



HEALTHY
GALLATIN

2018
COMMUNITY
HEALTH
ASSESSMENT

Gallatin County

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INTRODUCTION AND BACKGROUND

EXECUTIVE SUMMARY

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

For most Americans, "health" is regarded as a personal matter, affected by our personal DNA, the results of our last medical tests, and the diseases that we happen to acquire. Within this definition, the term "health" involves personal questions usually discussed in exam rooms or at home with people we love and trust.

But community health, or public health, contemplates a wider realm of questions that impact all of us. Is our water clean? Is the air healthy? Do our children attend affordable day care centers that serve healthy foods, keep kids active, and require immunizations? Can we afford health insurance, or rent? Can the health system provide effective care for a loved one or friends who are depressed or in mental health crisis? Is the person driving toward us on the highway intoxicated?

The answers to these questions impact all of us, and every community confronts these challenges in ways that reflect the sensibilities and priorities of those who live within that community. What is constant, however, is that a community is better equipped to make choices and set priorities when its residents are well informed.

The Community Health Assessment contained on the following pages provides

some of the information necessary to make informed choices and set priorities for the future. This is ongoing efforts to gather and interpret community health data to learn more about the overall health of our community. This process included community meetings throughout Gallatin County, an extensive telephone survey of 850 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 Health Deaconess Hospital, and Community Health Partners—came together to undertake this assessment. For all three, 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:

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

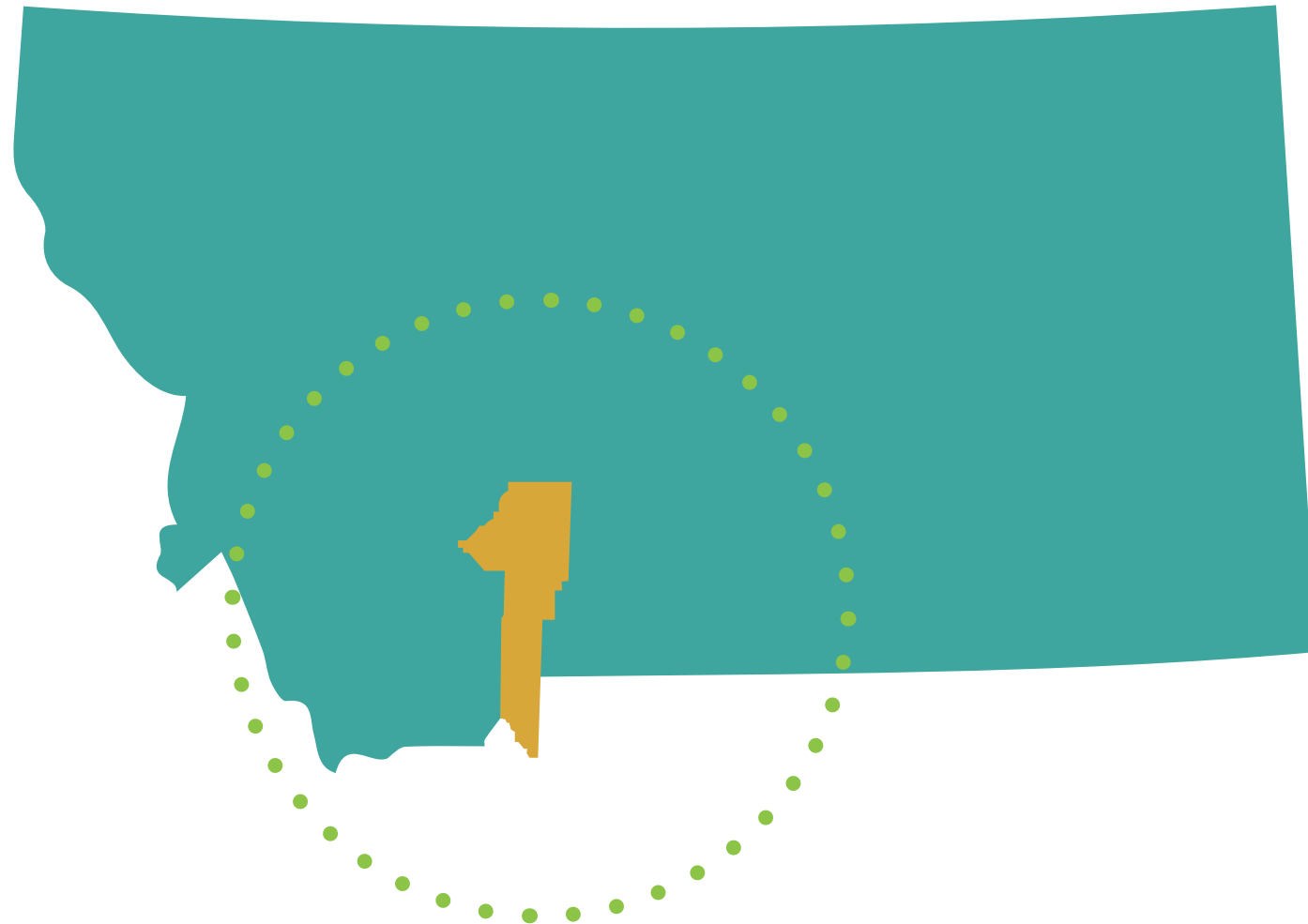
- Gallatin County residents (and Montanans) are less likely to use a seat belt and more likely to die in a car accident than other Americans.

- Thousands more residents of Gallatin County and Montana had health insurance in 2018 than three or six years prior, allowing access to basic preventative health services;

- Roughly one in five adult residents engage in no leisure time physical activity, and only 27.8% of residents achieve recommended levels of both aerobic and strengthening exercise.

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

Matt Kelley, MPH
Health Officer
Gallatin City-County Health Department



ABOUT GALLATIN COUNTY

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

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

With Yellowstone National Park nearby and a thriving downtown in the heart of Bozeman, Gallatin County has a diverse economy, with opportunities that encompass tourism, agriculture, high-tech industries, and endless opportunities for entrepreneurs. Skiers, outdoor

enthusiasts, parents, business owners, vacationers, ranchers, retirees, students, and many others have grown to love Gallatin County's boundless opportunities for a number of reasons. However, this unique and beautiful area does not come without its health challenges for residents.

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



GALLATIN COUNTY HAS A DIVERSE ECONOMY, WITH OPPORTUNITIES THAT ENCOMPASS TOURISM, AGRICULTURE, HIGH-TECH INDUSTRIES, AND ENDLESS OPPORTUNITIES FOR ENTREPRENEURS.

UNDERSTANDING THE DETERMINANTS OF HEALTH



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

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

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

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

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

EXAMPLES OF SOCIAL DETERMINANTS INCLUDE:

- Availability of resources to meet daily needs (e.g. safe housing, local food markets)
- Access to educational, economic, and job opportunities
- Access to health care services
- Access to quality education and job training
- Availability of community-based resources in support of community living
- Opportunities for recreational and leisure-time activities
- Public transportation options
- Public safety
- Social support
- Social norms and attitudes (e.g. discrimination, racism, distrust of government)
- Exposure to crime, violence, and social disorder (e.g. presence of trash, lack of cooperation in a community)
- Socioeconomic conditions (e.g. concentrated poverty and the stressful conditions that accompany it)
- Residential segregation
- Language/literacy
- Access to mass media and emerging technologies (e.g. cell phones, internet, social media)
- Cultural opportunities



PROJECT OVERVIEW

The 2018 Community Health Assessment is a follow-up to similar studies conducted in 2011 and 2014 for Gallatin, Madison, and Park counties by Professional Research Consultants, Inc. (PRC). This assessment is a systematic, data-driven approach to determining health status, behaviors, and needs of residents in the tri-county area. This information will be used to inform decisions and guide efforts to improve community health and wellness.

GOALS

A Community Health Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on the community's health status.

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



Describing the health status of the population



Identifying areas for health improvement



Determining factors that impact health outcomes



Identifying assets and resources that can be mobilized to address the population's health improvement



INCORPORATING DATA

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

To solicit input from key informants — those individuals who have a broad interest in the health of the community

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



GOAL 1: Describing the health status of the population

FINAL PARTICIPATION INCLUDED REPRESENTATIVES FROM THE FOLLOWING ORGANIZATIONS:

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

COMMUNITY FEEDBACK ON PRIORITIZATION OF HEALTH NEEDS

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

PRC began these meetings with a presentation of key findings from the CHNA, highlighting the significant health issues identified from the research. Following the data review, PRC answered questions and facilitated a group dialogue. Finally, participants were provided an overview of the prioritization exercise that followed.

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

SCOPE & SEVERITY

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

To gauge the magnitude of the problem in consideration of:

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

ABILITY TO IMPACT

To measure the perceived likelihood of having a positive impact on each health issue. Ratings were entered on a scale of 1 (no ability to impact) to 10 (great ability to impact).

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

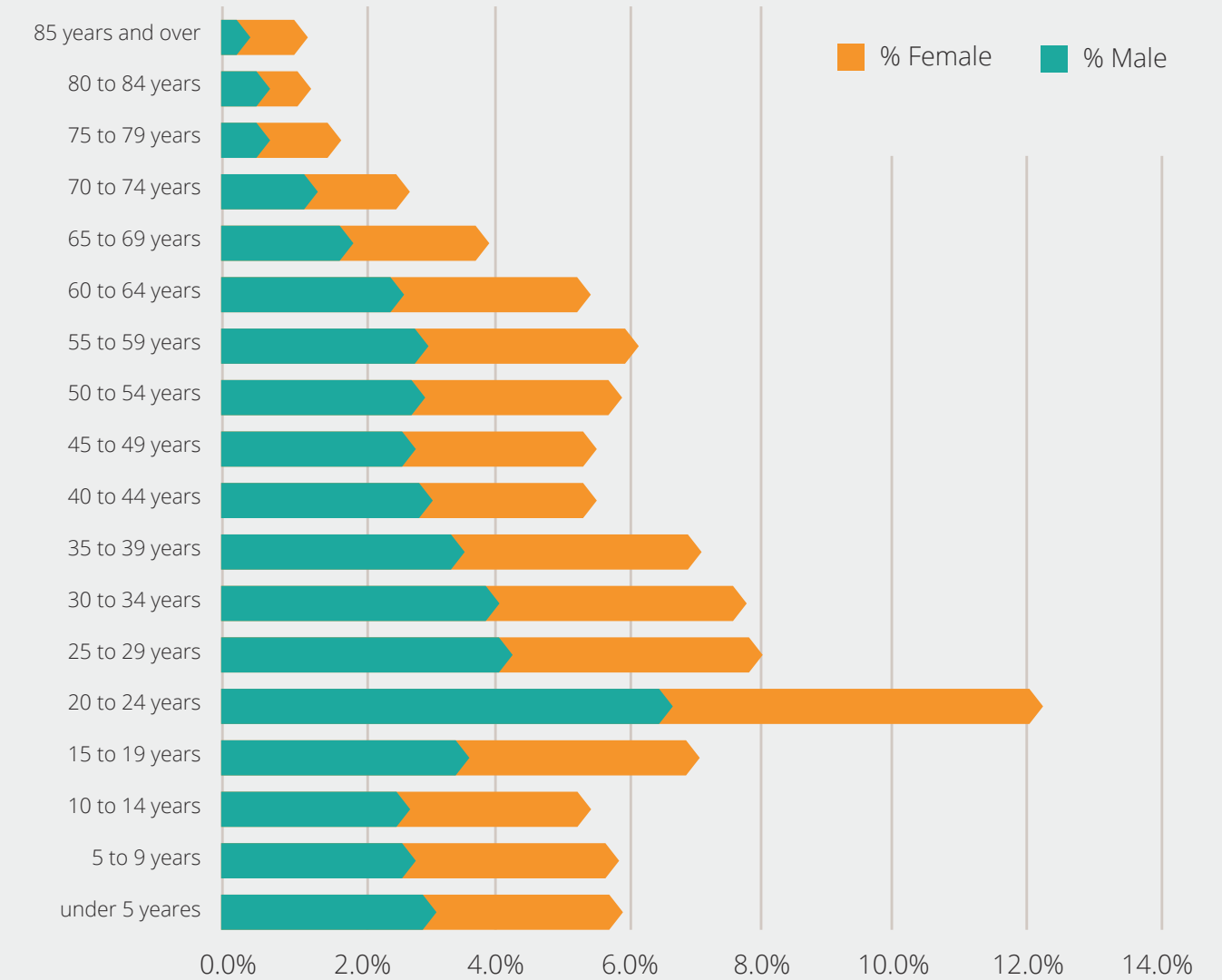
1. Mental Health
2. Access to Healthcare Services
3. Nutrition, Physical Activity & Weight
4. Substance Abuse
5. Heart Disease & Stroke
6. Diabetes
7. Cancer
8. Injury & Violence
9. Tobacco Use
10. Potentially Disabling Conditions
11. Respiratory Diseases

DEMOGRAPHIC PROFILE OF GALLATIN COUNTY

DEMOGRAPHIC PROFILE

AGE DISTRIBUTION GALLATIN COUNTY

5-year Estimate 2016



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

AGE DISTRIBUTION GALLATIN COUNTY

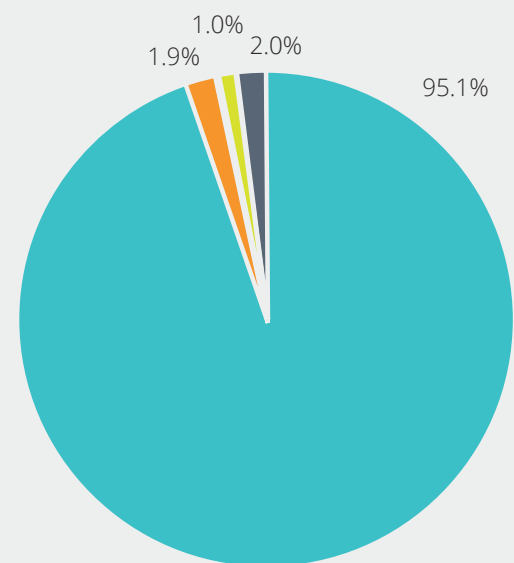
5-year Estimate 2016

	MALE	FEMALE	TOTAL
TOTAL	50509	47449	97958
AGE			
Under 5 years	3132	2752	5884
5 to 9 years	2829	2989	5818
10 to 14 years	2727	2657	5385
15 to 19 years	3637	3321	6958
20 to 24 years	6617	5409	12026
25 to 29 years	4243	3654	7896
30 to 34 years	4041	3654	7694
35 to 39 years	3536	3511	7047
40 to 44 years	3081	2420	5501
45 to 49 years	2829	2657	5486
50 to 54 years	2980	2894	5874
55 to 59 years	3031	3084	6115
60 to 64 years	2677	2705	5382
65 to 69 years	1919	1993	3912
70 to 74 years	1414	1329	2743
75 to 79 years	707	996	1704
80 to 84 years	707	617	1324
85 years and over	404	854	1258

In 2012-2016, Gallatin County had an average total population of 98,000 -- 47,400 (48%) females and 50,500 (52%) males. The median age was 33.2 years. An estimated 21% of the population was under 18 years and 11% was 65 years and older.

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

POPULATION BY RACIAL DEMOGRAPHIC



- White
- Other*
- American Indian and Alaska Native
- Persons Reporting Two or More Races

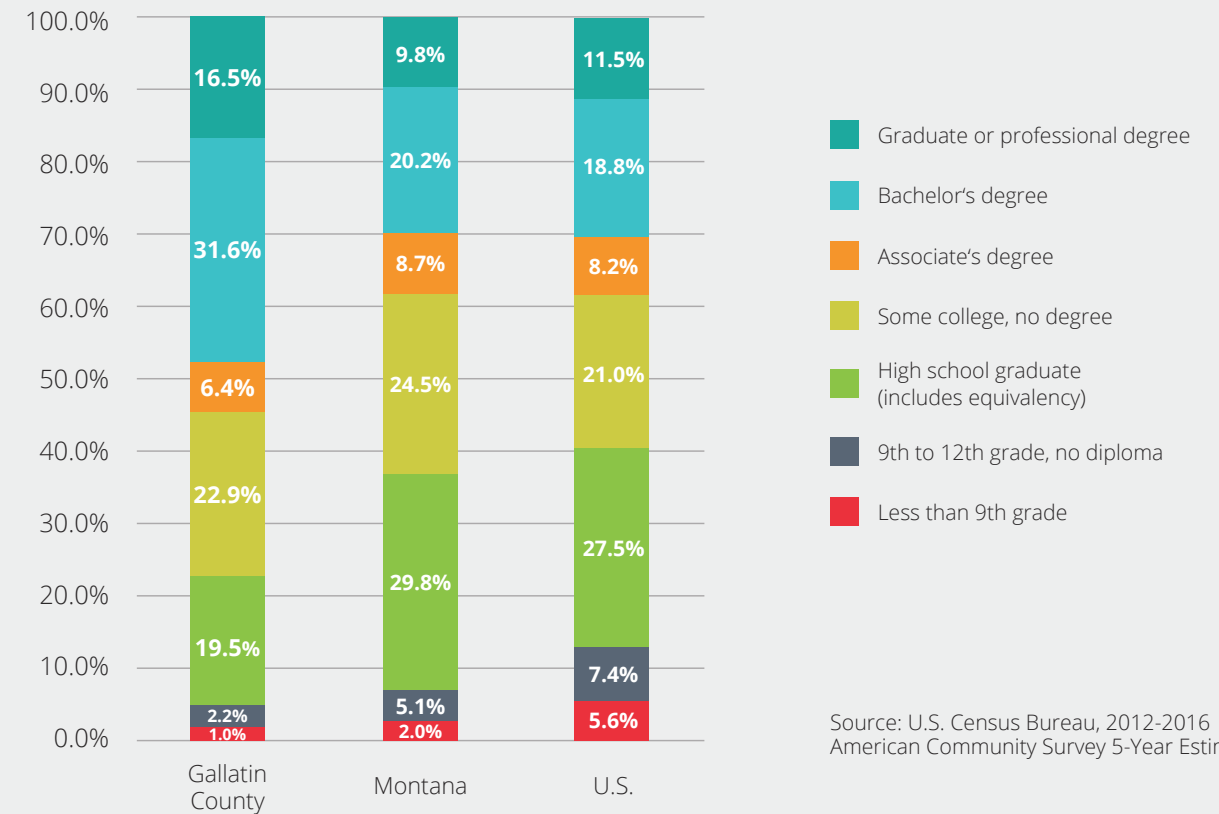
*Includes Black/African American and Asian/Pacific Islander

Source: U.S. 1:1048576 Bureau, 2012-2016 American Community Survey 5-Year Estimates

SOCIAL & ECONOMIC FACTORS

EDUCATION

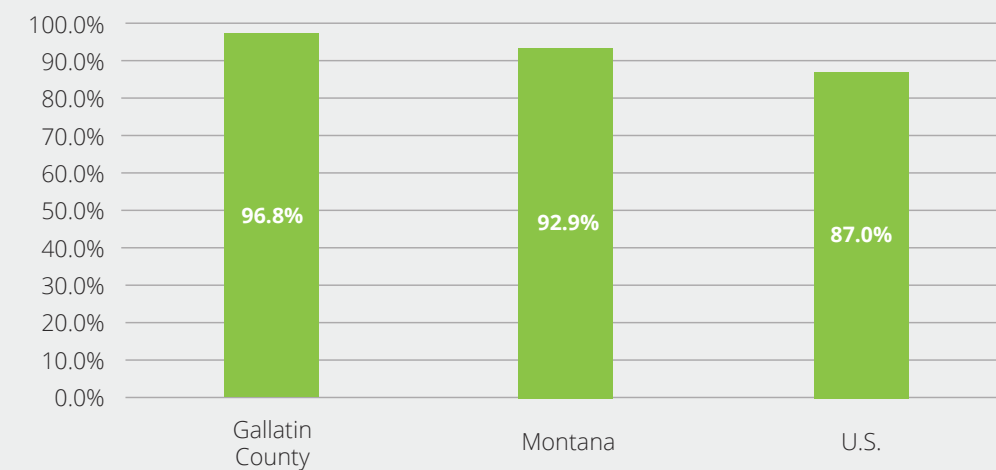
Educational Attainment



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

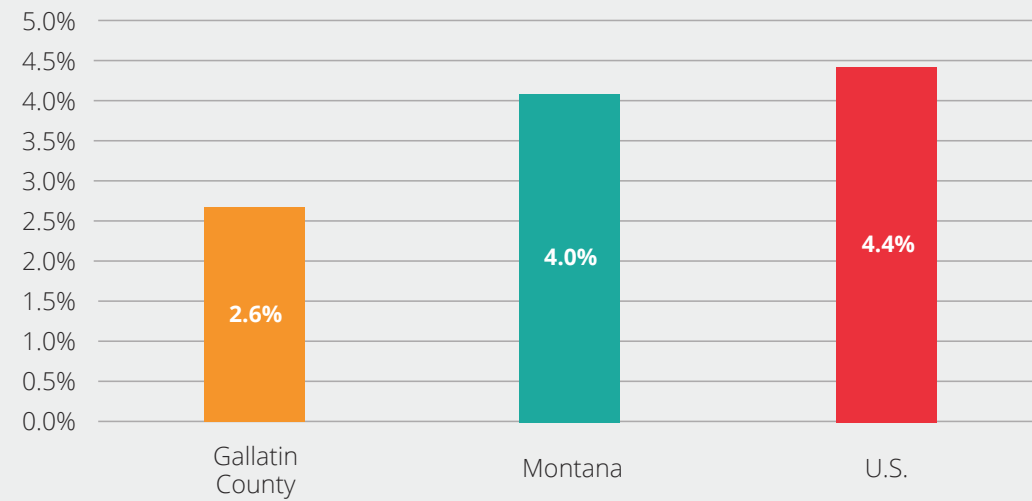
EDUCATION

% of High School Graduates (or the equivalent)



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

AVERAGE UNEMPLOYMENT RATE 2017



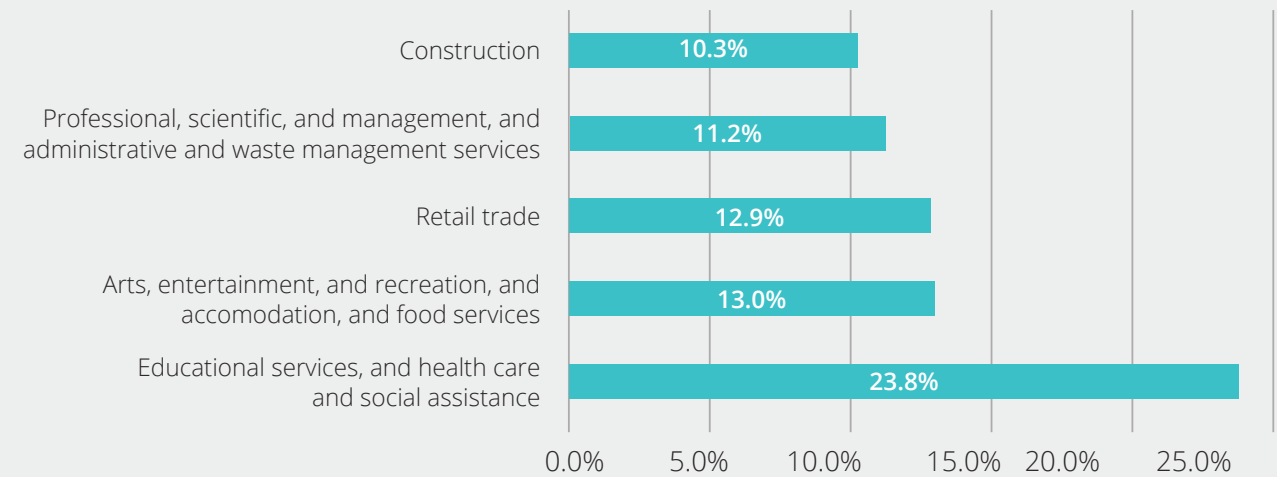
Source: U.S. Bureau of Labor Statistics, Local Area Unemployment Statistics, 2017

AVERAGE UNEMPLOYMENT RATE 2017 (BY MONTH)

	GALLATIN COUNTY	MONTANA	U.S.
2017 Jan	2.9%	5.0%	4.8%
2017 Feb	2.7%	4.7%	4.7%
2017 Mar	2.7%	4.6%	4.5%
2017 Apr	2.5%	3.9%	4.4%
2017 May	2.9%	3.5%	4.3%
2017 Jun	2.5%	4.0%	4.3%
2017 Jul	2.2%	3.6%	4.3%
2017 Aug	2.0%	3.6%	4.4%
2017 Sep	2.2%	3.5%	4.2%
2017 Oct	2.8%	3.7%	4.1%
2017 Nov	3.3%	4.1%	4.1%
2017 Dec	3.0%	4.2%	4.1%
AVERAGE	2.6%	4.0%	4.4%

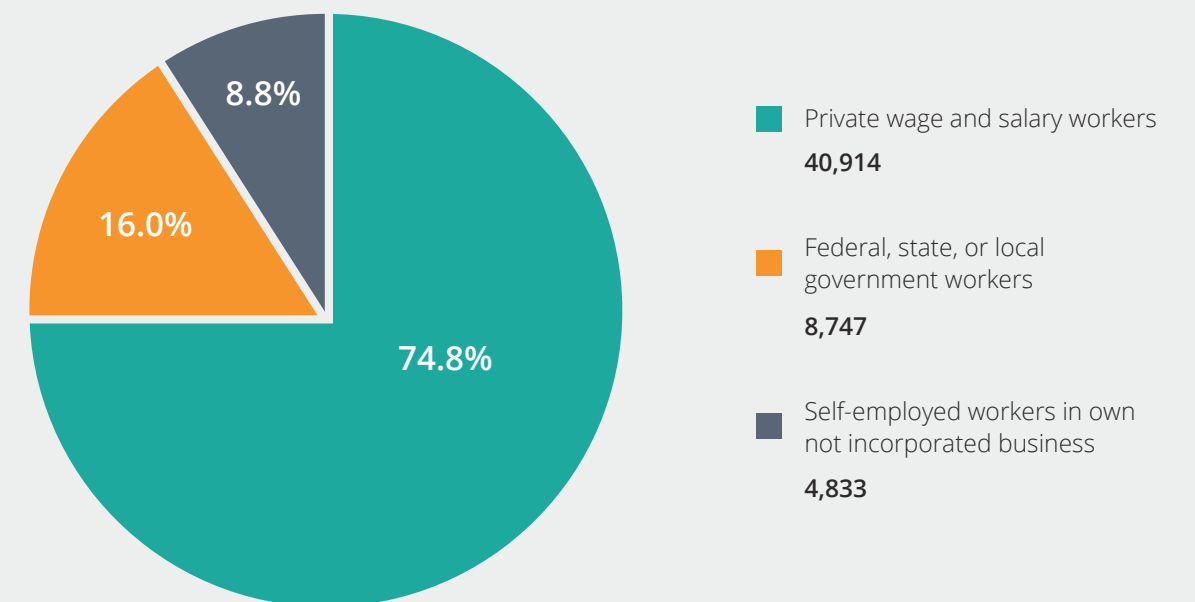
Source: U.S. Bureau of Labor Statistics, Local Area Unemployment Statistics, 2017

INDUSTRIES (MOST COMMON IN GALLATIN COUNTY)



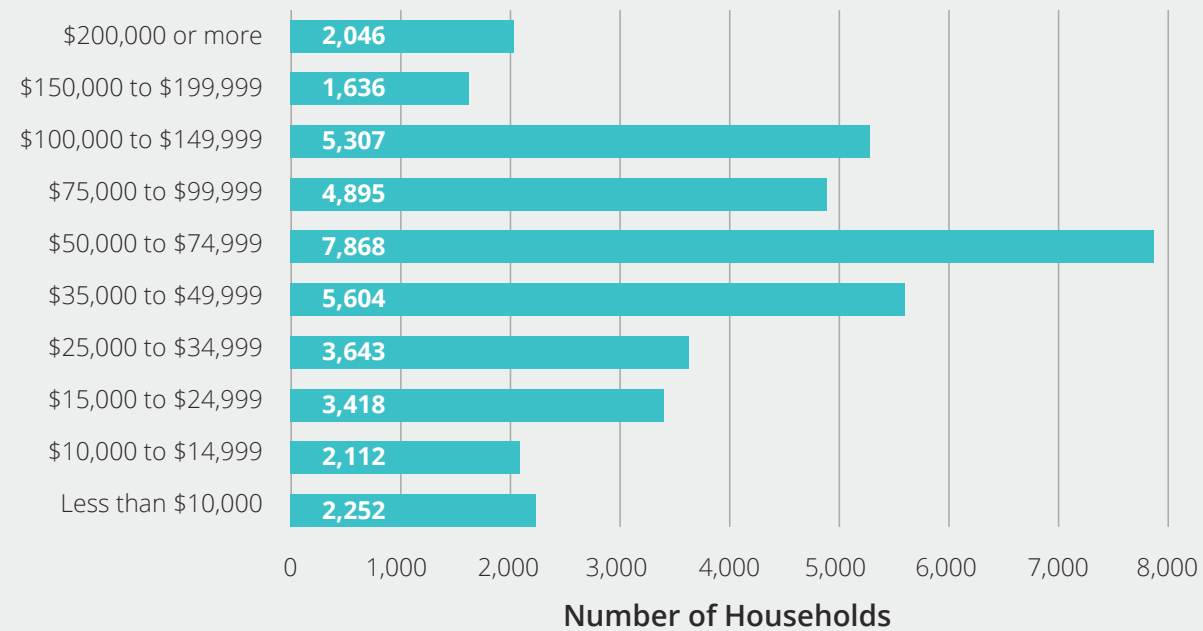
Source: U.S. Census Bureau, 2012-2016 American Community Survey

CLASS OF WORKER



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

GALLATIN COUNTY HOUSEHOLD INCOME

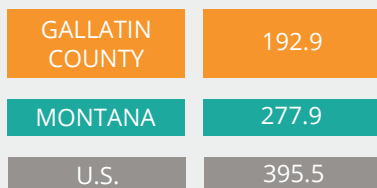


Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

VIOLENT CRIME

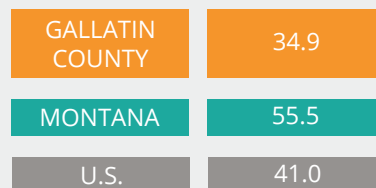
Rate per 100,000 Population, 2010-2012

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



UNINTENTIONAL INJURIES: AGE-ADJUSTED MORTALITY

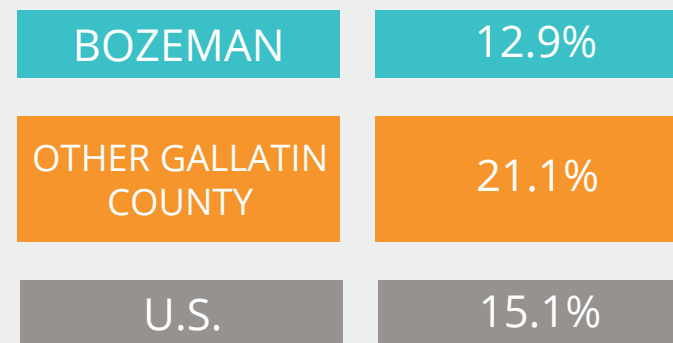
2013-2015 Annual Average Deaths per 100,000 Population



Source: 2017 PRC CHNA

DOMESTIC VIOLENCE

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



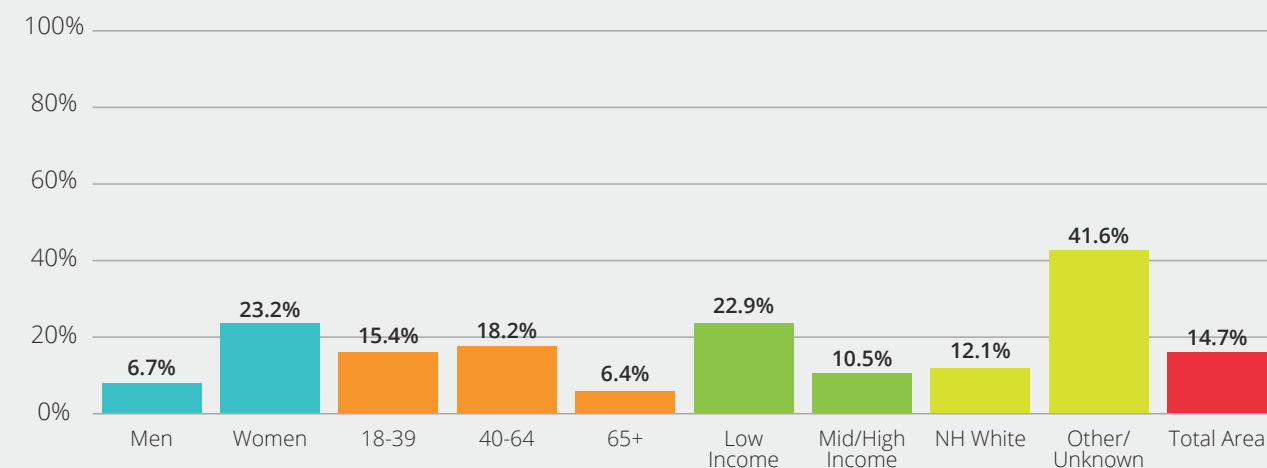
Source:

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

Notes:

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

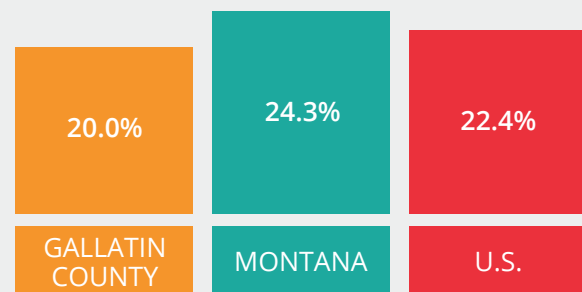
HAVE EVER BEEN HIT, SLAPPED, PUSHED, KICKED, OR HURT IN ANY WAY BY AN INTIMATE PARTNER (Total Area, 2017)



ENVIRONMENTAL FACTORS

POPULATION WITH LOW FOOD ACCESS

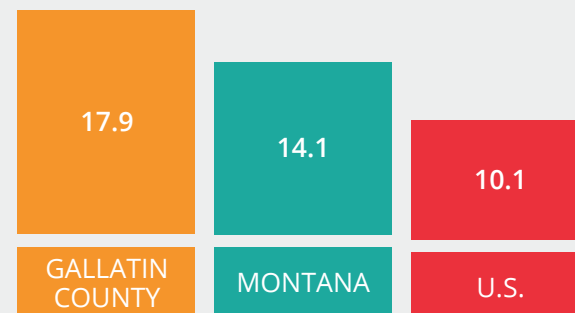
(Percent of population that is far from a supermarket or large grocery store, 2015)



Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).

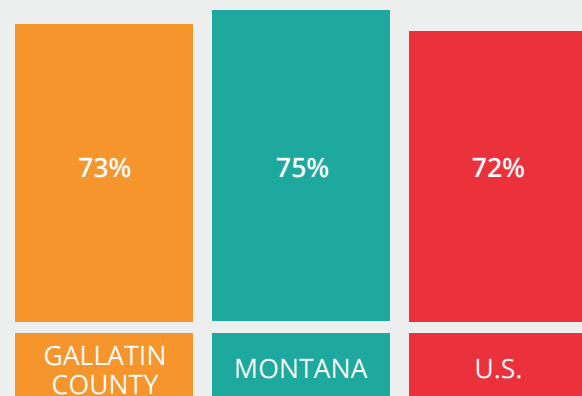
POPULATION WITH RECREATION & FITNESS FACILITY ACCESS

(Number of recreation & fitness facilities per 100,000 population, 2014)



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

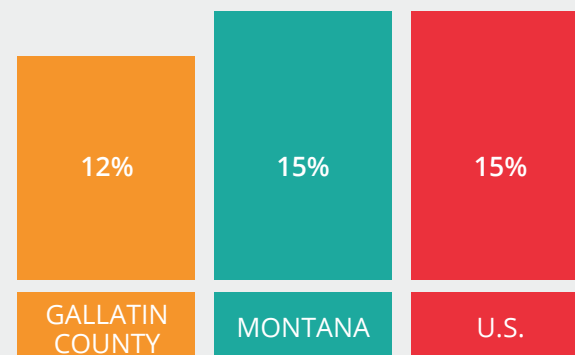
PERCENTAGE OF THE WORKFORCE THAT DRIVES ALONE TO WORK.



Source: County Health Rankings

LONG COMMUTE - DRIVING ALONE

(Among workers who commute in their car alone, the percentage that commute more than 30 minutes)



Source: County Health Rankings

AIR QUALITY INDEX REPORT, 2017

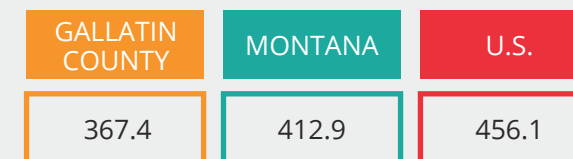
	Good	Moderate	Unhealthy for Sensitive Groups	Unhealthy	Very Unhealthy
# of days	288	74	2	1	0
% of days	78.9%	20.3%	0.5%	0.3%	0.0%

Source: EPA Air Quality Index Report, 2017
<https://www.epa.gov/outdoor-air-quality-data/air-quality-index-report>

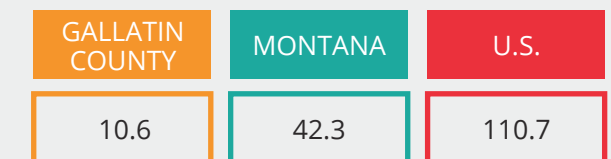
BEHAVIORS

SEXUAL

CHLAMYDIA INCIDENCE RATE PER 100,000 (2014)

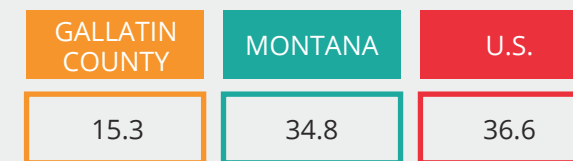


GONORRHEA INCIDENCE RATE PER 100,000 (2014)

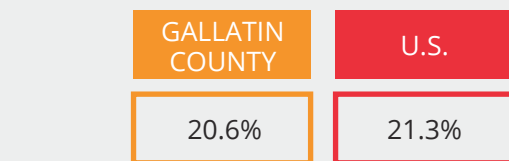


TEEN BIRTH RATE

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



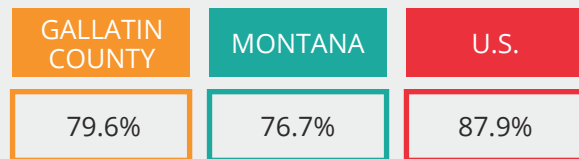
% TESTED FOR HIV IN THE PAST YEAR, AGES 18-44



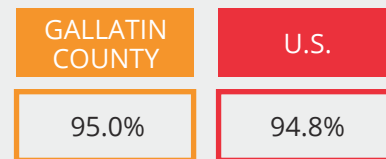
Source: 2017 PRC CHNA

INJURY AND VIOLENCE PREVENTION

% "ALWAYS" WEAR A SEAT BELT - ADULTS



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

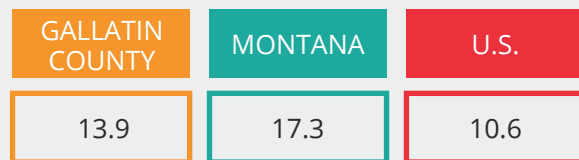


MOTOR VEHICLE ACCIDENTS ACCOUNTED FOR 34.3% OF ACCIDENTAL DEATHS THROUGHOUT GALLATIN, MADISON, AND PARK COUNTIES BETWEEN 2013 AND 2015. ADULT MEN, AGED 40 TO 64, ARE LESS LIKELY TO REPORT CONSISTENT SEAT BELT USE.

BIKE SAFETY - JUST OVER HALF (51.5%) OF CHILDREN AGE 5 TO 17 THROUGHOUT GALLATIN, MADISON, AND PARK COUNTIES ARE REPORTED TO "ALWAYS" WEAR A HELMET WHEN RIDING A BIKE.

FIREARM SAFETY

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



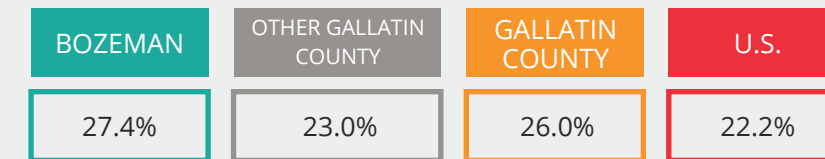
HP2020 Target = 9.3 or lower

OVERALL, 62.8% OF ADULTS IN GALLATIN, MADISON, AND PARK COUNTIES HAVE A FIREARM KEPT IN OR AROUND THEIR HOME, COMPARED TO 33.8% NATIONALLY. AMONG THOSE HOUSEHOLDS WITH FIREARMS, 21.0% REPORT THAT THERE IS AT LEAST ONE WEAPON THAT IS KEPT UNLOCKED AND LOADED, COMPARED TO 20.4% NATIONALLY.

Source: 2017 PRC CHNA

SUBSTANCE ABUSE

% EXCESSIVE DRINKERS



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

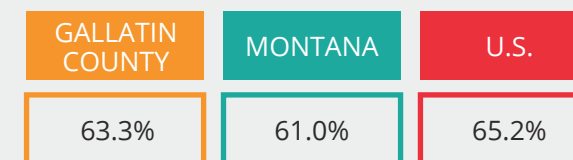
HP2020 Target = 25.4% or lower

Source: 2017 PRC CHNA

DIET & EXERCISE

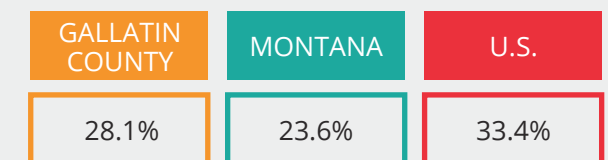
PREVALENCE OF TOTAL OVERWEIGHT

(% of Adults with BMI of 25 or Higher)



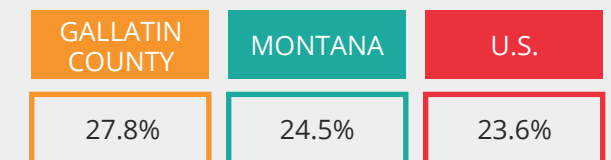
PREVALENCE OF OBESITY

(% of Adults with BMI of 30 or Higher)



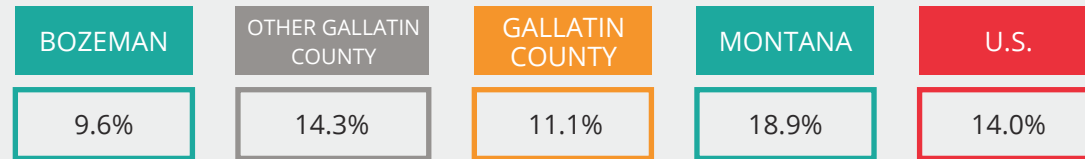
HP2020 Target = 30.5% or lower

% OF ADULTS WHO MEET PHYSICAL ACTIVITY RECOMMENDATIONS



TOBACCO USE

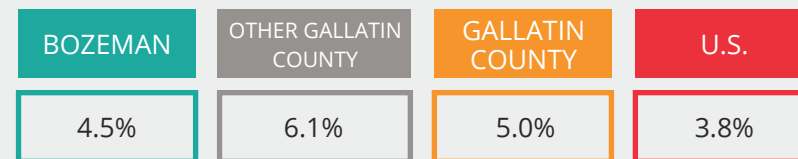
CURRENT SMOKERS



A TOTAL OF 6.2% OF ADULTS IN THE TRI-COUNTY AREA (INCLUDING SMOKERS AND NONSMOKERS) REPORT THAT A MEMBER OF THEIR HOUSEHOLD HAS SMOKED CIGARETTES IN THE HOME AN AVERAGE OF 4+ TIMES PER WEEK OVER THE PAST MONTH.

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

(everyday or on some days)

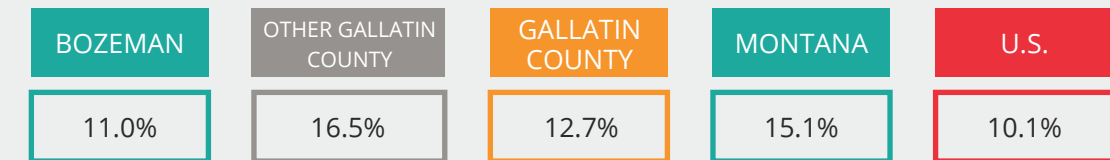


WHEN ASKED WHY THEY STARTED USING ELECTRONIC NICOTINE DELIVERY DEVICES, THE MAJORITY OF RESPONDENTS DID SO TO QUIT OR REDUCE SMOKING, WHILE OTHERS DID SO IN ORDER TO BE ABLE TO SMOKE INDOORS OR WHEREVER CIGARETTE SMOKING IS BANNED OR BECAUSE OF ITS EASE OF USE.

CLINICAL CARE & ACCESS

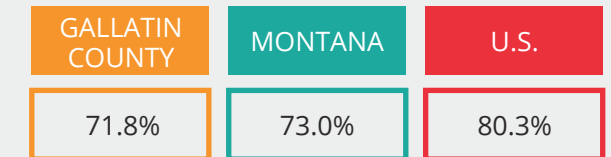
INSURANCE AND ACCESS

PERCENT AGES 18-64 WHO LACK HEALTH INSURANCE

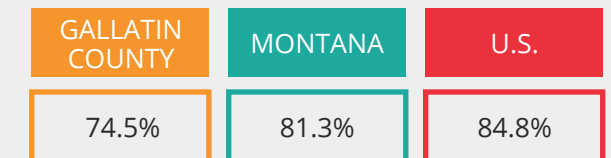


CANCER SCREENINGS

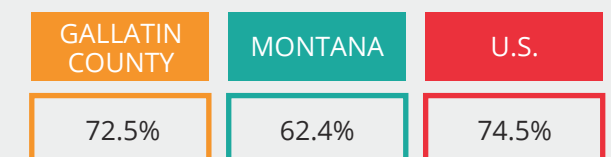
PERCENT OF WOMEN AGE 50-74 WHO HAVE HAD A MAMMOGRAM IN THE PAST TWO YEARS



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



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



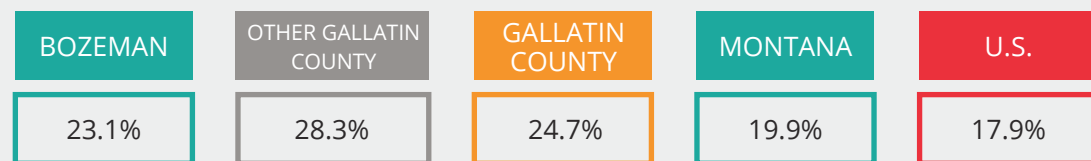
MENTAL HEALTH

Source: 2017 PRC CHNA

DEPRESSION

Have been diagnosed with a depressive disorder

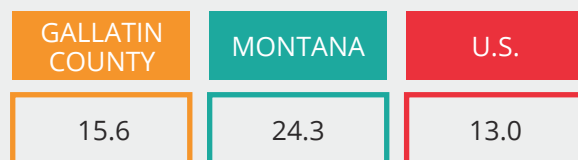
HAVE BEEN DIAGNOSED WITH A DEPRESSIVE DISORDER



SUICIDE (AGE-ADJUSTED MORTALITY)

2013-2015 Annual Average deaths per 100,000 population)

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

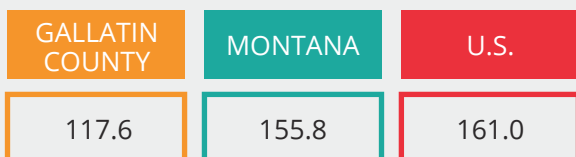


HEALTH OUTCOMES: DEATHS (MORTALITY)

CHRONIC DISEASE

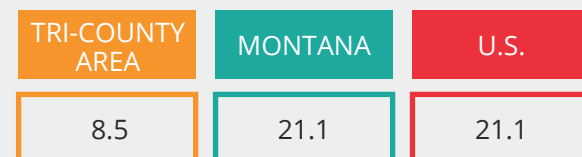
CANCER (AGE-ADJUSTED MORTALITY)

2013-2015 Annual Average deaths per 100,000 population



DIABETES (AGE-ADJUSTED MORTALITY)

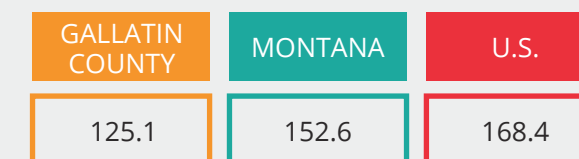
2013-2015 Annual Average deaths per 100,000 population



CHRONIC DISEASE (CONTINUED)

HEART DISEASE (AGE-ADJUSTED MORTALITY)

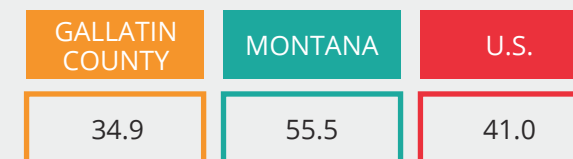
2013-2015 Annual Average deaths per 100,000 population



INJURY AND VIOLENCE

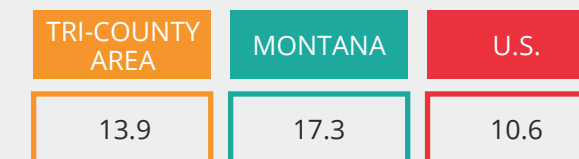
UNINTENTIONAL INJURY (AGE-ADJUSTED MORTALITY)

2013-2015 Annual Average deaths per 100,000 population



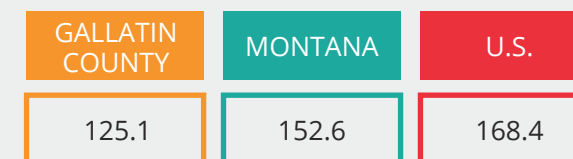
FIREARM-RELATED DEATHS (AGE-ADJUSTED MORTALITY)

2013-2015 Annual Average deaths per 100,000 population



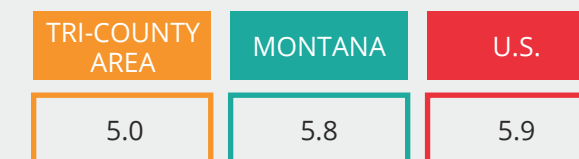
MOTOR VEHICLE CRASHES (AGE-ADJUSTED MORTALITY)

2013-2015 Annual Average deaths per 100,000 population



INFANT MORTALITY RATE (AGE-ADJUSTED MORTALITY)

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



Source: 2017 PRC CHNA

KEY FINDINGS & PRIORITY AREAS

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



MENTAL HEALTH & SUBSTANCE ABUSE

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

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

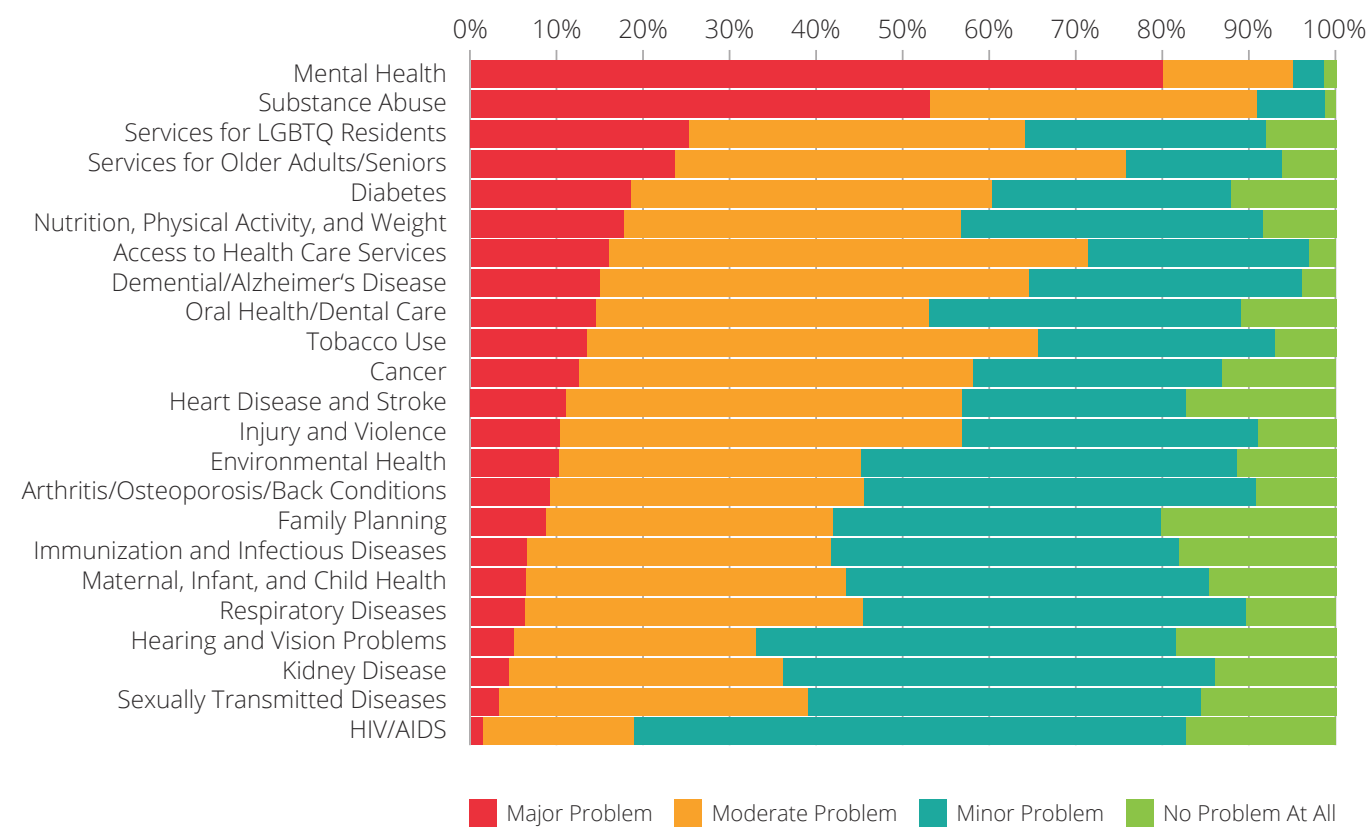
- Lack of access to affordable mental health and substance abuse services;
- A system that struggles to keep up with the demand of serving those in crisis;
- Funding cuts that have decimated core case management services for those with serious and persistent mental health conditions;
- A persistent stigma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

There is wide recognition of this problem by community members as well as key partners in government, health care providers, social services agencies, and mental health practitioners. These groups are actively working to assess and address the problems, but these efforts are underpinned by a recognition that remedies to the system's ailments will be neither quick nor simple.



INDICATORS OF NEED

KEY INFORMANTS: RELATIVE POSITION OF HEALTH TOPICS AS PROBLEMS IN THE COMMUNITY



MENTAL HEALTH INDICATORS

Health data provides no shortage of indicators of the scale of the problem. From 2013 to 2015, the suicide rate in Montana (24.3 suicides per 100,000 population) was nearly double the national rate (13 per 100,000) for the same period. Reported suicides in Gallatin, Park, and Madison counties (20 suicides per 100,000) are lower than statewide figures, but remain a major cause of concern.² Perhaps even more troublesome, the most recent Youth Risk Behavior Survey (YRBS) showed that 17% of high school students surveyed reported having considered suicide, and that roughly 1 in 10 high school students have attempted suicide. The same survey reported that 11.6% of middle school student reported at least one suicide attempt, and 28.8% reported being bullied on school property.³

A community health survey conducted in 2017 showed that a large proportion of adults in Gallatin County (29.7%) reported experiencing symptoms of chronic depression, defined by two or more years of feeling depressed or sad on most days. Just over one in four respondents to the same survey reported being diagnosed with a depressive disorder.⁴

SUBSTANCE ABUSE INDICATORS

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

Gallatin County is roughly comparable to the rest of the U.S. in the percentage of people (26% vs. 22.2% nationally⁵) who reported alcohol consumption that would be considered “excessive,” as defined and measured by Healthy People 2020.⁶ YRBS data gathered in 2017 indicated that 17.48% of more than 2,300 high school students surveyed in Southwest Montana reported drinking at least 5 alcoholic drinks in a row within the past 30 days. The same survey indicated that 35.5% of high school students reported using marijuana at least once, and 18.8% said they first tried marijuana at age 14 or younger.

There is a need for additional assessment in order to better understand substance abuse in Gallatin County. However, one statewide survey conducted in 2012 and 2013 — the National Survey on Drug Use and Health — offered a glimpse of that need, indicating that 7.24% of Montanans needed, but were not receiving, treatment for illicit drug use, and 16.77% needed, but were not receiving, treatment for alcohol use.⁷

² Professional Research Consultants, Inc. 2017 Community Health Needs Assessment Report for Gallatin, Madison, and Park Counties. http://healthygallatin.org/wp-content/uploads/2018/04/2017-PRC-CHNA-Report_Gallatin-Madison-Park-Counties-MT-FINAL-with-bookmarks-002-1.pdf. Accessed April 2018.
³ Montana Office of Public Instruction. 2017 Youth Risk Behavior Survey. <https://opi.mt.gov/Leadership/Data-Reporting/Youth-Risk-Behavior-Survey>. Accessed April 2018.
⁴ Professional Research Consultants, Inc. 2017 Community Health Needs Assessment Report for Gallatin, Madison, and Park Counties. http://healthygallatin.org/wp-content/uploads/2018/04/2017-PRC-CHNA-Report_Gallatin-Madison-Park-Counties-MT-FINAL-with-bookmarks-002-1.pdf. Accessed April 2018.
⁵ Professional Research Consultants, Inc. 2017 Community Health Needs Assessment Report for Gallatin, Madison, and Park Counties. http://healthygallatin.org/wp-content/uploads/2018/04/2017-PRC-CHNA-Report_Gallatin-Madison-Park-Counties-MT-FINAL-with-bookmarks-002-1.pdf. Accessed April 2018.
⁶ U.S. Department of Health and Human Services and U.S. Department of Agriculture. 2015 – 2020 Dietary Guidelines for Americans; 8th Edition. <https://health.gov/dietaryguidelines/2015/guidelines>. Accessed April 2018.
⁷ National Survey on Drug Use and Health. Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/population-data-nsduh>. Accessed April 2018.



A FRAGILE & FRAGMENTED MENTAL HEALTH SYSTEM

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

For years, the Gallatin Mental Health Center has been a lynchpin of the community's public mental health system. The organization has, as part of its mission, sought to serve all who need mental health services, regardless of the ability to pay. The organization's workforce and financial strength have been significantly degraded in recent years, in part due to statewide cuts to Medicaid rates for certain services. The organization, which once employed six case managers at its Bozeman offices, reduced that workforce component to one case manager in late 2017 and, at that time, had no plans to add more. Concurrently, the organization lost senior managers, prescribing providers, therapists, and crisis response staff. These losses have contributed to

service interruptions and difficulties in accessing care. The effects have cascaded into other organizations that work with people in crisis, including the emergency department at Bozeman Health Deaconess Hospital and law enforcement.

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

of high-quality early intervention services that prepare children with developmental delays for success in preschool and kindergarten. In early 2018, Park County's Gallatin Mental Health Center announced it would discontinue its operations in the county. These losses are likely to place more pressure on existing facilities in Bozeman and surrounding areas.

The costs of a struggling system cascade throughout Gallatin County; for instance, the Sheriff's Office, during the first 9 months of the current fiscal year, reported roughly \$30,000 in costs associated with transporting 80 people in mental health crisis, including 65 people who were taken to out-of-county facilities hours away. These transports required more than 450 hours of work by deputies who could have been responding to calls for service or other needs within Gallatin County.

These problems are not unique to Gallatin County. Western Montana Mental Health, the parent organization of the Gallatin Mental Health Center, has also closed the doors on facilities in Dillon and Libby, Montana. Statewide, the organization has let go of 60 case managers. Managers attribute these closures and staff reductions to sweeping budget cuts initiated by the Montana Legislature that have severely impacted the rates at which Montana providers are paid for serving Medicaid clients. The reductions are affecting an array of services, including adult case management, outpatient therapy, and day treatment.

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

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



WE'VE RIPPED THE RUG OUT FROM UNDER THESE FOLKS, IT'S IRRATIONAL AND SHORT-SIGHTED, AND IT'S PUSHING EXPENSES TO OTHER BUDGETS.⁸

PAUL MEYER
CEO, WESTERN MONTANA MENTAL HEALTH

⁸ David Erickson, "A brewing crisis: Missoula Mental Health Center CEO decries budget cuts, layoffs and closures." The Missoulian. http://missoulian.com/news/local/a-brewing-crisis-missoula-mental-health-center-ceo-decries-budget/article_354f205c-298c-51f6-a5a1-b30e2e89b1ab.html. Published March 2018. Accessed April 2018.



HOPE AND ONGOING WORK

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

Even so, community organizations and passionate individuals are working to fill this gap in a variety of ways to serve the needs of those who rely on the system to function. One ad-hoc coalition, called the Elevating Behavioral Health (EBH) committee, includes senior managers from Bozeman Health, Community Health Partners, Gallatin City-County Health Department, Montana State University, and non-profits including

the Greater Gallatin United Way, the Help Center, and the Human Resource Development Council (HRDC). The committee is facilitating four work groups focusing on effective crisis services, reducing stigma and increasing public understanding of mental health issues, access to services, and coordination of the system.

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

More targeted work is also occurring: Gallatin City-County Health Department, for instance, is the fiscal agent of the Project LAUNCH grant, which seeks to apply a public health approach to addressing social-emotional needs of children ages 0 to 8 years old. This work is being pursued by several local non-profit organizations, including Community Health Partners, Child Care Connections, Bozeman Health, Thrive, and the Greater Gallatin United Way. Through Project LAUNCH, these organizations are seeking to integrate behavioral health expertise and services into infant and early childhood care and education sites, the county's largest pediatric clinic, and maternal child health home visitation programs.

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

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

PLACEHOLDER FOR LOGOS

Community Health Partners, Child Care Connections, Bozeman Health, Thrive, and the Greater Gallatin United Way, Project LAUNCH



CHRONIC DISEASE PREVENTION

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

The pathways to preventing disability or premature death associated with chronic diseases are impacted by a number of factors, including some that are less changeable, such as genetics. However, science and experience have demonstrated the enormous potential to improve quality of life and extend life expectancy through a number of specific interventions, including:

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

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

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

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

INDICATORS OF NEED

TABLE 1. SELECT RISK FACTORS ASSOCIATED WITH THE LEADING CAUSES OF DEATH IN MONTANA, 2016.*

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

* Table adapted from: Koeppen H. 2016 Montana BRFSS Annual Report: Survey Results from the Behavioral Risk Factor Surveillance System. Helena, MT: Montana DPHHS, Public Health and Safety Division, November 2017.

Chronic disease accounts for eight of the 10 leading causes of death in Montana, including heart disease, cancer, cerebrovascular disease, and diabetes among others (Table 1, previous page). Where county level data was available, age-adjusted death rates in Gallatin County tended to be lower than state rates, however, the causes of death rankings were similar (data not shown).⁹

Many of the chronic diseases responsible for the greatest percentage of deaths among Gallatin County residents are associated with behaviors that can be modified. For instance, smoking is a risk factor

for four of the five leading causes of death: heart disease, cancer, chronic lower respiratory disease, and cerebrovascular disease. Physical inactivity and poor diet are also implicated as contributors to the majority of the leading causes of death (Table 1). Fortunately, these behaviors can be modified, and modest lifestyle changes can reduce the morbidity and mortality caused by chronic disease.

⁹ Professional Research Consultants, Inc. 2017 Community Health Needs Assessment Report for Gallatin, Madison, and Park Counties. http://healthygallatin.org/wp-content/uploads/2018/04/2017-PRC-CHNA-Report_Gallatin-Madison-Park-Counties-MT-FINAL-with-bookmarks-002-1.pdf. Accessed April 2018.

CONTRIBUTING FACTORS

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

TOBACCO USE

The 2017 Community Health Needs Assessment (CHNA) indicated that 11.1% of Gallatin County residents currently smoked, less than the Montana rate of 18.9% and the U.S. rate of 14.0%.¹⁰ When examining smoking rates by income level, it is apparent that the lowest income Gallatin County residents represent a larger

portion of current smokers than those in higher income categories. Additionally, over the past three CHNAs, the percent of current smokers making an attempt to quit in the past year has declined from 53% to 36%. In recent years, electronic nicotine delivery systems (ENDS), such as e-cigarettes, JUULs, and vapes, have increased in use among youth and adults alike, with the largest increase among those under the age of 18 years old.

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

¹⁰ Professional Research Consultants, Inc. 2017 Community Health Needs Assessment Report for Gallatin, Madison, and Park Counties. http://healthygallatin.org/wp-content/uploads/2018/04/2017-PRC-CHNA-Report_Gallatin-Madison-Park-Counties-MT-FINAL-with-bookmarks-002-1.pdf. Accessed April 2018.

PHYSICAL ACTIVITY

Participating in leisure-time physical activity is an important aspect of chronic disease prevention for all county residents, but recent data indicates that 1 in 5 adult residents engage in no leisure time physical activity, and only 27.8% of residents achieve recommended levels of both aerobic and strengthening exercise.¹¹ Those reporting no leisure-time physical activity most frequently include men, residents 65 years of age and older, and residents reporting the lowest incomes. Among area children 2 to 17 years old, parents responding to the PRC assessment reported that more than 60% engage in one or more hours of physical

activity per day. However, there is sharp decline in physical activity among children ages 13 to 17 years old compared to their younger counterparts.



¹¹ Professional Research Consultants, Inc. 2017 Community Health Needs Assessment Report for Gallatin, Madison, and Park Counties. http://healthygallatin.org/wp-content/uploads/2018/04/2017-PRC-CHNA-Report_Gallatin-Madison-Park-Counties-MT-FINAL-with-bookmarks-002-1.pdf. Accessed April 2018.

DIET & NUTRITION

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

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

OBESITY

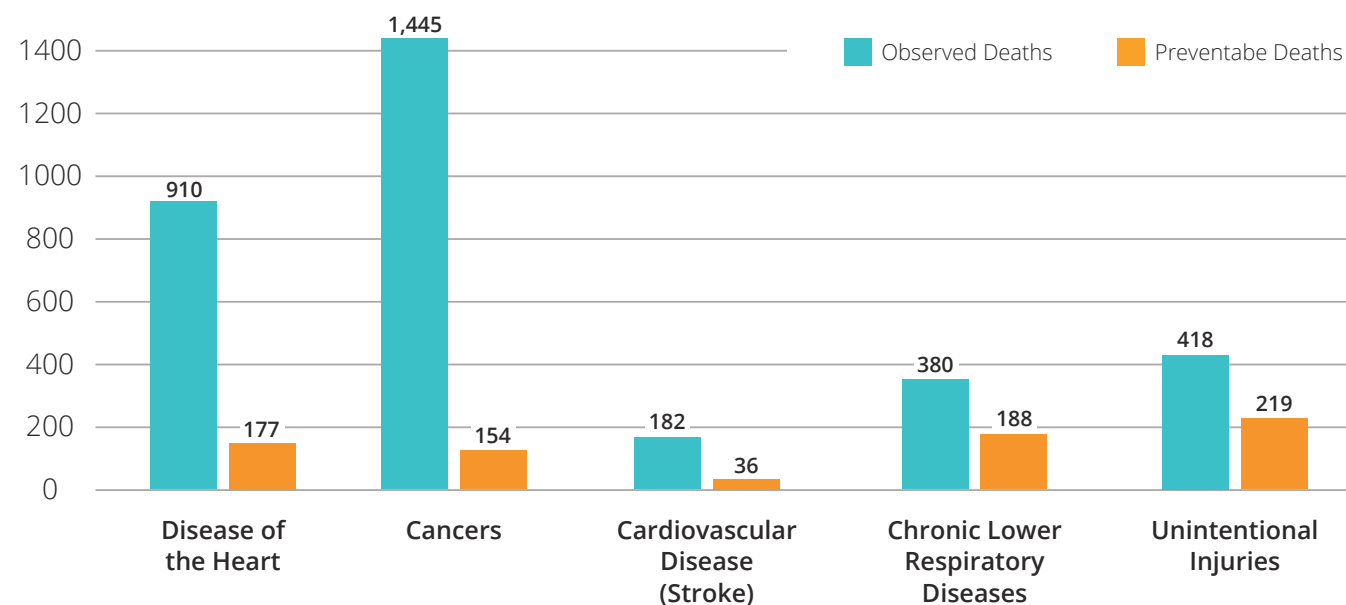
Overweight and obesity have a devastating impact on the health of Gallatin County residents. Measured by body mass index (BMI), nearly two-thirds (63.8%) of Gallatin County residents are overweight or obese. This is slightly more than the percentage of all Montana adults (61.0%) and slightly less than all U.S. adults (65.2%), according to the BRFSS. Of the 63.8% of residents who are overweight, 28.1% are obese, with a BMI of 30.0 or greater. Similar to the previously discussed contributing factors to chronic disease, a greater percentage of low-income residents report being obese compared to higher income residents. Obesity is also more common among residents reporting “other/ unknown” race or ethnicity compared to non-Hispanic white residents (44.5% vs 26.4%).

When interacting with health care professionals, only 19.9% of all area adults have received advice about their current weight. When data is examined by weight

status (normal weight, overweight, or obese), 7 in 10 of those who are overweight have not discussed their weight status with a health care professional. A greater percentage of overweight and obese adults report high blood pressure, fair or poor health, asthma, pre-diabetes, and kidney disease when compared to their normal weight counterparts. Additionally, obese residents report arthritis more frequently than overweight and normal weight adults in Gallatin County (PRC).

Among Gallatin County children ages 5 to 17 years old, 29.3% are overweight or obese. Girls were more likely to be overweight than boys in this age group, and a greater percentage of children ages 5 to 12 years old were obese compared to children 13 to 17 years old in Gallatin County.

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



Source: García MC, Bastian B, Rossen LM, et al. Potentially Preventable Deaths Among the Five Leading Causes of Death — United States, 2010 and 2014. MMWR Morb Mortal Wkly Rep 2016;65:1245–1255. DOI: <http://dx.doi.org/10.15585/mmwr.mm6545a1>

HOPE & ONGOING WORK

Fortunately, as shown in Figure X (previous page), opportunities exist to both prevent chronic diseases from occurring and provide the care necessary to reduce the burden of complications associated with many chronic diseases.

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

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

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





GROWTH & HOUSING

INDICATORS OF NEED

PROJECTED GROWTH RATES AND OTHER INDICATORS

Gallatin County is the third most populated of Montana's 56 counties with an estimated 107,810 residents in 2017.¹² It is also one of the fastest growing counties in the state of Montana. A large percentage of this growth is due to migration, a stronger indicator that Gallatin County is a desirable place to live.

Specifically, the Bozeman area continues to rank as one of the fastest growing communities of its size in the nation.¹³ While population growth slowed between 2008 and 2010, the rate of growth in the entire region has surpassed these pre-recession levels, and since 2014, rates have averaged 4.7% per year or 1,800 new residents every year.

POPULATION TRENDS

Description	2000	2005	2010	2016	2000 – 2016		
					Total	Ann. #	Ann. %
Bozeman	28,171	33,280	37,326	45,250	17,079	1,067	3.0%
Belgrade	5,839	6,728	7,469	8,254	2,415	151	2.2%
Three Forks	1,756	1,840	1,867	1,944	188	12	0.6%
Manhattan	1,443	1,503	1,514	1,691	248	16	1.0%
West Yellowstone	1,170	1,240	1,273	1,353	183	11	0.9%
Rest of County	29,996	35,719	40,631	46,010	16,014	1,001	2.7%
Gallatin County	68,375	80,310	89,631	104,502	36,127	2,258	2.7%
Montana	903,773	940,102	990,641	1,042,520	138,747	8,672	0.9%

¹² American Fact Finder. 2017 Population Estimates. <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>. Accessed May 2018.

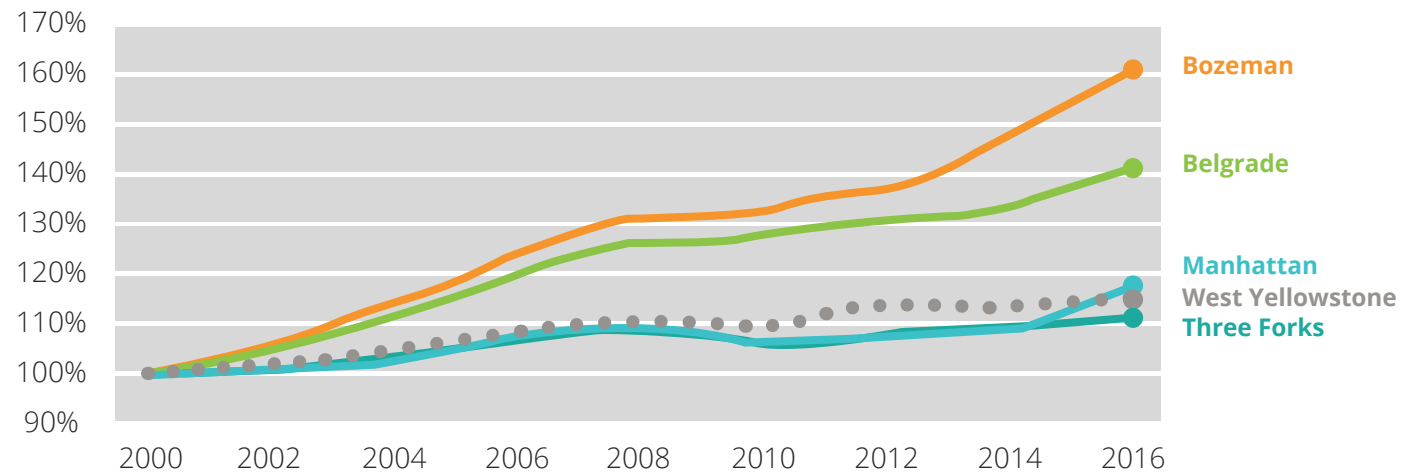
¹³ United States Census Bureau. Top 10 Largest-Gaining Micropolitan Areas 2016-2017. <https://www.census.gov/newsroom/press-releases/2018/popest-metro-county.html>. Accessed April 2018.

A report completed by Economic and Planning Systems, Inc. for the City of Bozeman in January 2018 estimates that even if current growth trends continue at a moderate pace, Gallatin County will grow by nearly 55,000 people from 2017 through 2045.¹⁴ Half this growth will likely occur in the City of Bozeman. That is an annual change of approximately 2,000 people, or 5 people per day. The Gallatin Valley as a whole is evolving from a rural region to a more urban one. Aside from Bozeman, communities

throughout Gallatin County have also experienced growth. As this growth continues in the region, the valley may be designated as an urbanized area in 2020 by the U.S. Census (Figure XX). Regional transportation planning and federal transportation planning and construction funds may follow.

¹⁴ Economic & Planning Systems, Inc. Demographic and Real Estate Market Assessment (January 25, 2018). <http://weblink.bozeman.net/WebLink8/0/doc/145438/Electronic.aspx>. Accessed April 2018.

FIGURE XX. POPULATION INDEX



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

FACTORS AFFECTED BY GROWTH: HUMAN HEALTH AND ENVIRONMENTAL HEALTH IMPACTS

The impact of growth will show up in different ways across the county resulting in a variety of positive and negative impacts on health, the environment, and available resources and infrastructure. Job growth, a strong economy, and diversity are examples of positive impacts of community growth. However there

are negative impacts. For example, while the City of Bozeman has the tools to provide facility services such as water and sewer, smaller water and sewer districts may be limited due to financial resources or other barriers, which could limit the amount of growth that occurs in the unincorporated areas of the county.

WATER QUALITY

While connection to water and sewer district services might not be possible in unincorporated areas of the county, it does not mean that growth in these areas will come to a standstill. Instead, continued development in these areas will give rise to additional onsite wastewater treatment systems classified either as public or private. Privately-owned, individual onsite systems in areas without centralized sewer facilities have been successfully implemented across Gallatin County and are used to treat and disperse wastewater. Although technical guidelines and regulations for the design and installation of the onsite systems exist to safeguard

public health and the environment, these systems are often managed by private users. This means there are risks to surface and groundwater resources if these systems malfunction or are improperly operated and maintained. The cumulative effects of areas of high-density onsite wastewater treatment systems increases the potential for groundwater contamination, as development pressure affects groundwater quality.¹⁵

¹⁵ Gallatin Local Water Quality District. Gallatin Groundwater Project: Assessing Cumulative Impacts to Groundwater in High Density Septic System Areas Final Technical Report (July 2014). <https://glwqd.files.wordpress.com/2016/02/gallatin-ground-water-report-2014.pdf>. Accessed April 2018.

AIR QUALITY

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



AFFORDABLE HOUSING

Although growth can have positive impacts on the local economy and employment rates, these benefits are accompanied by increased demand for services, such as housing for workers and the attendant increase in wastewater treatment. As of August 2017, the median home price in Bozeman was \$398,000, up from \$245,000 in 2011 as the recovery from the recession began. Based on the standard formula that says that a person should spend 30% or less of their paycheck on housing,

a Bozeman household would need to bring in \$68,400 (\$32.00 an hour for one person) per year to afford the median home price. Wage levels in Gallatin County do not match the necessary earnings to afford a home at the median price. What this translates to is a need for affordable housing. Housing prices that match income levels is a pressing and intensifying concern specifically for those with lower wages and fixed incomes.

HOUSING ACCESS & INEQUITIES

Housing is a social determinant of health, and safe, affordable housing is a basic human necessity regardless of income, education, life status, or age (See Figure XXX). A lack of affordable housing can result in poor academic performance, an escalation in domestic violence, substance abuse, poor health, and homelessness.¹⁶ Other literature suggests that affordable, stable housing is a major factor for individuals who are maintaining treatment regimens for chronic diseases, such as type 2 diabetes, hypertension, and HIV/ AIDS.¹⁷ In short, lack of safe, affordable housing makes a bad situation worse.

Stable housing available to those across the income perspective, including working people, seniors, individuals transitioning from homelessness, and those with special needs, is a challenge in Gallatin County's tight housing market. Specifically, the demand for affordable housing for transient workers and for those with lower earnings has forced individuals and families to move further away from their work, therefore increasing their transportation costs. The lack of housing has forced some residents to live in trailers and vehicles without reliable heat or access to basic sanitation (running water and sewage disposal). While storage tanks are often attached to recreational vehicles, families and individuals have to haul waste to authorized dump facilities to legally dispose of it. In areas where families and individuals are living further from wastewater treatment services, this method of waste disposal comes at a cost to the individual and a risk to the public in cases of illegal dumping.

Among the county laws and regulations, specific requirements apply to both zoning and wastewater treatment for recreational vehicle (RV) encampments. In recent years, Gallatin City-County Health Department and other city and county agencies have noticed a significant rise in informal housing developments — often, unpermitted trailer parks or RV encampments — throughout the county.

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

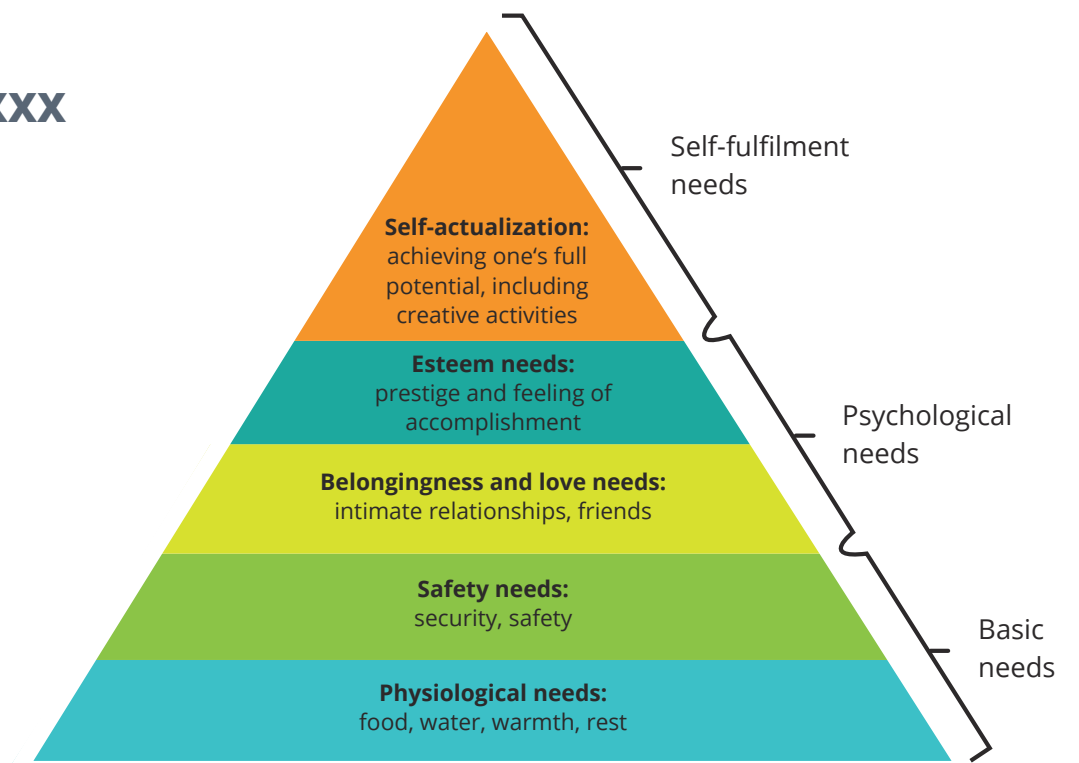
As the county continues to grow, these encampments will continue to emerge, challenging the government and human service organizations that protect public health and foster safe, affordable housing for the growing population.



¹⁶ National Housing Conference – Center for Housing Policy. The Impacts of Affordable Housing on Health: A Research Summary. Center for Housing Policy (May 2011). <https://www.nhc.org/publication/the-impacts-of-affordable-housing-on-health-a-research-summary/>. Accessed April 2018.

¹⁷ American Journal of Public Health. The Health Impact of Supportive Housing for HIV-Positive Homeless Patients: A Randomized Controlled Study (November 2009). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2774195/>. Accessed April 2018.

FIGURE XXX



COMMUNITY ASSETS & RESOURCES

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

PLANNING FOR GROWTH

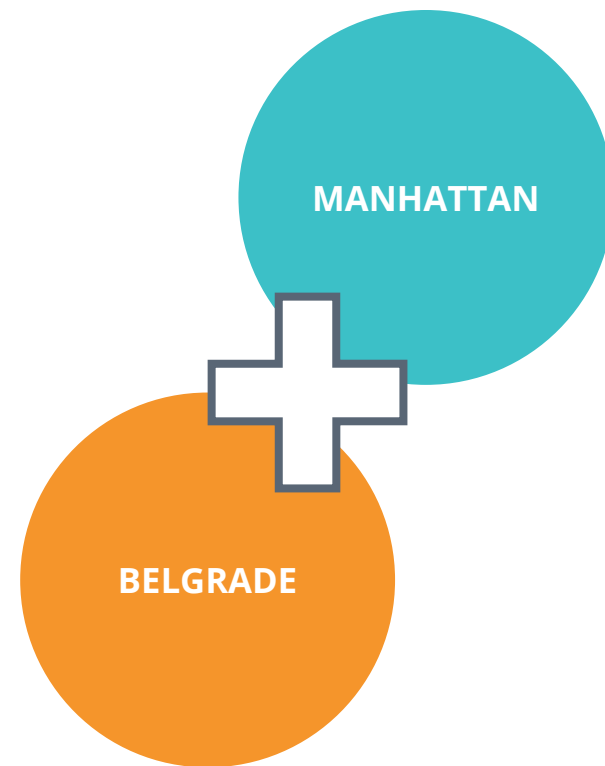
The Gallatin County Triangle Study, completed in September of 2014, identifies and provides recommendations to Gallatin County and the cities of Belgrade and Bozeman regarding the coordination of planning infrastructure, land use, and public services in

the "Triangle" area of the Gallatin Valley (the land area in and around Bozeman, Belgrade, and the unincorporated community of Four Corners). The Triangle report is intended to provide a framework for how the county and cities can work together effectively and efficiently to meet the goals of their respective growth policies and ensure public health and safety.¹⁸ The report is timely given that Belgrade, Bozeman, and Gallatin County are updating their current growth policies over the course of the next two years. Cooperative efforts by city and county officials and government organizations will be crucial to managing this effort to the best benefit of those who live and work in Gallatin County.

¹⁸ Future West. Gallatin Triangle Planning Guide (September 17, 2014). <https://www.future-west.org/wp-content/uploads/2016/03/GallatinTrianglePlanningStudy.pdf>. Accessed April 2018.

INTERGOVERNMENTAL COLLABORATION

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



WORKING TOWARD AFFORDABLE HOUSING

Targeted work to address housing affordability and accessibility is also in progress. In 2018, the City of Bozeman hired its first Affordable Housing Program Manager to work toward creating clear definitions as to what affordable housing means in Bozeman. There is also recognition from city leaders that affordable housing requires a public health approach to address the continuum of needs and concerns. Similarly, entrepreneurial leadership from organizations, such as the Human Resource Development Council, and community partners, including St. James Episcopal Church and Montana State University's School of Architecture, have started the Housing First Initiative which aims to provide housing for the chronically

homeless. The initiative is designed to support successful reintegration of the homeless into community living and permanent housing. The single-user "tiny" homes or shelters proposed provide a cost-effective way to address the growing issue of homelessness, while maintaining the autonomy and dignity of the residents. This initiative is an example of what is possible when multiple sectors of the community work together to identify solutions.¹⁹

¹⁹ Housing First Village (HRDC). <https://www.housingfirstbozeman.org/>. Accessed April 2018.

FUTURE ASSESSMENT NEEDS

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

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





UNINTENTIONAL INJURY

Unintentional Injury (UI) is defined as an incident in which an individual or individuals experience physical harm that is a result of an outside occurrence that was not planned or previously identified. As the leading cause of death for Americans ages 1 to 44 years old²⁰, UI is truly indiscriminate, as it touches the lives of everyone, resulting in anything from minor scrapes or bruises to premature death.

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

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

²⁰ CDC. Injury Prevention & Control. <https://www.cdc.gov/injury/wisqars/fatal.html>. Accessed April 2018.

INDICATORS OF NEED

FALLS

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

Several factors that contribute to the risk of falls have been identified by various organizations. Alcohol and substance use, medical diagnoses such as neurological or musculoskeletal conditions, environmental factors such as obstacles in the home or outdoors, changes to medications and the resultant side effects, and

socioeconomic status leading to concerns such as overcrowded housing, sole parenting, and young maternal age.

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

SEATBELT USE

According to the Centers for Disease Control (CDC), motor vehicle crashes are a leading cause of death among individuals 1 to 54 years of age in the U.S., and is the leading cause of accidental death for all ages.²³ Three factors influence motor vehicle accident deaths: seatbelt use, speed, and departure from the road, usually due to distracted or intoxicated driving. Seatbelts are one of the largest public health successes, as they are one of the most effective ways to prevent death and reduce injuries due to automobile accidents.

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

vehicle occupants travelling on rural roads were unrestrained.²⁴

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

²¹ CDC's Morbidity and Mortality Weekly Report. Falls and Fall Injuries Among Adults Aged ≥65 Years — United States, 2014 (September 23, 2016). <https://www.cdc.gov/mmwr/volumes/65/wr/mm6537a2.htm>. Accessed April 2018.

²² CDC WONDER Online Query System. <https://wonder.cdc.gov/>. Accessed April 2018.

²³ CDC Injury Prevention & Control. Ten Leading Causes of Death and Injury – 2016. <https://www.cdc.gov/injury/wisqars/LeadingCauses.html>. Accessed April 2018.

²⁴ CDC's Morbidity and Mortality Weekly Report. Rural and Urban Differences in Passenger-Vehicle–Occupant Deaths and Seat Belt Use Among Adults — United States, 2014 (September 22, 2017). <https://www.cdc.gov/mmwr/volumes/66/ss/ss6617a1.htm>. Accessed April 2018.

SEATBELT USE CONTINUED

... in Gallatin County. Montana's numbers are among the lowest nationally for seatbelt use and among the highest for motor vehicle crash fatalities. Men are more likely not to wear a seatbelt than women, and among all age groups, people aged 40 to 64 are the lowest utilizers. PRC data disclosed that 94.6% of children reportedly always wear their seatbelt. Although child seatbelt use is high, the issue of improperly installed car seats remains an issue. In 2015, the National Highway Traffic Safety Administration (NHTSA) estimated that 46% of all car seats are misused, mostly among forward facing car seats at 61%.²⁵ Local Gallatin County experts report four out of five car seats presented for inspection are installed improperly.

The 2017 Community Health Needs Assessment conducted by PRC reported 13.1 deaths per 100,000 people for the tri-county area as a result of motor vehicle crashes. Montana experiences 20 deaths per 100,000 people, while, nationally, 10.6 deaths per 100,000 people were reported. The Healthy People 2020 goal is less than 12.4 deaths per 100,000 people.²⁶

²⁵ CDC's Morbidity and Mortality Weekly Report. Falls and Fall Injuries Among Adults Aged ≥65 Years — United States, 2014 (September 23, 2016). <https://www.cdc.gov/mmwr/volumes/65/wr/mm6537a2.htm>. Accessed April 2018.

²⁶ Professional Research Consultants, Inc. 2017 Community Health Needs Assessment Report for Gallatin, Madison, and Park Counties. http://healthygallatin.org/wp-content/uploads/2018/04/2017-PRC-CHNA-Report_Gallatin-Madison-Park-Counties-MT-FINAL-with-bookmarks-002-1.pdf. Accessed April 2018.

DRIVING UNDER THE INFLUENCE

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

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

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

²⁷ CDC Vital Signs. Drinking and Driving. <https://www.cdc.gov/vitalsigns/drinkinganddriving/index.html>. Accessed April 2018.

FIREARMS

Firearms are a leading cause of death in the U.S. According to the most recent data released in November 2017 by the CDC and National Vital Statistics, in 2015, 36,252 people in the U.S. died as a result of injuries sustained by a firearm.²⁸ In 2015, the two major causes of firearm injury deaths were suicide (60.7%)²⁹ and homicide (35.8%).³⁰

In Montana in 2016, 194 deaths were the result of a firearm, and 162 of those were suicides. Montana was ranked 44th of all states for the highest rate of firearm related deaths at 19 deaths per 100,000 people. Alaska was the highest at 23 deaths per 100,000 people³¹.

The Healthy People 2020 goals for firearm deaths is 9.3 deaths per 100,000 people³². PRC data revealed a rate of 13.9 deaths per 100,000 people for the tri-county area³³. While this is below the rate for Montana, it is still above the national rate and well above the Healthy People 2020 goal.

²⁸ CDC National Vital Statistics Reports. Deaths: Final Data for 2015. https://www.cdc.gov/nchs/data/nvsr/nvsr66/nvsr66_06.pdf. Accessed April 2018.

²⁹ CDC National Center for Health Statistics. Suicide and Self-Inflicted Injury. <https://www.cdc.gov/nchs/fastats/suicide.htm>. Accessed April 2018.

³⁰ CDC National Center for Health Statistics. Assault or Homicide. <https://www.cdc.gov/nchs/fastats/homicide.htm>. Accessed April 2018.

According to the PRC survey, respondents reported that 62.8% of homes have a firearm kept either in or around the home. This is in stark contrast to the U.S. at 33.8%. Among those households with firearms, Montana and the U.S. were similar in rates of firearms being kept unlocked and loaded at 21% and 20.4% respectively. The PRC survey also revealed that out of the households with children, two-thirds have a firearm kept in or around the home. Two-thirds of homes having a firearm in or around the home, as identified in the PRC survey is reported to be much higher than national numbers reflect.

³¹ CDC. Firearm Mortality by State. https://www.cdc.gov/nchs/pressroom/sosmap/firearm_mortality/firearm.htm. Accessed April 2018.

³² HealthyPeople.gov. Injury and Violence Prevention. <https://www.healthypeople.gov/2020/topics-objectives/topic/injury-and-violence-prevention/objectives>. Accessed April 2018.

³³ Professional Research Consultants, Inc. 2017 Community Health Needs Assessment Report for Gallatin, Madison, and Park Counties. http://healthygallatin.org/wp-content/uploads/2018/04/2017-PRC-CHNA-Report_Gallatin-Madison-Park-Counties-MT-FINAL-with-bookmarks-002-1.pdf. Accessed April 2018.

PREVENTION STRATEGIES

FALLS

Proven prevention strategies are available to decrease the incidence of falls, and primary prevention strategies are available to primary care providers. Specifically, providers can screen older adults during annual visits for obstacles in the home, housing situations (do they live alone?), as well as regular medication reviews to identify changes to medications that could potentially lead to

increased side effects or interactions. Other prevention strategies include in-home assessments, education, and exercise regimens focused on strength and balance. Other, more broad-reaching prevention strategies involve mass public education campaigns to raise awareness of the dangers that lead to falls, and action plans for families to mitigate the risk.

SEATBELT USE

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



DRIVING UNDER THE INFLUENCE

Effective DUI prevention strategies are numerous, and include ignition interlock systems installed in the cars of driving offenders; zero tolerance laws for anyone under 21 years of age; and mass media campaigns to inform people of the consequences of impaired driving. Campaigns include information on topics, including

deaths related to drunk driving, the costs of DUI, and secondary consequences, such as job loss, family trouble, etc. Communities would benefit from taking advantage of opportunities to intervene when there is evidence of substance abuse or potential abuse, providing treatment as needed and appropriate.

FIREARMS

The effort to understand and reduce firearms deaths could be significantly helped if Congress would lift restrictions against federal funding for gun research. Public health experts, such as David Hemenway, director of Harvard's Injury Control Research Center, say current congressional limitations placed on the Centers for Disease Control and Prevention have had a chilling effect on research and hindered a better understanding of the problem.³⁴ Locally, the department of Fish, Wildlife and Parks offers hunter safety education, and

several private organizations offer gun safety courses. Many organizations offer free gunlock distribution and education about safe storage of guns and ammunition. Another strategy is for parents to ask about guns in the homes of their children's friends.

³⁴ https://www.washingtonpost.com/news/powerpost/paloma/the-health-202/2018/02/22/the-health-202-gun-violence-research-by-the-government-hasn-t-been-funded-in-two-decades-but-that-may-soon-change/5a8dc13e30fb047655a06856/?utm_term=.82238bc57ef1

CHALLENGES

FALLS

Specific challenges for Gallatin County identified in the CHA process are mostly related to outdoor recreation. Some factors compounding the risk are extreme conditions, weather, topography, alcohol use, accepted risk, lack of cell reception, and inexperience. Inexperience is of significant concern with tourists to our area who do not fully understanding the danger inherent in some of the area's outdoor activities. Expansive

distance and the remote nature of many outdoor activities embellishes the risk associated with falls far from medical care.

Older adults can face challenges with unkempt homes, loose clothing, and isolation due to rural locations. For older adults, pets can also pose a challenge by creating an encumbrance that is unpredictable.

SEATBELT USE

The rural nature of Montana has fostered a "ranching mentality" of jumping into a vehicle and driving from pasture to pasture without securing a seatbelt. Some older individuals who do not see value in seatbelt use are not motivated to change and start using them. Other people feel as though it is their right to choose whether or not to wear a seatbelt, leading to a lack of consistency in use, especially in rural areas. Additionally, a false sense of security is often associated with large, seemingly invincible vehicles.

Another challenge for Montana is the lack of a primary seatbelt law; in order for someone to be cited for not wearing a seatbelt, drivers must be pulled over for

other violations. The consequences for not wearing a seatbelt are not as impactful as in states with primary seatbelt laws.³⁵

Older vehicles with lap belts and automatic seatbelts also pose challenges. Lap belts do not provide adequate protection in a crash. Automatic seatbelts are often inactivated because of malfunction or uncomfortable placement.

³⁵ CDC's Morbidity and Mortality Weekly Report. Rural and Urban Differences in Passenger-Vehicle-Occupant Deaths and Seat Belt Use Among Adults — United States, 2014 (September 22, 2017). <https://www.cdc.gov/mmwr/volumes/66/ss/ss6617a1.htm>. Accessed May 2018.

DRIVING UNDER THE INFLUENCE

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

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

Downtown areas in Bozeman have “no parking” rules from 2 am to 7 am, which encourages people to move their cars when they leave downtown drinking establishments. Bozeman police typically do not enforce these rules on weekends in order to encourage use of alternative transportation, though this may not be widely

understood by the general public. Individuals often are unaware of their level of impairment and insist upon driving when they really should not be behind the wheel.

Bartenders are somewhat dis-incentivized to stop serving individuals and/or take the keys of those who are intoxicated, as intoxicated people tend to tip better, and “cutting people off” affects the bartenders’ income. The system for enforcing DUI laws focuses a great deal on the punitive ramifications. These efforts could be enhanced by also delineating clear pathways for offenders to access substance use treatment and mental health services when appropriate.

Sobriety checkpoints are not allowed in Montana.

FIREARMS

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

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

As detailed above, many homes already have firearms, and many of those are unlocked and accessible. Significant public health research shows a correlation between firearm deaths due to suicide or accident and easy access to unlocked weapons.³⁶

³⁶ <https://www.hsph.harvard.edu/means-matter/means-matter/youth-access/>

COMMUNITY STRENGTHS

FALLS

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

Gallatin County has many resources for safe outdoor recreation. Classes are provided by local organizations and retailers alike. Publications are available from the Forest Service, State Parks, and private, locally published magazines.

Gallatin County is also fortunate to have a strong, dedicated, skilled, and responsive Search and Rescue team through the Gallatin County Sheriff’s Office.

SEATBELT USE

According to the National Highway Transportation Safety Administration, observed use for seatbelts in Montana has increased from 74% to 78.2% from 2013 to 2017.³⁷ This increase shows promise for continued improvement. Teens are learning to use seatbelts in driver training courses and are becoming regular users more readily.

The State of Montana continues its Vision Zero campaign, educating and promoting the use of seatbelts

with a vision of zero traffic fatalities.

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

³⁷ National Highway Traffic Safety Administration. Montana Annual Report for Fiscal Year 2017. <https://www.nhtsa.gov/document/montana-fy2017-annual-report>. Accessed April 2018.

DRIVING UNDER THE INFLUENCE

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

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

Bartenders are encouraged/required to take keys if they notice someone is intoxicated.

FIREARMS

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



Current momentum around gun violence prevention is raising awareness around the issue of gun safety.

OPPORTUNITIES

FALLS

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

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

SEATBELT USE

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

Montana would likely benefit from increased fines for seatbelt infractions and primary enforcement as an

evidence-based opportunity to increase seatbelt use compliance.

Encouraging employers to enact seatbelt policies for company vehicles, for example construction vehicles, could also help to increase usage.

³⁸ CDC. Motor Vehicle Safety. <https://www.cdc.gov/motorvehiclesafety/> Accessed April 2018.

SEATBELT USE

In Gallatin County, significant community involvement has surfaced, dedicated to reducing the negative impacts of driving under the influence. The Gallatin County DUI task force, a citizen group appointed by the county commissioners, develops and funds public education, awareness, and enforcement of projects designed to reduce the number of alcohol and/or drug related crashes and deaths in Gallatin County.³⁹

³⁹ Gallatin County. DUI Task Force. http://gallatincomt.virtualltownhall.net/Public_Documents/gallatincomt_dui/duitaskforce. Accessed May 2018.

DRIVING UNDER THE INFLUENCE

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

FUTURE ASSESSMENT

FALLS

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

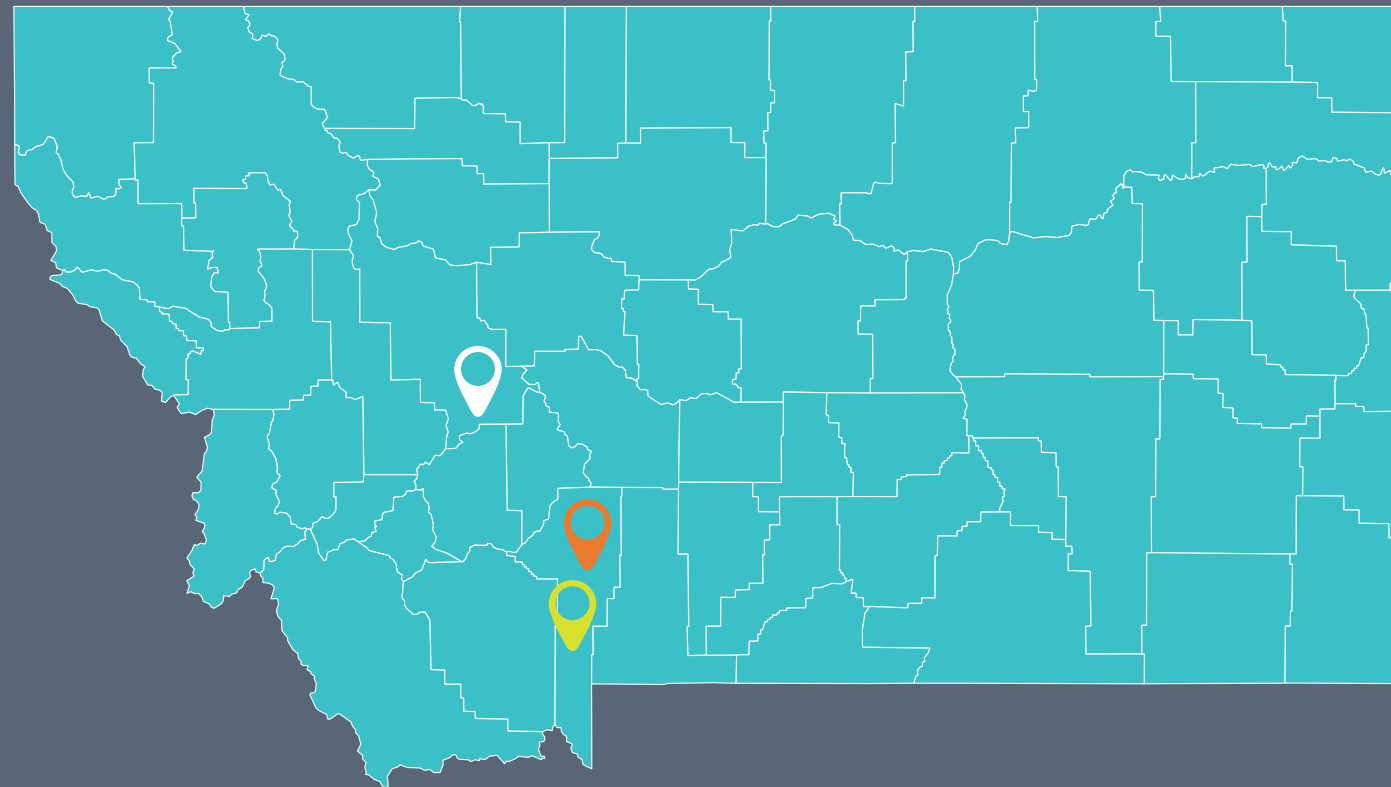
DRIVING UNDER THE INFLUENCE

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

Another potential assessment would be the use of ride share opportunities over time, especially in the after-bar hours of the night.



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