful engagement, many youth and adolescents are left without purpose and may lean towards risky behaviors out of boredom. Family dynamics across the country are changing as families are struggling to make ends meet.

In Gallatin County, many parents in need of employment have begun work at the Bakken oil fields, leaving children and youth alone. With decreased supervision and limited youth activities, Gallatin County is experiencing youth substance abuse and teen pregnancy.

CHANGING DEMOGRAPHICS

The US population is expected to increase around 100 million, as well as grow somewhat older by 2050. America's relatively high fertility rate is thanks larger to recent immigrants who tend to have more children than residents who have been in the US

for several generations. Population growth causes more demands on infrastructure, especially in rural areas, and services such as affordable housing and education. As baby boomers retire, the population is aging, which is increasing demands on social security and on end of life healthcare infrastructure.

The population of Gallatin County has increased 32% since 2000, according to the US Census. Much of the population growth is occurring in rural areas, without the water and sewage infrastructure to maintain the increase in population. Across the county, affordable housing is lacking. Although education is more available, with Gallatin College, a 2-year program, and online courses, decreased education funding threatens public education. Furthermore, an increasing migrant population and Veterans returning to Gallatin County with Post-Traumatic Stress Disorder require adapting outreach strategies and services.

ACCESS & QUALITY

The global pattern of disease burden is shifting from communicable diseases to chronic diseases, making prevention, focus on holistic care, and public health education more important. The Affordable Care Act aims to increase access to and affordability of health services.

Locally, a high number of uninsured and underinsured people forces funding to go toward treatment instead of prevention, which is more expensive. Furthermore, this creates

disparities in health access and quality of care, especially for people below 200% of the federal poverty level. Increased accessibility and affordability and changing regulations due to the Affordable Care Act will increase demands on the Local Public Health System. Accessibility and quality of health services is changing locally, as well, shifting toward a patient centered care model and electronic health records. The lack of a local detox center increases the burden and difficulty of seeking treatment for an addiction and contributes to high rates of substance abuse throughout the county.

CHANGING POLITICAL LANDSCAPE

The political landscape is shifting nationally and locally which threatens funding for public health. Nationally, the November 2012 presidential election will potentially change funding and regulations for public health initiatives across the country as well as change access and quality of health-care services. The polarization of political parties has made certain areas of public health more controversial.

Distrust of the government throughout the state, as well as a federal deficit, has caused a shift toward nonprofit service providers instead of government. The reconvening of the MT legislature, which has switched to a Republican majority for the first time since 2003, as well as a new governor in January, will change public health funding locally.

COMMUNITY HEALTH STATUS ASSESSMENT

2011 PRC COMMUNITY HEALTH SURVEY

METHODOLOGY

This assessment incorporates data from primary research (the 2011 PRC Community Health Survey)³ and secondary research (vital statistics and other existing health-related data). It also allows for comparison to benchmark data at the state and national levels. The scope of the PRC assessment covered Park, Madison and Gallatin Counties to correspond with the service areas of Bozeman Deaconess Health Services (all three counties) and Community Health Partners (Gallatin and Park counties). For the purposes of the Community Health Status Assessment, Gallatin County data was isolated from the other two counties.

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 Deaconess Health Services, Community Health Partners (CHP), and the Gallatin City-County Health Department, in conjunction with Professional Research Consultants (PRC).

SAMPLE APPROACH & DESIGN

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the 2011 PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology was employed. The primary advantages of telephone interviewing are timeliness, efficiency and random-selection capabilities.

The sample design used for this effort consisted of a stratified random sample of 400 individuals age 18 and older in Gallatin County. The sample was stratified to include 200 interviews in Bozeman and 200 in Other Gallatin County; after the data were collected, the interviews were weighted in proportion to the actual population distribution of these areas so that overall findings properly reflect the Total Area as a whole.

Conducting 200 surveys in Other Gallatin County was limiting in that it was more difficult to get statistically significant data in the smaller communities located within the county. Similarly, the racial and ethnic populations in Gallatin County are small enough that gathering data on health outcomes and trends was challenging. Within this report, the sub-population that you will see most frequently highlighted is people living below 200% of the Federal Poverty Level (FPL).

COMMUNITY HEALTH STATUS ASSESSMENT INDICATORS

Following the extensive 2011 PRC Community Health Survey, the MAPP Committee selected indicators which represented Gallatin County's health status. These indicators were chosen after consideration of indicators used in the 2012 County Health Rankings, Healthy People 2020 and the National Prevention Strategy to ensure that the indicators and measures selected were comparable to state and national benchmarks. Social and

environmental determinants of health were also considered when selecting indicators. Furthermore, since the information is meant to be tracked over time, it was important that the data be available in future years.

Many of the indicators that were chosen come from the PRC assessment that was conducted in 2011. The additional indicators were selected in order to give a comprehensive snapshot of health in Gallatin County. Other

indicators were chosen from available data from sources that included:

- CDC
- Montana Vital Statistics
- County Health Rankings
- Montana Department of Health and Human Services.

Indicators were benchmarked against Healthy People 2020 and the National Prevention Strategy, where applicable.

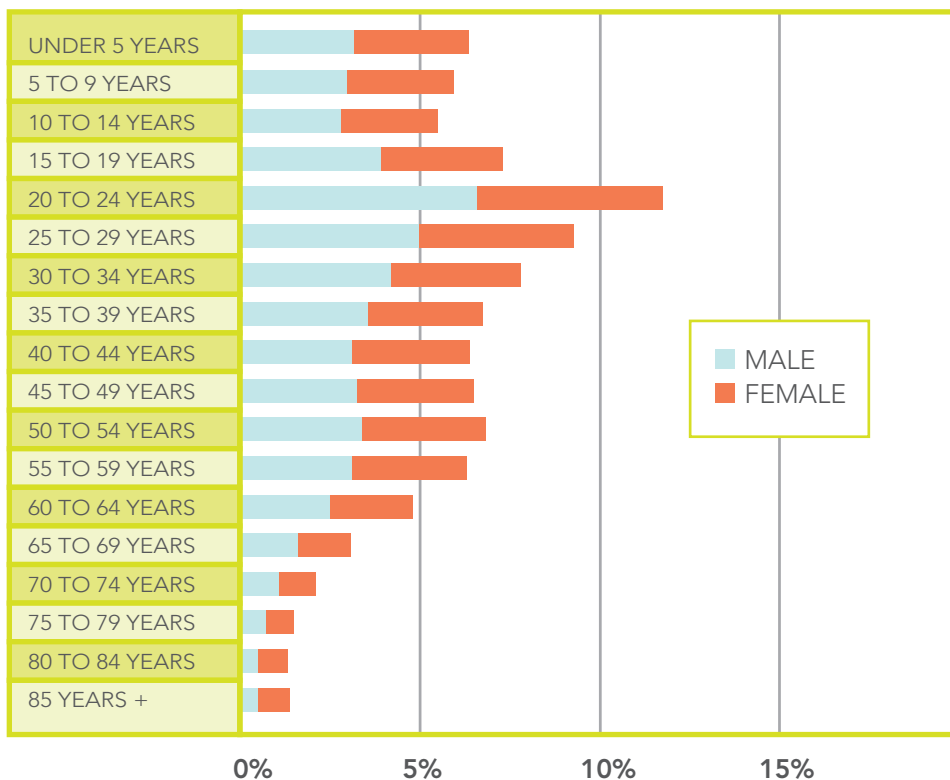
³ For the full PRC report, please visit <http://bozemanregion.healthforecast.net/>

INDICATOR	MEASURE	SOURCE
SOCIAL, ECONOMIC, AND ENVIRONMENTAL FACTORS		
SOCIAL AND ECONOMIC FACTORS		
EDUCATION	% of high school graduates (includes equivalency)	2006-2010 ACS, County Health Rankings
EMPLOYMENT	Unemployment Rate	2006-2010 ACS, County Health Rankings
COMMUNITY SAFETY	% Victim of a violent crime in the past 5 years	PRC 2011, County Health Rankings
	Domestic Violence Rates	PRC 2011
INCOME	% Individuals below 200% of the Federal Poverty Level	2006-2010 ACS
ENVIRONMENTAL FACTORS		
BUILT ENVIRONMENT	% ZIP Codes with Healthy Food Outlets	PRC 2011, County Health Rankings
	% Have Access to Public Exercise Facilities in Neighborhood	PRC 2011, County Health Rankings
ENVIRONMENTAL QUALITY	# of days w/ PM 2.5 levels over National Standard	CDC PHASE, County Health Rankings
BEHAVIORS, STRESS, AND PHYSICAL CONDITION		
BEHAVIORS		
SEXUAL HEALTH	Pregnancy Rates among Adolescent Females aged 15-19 / 1,000	MT DPHHS 2009, National Prevention Strategy
	% [Age 18-64] Tested for HIV in the past year	PRC, 2011; HP 2020
	Chlamydia Incidence per 100,000	MT DPHHS, CDC
INJURY & VIOLENCE PREVENTION	% "Always" Wear Seat Belt	PRC 2011, HP 2020
	% [Homes With Firearms] Weapon(s) Unlocked & Loaded	PRC 2011
SUBSTANCE ABUSE	% Binge Drinker (Single Occasion- 5+ drinks Men, 4+ drinks Women)	PRC, 2011, National Prevention Strategy, HP 2020
DIET AND EXERCISE	% Obese	PRC, 2011, National Prevention Strategy, County Health Rankings, HP2020
	% of adults who meet physical activity recommendations	PRC 2011, National Prevention Strategy, HP 2020
TOBACCO USE	% Current Smoker	PRC, 2011, National Prevention Strategy, County Health Rankings, HP 2020
	% Use Smokeless Tobacco	PRC, 2011
CLINICAL CARE & ACCESS		
IMMUNIZATIONS	% [19-35 mos] who received recommended doses of DTaP, Polio, MMR, Hib, hepatitis B, varicella, and PCV vaccines	HP 2020, DPHHS
	Pertussis per 100,000	PRC, 2011, MT DPHHS
INSURANCE AND ACCESS	% [Age 18-64] Lack health insurance	PRC 2011, County Health Rankings, HP 2020
	% difficulty Accessing Healthcare in the past year (composite)	PRC, 2011
	% Have Dental Insurance	PRC, 2011
PRENATAL CARE	% Received Prenatal Care in First Trimester	PRC, 2011, National Prevention Strategy
DENTAL CARE	% [Age 18+] Dental Visit in Past Year	PRC, 2011, HP 2020
CANCER SCREENINGS	%[Age 50-75] Colorectal Cancer Screening	PRC, 2011, National Prevention Strategy
	% [women 50-74] Mammogram in Past 2 years	PRC 2011, County Health Rankings
	% women [21-65] Pap Smear in past 3 years	PRC 2011
BLOOD PRESSURE SCREENING	% Blood Pressure Checked in Past 2 years	PRC, 2011
BLOOD CHOLESTEROL TESTING	% adults blood cholesterol screening	PRC, 2011
STRESS		
MENTAL HEALTH	% Major Depression	PRC 2011, National Prevention Strategy
HEALTH OUTCOMES		
DEATHS (MORTALITY)		
CHRONIC DISEASE	Cancer (age-adjusted Death Rate)	PRC, 2011, HP 2020, National Prevention Strategy
	Diabetes Melitus (Age-Adjusted Death Rate)	PRC, 2011, HP2020
	Diseases of the Heart (Age-Adjusted Death Rate)	PRC 2011, HP2020
INJURY & VIOLENCE	Unintentional Injury (Age-Adjusted Death Rate)	PRC 2011, HP2020, National Prev Strategy
	Motor Vehicle Crashes (Age-Adjusted Death Rate)	PRC 2011, HP2020
	Firearm-Related Deaths (Age-Adjusted Death Rate)	PRC 2011, HP2020
SUICIDE	Suicide (Age-Adjusted Death Rate)	PRC 2011, HP 2020
MATERNAL & CHILD HEALTH	Infant Mortality Rate	PRC 2011, National Prevention Strategy
ILLNESS (MORBIDITY)		
QUALITY OF LIFE	% "Fair/Poor" Physical Health	PRC 2011
LOW BIRTH WEIGHT	% of Low Birth weight Births	PRC, 2011, National Prevention Strategy, HP2020, County Health Rankings

DEMOGRAPHIC PROFILE OF GALLATIN COUNTY

The size, age and gender composition of the population are important determinants of healthcare needs of a community. The population pyramid illustrates the age and sex distribution of Gallatin County.

AGE DISTRIBUTION GALLATIN COUNTY, 2010



- The male to female population in Gallatin County is almost equal, with slightly more males (51.9%) than females (48.1%).
- The Median age in Gallatin County is 32.5, males- 31.8 and females- 33.4.
- The 20-24 year old age group makes up the largest percentage of all groups in Gallatin County, representing 11.7% of the population.
- Exactly 25% of the population in Gallatin County is under the age of 19.
- 9.4% of the population in Gallatin County is over the age of 65.
- Gallatin County's population has increased 32% since 2000.
- Gallatin County is the fastest growing county in Montana.
- In 2003, the population of Gallatin County was expected to increase to 116,000 by 2030.

Source: US Census Bureau, 2010
MT Planning Commission, 2003

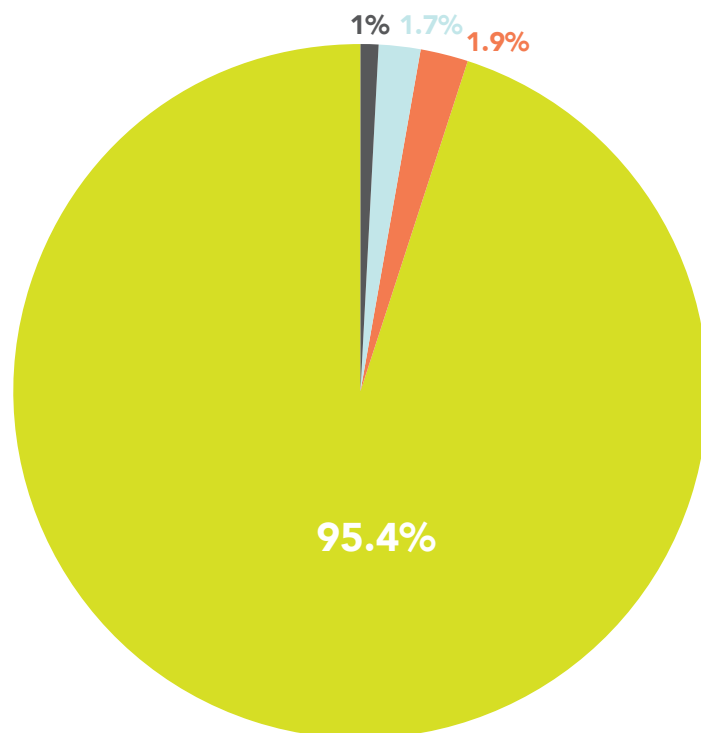
HEALTHCARE RESOURCES

COMMUNITY ASSETS	GALLATIN
HEALTH CARE FACILITIES	
Local Hospital	1
CAH (Critical Access Hospital)	0
Total # of Beds	86
Rural Health Clinics	2
Community Health Centers	3
PRIMARY CARE PROVIDER	
Doctors (MDs and DOs)	116
Nurse Midwives (NMW)	1
Nurse Practitioners (NP)	52
Physician Assistants (PA-C)	39
DENTAL PROVIDERS	
Dentists	64
Dental Hygienists	60
AGING SERVICES	
Nursing Homes	3 (283 beds)
Assisted Living Facilities	13 (367 beds)
Adult Foster Care	3
Adult Day Care Licenses	2

Source: 2009 Montana County Health Profiles, Montana DPHHS

POPULATION BY RACIAL DEMOGRAPHIC

- The minority (non-white) population in Gallatin County makes up 4.6% of the entire population.
- Persons of Hispanic or Latino origin are the largest minority with 2.9% of Gallatin County's population.



- WHITE
- OTHER*
- AMERICAN INDIAN & ALASKA NATIVE
- PERSONS REPORTING TWO OR MORE RACES

* Includes Black and Asian/ Pacific Islander, racial categories include people of Hispanic and non-Hispanic ancestry

SOCIAL AND ECONOMIC FACTORS

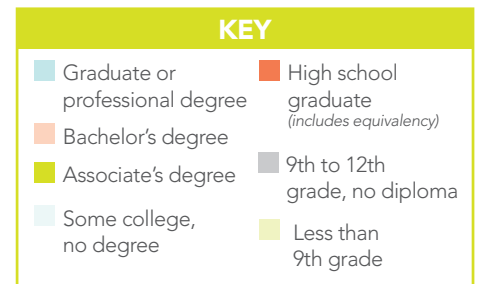
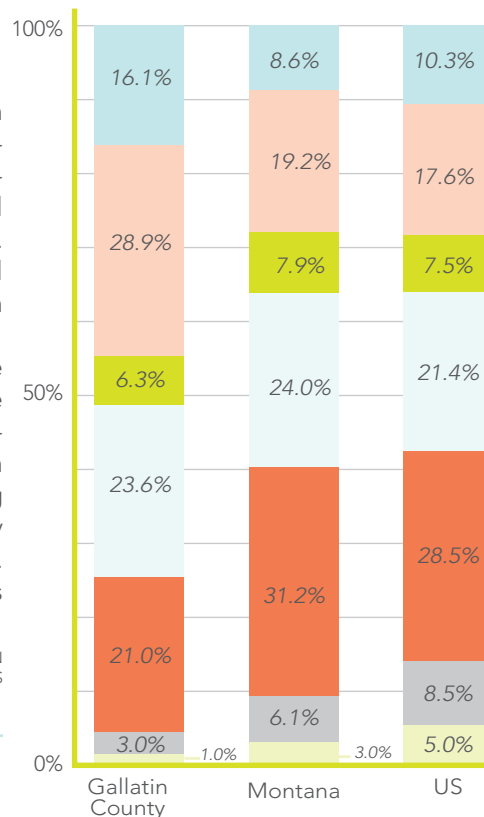
EDUCATION

96% of people 25 years and over in Gallatin County have at least graduated from high school (or the equivalent). Four percent had left school before graduating from high school. This compares to 91% high school graduation in Montana, and 85.6% in the United States.

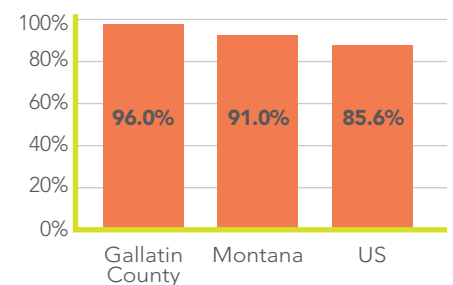
People with more education are likely to live longer, to experience better health outcomes, and to practice health-promoting behaviors such as exercising regularly, refraining from smoking, and obtaining timely health care check-ups and screenings. Educational attainment among adults is linked with children's health as well.

— ROBERT WOOD JOHNSON FOUNDATION, COMMISSION TO BUILD A HEALTHIER AMERICA, "EDUCATION MATTERS FOR HEALTH"

Source: U.S. Census Bureau, 2006-2010 American Community Survey.



% OF HIGH SCHOOL GRADUATES (OR THE EQUIVALENT), POPULATION 25 YEARS AND OLDER



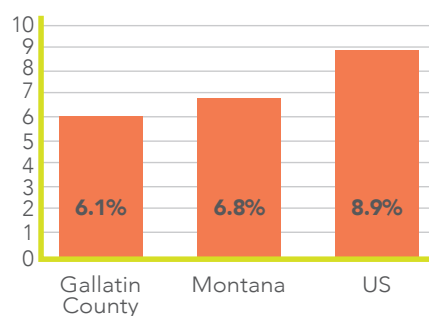
EMPLOYMENT

UNEMPLOYMENT RATE

People who are unemployed are less likely to have health insurance and are more likely to be below the poverty level.

Source: U.S. Bureau of Labor Statistics, Local Area Unemployment Statistics, 2011

AVERAGE UNEMPLOYMENT RATE 2011



INDUSTRIES

(Most common in Gallatin County)

- Construction **13%**
- Retail Trade **12.7%**
- Education, health care and social assistance **20.5%**
- Arts, recreation, and accommodation **12.2%**

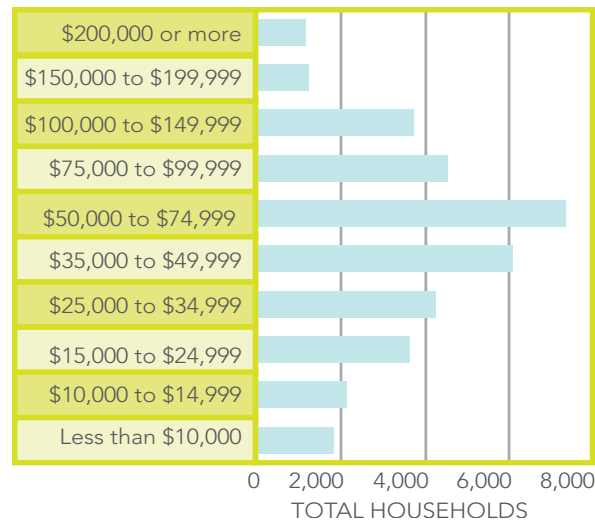
74.5% of the people employed were private wage and salary workers; 15.9% were federal, state, or local government workers; and 9.5% are self-employed.

Source: U.S. Census Bureau, 2006-2010

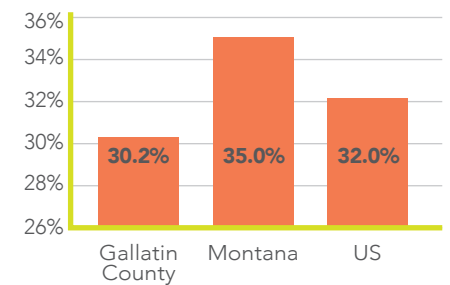
INCOME

HOUSEHOLD INCOME

- Northwest Indicators ranks Gallatin County 5th highest of all 56 counties in the state of Montana for household income.
- The median household income for 2010 in Gallatin County was \$50,136 and per capita income was \$20,423.



% OF INDIVIDUALS BELOW 200% OF THE FEDERAL POVERTY LEVEL



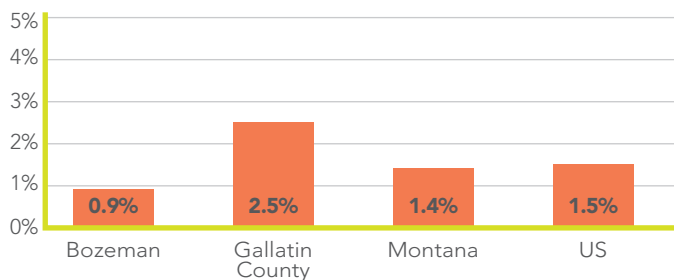
Source: U.S. Census Bureau, 2006-2010 American Community Survey.

COMMUNITY SAFETY

People are healthiest when they feel safe, supported and connected and can trust others in their families, neighborhoods, workplaces, and communities.

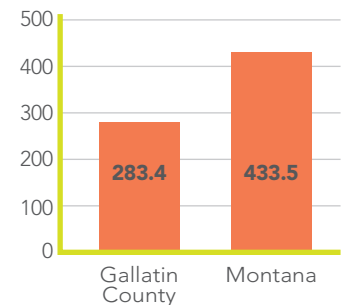
% VICTIM OF VIOLENT CRIME IN THE PAST 5 YEARS

Estimates of violent victimization include rape or sexual assault, robbery, aggravated assault, and simple assault. The rate of violent crime victimizations declined by 13% in the United States in 2010.



DOMESTIC VIOLENCE RATES, 2007-2009 ANNUAL AVERAGE OFFENSES PER 100,000 POPULATION

7.4% of Gallatin County respondents report being hit, slapped, pushed, kicked, or hurt in any way by an intimate partner; this compares with 13.5% in the United States. Gallatin County's rates of domestic violence — 283.4 offenses per 100,000 population in the 2007-2009 annual average — are notably lower than Park County's, at 551.2.



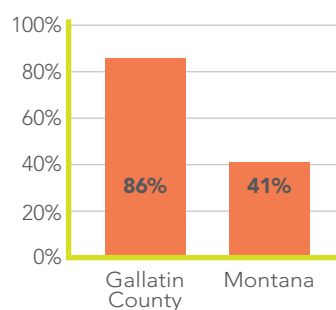
Source: Professional Research Consultants, Inc. PRC Community Health Survey.

Sources: The National Crime Victimization Survey, 2010. <http://bjs.ojp.usdoj.gov/index.cfm?ty=pbdetail&iid=2224>
Professional Research Consultants, Inc. PRC Community Health Survey.

ENVIRONMENTAL FACTORS

BUILT ENVIRONMENT

% ZIP CODES WITH HEALTHY FOOD OUTLETS, 2008



84.3% of Gallatin County residents feel it is easy to purchase healthy foods in the neighborhood. Adults less likely to feel it is easy to purchase healthy foods in the neighborhood are those under age 40 and lower-income residents.

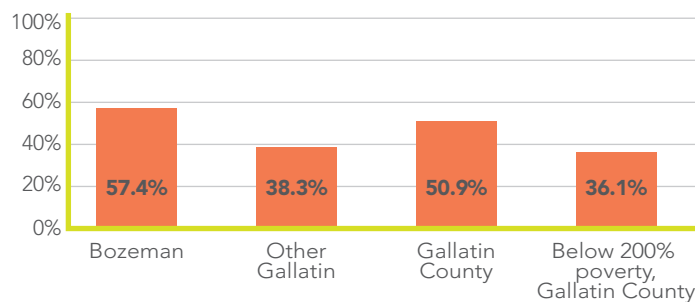
Source: County Health Rankings. University of Wisconsin Population Health Institute & Robert Wood Johnson Foundation. www.county-healthrankings.org

Percentages represent 2008 data.

In this case, the term "healthy food outlets" includes grocery stores with >4 employees, and produce stands or farmers' markets.

% HAVE ACCESS TO PUBLIC EXERCISE FACILITIES IN NEIGHBORHOOD

One-half of Gallatin County Residents report having access to public exercise facilities in their own neighborhoods. "Public exercise facilities" were described to respondents as facilities that were generally free or low-cost and may include things like walking or running tracks, basketball or tennis courts, swimming pools, sports fields, and so on.



Source: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 110]

Asked of all respondents

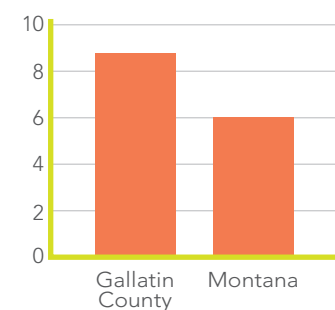
Public exercise facilities include free or low-cost "parks and recreation" facilities, YMCA, or a local community center.

ENVIRONMENTAL QUALITY

The indicator for air quality is Particulate Matter levels over 2.5 microns. This measurement indicates fine particles or droplets in the air that are less than 2.5 microns wide, or about 30 times smaller than human hair. Outside, they come primarily from motor vehicle exhausts, power plants, wild fires, manufacturing processes, and the reaction of gases in the atmosphere. Indoor sources include tobacco smoke, cooking, fireplaces, and candles.

Source: Centers for Disease Control and Prevention. National Environmental Public Health Tracking Network. (n.d.) Web. www.cdc.gov/ephrtracking.
County Health Rankings Summary Information- Montana

OF DAYS WITH PM 2.5 LEVELS OVER NATIONAL STANDARD (2006)



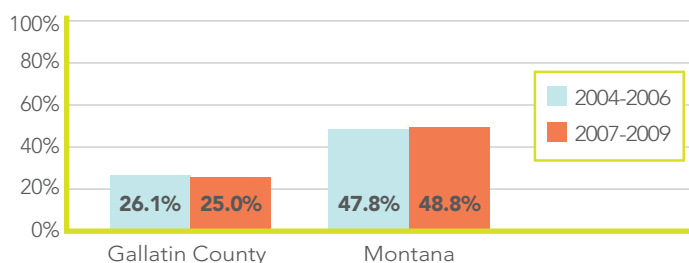
BEHAVIORS

SEXUAL HEALTH

PREGNANCY RATES AMONG ADOLESCENT FEMALES AGED 15-19

Adolescent pregnancy and childbearing have been associated with adverse health and social consequences for young women and their children.

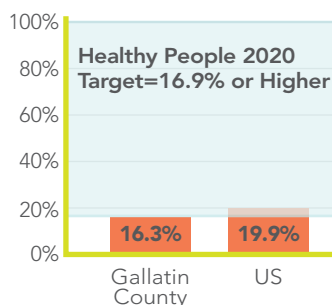
Sources: <http://www.dphhs.mt.gov/publichealth/wmh/documents/teen-pregnancyratesinmontanabycounty.pdf>



% AGE 18-64 TESTED FOR HIV IN THE PAST YEAR

By demographic characteristics, the following population segments (aged 18-44) are more likely to have been tested in the past year

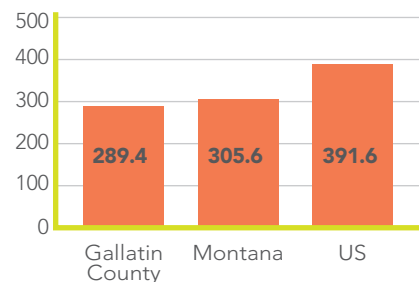
- Lower-Income Adults
- Non-Whites



Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 178]
Professional Research Consultants. PRC National Health Survey. 2011.
US Department of Health and Human Services. Healthy People 2020. December 2010 <http://healthypeople.gov>. [Objective HIV-14.1]
Note that the Healthy People 2020 objective is for those aged 15 through 44.

CHLAMYDIA INCIDENCE PER 100,000

Almost half of the estimated 19 million new STD infections each year are among young people ages 15-24. Because many STDs go undiagnosed, reported cases represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term consequences, including infertility. Rates of Chlamydia have increased in recent years across Montana and the United States.



Sources: Montana Department of Public Health and Human Services Communicable Disease Program
Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics.

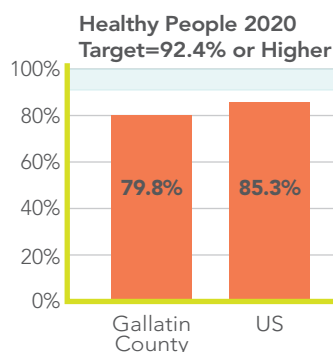
BEHAVIORS

INJURY AND VIOLENCE PREVENTION

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.

% “ALWAYS” WEAR A SEAT BELT

Motor vehicle accidents accounted for 57.7% of accidental deaths throughout Gallatin, Madison, and Park Counties between 2005 and 2007. Men and whites are less likely to report consistent seat belt usage.

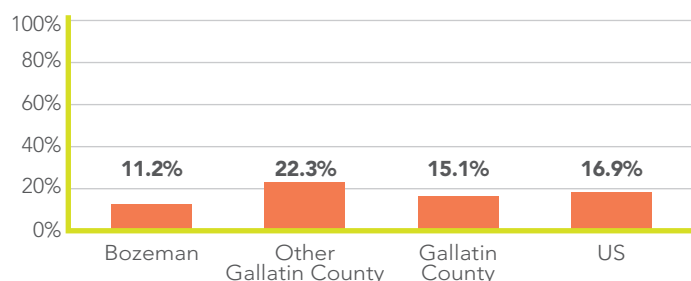


Sources: Professional Research Consultants, Inc. PRC Community Health Survey.

US Department of Health and Human Services. Healthy People 2020. December 2010 <http://www.healthypeople.gov>. [objective IPV-15]

% [HOMES WITH FIREARMS] WEAPONS(S) UNLOCKED & LOADED

Between 1999 and 2007, there was an annual average age-adjusted firearm-related mortality rate of 13.4 deaths per 100,000 population in Gallatin County; this is higher than the Healthy People 2020 objective of 9.2.



Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 167]

SUBSTANCE ABUSE

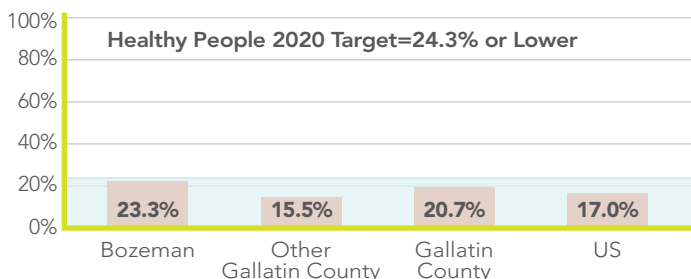
The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems including teenage pregnancy, sexually transmitted diseases, domestic violence, motor vehicle crashes, and crime.

% BINGE DRINKER (SINGLE OCCASION- 5+ DRINKS MEN, 4+ DRINKS WOMEN)

Binge drinking is more prevalent among men and adults under age 40.

Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 202]

Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2010 Montana Data.

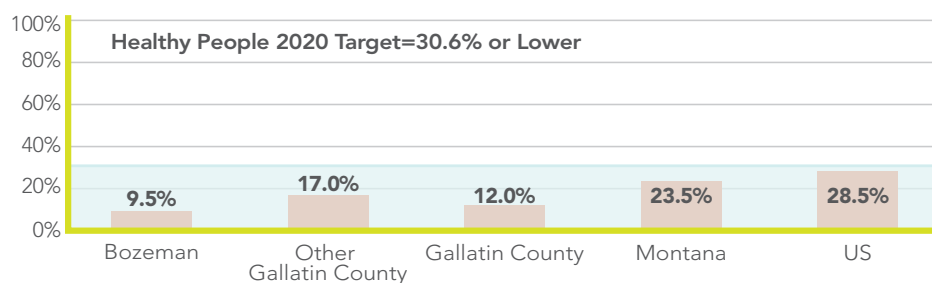


DIET AND EXERCISE

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger. Diet and body weight are related to health status as it is important to growth and development of children and helps Americans reduce their risks for many health conditions. It is one of the most prominent contributors to mortality, contributing to 400,000 premature deaths.

% OBESE

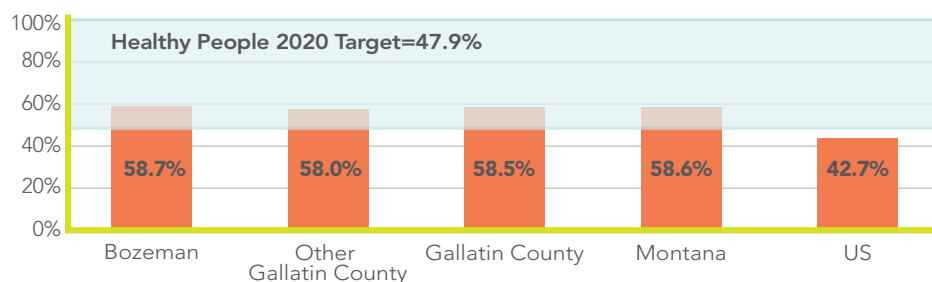
- "Obese" includes respondents with a BMI value ≥ 30 .
- Adults more likely to be obese include the following populations
 - » Adults aged 40 and older
 - » Whites
- There was no significant difference between Gallatin County and those below 200% of the FPL.



Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 191]
 US Department of Health and Human Services. Healthy People 2020. December 2010 <http://www.healthypeople.gov>. [Objective NWS-9]
 Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2009 Montana Data

% OF ADULTS WHO MEET PHYSICAL ACTIVITY RECOMMENDATIONS

- Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of chronic disease or disability.
- Adults (age 18-64) should do 2 hours and 30 minutes a week of moderate-intensity or 1 hour and 15 minutes (75 minutes) a week of vigorous intensity aerobic physical activity, or an equivalent combination of moderate-and vigorous-intensity aerobic physical activity.
- Those less likely to meet physical activity requirements include men and white respondents.



Sources: Professional Research Consultants, Inc. PRC Community Health Survey [Item 183]
 Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2009 Montana Data

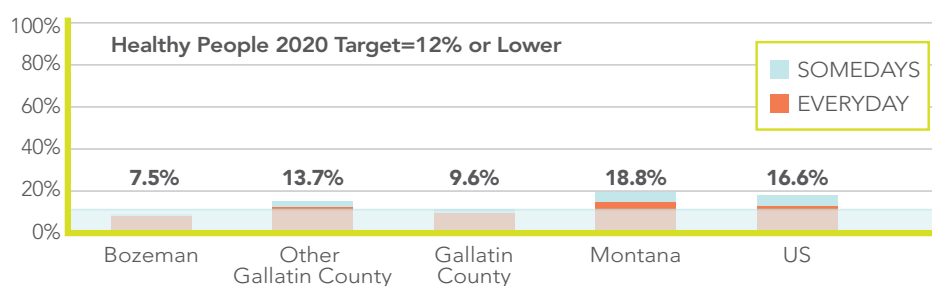
BEHAVIORS

TOBACCO USE

Tobacco is the most prominent contributor to mortality in the United States in 2000, contributing to an estimated 435,000.

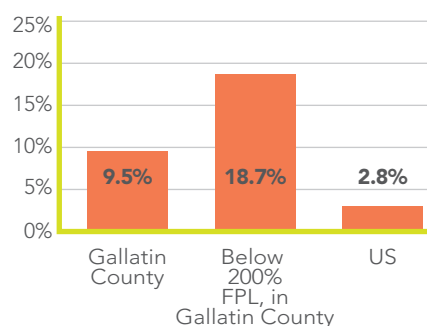
CURRENT SMOKERS

- The percentage of current smokers is much higher outside the Bozeman community.
- There is no statistical difference when viewed by demographic characteristics
- 3.1% of Gallatin County residents have a household member who smokes in the home.
- There was no significant difference between all Gallatin County residents and those 200% below the federal poverty level.



Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 196] Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2009 Montana Data. US Department of Health and Human Services. Healthy People 2020. December 2010 <http://www.healthypeople.gov>. [objective TU-1.1]

USE OF SMOKELESS TOBACCO



- Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss.
- Gallatin County is much higher than the national percentage and is far from satisfying the Healthy People 2020 target of 0.3% or lower.

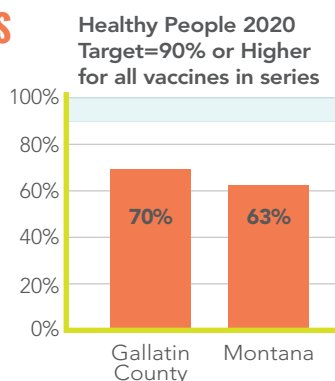
Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 196] US Department of Health and Human Services. Healthy People 2020. December 2010 <http://www.healthypeople.gov>. [objective TU-1.2]

CLINICAL CARE AND ACCESS

VACCINATIONS

CHILDHOOD VACCINATIONS

Aggregated results from clinic reviews- proportion of children 24-35 months who have received all age-appropriate vaccines (4:3:1:3:3:1) by 24 months as recommended by the Advisory Committee on Immunization Practices (ACIP) in 2008.



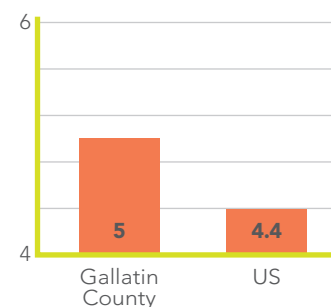
Sources: Montana Department of Health and Human Services Data for Community Health Assessments, Communicable Disease item #1. <http://www.dphhs.mt.gov/publichealth/epidemiology/documents/GallatinCommunityHealthAssessments.pdf>
US Department of Health and Human Services. Healthy People 2020. December 2010 <http://www.healthypeople.gov>. [objectives IID-7.1-7.6]

PERTUSSIS RATES PER 100,000

Pertussis, or whooping cough, is transmitted through person-to-person contact and can be prevented through high level vaccination coverage, especially that of vulnerable populations.

Sources: Montana Department of Public Health and Human Services Communicable Disease Program

(2006-2008 ANNUAL AVERAGE CASES PER 100,000 POPULATION)



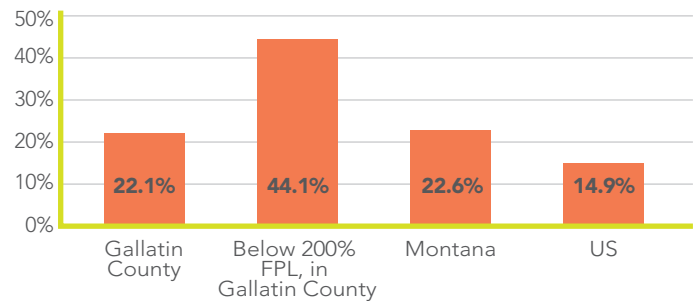
CLINICAL CARE AND ACCESS

INSURANCE AND ACCESS

PERCENT AGES 18-64 WHO LACK HEALTH INSURANCE

While Gallatin County's uninsured coverage is not drastically different from the rest of the state, there is still over 1 in 5 people who are without health insurance. The healthy people 2020 target is universal coverage (0% uninsured).

Residents living below the 200% of the federal poverty threshold experience much higher underinsurance prevalence- 42.7%.



Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 204]

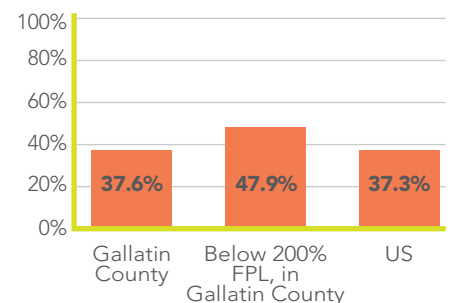
PERCENT DIFFICULTY ACCESSING HEALTHCARE IN THE PAST YEAR (COMPOSITE)

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)

More than one third (37.6%) of adults in Gallatin County report some type of difficulty or delay in obtaining health care services in the past year.



Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 208] Professional Research Consultants. PRC National Health Survey. 2011.

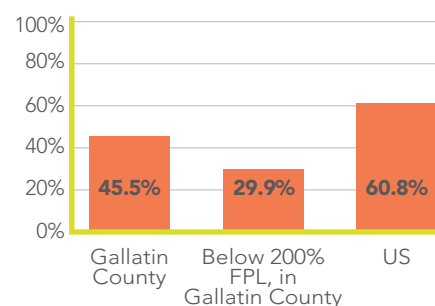
ORAL HEALTH

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.

DENTAL INSURANCE

Only 45.5% of Gallatin County residents have dental insurance that covers all or part of their dental care costs, which is lower than the national findings.

Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 22]
Professional Research Consultants, Inc. PRC National Health Survey. 2011.

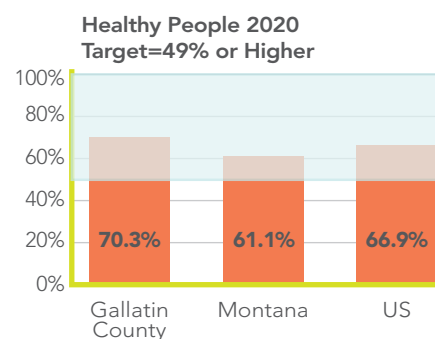


PERCENT OF ADULTS (18+) WHO HAVE VISITED THE DENTIST IN THE PAST YEAR

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
- 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.



Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 21], Professional Research Consultants. PRC National Health Survey. 2011. US Department of Health and Human Services. Healthy People 2020. December 2010 <http://www.healthypeople.gov>. [Objective OH-7] Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2008 Montana Data.

CLINICAL CARE AND ACCESS

PRENATAL CARE

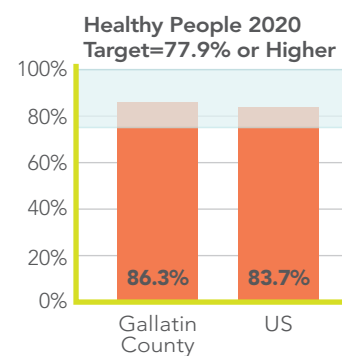
PERCENT WHO RECEIVED PRENATAL CARE IN THEIR FIRST TRIMESTER

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 preconception 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)



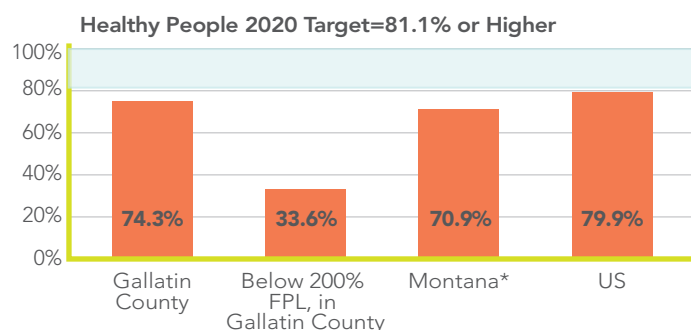
Sources: Montana Department of Public Health and Human Services
US Department of Health and Human Services. Healthy People 2020. December 2010 <http://www.healthypeople.gov>. [Objective MICH-10.1]
Note: Numbers are a percentage of all live births within each population. The US percentage is 2004-2006 data.

CANCER SCREENINGS

PERCENT OF WOMEN, AGES 50-74 WHO HAVE HAD A MAMMOGRAM WITHIN THE PAST YEAR

Among women aged 50-74, 74.3% have had a mammogram within the past two years.

- Similar to the statewide figure (which reflects all women 50+).
- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target (81.1% or higher).
- Women living below 200% of the Federal Poverty level are significantly less likely to access mammogram screenings.



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

Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2010 Montana Data.

Professional Research Consultants. PRC National Health Survey. 2011.

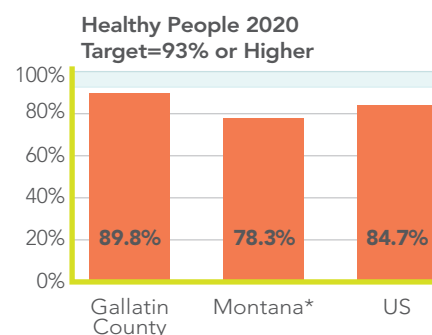
US Department of Health and Human Services. Healthy People 2020. December 2010 <http://www.healthypeople.gov>. [Objective C-17]

*Note that state data reflects all women 50 and older (compared with women 50-74 represented in the county and US figures).

PERCENT OF WOMEN, AGE 21-65 WHO HAVE HAD A PAP SMEAR IN THE PAST 3 YEARS

Among women age 21-65, 89.8% have had a Pap smear in the past 3 years.

- More favorable than the Montana figure (which reflects all women 18+).
- Fails to satisfy the Healthy People 2020 target (93% or higher).
- Similar to national findings.



Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Items 159]

Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2010 Montana Data.

Professional Research Consultants. PRC National Health Survey. 2011.

US Department of Health and Human Services. Healthy People 2020. December 2010 <http://www.healthypeople.gov>. [Objective C-15]

*Note that the Montana percentage represents all women aged 18 and older.

CLINICAL CARE AND ACCESS

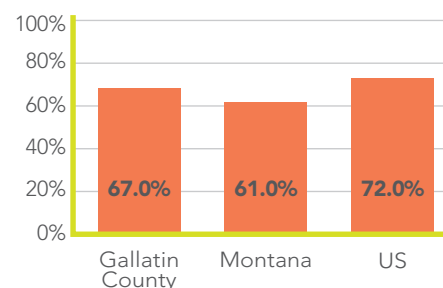
COLORECTAL CANCER SCREENING

PERCENTAGE OF RESPONDENTS (OVER 50) WHO HAVE EVER HAD A SIGMOIDOSCOPY/COLONOSCOPY EXAM

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.



Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 161] Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2010 Montana Data. Professional Research Consultants. PRC National Health Survey. 2011.

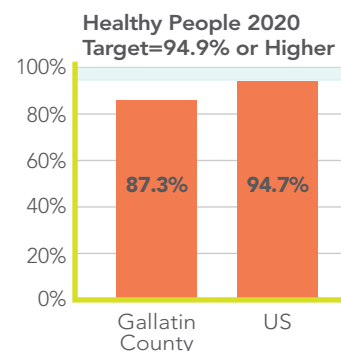
BLOOD PRESSURE

PERCENTAGE OF RESPONDENTS WHO HAVE HAD THEIR BLOOD PRESSURE CHECKED IN THE PAST 2 YEARS

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)



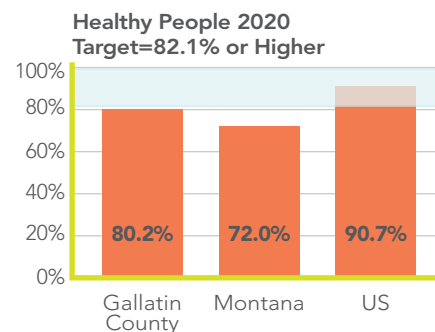
Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 49] Professional Research Consultants. PRC National Health Survey. 2011. US Department of Health and Human Services. Healthy People 2020. December 2010 <http://www.healthypeople.gov>. [Objective HDS-4]

BLOOD CHOLESTEROL

PERCENTAGE OF RESPONDENTS WHO HAVE HAD THEIR BLOOD CHOLESTEROL CHECKED IN THE PAST 5 YEARS

A total of 80.4% of total area adults have had their blood cholesterol checked within the past five years.

- More favorable than Montana findings.
- Less favorable than the national findings.
- Similar to the Healthy People 2020 target (82.1% or higher).



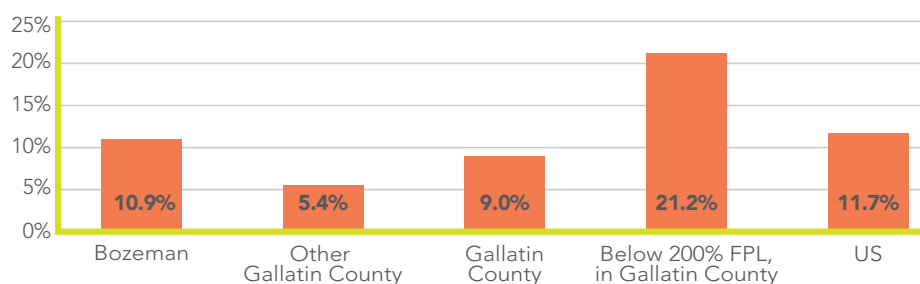
Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 52]
Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2009 Montana Data.
Professional Research Consultants. PRC National Health Survey. 2011.
US Department of Health and Human Services. Healthy People 2020. December 2010 <http://www.healthypeople.gov>. [Objective HDS-6]

MENTAL HEALTH

PARTICIPANTS WHO HAVE BEEN DIAGNOSED WITH MAJOR DEPRESSION

A total of 8.7% of Total Area adults have been diagnosed with major depression by a physician or other healthcare professional.

- Lower than the national finding.
- Notably higher in Bozeman.



Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 33], Professional Research Consultants. PRC National Health Survey. 2011.

HEALTH OUTCOMES: DEATHS (MORTALITY)

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

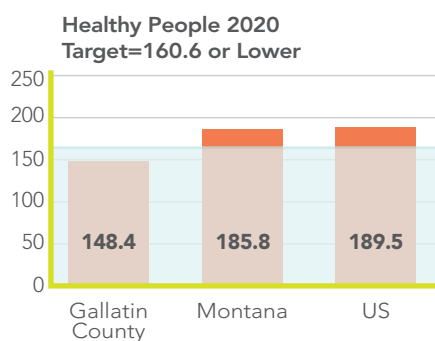
Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these “age-adjusted” rates provides the most valuable means of gauging mortality against benchmark data, as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

CHRONIC DISEASE

CANCER (AGE ADJUSTED DEATH RATE)

Cancer is the leading cause of death in Gallatin County with 148.4 deaths per 100,000.

**(1999-2007 ANNUAL AVERAGE
DEATHS PER 100,000 POPULATION)**

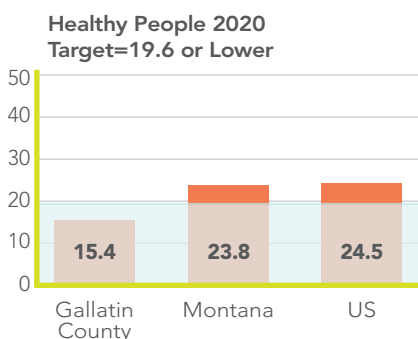


Sources: Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted August 2011.
US Department of Health and Human Services. Healthy People 2020. December 2010 <http://www.healthypeople.gov>. [Objective C-1]

DIABETES MELITUS (AGE ADJUSTED DEATH RATE)

Diabetes is the 7th leading cause of death in the United States and the 9th leading cause of death in Gallatin County.

**(1999-2007 ANNUAL AVERAGE
DEATHS PER 100,000 POPULATION)**

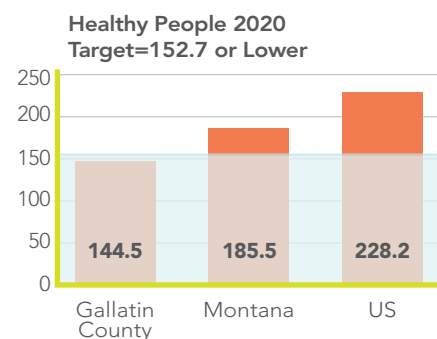


Sources: Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted August 2011.
US Department of Health and Human Services. Healthy People 2020. December 2010 <http://www.healthypeople.gov>. [Objective D-3]

DISEASES OF THE HEART (AGE ADJUSTED DEATH RATE)

Diseases of the heart are the 2nd leading cause of death in Montana.

**(1999-2007 ANNUAL AVERAGE
DEATHS PER 100,000 POPULATION)**

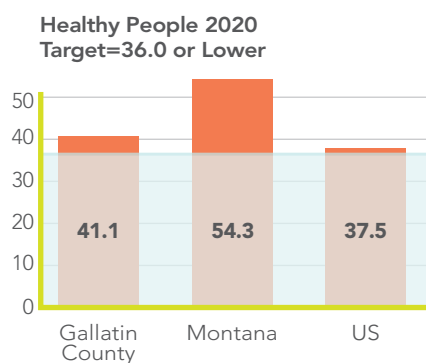


Sources: Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted August 2011.
US Department of Health and Human Services. Healthy People 2020. December 2010 <http://www.healthypeople.gov>. [Objective HDS-2]

INJURY AND VIOLENCE

UNINTENTIONAL INJURY (AGE ADJUSTED DEATH RATE)

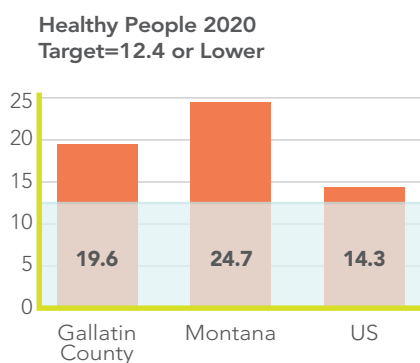
(1999-2007 ANNUAL AVERAGE DEATHS PER 100,000 POPULATION)



Sources: Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted August 2011.
US Department of Health and Human Services. Healthy People 2020. December 2010 <http://www.healthypeople.gov>. [Objective IVP-11]

FIREARM-RELATED DEATHS (AGE-ADJUSTED MORTALITY)

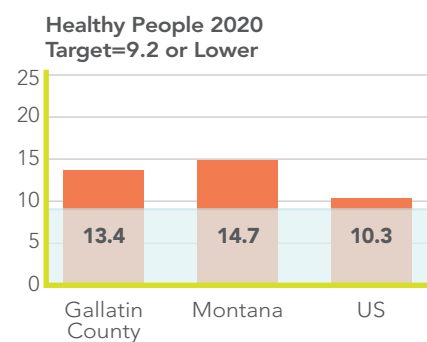
(1999-2007 ANNUAL AVERAGE DEATHS PER 100,000 POPULATION)



Sources: Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted August 2011.
US Department of Health and Human Services. Healthy People 2020. December 2010 <http://www.healthypeople.gov>. [Objective IVP-30]

MOTOR VEHICLE CRASHES (AGE ADJUSTED DEATH RATE)

(1999-2007 ANNUAL AVERAGE DEATHS PER 100,000 POPULATION)



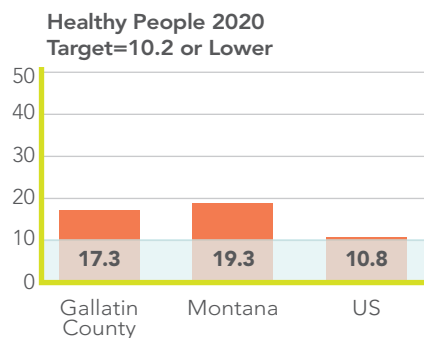
Sources: Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted August 2011.
US Department of Health and Human Services. Healthy People 2020. December 2010 <http://www.healthypeople.gov>. [Objective IVP-13.1]

HEALTH OUTCOMES: DEATHS (MORTALITY)

SUICIDE

SUICIDE (AGE-ADJUSTED MORTALITY)

(1999-2007 ANNUAL AVERAGE
DEATHS PER 100,000 POPULATION)

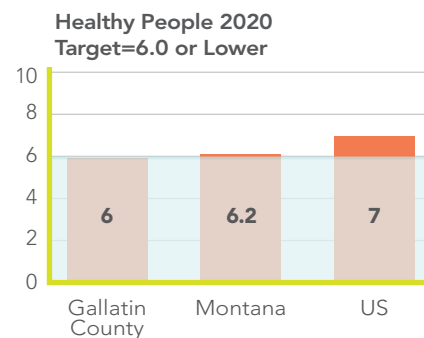


Sources: Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted August 2011. US Department of Health and Human Services. Healthy People 2020. December 2010 <http://www.healthypeople.gov>. [Objective MHMD-1]

MATERNAL & CHILD HEALTH

INFANT MORTALITY RATE

(1999-2007 ANNUAL AVERAGE INFANT DEATHS PER
1,000 LIVE BIRTHS)

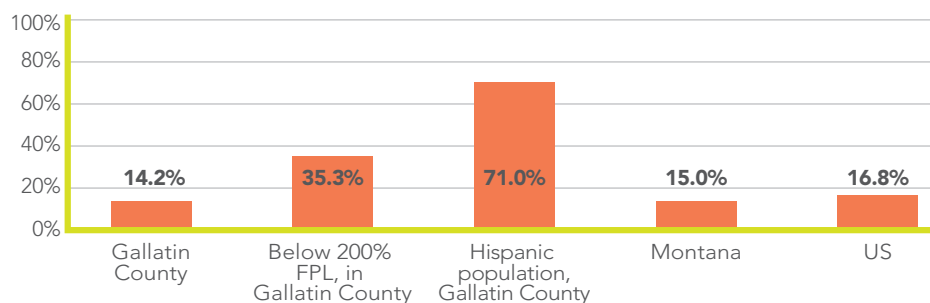


Sources: Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted August 2011. US Department of Health and Human Services. Healthy People 2020. December 2010 <http://www.healthypeople.gov>. [Objective MHMD-1]

HEALTH OUTCOMES: ILLNESS (MORBIDITY)

QUALITY OF LIFE

PERCENTAGE OF “FAIR” OR “POOR” PHYSICAL HEALTH



Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 5] Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2010 Montana Data. Professional Research Consultants. PRC National Health Survey. 2011.

LOW BIRTH WEIGHT

PERCENTAGE OF LOW-WEIGHT BIRTHS

Low birth weight 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 birth weight.

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

Sources: Montana Department of Public Health and Human Services
US Department of Health and Human Services. Healthy People 2020. December 2010 <http://www.healthypeople.gov>. [Objective MICH-8.1]

(PERCENTAGE OF LIVE BIRTHS, 2004-2008)

