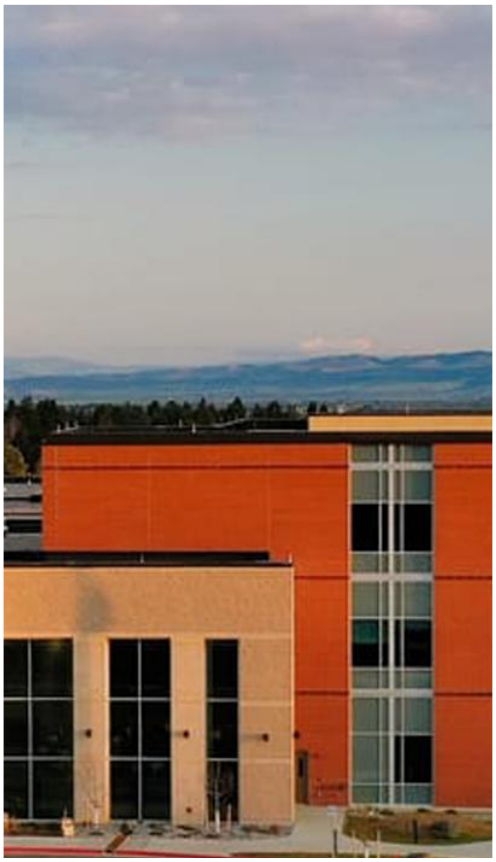






2026 COMMUNITY HEALTH NEEDS ASSESSMENT

Gallatin County, Montana

Sponsored by

Bozeman Health
Deaconess Regional Medical Center

In partnership with

- *Gallatin City-County Health Department*
- *HRDC*
- *One Health*

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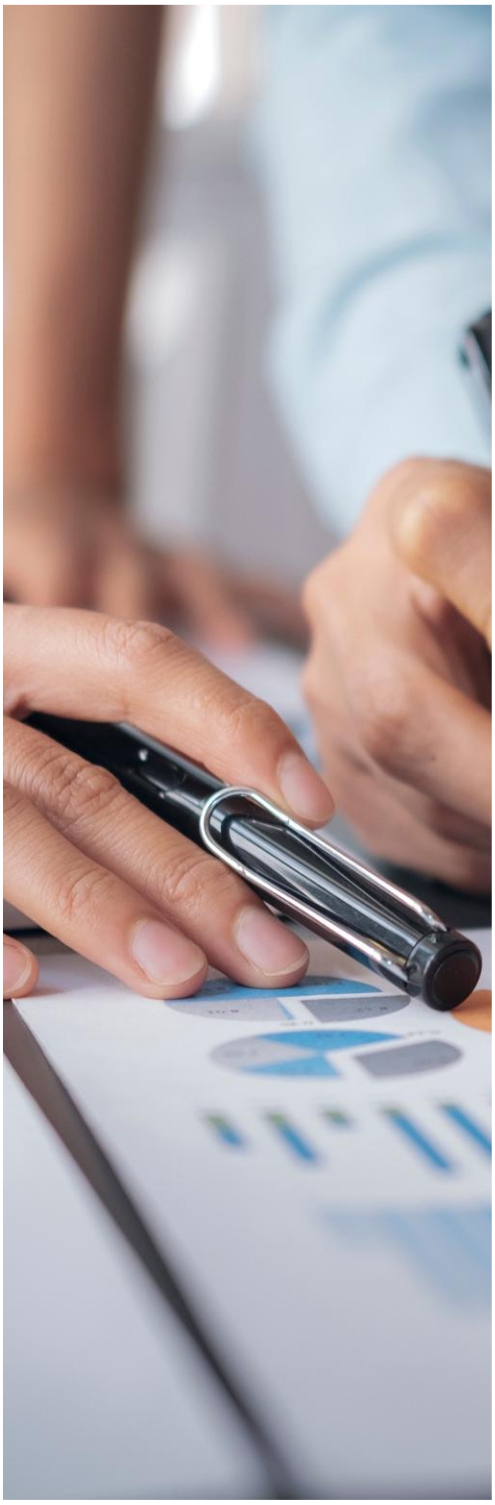
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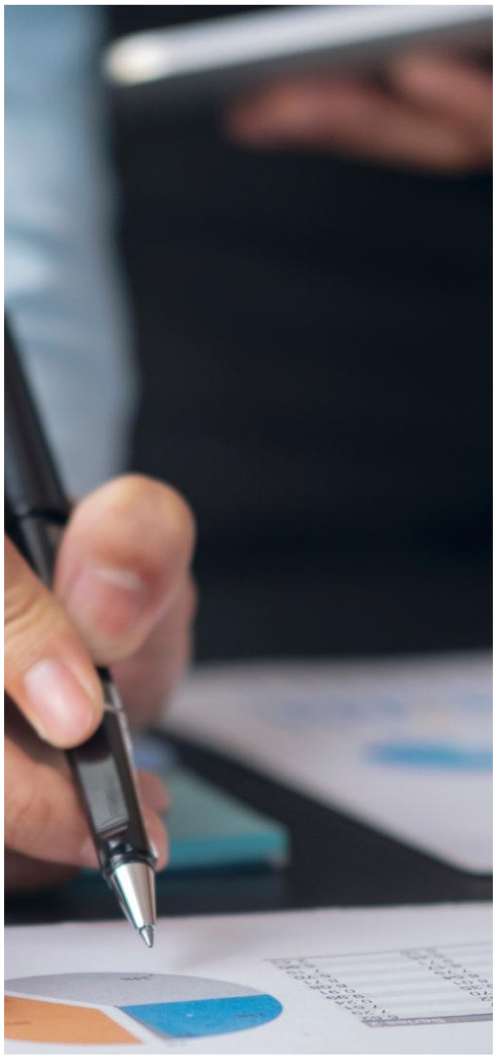
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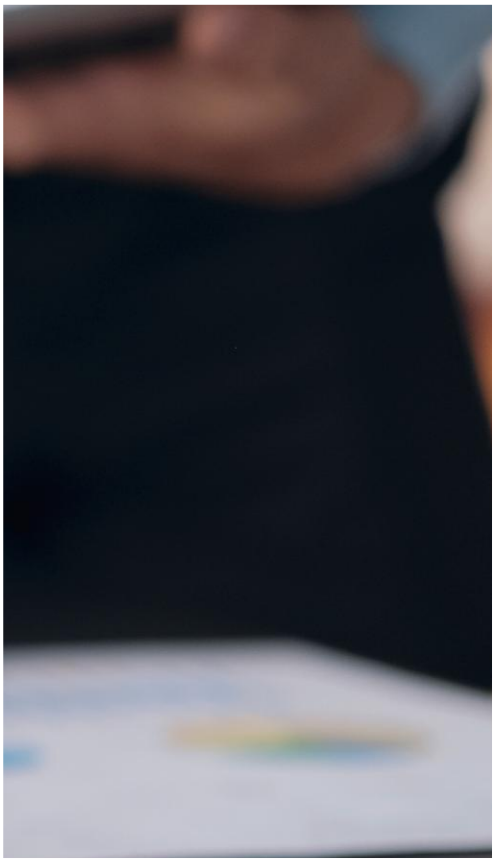
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INTRODUCTION

PROJECT OVERVIEW

Project Goals

This Community Health Needs Assessment — a follow-up to similar studies conducted in 2011, 2014, 2017, 2020 and 2023 — is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in Gallatin County, Montana. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- To improve residents' health status, increase their life spans, and elevate their overall quality of life.
- To reduce the health disparities among residents.
- To increase accessibility to preventive services for all community residents.

This assessment was conducted on behalf of Bozeman Health by Professional Research Consultants, Inc. (PRC), a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

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

PRC Community Health Survey

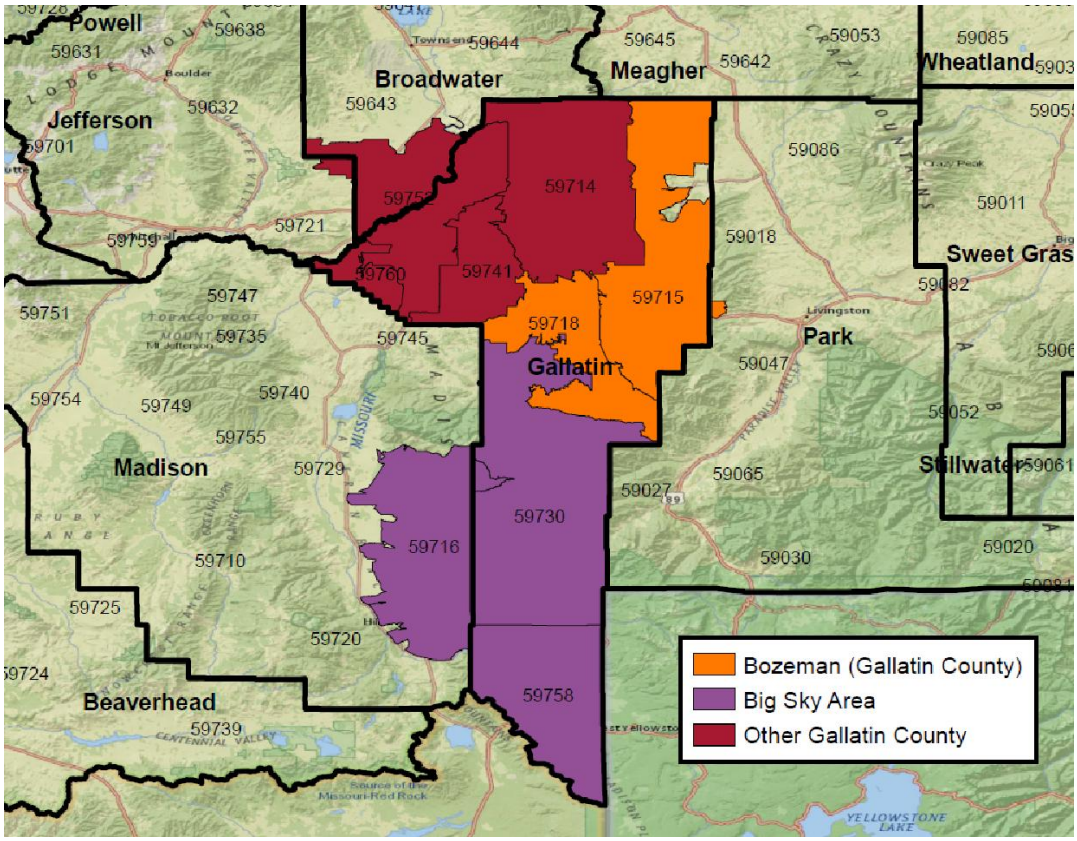
Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by Bozeman Health and PRC and is similar to the previous surveys used in the region, allowing for data trending.

Community Defined for This Assessment

The study area for the survey effort includes ZIP Codes associated with Gallatin County, Montana, including the communities of Bozeman and Big Sky. This community definition, determined based on the ZIP Codes of residence of recent patients of Bozeman Health, is illustrated in the following map.





Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a mixed-mode methodology was implemented. This included targeted surveys conducted by PRC by phone or through online questionnaires, as well as a community outreach component promoted by the study sponsor through a variety of communications, including QR codes and social media postings.

RANDOM-SAMPLE SURVEYS (PRC) ► For the targeted administration, PRC administered 700 surveys throughout the county.

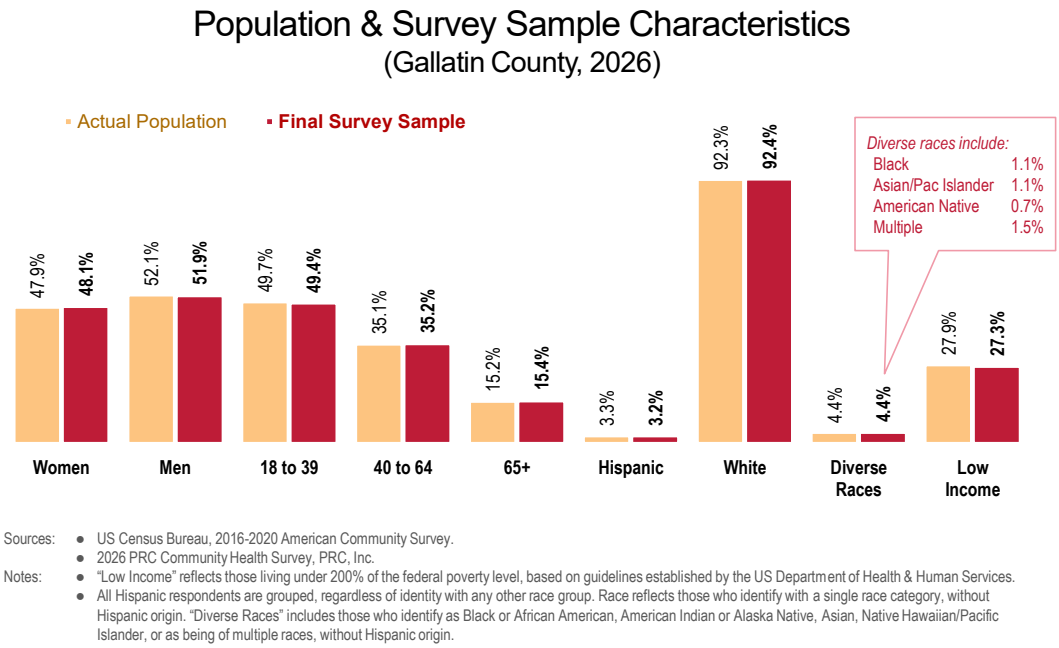
COMMUNITY OUTREACH SURVEYS (Bozeman Health) ► PRC also created a link to an online version of the survey, and Bozeman Health promoted this link locally in order to drive additional participation and bolster overall samples. This yielded an additional 342 surveys to the overall sample.

In all, 1,042 surveys were completed through these mechanisms, including 624 in the Bozeman area ZIP Codes, 200 in Big Sky area ZIP Codes, and 218 in other areas of Gallatin County. The surveys were administered from December 2025 through April 2026. Once completed, these were weighted in proportion to the actual population distribution so as to appropriately represent Gallatin County as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.

Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven methodology and random-selection techniques. While this produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely sex, age, race, ethnicity, and poverty status), and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses might contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics might have been slightly oversampled, might contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the Gallatin County sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child's health care needs, and these children are not represented demographically in this chart.]



Sources:
- US Census Bureau, 2016-2020 American Community Survey.
- 2026 PRC Community Health Survey, PRC, Inc.

Notes:
- "Low Income" reflects those living under 200% of the federal poverty level, based on guidelines established by the US Department of Health & Human Services.
- All Hispanic respondents are grouped, regardless of identity with any other race group. Race reflects those who identify with a single race category, without Hispanic origin. "Diverse Races" includes those who identify as Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian/Pacific Islander, or as being of multiple races, without Hispanic origin.

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

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by Bozeman Health; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation.

In all,

167

community representatives took part in the Online Key Informant Survey.

KEY INFORMANT PARTICIPATION



10	9	35	32	81
PHYSICIANS	PUBLIC HEALTH REPRESENTATIVES	OTHER HEALTH CARE PROVIDERS	SOCIAL SERVICES PROVIDERS	OTHER COMMUNITY LEADERS

Through this process, input was gathered from individuals whose organizations work with low-income, minority, or other medically underserved populations. Final participation included representatives of the following organizations:

- Area IV Agency on Aging
- Be Well Big Sky
- Belgrade Chamber of Commerce
- Belgrade School District
- Big Sky Chamber of Commerce
- Big Sky Community Food Bank
- Big Sky Community Housing Trust
- Big Sky Medical Center
- Big Sky Resort Tax Board
- Big Sky Youth Empowerment
- Bird Dog Strategies
- BMT Consulting
- Boyne Resorts
- Bozeman Children's Theatre
- Bozeman Health
- Bozeman Health Patient and Family Advisory Council
- Bozeman School District
- Bozeman Senior Center
- Bridger Capital
- Bridger Ski Foundation
- Bridgercare
- Cancer Support Community
- City of Belgrade
- Cloverlay
- Communities That Care
- Family Promise
- Gallatin City-County Board of Health
- Gallatin City-County Health Department
- Gallatin College

- Gallatin County Commissioner
- Gallatin County Detention Center
- Gallatin County Emergency Management
- Gallatin County Rest Home
- Gallatin County Sheriff's Office
- Gallatin Gateway Public School
- Gallatin Valley Food Bank
- Gallatin Valley YMCA
- Greater Gallatin United Way
- Greater Impact
- Hatch Pediatrics
- Haven
- Headwaters Food Bank
- Hebgen Basin Fire District
- Help Center, Inc.
- Hillcrest Senior Living
- Holy Rosary Catholic Church
- Hope Lutheran Church
- Human Resource Development Council
- Manhattan Chamber of Commerce
- Manhattan Plumbing and Heating
- Montana Area Health Education Center
- Montana Healthcare Foundation
- Montana State University
- Montana's Peer Network
- Morning Star Childcare
- MSU University Health Partners
- One Health/Community Health Partners
- One Valley
- Pilgram Congregational
- Proyecto SALUD
- Reach, Inc.
- Salvation Army Bozeman
- The Springs Living
- Thrive
- Town of Three Forks
- Town of West Yellowstone
- Turnwell Mental Health
- Valley View Country Club
- Wellness in Action
- West Yellowstone Public School
- West Yellowstone Senior Center
- Williams Plumbing and Heating
- Willow Creek Public School
- Yellowstone Club Foundation

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

Public Health, Vital Statistics & Other Data

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

- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension, SparkMap (sparkmap.org)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- National Cancer Institute, State Cancer Profiles
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Note that secondary data reflect county-level (Gallatin County) data.

Benchmark Comparisons

Trending

Similar surveys were administered in Gallatin County in 2011, 2014, 2017, and 2020 by PRC on behalf of Bozeman Health. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

Montana Data

State-level findings are provided where available as an additional benchmark against which to compare local findings. For survey indicators, these are taken from the most recently published data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS). For other indicators, these draw from vital statistics, census, and other existing data sources.

National Data

National survey data, which are also provided in comparison charts, are taken from the *2026 PRC National Health Survey*; these data may be generalized to the US population with a high degree of confidence. National-level findings (from various existing resources) are also provided for comparison of secondary data indicators.

Healthy People 2030 Objectives

Healthy People provides 10-year, measurable public health objectives — and tools to help track progress toward achieving them. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first four decades.

The Healthy People 2030 framework was based on recommendations made by the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. After receiving feedback from individuals and organizations and input from subject matter experts, the US Department of Health and Human Services (HHS) approved the framework which helped guide the selection of Healthy People 2030 objectives (https://health.gov/healthypeople).

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level), using question-specific samples and response rates. For the purpose of this report, "significance" of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 15% variation from the comparative measure.

Information Gaps

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

For example, certain population groups — such as unhoused persons, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, undocumented residents, and members of certain racial/ethnic or immigrant groups — while included in the overall findings, might not be individually identifiable or might not comprise a large-enough sample for independent analyses.

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

Public Comment

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

IRS FORM 990, SCHEDULE H COMPLIANCE

For nonprofit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Schedule H (Form 990), the following table cross-references related sections.

IRS FORM 990, SCHEDULE H	See Report Page
Part V Section B Line 3a A definition of the community served by the hospital facility	6
Part V Section B Line 3b Demographics of the community	33
Part V Section B Line 3c Existing health care facilities and resources within the community that are available to respond to the health needs of the community	169
Part V Section B Line 3d How data was obtained	6
Part V Section B Line 3e The significant health needs of the community	14
Part V Section B Line 3f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	Addressed Throughout
Part V Section B Line 3g The process for identifying and prioritizing community health needs and services to meet the community health needs	15
Part V Section B Line 3h The process for consulting with persons representing the community's interests	8
Part V Section B Line 3i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)	174

SUMMARY OF FINDINGS

Significant Health Needs of the Community

The following “Areas of Opportunity” represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

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

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT	
ACCESS TO HEALTH CARE SERVICES	▪ Barriers to Access ○ Inconvenient Office Hours ○ Cost of Physician Visits ○ Appointment Availability ○ Difficulty Finding a Physician ○ Lack of Transportation ▪ Difficulty Accessing Children’s Health Care ▪ Specific Source of Ongoing Medical Care ▪ Routine Medical Care (Adults) ▪ Emergency Room Utilization
CANCER	▪ Leading Cause of Death ▪ Cervical Cancer Screening
DIABETES	▪ Diabetes Prevalence ▪ Prevalence of Borderline/Pre-Diabetes
DISABLING CONDITIONS	▪ Alzheimer’s Disease Deaths
HEART DISEASE & STROKE	▪ Leading Cause of Death ▪ High Blood Pressure Prevalence ▪ Overall Cardiovascular Risk
INJURY & VIOLENCE	▪ Unintentional Injury Deaths ▪ Distracted Driving

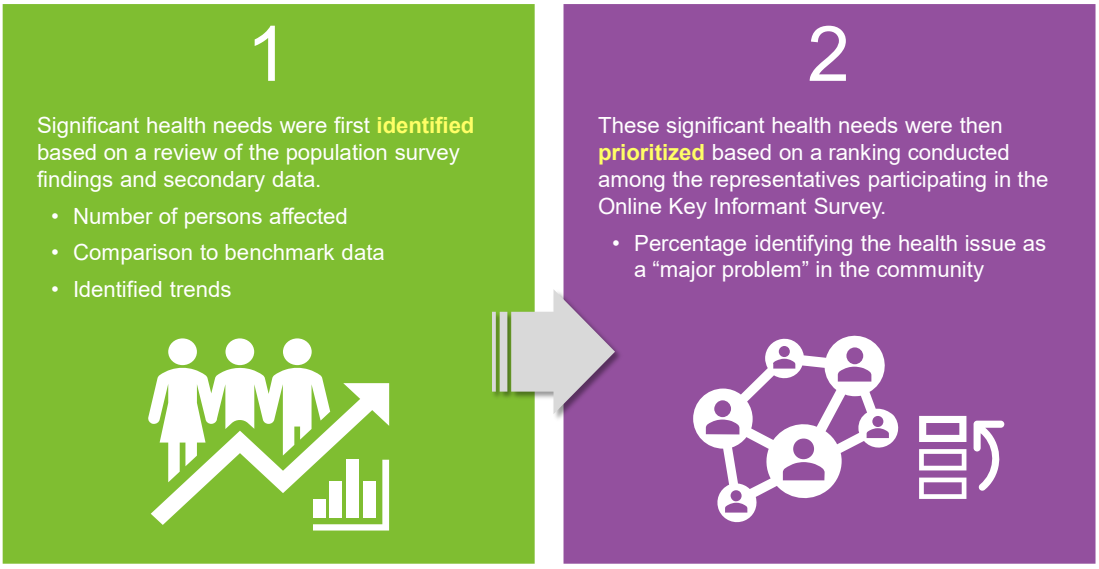
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AREAS OF OPPORTUNITY (continued)	
MENTAL HEALTH	▪ "Fair/Poor" Mental Health ▪ Diagnosed Depression ▪ Symptoms of Chronic Depression ▪ Stress ▪ Suicide Deaths ▪ Receiving Treatment for Mental Health [Adults] ▪ Receiving Treatment for Mental Health [Children] ▪ Difficulty Obtaining Mental Health Services ▪ Mental Health Issue [Children] ▪ *Key Informants ranked this issue as a top concern*.
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	▪ Leisure-Time Physical Activity ▪ Overweight & Obesity [Adults]
ORAL HEALTH	▪ Lack of Dental Insurance
RESPIRATORY DISEASE	▪ Asthma Prevalence [Adults & Children]
SUBSTANCE USE	▪ Alcohol-Induced Deaths ▪ Unintentional Drug-Induced Deaths ▪ Drinking & Driving ▪ Marijuana/THC Use ▪ Illicit Drug Use ▪ *Key Informants ranked this issue as a top concern*.
TOBACCO USE	▪ Use of Vaping Products

Community Feedback on Prioritization of Health Needs

Prioritization of the health needs identified in this assessment ("Areas of Opportunity" above) was determined based on a prioritization exercise conducted among providers and other community leaders (representing a cross-section of community-based agencies and organizations) as part of the Online Key Informant Survey.

IDENTIFICATION & PRIORITIZATION OF SIGNIFICANT HEALTH NEEDS



In this process, these key informants were asked to rate the severity of a variety of health issues in the community. Insofar as these health issues were identified through the data above and/or were identified as top concerns among key informants, their ranking of these issues informed the following priorities:

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

Keep in mind that the **social drivers of health** (especially affordable housing) are an important lens through which to understand and address all of these issues.

Hospital Implementation Strategy

Bozeman Health will use the information from this Community Health Needs Assessment to develop an Implementation Strategy to address the significant health needs in the community. While the hospital will likely not implement strategies for all of the health issues listed above, the results of this prioritization exercise will be used to inform the development of the hospital's action plan to guide community health improvement efforts in the coming years.

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

Summary Tables: Comparisons With Benchmark Data

Reading the Summary Tables

- In the following tables, Gallatin County results are shown in the larger, gray column.
- The columns to the left of the service area column provide comparisons among the three subareas, identifying differences for each as "better than" (☼), "worse than" (☁), or "similar to" (⛅) the combined opposing areas.
- The columns to the right of the Gallatin County column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2030 objectives. Again, symbols indicate whether Gallatin County compares favorably (☼), unfavorably (☁), or comparably (⛅) to these external data.

TREND SUMMARY
(Current vs. Baseline Data)

SURVEY DATA INDICATORS:
Trends for survey-derived indicators represent significant changes since 2011 (or earliest available data). Note that survey data reflect the ZIP Code-defined Gallatin County.

OTHER (SECONDARY) DATA INDICATORS:
Trends for other indicators (e.g., public health data) represent point-to-point changes between the most current reporting period and the earliest presented in this report (typically representing the span of roughly a decade). Local secondary data reflect Gallatin County data.

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

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

SOCIAL DRIVERS OF HEALTH	DISPARITY AMONG SUBAREAS			Gallatin County	GALLATIN COUNTY vs. BENCHMARKS			
	Bozeman	Big Sky	Other Gallatin		vs. MT	vs. US	vs. HP2030	TREND
Population in Poverty (Percent)				9.5	11.5	12.5	8.0	
Children in Poverty (Percent)				6.4	12.7	16.1	8.0	
No High School Diploma (Age 25+, Percent)				2.8	5.4	10.4		
Unemployment Rate (Age 16+, Percent)				2.9	3.7	4.1		
% Unable to Pay for a $400 Emergency Expense	14.4	11.9	20.4	15.8		21.3		
% Worry/Stress Over Rent/Mortgage in Past Year	31.4	23.7	38.9	32.8		31.0		27.1
% Experience of Being Unhoused	6.5	5.8	8.2	6.9				3.1
% Food Insecure	19.8	14.9	25.8	21.0		29.3		

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better | similar | worse

OVERALL HEALTH	DISPARITY AMONG SUBAREAS			Gallatin County	GALLATIN COUNTY vs. BENCHMARKS			
	Bozeman	Big Sky	Other Gallatin		vs. MT	vs. US	vs. HP2030	TREND
% "Fair/Poor" Overall Health	7.9	6.3	12.5	**9.0**	18.1	21.4		14.2

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

ACCESS TO HEALTH CARE	DISPARITY AMONG SUBAREAS			Gallatin County	GALLATIN COUNTY vs. BENCHMARKS			
	Bozeman	Big Sky	Other Gallatin		vs. MT	vs. US	vs. HP2030	TREND
% [Age 18-64] Lack Health Insurance	8.8	19.7	10.9	**9.9**	11.8	8.5	7.6	22.1
% Worried About Keeping Insurance in the Coming Year	11.0	8.1	15.6	**12.0**				
% Difficulty Accessing Health Care in Past Year (Composite)	47.8	53.6	45.9	**47.6**		50.4		37.6
% Difficulty Finding Physician in Past Year	16.7	18.9	15.9	**16.6**		20.6		5.9
% Difficulty Getting Appointment in Past Year	27.4	26.9	26.0	**27.1**		26.6		14.0
% Cost Prevented Physician Visit in Past Year	22.4	25.3	24.7	**23.1**	12.0	16.4		21.3
% Transportation Hindered Dr Visit in Past Year	8.5	8.2	7.5	**8.3**		13.3		3.1
% Inconvenient Hrs Prevented Dr Visit in Past Year	12.1	22.8	11.8	**12.6**		21.9		7.3

ACCESS TO HEALTH CARE (continued)	DISPARITY AMONG SUBAREAS			Gallatin County	GALLATIN COUNTY vs. BENCHMARKS			
	Bozeman	Big Sky	Other Gallatin		vs. MT	vs. US	vs. HP2030	TREND
% Language/Culture Prevented Care in Past Year	0.2	0.0	0.2	**0.2**		2.6		0.1
% Cost Prevented Getting Prescription in Past Year	14.9	10.6	17.7	**15.3**		14.6		14.2
% Stretched Prescription to Save Cost in Past Year	14.9	8.5	14.9	**14.5**		17.1		
% Difficulty Getting Child's Health Care in Past Year	13.8		4.3	**10.6**		8.3		3.0
Primary Care Doctors per 100,000				**121.1**	121.0	119.6		
% Have a Specific Source of Ongoing Care	71.9	70.9	71.7	**71.8**		67.9	95.1	80.2
% Routine Checkup in Past Year	61.7	59.3	55.2	**59.9**	74.5	74.0		58.6
% [Child 0-17] Routine Checkup in Past Year	90.8		86.0	**89.2**		85.9		71.2
% Outmigration for Health Care Services	21.3	37.7	18.2	**21.4**				
% Two or More ER Visits in Past Year	8.5	8.4	10.8	**9.1**		14.9		6.0
% Rate Local Health Care "Fair/Poor"	13.3	22.0	16.6	**14.7**		19.7		14.7

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better | similar | worse

CANCER	DISPARITY AMONG SUBAREAS			Gallatin County	GALLATIN COUNTY vs. BENCHMARKS			
	Bozeman	Big Sky	Other Gallatin		vs. MT	vs. US	vs. HP2030	TREND
Cancer Deaths per 100,000				**114.8**	197.7	182.6		107.6
Lung Cancer Deaths per 100,000				**14.8**	37.2	38.9		
Prostate Cancer Deaths per 100,000				**19.2**	28.7	20.4		
Female Breast Cancer Deaths per 100,000				**19.4**	25.5	25.1		
Colorectal Cancer Deaths per 100,000				**11.6**	17.3	16.4		
Cancer Incidence per 100,000				**431.9**	452.7	448.6		
Female Breast Cancer Incidence per 100,000				**134.1**	137.5	131.4		
Prostate Cancer Incidence per 100,000				**132.8**	131.0	116.4		
Lung Cancer Incidence per 100,000				**30.7**	45.2	52.5		
Colorectal Cancer Incidence per 100,000				**28.5**	36.4	36.7		
% Cancer	9.2	7.2	9.1	**9.0**	14.5	10.7		

CANCER (continued)	DISPARITY AMONG SUBAREAS			Gallatin County	GALLATIN COUNTY vs. BENCHMARKS			
	Bozeman	Big Sky	Other Gallatin		vs. MT	vs. US	vs. HP2030	TREND
% [Women 40-74] Breast Cancer Screening	76.0	72.7	70.7	74.2		78.0	80.3	74.3
% [Women 21-65] Cervical Cancer Screening	72.8	70.5	68.0	71.5		74.9	79.2	89.8
% [Age 45-75] Colorectal Cancer Screening	82.8	83.2	72.6	80.0		77.5	72.8	63.5

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

DIABETES	DISPARITY AMONG SUBAREAS			Gallatin County	GALLATIN COUNTY vs. BENCHMARKS			
	Bozeman	Big Sky	Other Gallatin		vs. MT	vs. US	vs. HP2030	TREND
Diabetes Deaths per 100,000				9.0	30.0	28.8		8.0
% Diabetes/High Blood Sugar	5.5	4.0	11.6	7.0	8.7	15.4		3.7
% Borderline/Pre-Diabetes	8.4	12.0	16.2	10.6		13.2		3.3
% [Non-Diabetics] Blood Sugar Tested in Past 3 Years	37.4	46.9	43.3	39.3				42.9
Kidney Disease Deaths per 100,000				4.8	13.4	16.7		6.7

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

DISABLING CONDITIONS	DISPARITY AMONG SUBAREAS: Bozeman	Big Sky	Other Gallatin	Gallatin County	GALLATIN COUNTY vs. BENCHMARKS: vs. MT	vs. US	vs. HP2030	TREND
% 3+ Chronic Conditions	22.2	24.5	32.4	**24.9**		39.9		26.5
% Activity Limitations	24.7	23.9	20.6	**23.6**		32.0		19.8
% High-Impact Chronic Pain	12.1	11.7	18.8	**13.7**		23.2	6.4	
Alzheimer's Disease Deaths per 100,000				**38.3**	30.5	34.7		10.4

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better | similar | worse

HEART DISEASE & STROKE	DISPARITY AMONG SUBAREAS: Bozeman	Big Sky	Other Gallatin	Gallatin County	GALLATIN COUNTY vs. BENCHMARKS: vs. MT	vs. US	vs. HP2030	TREND
Heart Disease Deaths per 100,000				**129.0**	225.4	205.0		115.2
Stroke Deaths per 100,000				**25.9**	35.8	49.1		30.0
% Heart Disease	5.8	7.7	6.6	**6.1**	6.7	9.5		4.8
% Stroke	2.1	3.0	3.3	**2.4**	3.3	5.6		1.7
% High Blood Pressure	24.9	36.7	39.5	**29.2**	32.2	41.5	41.9	24.0

HEART DISEASE & STROKE (continued)	DISPARITY AMONG SUBAREAS			Gallatin County	GALLATIN COUNTY vs. BENCHMARKS			
	Bozeman	Big Sky	Other Gallatin		vs. MT	vs. US	vs. HP2030	TREND
% High Cholesterol	23.6	31.7	29.1	25.4		36.2		24.1
% 1+ Cardiovascular Risk Factor	71.4	76.5	78.9	73.6		86.7		65.3

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

INFANT HEALTH & FAMILY PLANNING	DISPARITY AMONG SUBAREAS			Gallatin County	GALLATIN COUNTY vs. BENCHMARKS			
	Bozeman	Big Sky	Other Gallatin		vs. MT	vs. US	vs. HP2030	TREND
Low Birthweight (Percent of Births)				7.5	7.6	8.4		
Infant Deaths per 1,000 Births				2.9	4.9	5.5	5.0	
Teen Births per 1,000 Females 15-19				5.5	15.0	15.5		
% [Age 18-49] Unable to Get Reproductive Health Care in the Past Yr	7.2	6.8	6.7	7.0				7.1

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

INJURY & VIOLENCE	DISPARITY AMONG SUBAREAS			Gallatin County	GALLATIN COUNTY vs. BENCHMARKS			
	Bozeman	Big Sky	Other Gallatin		vs. MT	vs. US	vs. HP2030	TREND
Unintentional Injury Deaths per 100,000				42.2	68.1	64.2		29.7
Motor Vehicle Crash Deaths per 100,000				12.2	18.3	12.8		
% Distracted Driving	59.5	59.6	62.5	60.6				29.2
% "Always" Use Seat Belts	84.5	87.1	86.4	85.1				79.8
% [Age 45+] Injured from a Fall in the Past Year	10.4	12.6	12.0	11.0				
% Unlocked Firearm In or Around the Home	21.5	27.7	28.4	23.5				32.4

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

MENTAL HEALTH	DISPARITY AMONG SUBAREAS			Gallatin County	GALLATIN COUNTY vs. BENCHMARKS			
	Bozeman	Big Sky	Other Gallatin		vs. MT	vs. US	vs. HP2030	TREND
% "Fair/Poor" Mental Health	21.0	25.6	17.8	20.4		20.0		6.7
% Diagnosed Depression	32.4	30.8	27.0	31.0	24.7	30.7		24.8
% Diagnosed Anxiety	34.8	29.1	31.4	33.7		31.6		

MENTAL HEALTH (continued)	DISPARITY AMONG SUBAREAS			Gallatin County	GALLATIN COUNTY vs. BENCHMARKS			
	Bozeman	Big Sky	Other Gallatin		vs. MT	vs. US	vs. HP2030	TREND
% Symptoms of Chronic Depression	39.9	40.1	43.6	**40.8**		40.1		22.3
% Typical Day Is "Extremely/Very" Stressful	15.2	10.7	15.0	**15.0**		17.9		7.8
Suicide Deaths per 100,000				**18.5**	28.3	14.6		22.3
Mental Health Providers per 100,000				**444.7**	411.1	340.5		
% Receiving Mental Health Treatment	27.4	26.9	20.1	**25.5**		23.2		15.8
% Unable to Get Mental Health Services in Past Year	13.1	7.4	10.4	**12.1**		9.1		5.3
% [Age 5-17] Child Received Mental Health Services in the Past Yr	24.4		32.6	**27.2**				17.0
% [Age 5-17] Child Has Had a Mental Health Issue	22.8		32.3	**25.7**				12.9
% [Age 0-17] Unable to Obtain Mental Health Svcs for a Child/Past Yr	15.8		10.8	**14.0**				

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.



NUTRITION, PHYSICAL ACTIVITY & WEIGHT	DISPARITY AMONG SUBAREAS			Gallatin County	GALLATIN COUNTY vs. BENCHMARKS			
	Bozeman	Big Sky	Other Gallatin		vs. MT	vs. US	vs. HP2030	TREND
% "Very/Somewhat" Difficult to Buy Fresh Produce	17.6	20.8	21.4	**18.8**		25.4		19.6
% No Leisure-Time Physical Activity	9.8	9.8	22.1	**12.9**	19.1	22.3	21.8	9.1
% Meet Physical Activity Guidelines	45.4	36.4	34.2	**42.1**	32.2	29.2	29.7	27.8
% Overweight (BMI 25+)	52.9	57.9	61.4	**55.3**	67.4	66.4		54.4
% Obese (BMI 30+)	22.0	18.9	30.8	**24.0**	31.0	37.5	36.0	12.0
% [Child 5-17] Overweight (85th Percentile)	18.6			**23.1**		32.2		16.3
% [Child 5-17] Obese (95th Percentile)	8.3			**11.9**		21.0	15.5	6.4
% Currently Taking a GLP-1 Agonist	7.5	10.3	8.0	**7.8**		13.2		

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better | similar | worse

ORAL HEALTH	DISPARITY AMONG SUBAREAS: Bozeman	Big Sky	Other Gallatin	Gallatin County	GALLATIN COUNTY vs. BENCHMARKS: vs. MT	vs. US	vs. HP2030	TREND
% Lack of Dental Insurance	33.6	41.6	33.4	**34.0**		24.8	25.0	54.5
% Dental Visit in Past Year	66.7	63.6	64.0	**65.9**	64.1	63.5	45.0	70.3
% [Child 2-17] Dental Visit in Past Year	88.0		81.9	**86.2**		85.1	45.0	72.4

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

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RESPIRATORY DISEASE	DISPARITY AMONG SUBAREAS: Bozeman	Big Sky	Other Gallatin	Gallatin County	GALLATIN COUNTY vs. BENCHMARKS: vs. MT	vs. US	vs. HP2030	TREND
Lung Disease Deaths per 100,000				**17.7**	59.0	43.5		30.0
Pneumonia/Influenza Deaths per 100,000				**4.8**	11.0	13.9		8.9
% [Age 18+] Flu Vaccine in Past Year	38.0	33.5	33.9	**36.7**				
% [Age 65+] Flu Vaccine in Past Year	61.0	56.7	48.1	**57.0**	58.4		70.0	56.3
% Asthma	11.5	10.2	16.3	**12.7**	12.3	17.2		6.1
% [Child 0-17] Asthma	11.0		7.8	**9.6**		15.2		4.6

RESPIRATORY DISEASE (continued)	DISPARITY AMONG SUBAREAS			Gallatin County	GALLATIN COUNTY vs. BENCHMARKS			
	Bozeman	Big Sky	Other Gallatin		vs. MT	vs. US	vs. HP2030	TREND
% COPD (Lung Disease)	2.7	5.6	3.9	3.2	6.6	8.7		3.9

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

SEXUAL HEALTH	DISPARITY AMONG SUBAREAS			Gallatin County	GALLATIN COUNTY vs. BENCHMARKS			
	Bozeman	Big Sky	Other Gallatin		vs. MT	vs. US	vs. HP2030	TREND
HIV Prevalence per 100,000				66.3	75.3	386.6		
Chlamydia Incidence per 100,000				409.8	322.7	492.2		
Gonorrhea Incidence per 100,000				44.3	67.7	179.0		
% [Age 18-44] HIV/STI Test in the Past Year	12.9		10.3	12.1				

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

SUBSTANCE USE	DISPARITY AMONG SUBAREAS			Gallatin County	GALLATIN COUNTY vs. BENCHMARKS			
	Bozeman	Big Sky	Other Gallatin		vs. MT	vs. US	vs. HP2030	TREND
Cirrhosis/Liver Disease Deaths per 100,000				**4.2**	23.3	15.8		
Alcohol-Induced Deaths per 100,000				**12.7**	27.7	14.5		6.7
Unintentional Drug-Induced Deaths per 100,000				**10.8**	14.7	26.8		3.6
% Excessive Drinking	28.9	30.6	20.2	**26.8**	22.5	25.1		26.0
% Drinking & Driving in Past Month	8.5	11.4	5.0	**7.9**				0.4
% Used Marijuana/THC in Past Year	33.2	37.3	20.7	**30.3**		26.4		
% Used an Illicit Drug in Past Month	4.6	5.7	4.8	**4.7**		3.9		2.4
% Ever Sought Help for Alcohol or Drug Problem	6.9	12.2	6.1	**7.0**		8.2		3.9

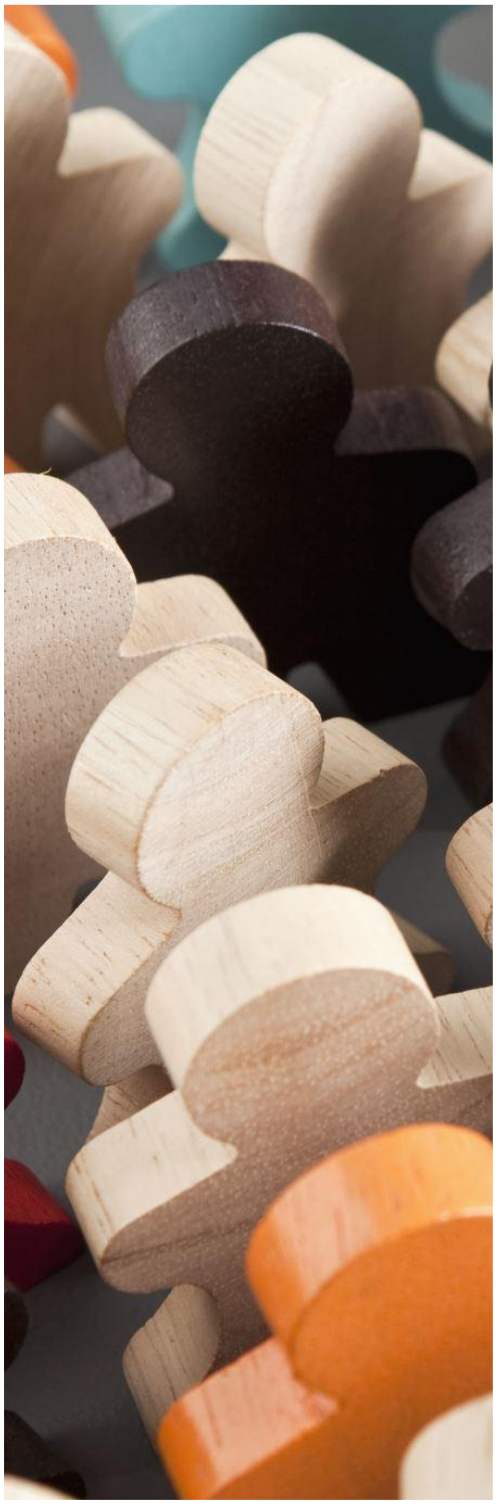
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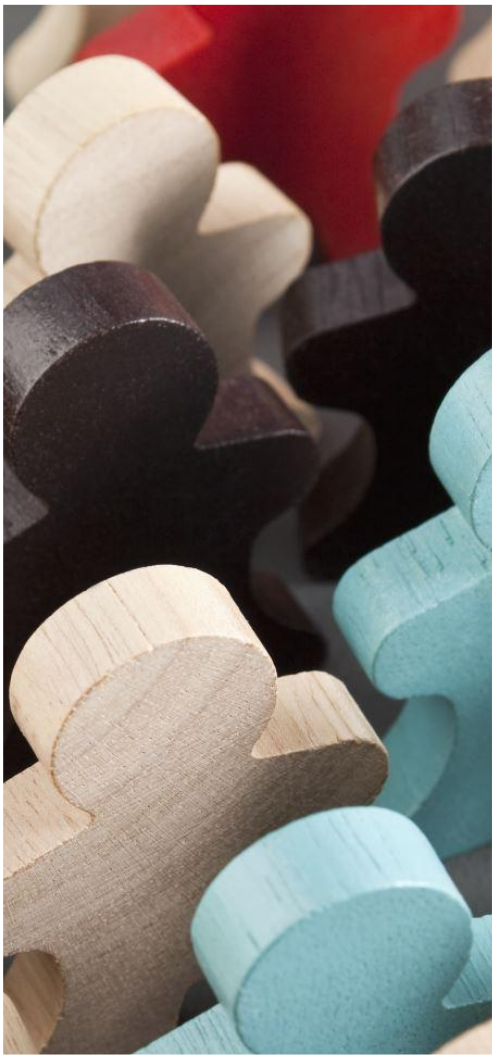
better | similar | worse

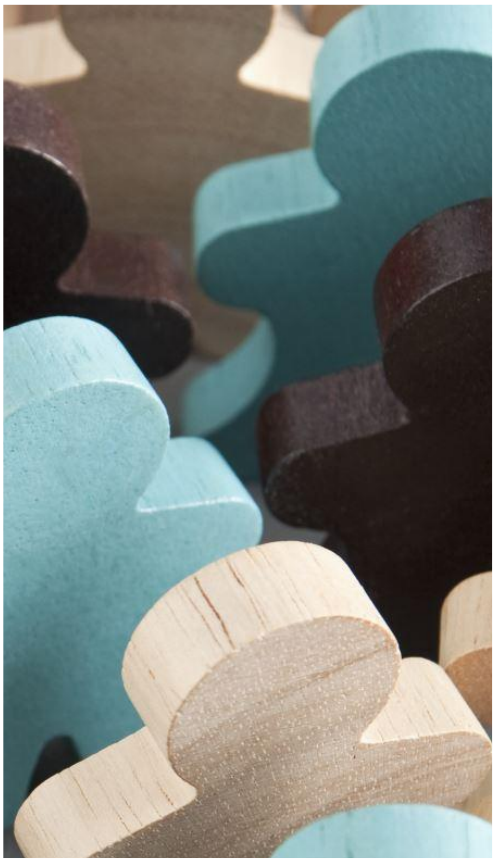
TOBACCO USE	DISPARITY AMONG SUBAREAS			Gallatin County	GALLATIN COUNTY vs. BENCHMARKS			
	Bozeman	Big Sky	Other Gallatin		vs. MT	vs. US	vs. HP2030	TREND
% Smoke Cigarettes	9.5	7.0	10.0	**9.5**	12.2	20.5	6.1	9.6
% Use Vaping Products	8.5	7.0	8.5	**8.5**	9.5	15.3		3.5
% Use Smokeless Tobacco	4.6	4.9	7.1	**5.3**				9.5

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.









COMMUNITY DESCRIPTION

DEMOGRAPHIC SUMMARY

The following table outlines the core demographic characteristics of Gallatin County. Note that:

- A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources.
- It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.
- Race reflects those who identify with a single race category, regardless of Hispanic origin. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.
- Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

Core Demographic Summary

		Gallatin County	MT	US
Total Population		**124,074**	1,116,875	334,922,499
% Population Change, 2010-2020		**+32.9**	+9.6	+7.1
Age	*0-17 (%)*	**18.8**	21.0	22.0
	18-64 (%)	**67.6**	58.9	60.8
	65+ (%)	**13.6**	20.1	17.2
Median Age		**34.2**	40.4	38.9
Ethnicity	*Hispanic (%)*	**5.4**	4.6	19.3
Race	*White (%)*	**88.8**	85.0	61.0
	Black (%)	**0.5**	0.5	12.2
	Asian (%)	**1.3**	0.8	6.0
	American Indian or Alaska Native (%)	**0.6**	5.6	0.9
	Native Hawaiian/Pacific Islander (%)	**0.0**	0.1	0.2
Percent of Population Living in Areas Designated as Urban (%)		**70.1**	70.3	75.2

Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2026 via SparkMap (sparkmap.org).

Note:
- People who identify their origin as Hispanic may be of any race.
- Urban areas are identified using population density, count, and size thresholds; urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

SOCIAL DRIVERS OF HEALTH

ABOUT SOCIAL DRIVERS OF HEALTH

Social drivers of health (SDOH) are the conditions in the environments where 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.

Social drivers of health (SDOH) have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

– Healthy People 2030

Poverty, Education & Unemployment

Poverty is considered a key driver of health status because it creates barriers to accessing health services, healthy food, and other necessities that contribute to overall health.

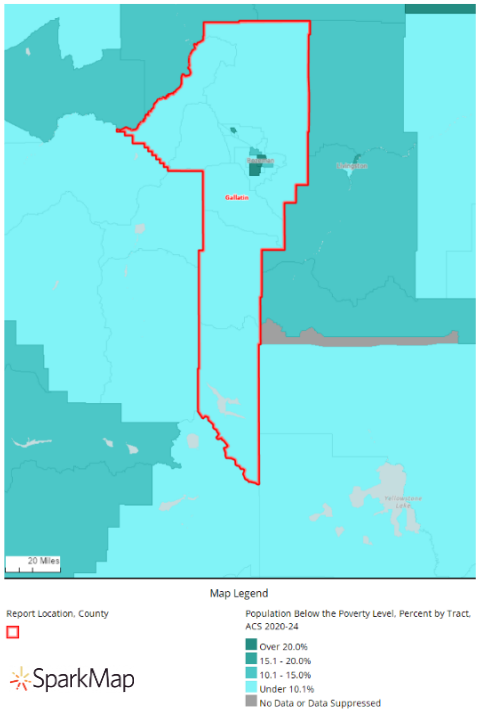
Poverty, Education & Unemployment

	Gallatin County	MT	US
% of Total Population Living Below 100% of the Federal Poverty Level	**9.5**	11.5	12.5
% of Children (<Age 18) Living Below 100% of the Federal Poverty Level	**6.4**	12.7	16.1
% of Population Age 25+ Without a High School Diploma	**2.8**	5.4	10.4
Unemployment Rate (December 2025)*	**2.9**	3.7	4.1

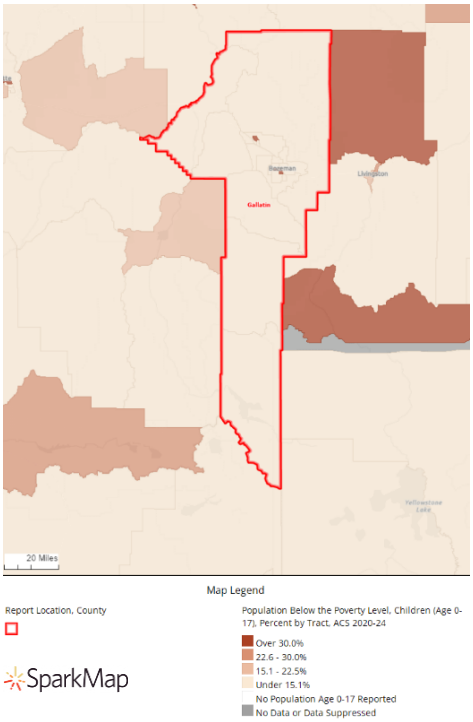
Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2026 via SparkMap (sparkmap.org).

Notes:
- *Percent of non-institutionalized population age 16+ who are unemployed (not seasonally adjusted).

Population Below the Poverty Level (All Ages)



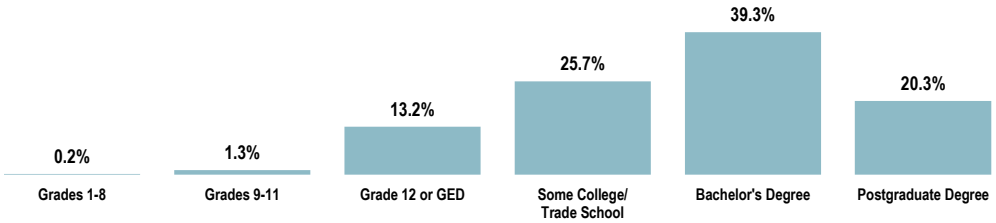
Children (Age 0-17) Below the Poverty Level



Education

While most surveyed adults have postsecondary education, 14.7% have a high school education or less.

Highest Level Education
(Gallatin County, 2026)



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 312]
Notes: ● Asked of all respondents.

Financial Resilience

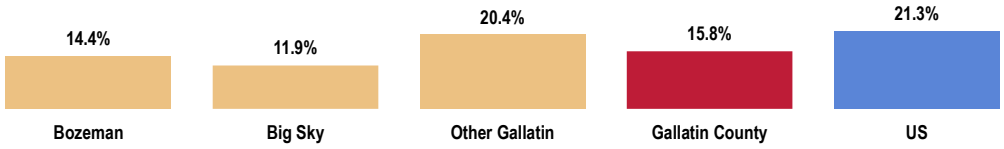
Respondents were asked: "Suppose that you have an emergency expense that costs $400. Based on your current financial situation, would you be able to pay for this expense either with cash, by taking money from your checking or savings account, or by putting it on a credit card that you could pay in full at the next statement?"

A total of 15.8% of Gallatin County residents would *not* be able to afford an unexpected $400 expense without borrowing, using credit, or otherwise going into debt.

BENCHMARK ► Lower than the national prevalence.

DISPARITY ► Reported more often among those living outside the Bozeman and Big Sky areas (Other Gallatin). Also reported more often among women, adults under the age of 65, those without higher education, lower-income residents (especially), and LGBTQ+ respondents.

Do Not Have Funds on Hand to Cover a $400 Emergency Expense

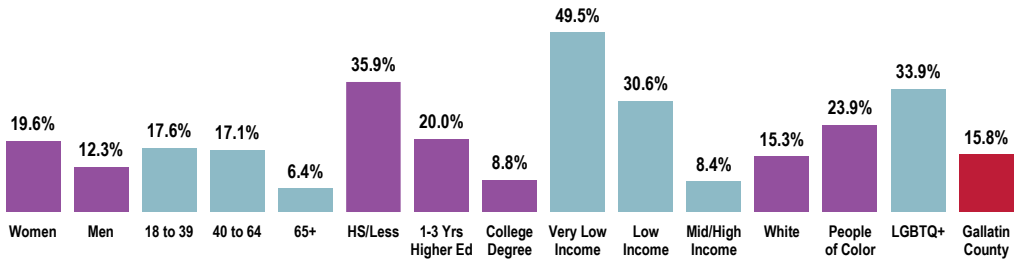


Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 50]
- 2026 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes respondents who say they would not be able to pay for a $400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

NOTE: For indicators derived from the population-based survey administered as part of this project, text describes significant differences determined through statistical testing. The reader can assume that differences (against or among local findings) that are not mentioned are ones that are not statistically significant.

Do Not Have Funds on Hand to Cover a $400 Emergency Expense
(Gallatin County, 2026)



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 50]

Notes:
- Asked of all respondents.
- Includes respondents who say they would not be able to pay for a $400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

INCOME & RACE/ETHNICITY

INCOME ► Income categories used to segment survey data in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2025 guidelines place the poverty threshold for a family of four at $32,150 annual household income or lower). In sample segmentation: “very low income” refers to community members living in a household with defined poverty status; “low income” refers to households with incomes just above the poverty level and earning up to twice (100%-199% of) the poverty threshold; and “mid/high income” refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

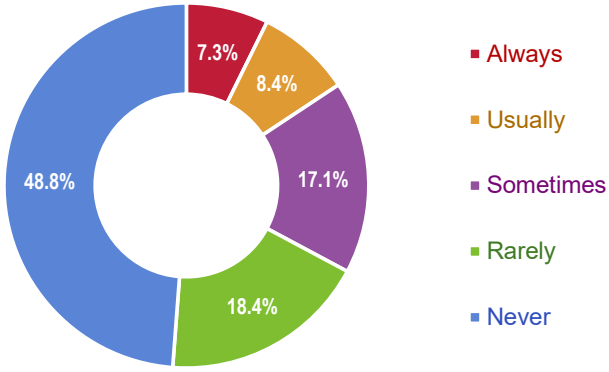
RACE & ETHNICITY ► In analyzing survey results, mutually exclusive race and ethnicity categories are used. Data are detailed for individuals identifying with a race category, without Hispanic origin. “People of Color” includes those who identify as Hispanic or as Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian/Pacific Islander, or as being of multiple races.

Housing

Housing Insecurity

Most surveyed adults rarely, if ever, worry about the cost of housing.

Frequency of Worry or Stress Over Paying Rent or Mortgage in the Past Year
(Gallatin County, 2026)



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 52]
Notes: ● Asked of all respondents.

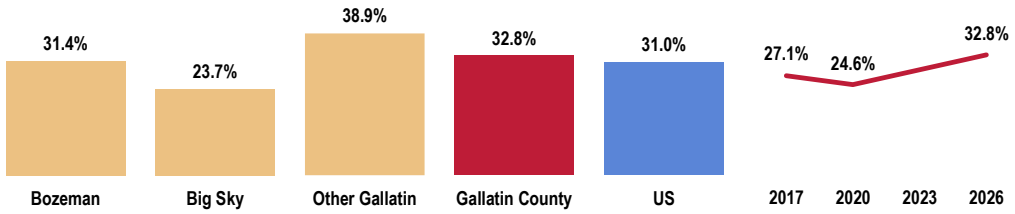
However, 32.8% report that they were "sometimes," "usually," or "always" worried or stressed about having enough money to pay their rent or mortgage in the past year.

TREND ► An increase from previous findings.

DISPARITY ► More often reported among those living in the Other Gallatin area, as well as among adults under the age of 65, respondents without higher education, lower-income residents (especially), People of Color, LGBTQ+ residents, and those who rent their current housing.

"Always/Usually/Sometimes" Worried About Paying Rent/Mortgage in the Past Year

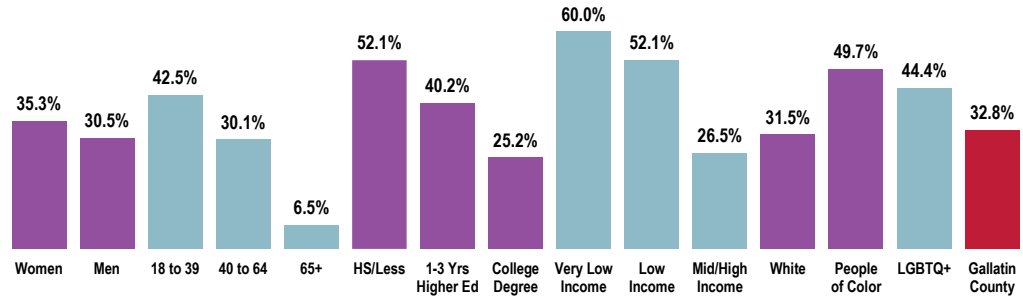
Gallatin County



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 52]
● 2026 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

"Always/Usually/Sometimes" Worried About Paying Rent/Mortgage in the Past Year
(Gallatin County, 2026)

Among homeowners	20.3%
Among renters	45.7%



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 52]
Notes: ● Asked of all respondents.

Experience of Being Unhoused

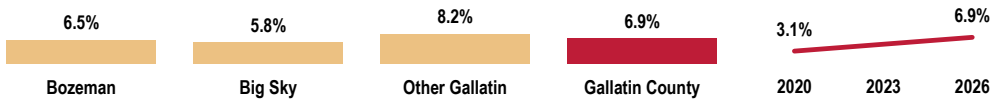
Overall, 6.9% of community residents have been unhoused at some point in the past two years.

TREND ► Double the 2020 findings.

DISPARITY ► Reported more often among adults under age 65, those without higher education, and lower-income residents.

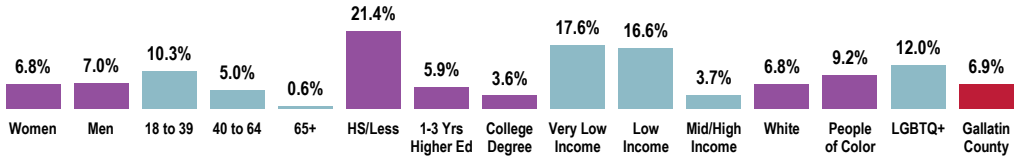
Have Been Unhoused at Some Point in the Past Two Years

Gallatin County



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 313]
Notes: ● Asked of all respondents.

Have Been Unhoused at Some Point in the Past Two Years
(Gallatin County, 2026)



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 313]
Notes: ● Asked of all respondents.

Food Insecurity

Surveyed adults were asked: "Now I am going to read two statements that people have made about their food situation. Please tell me whether each statement was "often true," "sometimes true," or "never true" for you in the past 12 months:

I worried about whether our food would run out before we got money to buy more.

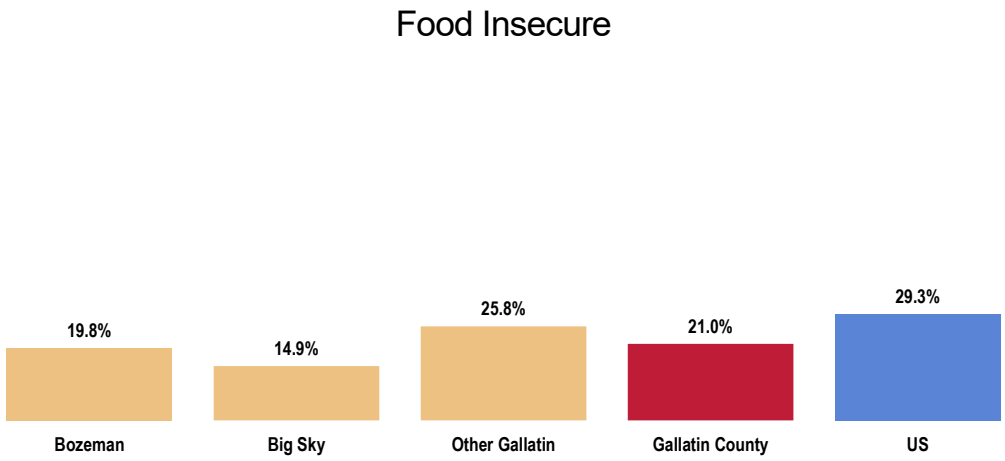
The food that we bought just did not last, and we did not have money to get more."

Those answering "often" or "sometimes" true for either statement are considered to be food insecure.

Overall, 21.0% of community residents are determined to be "food insecure," having run out of food in the past year and/or been worried about running out of food.

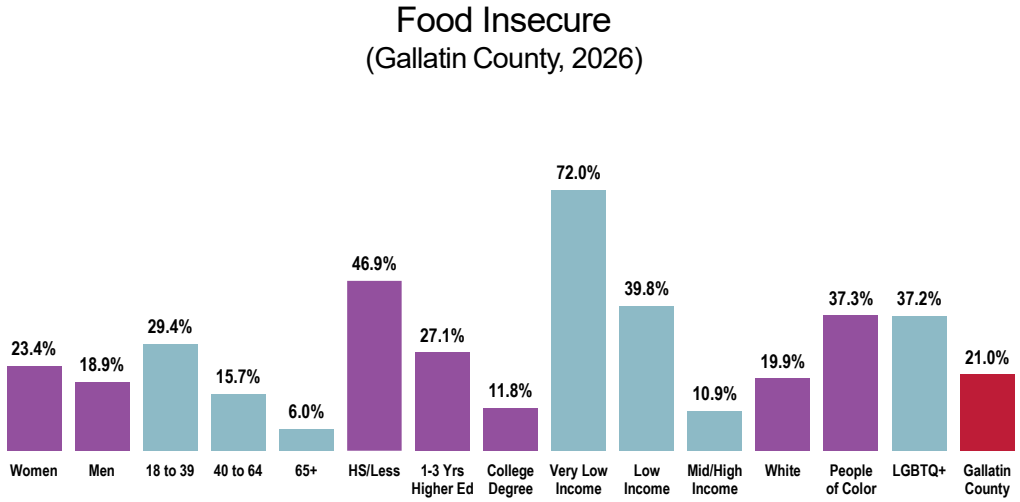
BENCHMARK ► Lower than the national percentage.

DISPARITY ► Food insecurity was reported more often among adults under age 65, those without higher education, lower-income respondents (especially), People of Color, and LGBTQ+ respondents.



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 98]
- 2026 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

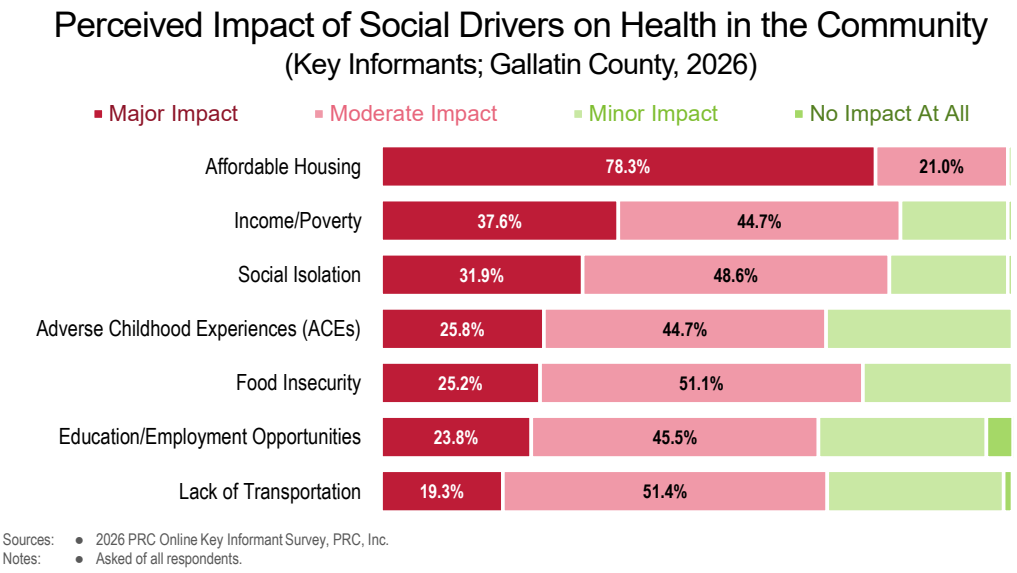


Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 98]

Notes:
- Asked of all respondents.
- Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Key Informant Input: Social Drivers of Health

Key informants taking part in the Online Key Informant Survey acknowledge that various social drivers of health (especially affordable housing) have significant impact on community health.



Sources: ● 2026 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

When asked what social driver of health is most important for community organizations to address, respondents shared the following:

Affordable Housing

> I think it's a lack of access to affordable housing. This is making so many people unable to stay in our community, and those who do are so financially stressed as a result that they can't afford medical care and healthy food. It leads to chronic stress that has significant negative consequences to health. and it's just demoralizing for people to have no hope of ever owning a home, and to be made to feel like they're unwelcome in their own community because they're not uber-wealthy. More than anything else I think this underlies a lot of the problems facing our community and its overall health. — Physician
>
> Affordable housing. — Social Services Provider
>
> Affordable housing - we lose an important part of our workforce when those at the bottom of the pay scale cannot afford to live in our community. — Community Leader
>
> Access to affordable and sustainable housing, after which many other challenges can be addressed. — Community Leader
>
> When I think about the most important social driver of health to address in our community, I do not believe housing affordability itself is the root issue, but rather a symptom of larger economic pressures. Many people are living beyond sustainable budgets, and businesses have had to raise prices in order to pay higher wages after rapid post-COVID inflation. That creates a cycle where the cost-of-living increases for everyone, which makes housing feel less attainable. Addressing the underlying economic behaviors and pressures may have a bigger long-term impact than focusing on housing alone. I also believe our growing reliance on technology is a significant risk to community health. Technology shapes how we communicate, work, and connect, but it can also contribute to isolation, reduced in-person interaction, and higher stress levels. When daily life becomes dominated by screens, it affects both mental and physical well-being. — Community Leader
>
> Affordable housing and employment. These determine someone's ability to live and work in a place that may very well be the place they grew up in and call home. More action needs to be taken at the legislative level to create affordable housing and prioritize that over private high-end buildings that do not serve the local community or residents. People are increasingly resentful towards the disparity in housing and that fuels mental health issues in the community, as well. Regarding employment, a lack of stable, year-round employment with comprehensive benefits also fuels mental health concerns and creates an environment where a lot of people are working low-income jobs without benefits into their 30s and 40s, creating a lack of security and stability, both of which contribute to overall health and well-being. — Social Services Provider

Housing affordability and access: Wages are too low to meet housing costs and other high costs of living compound that cost burden. This can be applied across all age groups and demographics. Being cost burdened is stressful and often results in reducing spending on essentials like food, prescriptions, mental health counseling, etc. — Social Services Provider

I believe affordable housing is most important for community organizations to address. The availability of affordable housing directly impacts organization's ability to hire, train and retain support staff which can negatively affect access to healthcare and health outcomes. — Health Care Provider

Affordable housing. — Community Leader

Affordable housing. This issue has created an experiential gap for those who can afford to live here and those who can't. Young people who would make positive contributions to our community have left or are leaving. — Community Leader

Affordable Housing - the discrepancy between what people can afford in our community is an extremely large gap between million-dollar homes and those that don't have a home. I think that it shows up in our community in ways people interact with each other, how they treat each other, and how they feel about each other. It takes the wealthy to help the poor in situations like this, and to help find solutions for affordable housing - often times when large developers and contractors won't be able to make the same amount of money as they would otherwise - slowing down progress. — Community Leader

Affordable Housing:1) We can't afford to pay/retain teachers, mental health professionals, or other trained personnel at salaries high enough for them to live here. 2) In part due to housing costs, families do not feel they can afford 'extras' like mental health treatment. 3) Lots of stress on families, feelings of hopelessness/despair, drug/alcohol abuse, domestic violence, etc. — Community Leader

Affordable housing for individuals and families that live and work here is a major problem. It can lead to stress, poverty, less access to food, and overall lower well-being of our community members. — Community Leader

Housing cost. — Health Care Provider

Housing -the cost of living creates challenges in being able to afford healthcare services. — Community Leader

Housing - if people are unable to afford a safe place to live, stay warm, sleep, and make meals, then they cannot concentrate on any other aspect of their lives that will improve their health. Talking about diet, exercise, nutrition, socialization, with a person who does not have stable housing, is basically worthless. — Physician

Affordable housing. — Community Leader

Housing costs and it affects those who are hoping to live in the area. Many move. — Physician

The most important is cost of housing and wages in the valley. People can't afford to live here unless they make a lot of money or have roommates. — Health Care Provider

Lack of affordable housing. The cost of housing continues to be unaffordable, impacting money for food and other necessities. — Community Leader

Affordable Housing. — Community Leader

Lack of affordable single-family homes. It's hard to recruit physicians and nurses into Bozeman when the average house is around a million dollars. People don't want to drive 30 minutes to work, and they are making a reasonable living, but it's hard when the cost of housing is so far out of reach for a family. — Community Leader

Lack of affordable housing can lead to homelessness and food insecurity which ultimately can impact health. — Health Care Provider

Affordable housing. When a disproportionate amount of people's income goes to housing, folks are unable to prioritize other needs - to include, healthy food, health care services, education, etc. — Health Care Provider

Affordable housing. — Health Care Provider

Lack of affordable housing. — Health Care Provider

Cost of housing/housing insecurity - everything starts there; without shelter it's hard to care or do much about health needs. — Health Care Provider

Housing affordability. I am hearing of folks living in challenging, unsafe conditions (think mold, water leaks, bug infestations) with no other options of other places to live. I'm also hearing of folks living in very crowded conditions in an attempt to make their housing payments more manageable. Hard for folks to show up well rested and ready to work every day if they don't have stable housing to drive other basic needs like food, clothing, etc. — Community Leader

Affordable housing is a major factor for instability. Without it, people feel more social isolation/less belonging and are forced to make unhealthy budget decisions to pay for housing. — Social Services Provider

Affordable housing and homelessness. — Physician

Affordable housing. — Community Leader

Housing- it's so expensive that people can't afford housing and medical care on local wages. — Social Services Provider

Affordable housing - this is in the base of Maslow's Hierarchy of needs (shelter & sleep). If you don't have these other elements are affected such as food, water, clothing, security, etc. — Community Leader

Lack of affordable housing, and jobs that support making a living in Bozeman. — Public Health Representative

Affordable housing, especially for working families. This is one of the most basic needs and a community is built around people able to live in the community. — Health Care Provider

Affordable Housing. — Community Leader

Affordable housing is a huge concern, and people are unable to meet rent or pay for other basic needs due to the high cost of housing. — Community Leader

Affordable housing, given that Bozeman is one of the least affordable communities in the state. This leads, in turn, to homelessness, housing insecurity, and a cost burden that can lead individuals to make tradeoffs between housing, food, medical care, heat, and transportation. — Community Leader

Affordable housing. — Community Leader

Affordable housing is a huge problem since the influx of out of state $, and overdevelopment with expensive empty living spaces. — Community Leader

Affordable housing has a trickledown effect to other social drivers. — Social Services Provider

I think affordable housing would go a long way to address some needs. If parents didn't have to work so much to afford to live here, they could spend more time with their kids. If they saved on housing costs, they could spend more on preventative health care. If people are less worried about housing, it might lessen the mental health burdens as well. — Community Leader

Housing, people are working multiple jobs on our community to try to keep a roof over their head. They end up neglecting all of their healthcare needs, family obligations and often we have latchkey kids roaming our community. Lack of affordable housing is the primary factor and causes a chain reaction of all the other social issues. — Social Services Provider

Cost of Living

Financial — pay people enough to afford to live here. The cost of living has outpaced wages.
— Community Leader
Cost of living vs income is the biggest driver of housing and food issues in the area. Wages are just too low when costs are so high. — Community Leader
Everything is very expensive in Bozeman. — Social Services Provider
Poverty — cost of living is stupid in this community, and low-income people have very few resources and opportunities. Especially children. — Community Leader

High cost of living coupled with high medical inflation is making it difficult for many families in the community. For example, my organization's revenue and budget capacity is regulated by the legislature and capped by a 3% inflationary factor. Due to medical inflation the Bozeman Health charge master increased by 20% in one year. Because we are a self-funded health insurance pool serving over a thousand employees, and our revenue is capped, we simply have to pass along the 20% increase for health insurance costs via our employee's premiums. Because we are seeing similar significant increases in the cost of housing locally, the system has outstripped our ability to make salary and benefits increases in any way keep up with the real inflationary factors (housing, medical) impacting our employees. As a result, we are seeing a decrease in employees accessing health insurance and as a result they are not engaging in the many preventative and proactive health programs.
— Community Leader

One of the most important social drivers of health for community organizations in Bozeman to address is the high cost of living, particularly housing affordability. Rapid population growth and rising housing costs have made it difficult for many residents to maintain stable housing while also meeting other basic needs such as health care, food, transportation, and childcare. Housing instability and financial strain can significantly impact both physical and mental health and can make it harder for individuals and families to consistently access medical, behavioral health, and preventive services. Addressing housing affordability and overall financial stability can have broad positive effects on community health and improve access to care across many areas.
— Social Services Provider

The high cost of living and lack of affordable housing are placing a significant strain on our community. Even parents with good incomes are struggling to cover everyday expenses and basic necessities, making it extremely difficult to save for or purchase a home for their family. This financial pressure affects quality of life and limits long-term stability for many households. — Health Care Provider

Income & poverty - I think the cost of living in this community is very high and wages are low comparatively, so, many people can't afford to live here anymore or feel like they are barely making ends meet even if they have a good, full-time job. People may be able to afford basics but aren't able to afford medical care or extracurricular opportunities for their kids or they're having to live with multiple roommates just to afford housing. For example, my partner and I make too much money to qualify for any type of assistance or scholarships, but we wouldn't be able to afford childcare if it wasn't covered through my work. Additionally, we haven't been able to pay for certain medical procedures despite the fact that we make decent money - life is just so expensive many people can't afford anything more than what's absolutely necessary even though they are working full time.
— Social Services Provider

Cost of living. If you fly in to stay at your vacation home once a month, or come through Bozeman heading for the Yellowstone Club, prices in the valley are nothing. But for those of us who work and live here, the continued rising cost of living, the over building of our community is costing way too much to the social psyche of those who live and work here. — Community Leader

Housing Insecurity

> Housing. — Health Care Provider
>
> Housing is one of the first major concerns. — Community Leader
>
> Attainable housing. — Community Leader
>
> Housing insecurity is one of the most impactful and difficult social drivers in Big Sky. It ties directly into income and finances. Housing is always at the top of everyone's mind when living in Big Sky - when will my rent increase? When will my landlord sell? What if my HOA dues go up next year? — Health Care Provider
>
> Housing insecurity is causing an increase in substandard living conditions often for families and low-income individuals. This is impacting individuals to make decisions about their health because they are barely able to maintain a place to live. — Public Health Representative
>
> Housing insecurity affects mental wellbeing/stress and that negatively impacts all health outcomes. Without stable housing, it's difficult to find a job, advance your education, eat healthy food, engage in social activities, etc. — Health Care Provider
>
> Housing. — Community Leader
>
> Housing. — Health Care Provider

Economic Stability

> Economic stability. If you do not have a job that offers health insurance, you cannot access healthcare services. If your job does not offer health insurance to cover oral health costs, you cannot access oral healthcare services. If your job is unable to offer flexibility in time off/taking time off to go to see a doctor or a healthcare provider, you cannot access healthcare services or oral health services. If you are scared of medical debt because you can barely pay your bills, you cannot access healthcare services. If you are afraid of being fired for taking time off work, you cannot access healthcare services. If all of your money is going towards housing, and your wages have not kept up with the increases in cost of living, you cannot access healthcare services.
> — Social Services Provider
> Economic instability as it directly limits access to housing, nutrition, healthcare and education.
> — Community Leader
>
> Economic stability is one of the most important social determinants of health for our community to address. When community members are not worried about affording housing, food, and other necessities, they are better able to focus on their health and participate freely in the community. Financial stability allows people to access care, maintain healthier lifestyles, and engage more fully in daily life. — Public Health Representative
>
> Economic stability - financial security, housing affordability, nutrition, quality of life, mental health, early childhood education, and access to health care are all impacted by a household's economic stability.
> — Social Services Provider
>
> I believe it is economic stability. Helping find balance between income levels and cost of living. Financial stress can lead to many things like poor nutrition, delaying healthcare, and chronic stress. Our community is getting more out of balance in this area and that is why I feel it is most important. — Community Leader

Access to Mental Health Care

> Mental Health Supports. — Community Leader
>
> Access to mental health care, people are experiencing mental health crises at younger and younger ages, people do not have access to appropriate insurance to cover mental health care, leading to a lack of access due to the cost of counseling, this leads more youth to attempting suicide and needing emergency care, sometimes, emergency placement for stabilization. Additionally, these individuals are at a higher risk of experiencing abuse when their suicide attempt becomes known to parents or caregivers. — Health Care Provider
>
> Mental Health - access to affordable or free help when someone is in a mental health crisis and is not safe to remain by themselves or at home. — Public Health Representative
>
> Current Mental Health services are like "band-aids" on a severed limb. Bozeman Health can help in "crisis", but what happens to a mental health patient after a 2-4 day stay in hospital? The individual must enter the fast-paced world again and cannot possibly maintain balance—thus, back to crisis. — Community Leader
>
> The lack of local resources for mental health for the poor and low-income families is a driving force in children going without care or homes, violent crimes, homelessness, and self-harm. Those with untreated mental illnesses often commit violent crimes on innocent people, often out of the control of the mentally ill person. Mental illness and untreated depression also leads to parents not providing for their children, committing theft, or other petty crimes. — Community Leader

> Limited access to mental health services is a major driver of this issue. When individuals cannot access timely outpatient care, crisis stabilization, or treatment beds, their conditions often worsen until law enforcement becomes the default responder. Co-occurring substance use disorders can further complicate crisis situations and limit available treatment options. In addition, gaps in the crisis response system—such as services that are not available 24/7 or lack appropriate placement options—make it difficult to divert individuals from the criminal justice system even when responders identify a behavioral health need. These factors increase the likelihood that individuals with mental health needs enter the jail system rather than receiving appropriate care.
> — Social Services Provider

Poverty

> Poverty. I truly believe that is at the root of them all. If you're experiencing poverty, it affects your ability to access everything else: food security, affordable housing, education and employment etc. — Community Leader
>
> I do believe that Income and Poverty are a strong contributing factor that then lead to many of the other factors listed previously. I think that a lot of anxiety stems from the uncertainty or stability of being able to afford basic needs for families. — Community Leader
>
> Poverty leads to other social drivers - affordable housing, affordable healthcare, appropriate placement for seniors, seniors who are isolated. — Health Care Provider
>
> Income and poverty - these feed into a lot of the other drivers (housing insecurity, food insecurity, lack of transportation, etc.). A lack of financial means leads to a lack of insurance to cover routine care, unsafe housing, food insecurity, etc. Living a healthy lifestyle is more difficult for those struggling financially.
> — Social Services Provider

Social Isolation

> Social isolation. — Health Care Provider
>
> Social isolation and the lack of authentic connections to adults are one of the leading drivers of teen and youth suicide. — Community Leader
>
> Lack of socialization, and groups where residents can get the help they need and/or resources.
> — Community Leader
>
> These days, I think the most important issue is actually isolation and polarization. If people aren't coming together and can't talk to each other, there won't be anyone to engage in creative and collaborative problem solving for any of the other issues. If people think they can't help - or don't need to help - or their voice doesn't matter, none of the community organizations will have board members, other volunteers, or staff to do the work that addresses all the other social determinants of health and wellbeing. — Social Services Provider
>
> Social Isolation. With Bozeman being such a tourist town and a college town, people often don't stay here all year long, so it can be hard to find community. There is also a lack of attachment not only at a family level, but at a community level. Strong communities = healthy communities. — Community Leader

Affordability

> Affordability. — Physician
>
> I think money is first - making more cares available to more people who don't make a lot of money (or the ridiculous cost of living here takes too big of a chunk) but they make enough that they do not qualify for any support services. — Health Care Provider
>
> Cost of medical care. — Community Leader
>
> Cost. — Community Leader

Mental Health

> Mental Health. — Health Care Provider
>
> Mental Health. — Community Leader
>
> Mental health and homelessness. — Community Leader
>
> The addressable issue is mental health, and more specifically substance abuse. — Community Leader
>
> Mental Health & Wellness--impacts and is impacted by many other areas (stigma, substance abuse, isolation etc.). — Social Services Provider
>
> Mental Health. — Public Health Representative

Substance Use and Abuse

> Addiction. — Social Services Provider
>
> Cultural acceptance of driving while impaired I think is a big problem in our area. I'd appreciate a public campaign around this issue. — Health Care Provider

> Substance abuse - we are mostly trying to deal with a trauma/coping/heart issue with the DOC and "harm reduction." It doesn't work. We need more complete services and wrap-around services to be able to reach the addicts/alcoholics who are struggling. As well as community outreach and engagement to educate the community as a whole on the subject. — Social Services Provider

Lack of Social Services

> Adequate social services to meet the needs of our most at risk populations. — Community Leader
>
> We are in desperate need of a larger, sliding-scale based clinic with a full-spectrum of health services (medical, mental, and dental) and the ability to serve non-English speaking clients. — Community Leader
>
> Provision of resources to support those living in poverty. — Community Leader

Access to Healthcare

> Lack of advanced medical needs beyond X-ray-PA- NP practice. Better facility. — Community Leader
>
> Access to resources. — Social Services Provider
>
> Healthcare access in the Three Forks area. While a traditional business perspective might suggest that investing in such a small community is not feasible, I believe that as a non-profit, we have an obligation to serve everyone. Much like our commitment to mental health, we should prioritize community need over immediate financial returns. I suggest we consider investing in land now. This would allow us to secure a location for future generations to build upon without the burden of significantly higher costs later. — Community Leader

Adolescent/Teen Mental Health

> Adolescent mental health, wellbeing and belonging. Without a strong social fabric and connected community, Bozeman's teens risk feeling isolated, alone and like failures in a community that their parents fought to be a part of. The promised land has become increasingly empty and lonely to our pre-teens and teens. Bozeman's exceptionalism - where we have students and young people who are literally the best in the world in so many ways - is making it impossible for even very talented, creative and wonderful kids to feel like they are "enough."— Community Leader
>
> Mental Health - especially in adolescent and teens. Suicide risk, social media bullying and peer pressure, substance abuse. — Community Leader

Income Disparity

> Income disparity and access to affordable, stable housing and food resources. Working with survivors of abuse and gender-based violence, we see community members staying in unsafe conditions because they cannot afford to leave. Access to affordable housing will go a long way to address safety and stability for individuals and families and allow conversations about other social drivers to follow. — Social Services Provider
>
> The divide in Bozeman between the poor and rich is widening faster than social service agencies can keep up. — Community Leader

Transportation

> Transportation. — Social Services Provider
>
> Public transportation - limited availability of public transportation, particularly in a cold climate, can affect all aspects of health (access to care, employment, groceries., etc.). — Health Care Provider

Access/Affordable Health Insurance

> Access to health insurance, it is expensive and for a lot of folks the process of applying for Medicaid is difficult without a caseworker to help along with the process. — Social Services Provider

Climate

> Lack of an adequate and clear development plan that takes into account adequate green space and climate change. Fires and drought pose significant health risks and Gallatin County isn't prepared. — Community Leader

Addiction to Social Media

> Addiction to social media - motivation to be active, communicate, and prioritize in life, students especially. — Community Leader

Adverse Childhood Experiences

> Adverse Childhood Experiences - many individuals move to Big Sky as seasonal workers and do not have social safety nets. Individuals often come here thinking they can escape their challenges and have complex trauma, substance challenges, and more factors that are a results of ACEs. — Social Services Provider

Built Environment

> Built environment. The lack of access due to land use planning (sprawl) increases social isolation through car culture and lack of walkable community. Access to healthy foods requires a car. Access to safe active transportation and transit leads to physical inactivity. Transportation injury and mortality are a hidden epidemic in our community. All are related to the built environment and the three leading causes of morbidity and mortality in our community: unintentional injury, diabetes, heart disease. — Community Leader

Employment Opportunities

> Employment opportunities. We know that Gallatin County is incredibly expensive, however, there also are not enough jobs that pay livable wages to sustain a thriving community. Without a working class, Bozeman can't function so there needs to be more employment opportunities that pay a livable wage. — Health Care Provider

Lack of a Support Network

> Improving support networks and teaching people how to establish them. If they have a good support network with helpful people, these people can help them navigate challenges in life and teach them where to go for help. — Public Health Representative

Contraceptives

> Bozeman Health does not cover contraceptive implants under the financial assistance program. This is a major disservice to patients and leads to unplanned pregnancies that are instead covered by the financial assistance program. Contraception isn't "elective healthcare", but it is viewed that way under the Bozeman Health FAP. Contraception is medically necessary healthcare. Covering an unplanned pregnancy, labor/delivery, NICU admission and pediatric care is much more expensive than covering an IUD. — Health Care Provider

Social Drivers

> The social drivers listed by themselves is not the issue, it is the compounding effect that takes its toll on families and community health. For example, we see many students and families who are experiencing adverse childhood experiences, housing insecurity, food insecurity, language barriers, etc. all at the same time. That compounding effect strips families and agencies working with them of their resiliency and hope. It is constantly one step forward and two steps back. — Community Leader

Democracy

> I would say the most negatively impactful social driver leading to poor health is our declining democracy and its economic fallout, human rights suppression, mental health impacts, etc. However, we are not able to really address that as community organizations. So... I would say cost of living/affordability of living is the biggest driver of mental health instability and individuals' ability to access mental health care. — Social Services Provider

Caregiver Support

> Caregiver support for patients with dementia. It would be great to have more memory cafes/art walks, etc. for caregivers and their loved ones with dementia. — Physician

Seasonal Activities

> Community in the winter and access to outdoor winter activities. — Community Leader

Dementia

> Dementia is becoming more prevalent in the community and there is little access to memory care. — Community Leader

Politics

> Politics and our lack of ability to listen and learn from others whom we disagree with is hurting our community, and our democracy. — Community Leader

Social Media

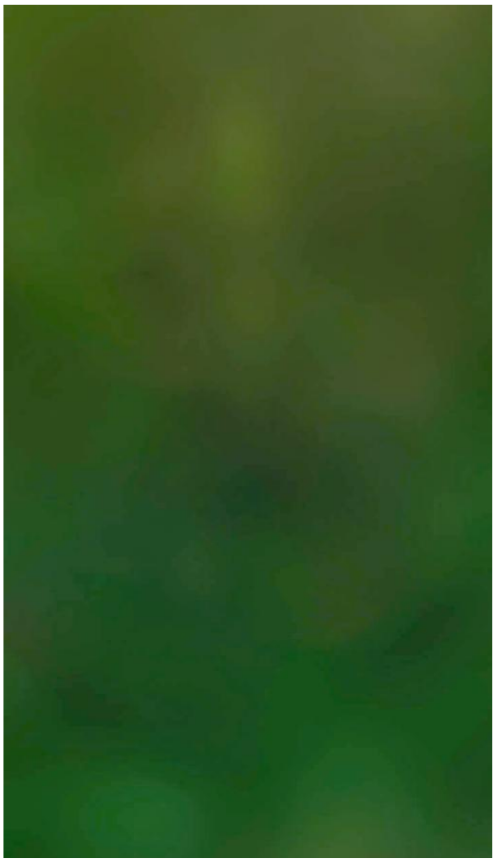
> Social media, news, etc. - leading to more anxiety, poor sleep and worsening mental health, isolation. we need to come together more and, in medicine, care for each other recognizing that these issues are walking through the door every day. — Physician

Spiritual Health

> Spiritual Health-with no hope, all the medications and support in the world may not be enough. — Health Care Provider





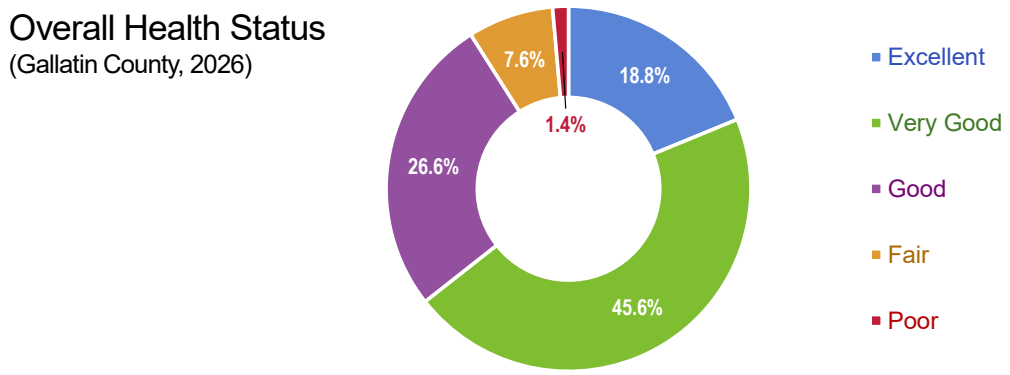


HEALTH STATUS

OVERALL HEALTH STATUS

The initial inquiry of the PRC Community Health Survey asked: "Would you say that in general your health is excellent, very good, good, fair, or poor?"

Most Gallatin County residents rate their overall health favorably (responding "excellent," "very good," or "good").



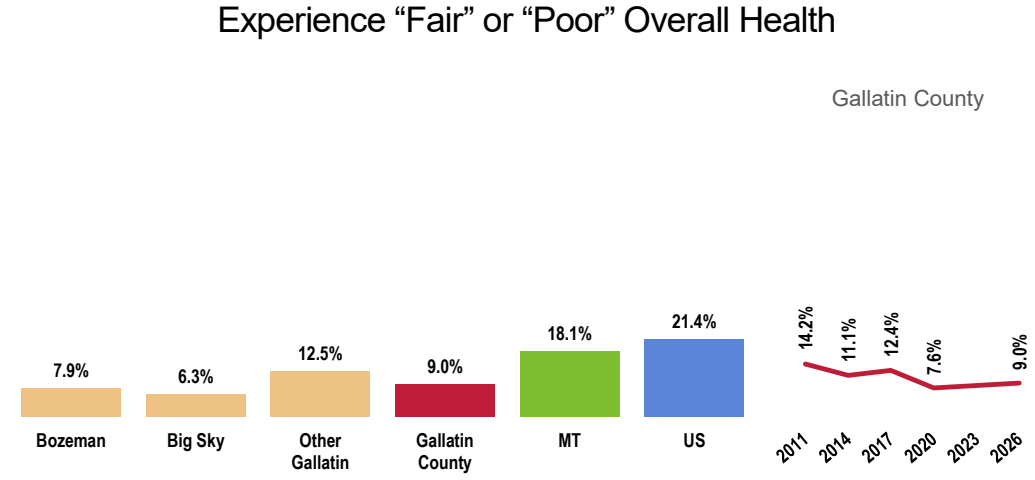
Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 3]
Notes: ● Asked of all respondents.

However, 9.0% of Gallatin County adults believe that their overall health is "fair" or "poor."

BENCHMARK ► Lower (more favorable) than both the statewide and national percentages.

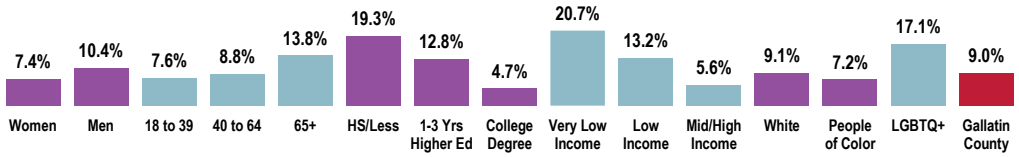
TREND ► A statistically significant decrease (improvement) from baseline 2011 findings.

DISPARITY ► "Fair" or "poor" overall health ratings increase with age and are reported more often among those without higher education, lower-income respondents, and those who identify as LGBTQ+.



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 3]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2024 Montana data.
● 2026 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Experience “Fair” or “Poor” Overall Health
(Gallatin County, 2026)



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 3]
Notes: • Asked of all respondents.

MENTAL HEALTH

ABOUT MENTAL HEALTH & MENTAL DISORDERS

About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime. …Mental disorders affect people of all ages and racial/ethnic groups, but some populations are disproportionately affected. And estimates suggest that only half of all people with mental disorders get the treatment they need.

In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening for mental disorders can help people get the treatment they need.

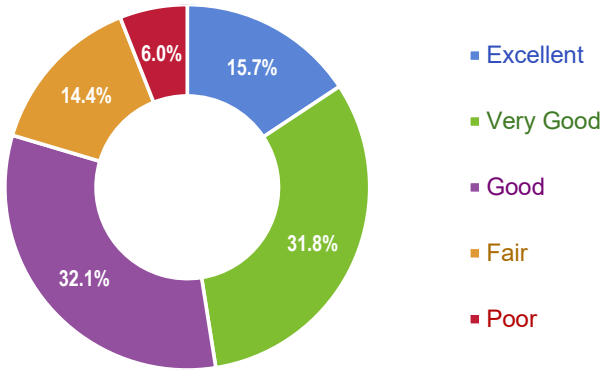
– Healthy People 2030

Mental Health Status

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

Most Gallatin County adults rate their overall mental health favorably ("excellent," "very good," or "good").

Mental Health Status
(Gallatin County, 2026)



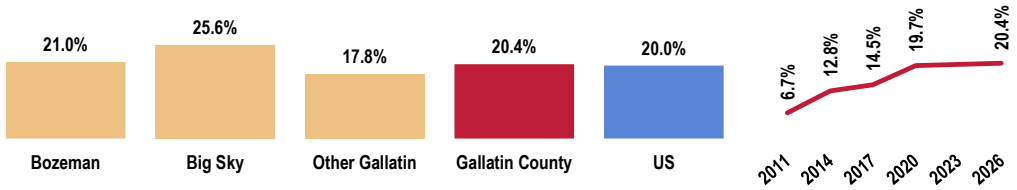
Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 74]
Notes: • Asked of all respondents.

However, 20.4% believe that their overall mental health is "fair" or "poor."

TREND ► A significant increase from 2011 findings.

Experience "Fair" or "Poor" Mental Health

Gallatin County



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 74]
● 2026 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Anxiety & Depression

Diagnosed Anxiety & Depression

Anxiety was described to respondents as including conditions such as acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder.

Depressive disorders were described as including depression, major depression, dysthymia, or minor depression.

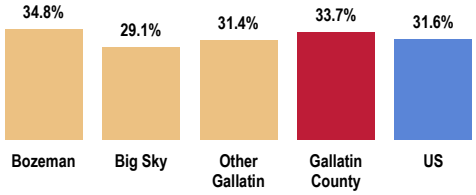
A total of 33.7% of Gallatin County adults have been diagnosed by a physician or other health professional as having anxiety.

A total of 31.0% of Gallatin County adults have been diagnosed by a physician or other health professional as having a depressive disorder.

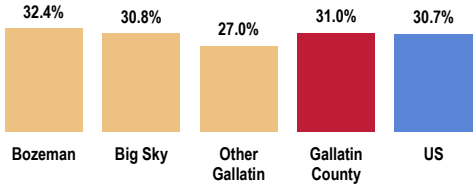
BENCHMARK ► The local prevalence of depression is higher than found statewide (not shown).

TREND ► The prevalence of diagnosed depression has increased since 2014.

Have Been Diagnosed With an Anxiety Disorder

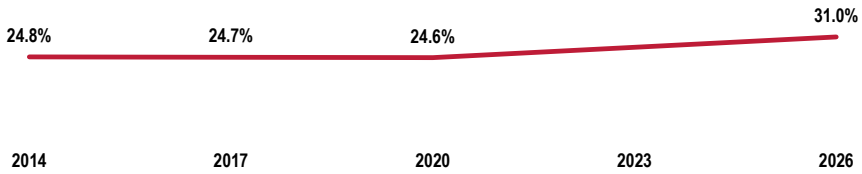


Have Been Diagnosed With a Depressive Disorder



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Items 75-76]
● 2026 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Anxiety disorders include acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder.
● Depressive disorders include depression, major depression, dysthymia, or minor depression.

Have Been Diagnosed With a Depressive Disorder
(Gallatin County)



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 75]
Notes: ● Asked of all respondents.
● Depressive disorders include depression, major depression, dysthymia, or minor depression.

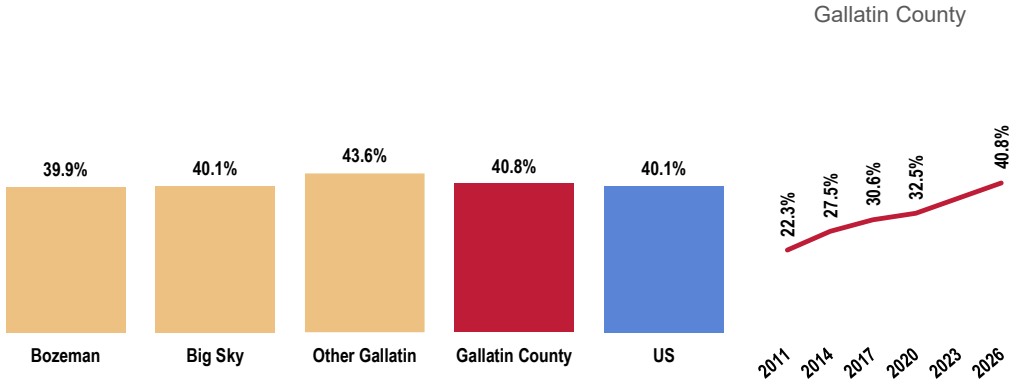
Symptoms of Chronic Depression

A total of 40.8% of adults report signs or symptoms of chronic depression.

TREND ► A significant and consistent increase since 2011.

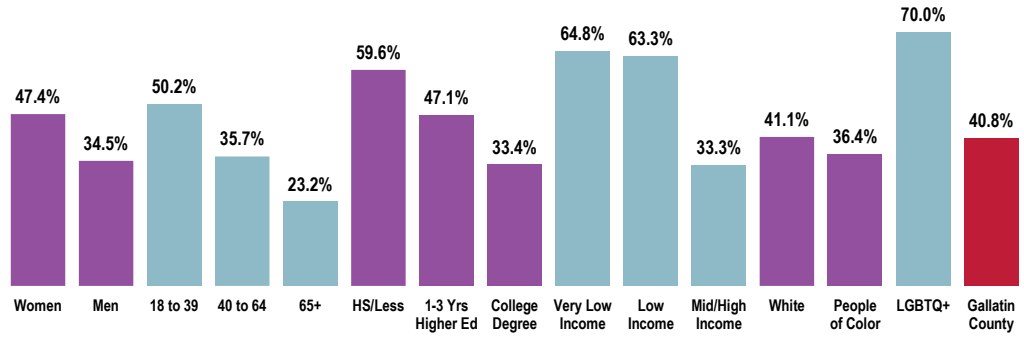
DISPARITY ► Symptoms of chronic depression were reported more often among women, adults under age 65, those with less education, lower-income residents, and LGBTQ+ residents.

Have Experienced Symptoms of Chronic Depression



Sources: ● PRC Community Health Survey, PRC, Inc. [Item 317]
● PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Have Experienced Symptoms of Chronic Depression
(Gallatin County, 2026)

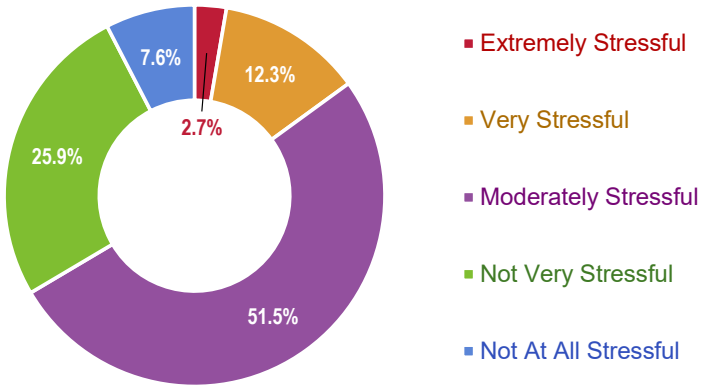


Sources: ● PRC Community Health Survey, PRC, Inc. [Item 317]
Notes: ● Asked of all respondents.
● Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Stress

A majority of surveyed adults characterize most days as no more than "moderately" stressful.

Perceived Level of Stress On a Typical Day
(Gallatin County, 2026)



Sources: ● PRC Community Health Survey, PRC, Inc. [Item 318]
Notes: ● Asked of all respondents.

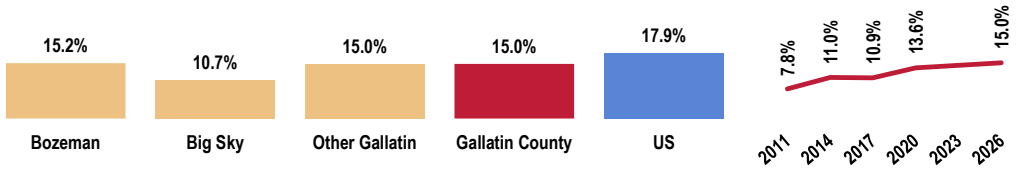
In contrast, 15.0% of Gallatin County adults feel that most days for them are "very" or "extremely" stressful.

TREND ► A significant increase since 2011.

DISPARITY ► Reported more often among women, adults under age 65, those without education beyond high school, residents living below the poverty threshold (especially), and LGBTQ+ residents.

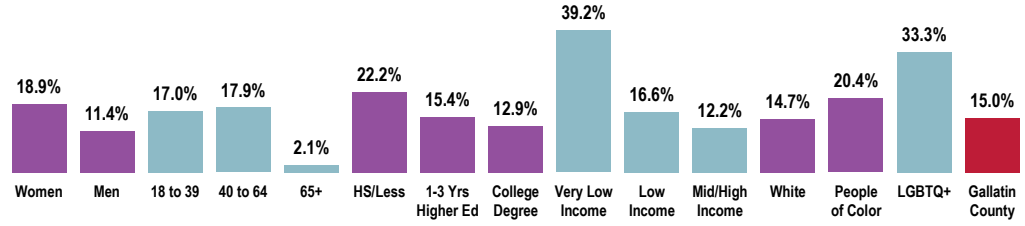
Perceive Most Days as "Extremely" or "Very" Stressful

Gallatin County



Sources: ● PRC Community Health Survey, PRC, Inc. [Item 318]
● PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Perceive Most Days as "Extremely" or "Very" Stressful
(Gallatin County, 2026)



Sources: ● PRC Community Health Survey, PRC, Inc. [Item 318]
Notes: ● Asked of all respondents.

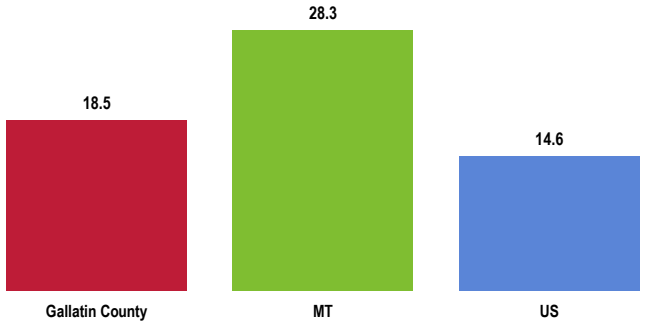
Suicide

In Gallatin County, there were 18.5 suicides per 100,000 population (2022-2024 annual average rate).

BENCHMARK ► Higher than the national rate, but below the Montana rate.

TREND ► Decreasing in recent years.

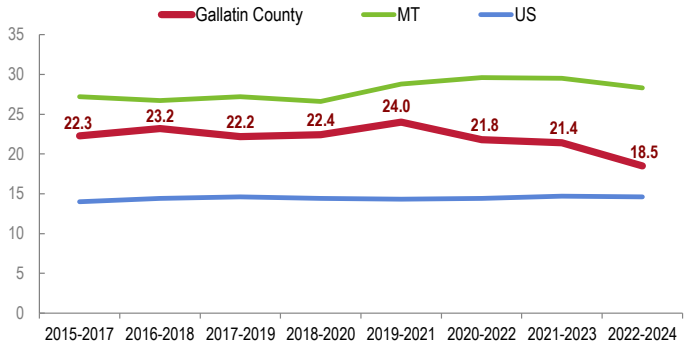
Suicide Mortality
(2022-2024 Annual Average Deaths per 100,000 Population)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2026.

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

Suicide Mortality Trends
(Annual Average Deaths per 100,000 Population)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2026.

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

Mental Health Treatment

Mental Health Providers

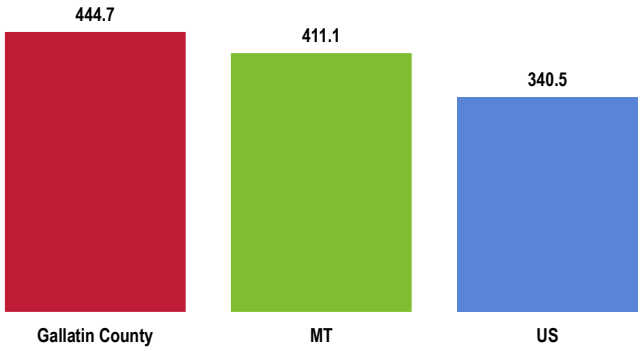
Note that this indicator only reflects providers practicing in Gallatin County and residents in Gallatin County; it does not account for the potential demand for services from outside the area, nor the potential availability of providers in surrounding areas.

In Gallatin County in 2025, there were 680 mental health providers (including psychiatrists, psychologists, clinical social workers, and counselors who specialize in mental health care), translating to a rate of 535.5 per 100,000 population.

BENCHMARK ► A higher ratio of providers than the nation.

Number of Mental Health Providers per 100,000 Population
(2025)

This reflects 529 mental health providers in Gallatin County.



Sources:
- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2026 via SparkMap (sparkmap.org).

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

Currently Receiving Treatment

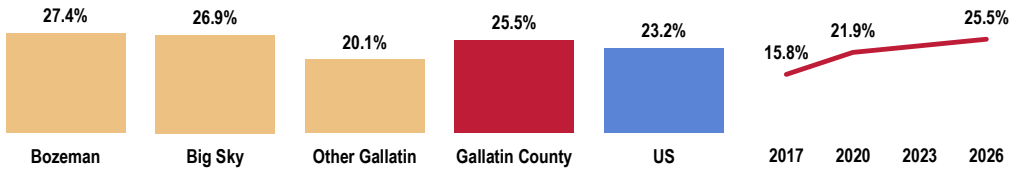
A total of 25.5% of Gallatin County adults are currently taking medication or otherwise receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem.

TREND ► An increase from the 2017 findings.

DISPARITY ► Lowest in the Other Gallatin area.

Currently Receiving Mental Health Treatment

Gallatin County



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 81]
- 2026 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes those now taking medication or otherwise receiving treatment for any type of mental health condition or emotional problem.

Difficulty Accessing Mental Health Services

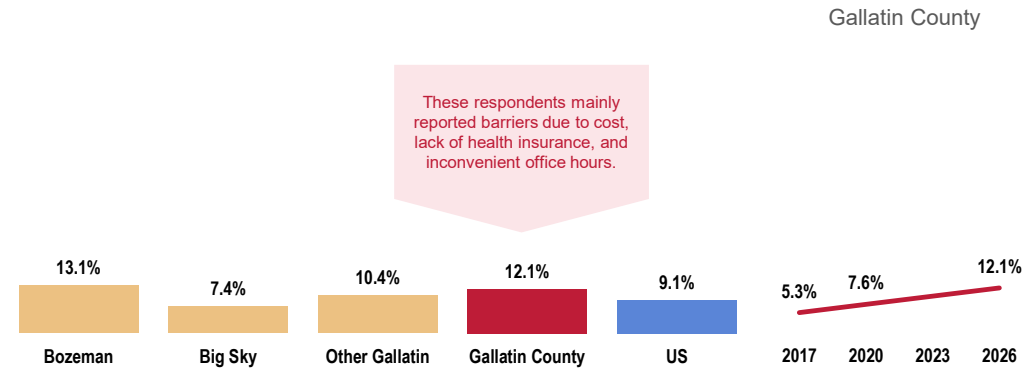
A total of 12.1% of Gallatin County adults report a time in the past year when they needed mental health services but were not able to get them.

BENCHMARK ► Higher than the national percentage.

TREND ► A significant increase since 2017.

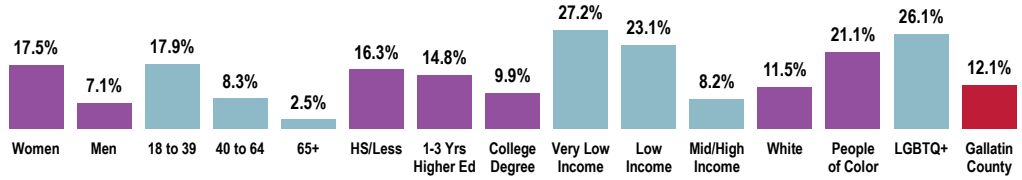
DISPARITY ► Difficulty accessing mental health services was reported more often among women, adults under the age of 65, lower-income residents, People of Color, and LGBTQ+ respondents.

Unable to Get Mental Health Services When Needed in the Past Year



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Items 82, 319]
● 2026 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Unable to Get Mental Health Services When Needed in the Past Year
(Gallatin County, 2026)



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 82]
Notes: ● Asked of all respondents.

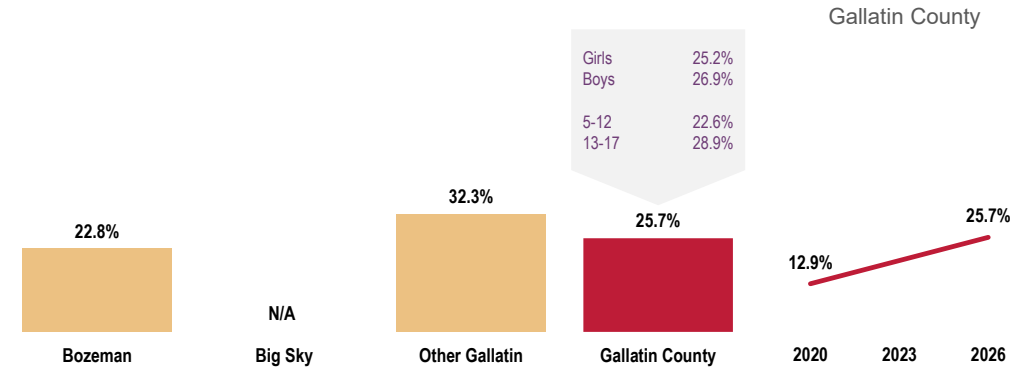
Children's Mental Health

For households with more than one child under the age of 18, questions were asked about the child with the most recent birthday. This random selection process allows for the best representation of children by age and gender.

A total of 25.7% of parents with children age 5 to 17 report that their child has suffered from or been diagnosed with a mental, emotional, or behavioral health issue.

TREND ► Double the 2020 percentage.

Child Has Suffered From or Been Diagnosed With a Mental, Emotional, or Behavioral Health Issue
(Parents of Children Age 5-17)

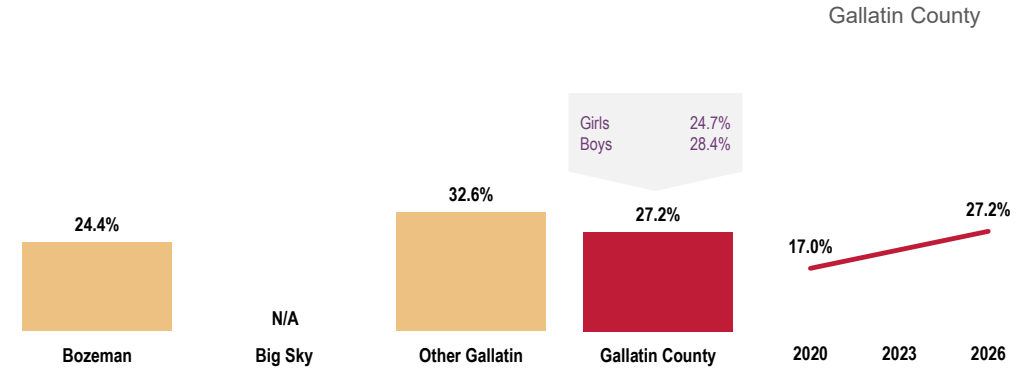


Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 322]
Notes: ● Reflects respondents with a child age 5 to 17 at home.
● The sample size for Big Sky was too low to be interpreted with confidence.

A total of 27.2% of Gallatin County parents with children age 5 to 17 indicate that their child received professional mental health services in the past year.

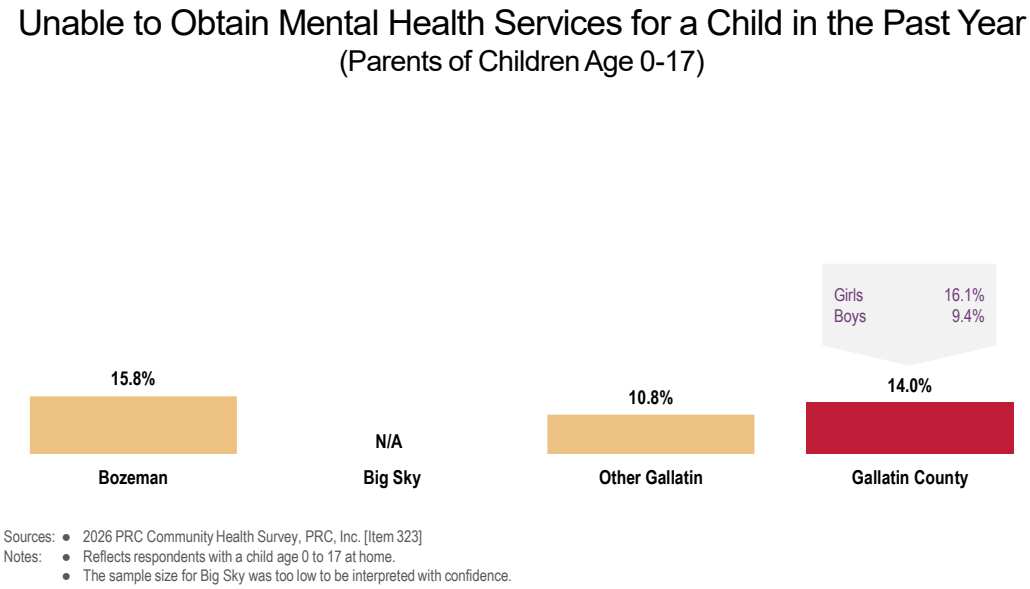
TREND ► A significant increase since 2020.

Child Received Professional Mental Health Services in the Past Year
(Parents of Children Age 5-17)



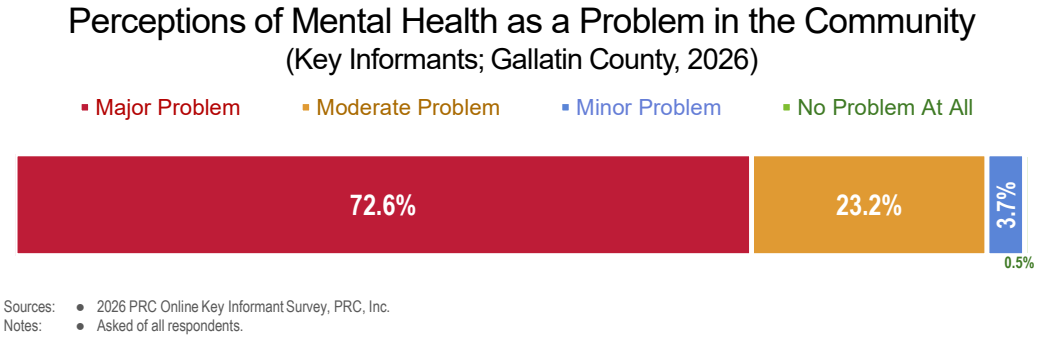
Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 321]
Notes: ● Reflects respondents with a child age 5 to 17 at home.
● The sample size for Big Sky was too low to be interpreted with confidence.

A total of 14.0% of Gallatin County parents report a time in the past year when they needed mental health services for their child but were not able to receive them.



Key Informant Input: Mental Health

Over 70% of key informants taking part in an online survey characterized *Mental Health* as a "major problem" in the community.



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

Access to Care/Services

> Limited access to mental health providers and cost of mental health care even with insurance. — Health Care Provider
>
> Not enough immediate resources here. If someone is in crisis, many have to go to Missoula or Billings. There are not enough therapist in town and people have had to wait up to a year to get in with someone. — Community Leader
>
> Access to care is very limited. Places for people in recovery to go such as Recovery Centers or Drop-in Centers.
>
> Stigma and discrimination. — Social Services Provider
>
> Access and affordability of care. — Social Services Provider
>
> Inpatient care. — Health Care Provider

In my experience, access to a specialized solution is difficult and not timely. The delivery system remains disjointed. I'm aware of the crisis centers within the Emergency Department at Bozeman Health. For an adolescent spiraling and fairly urgent, resources are not readily apparent. Insurance coverage is exceptionally difficult to manage as well. Attempting to work with insurance carriers towards coverage and/or resources is simply a very poor use of time. — Health Care Provider

When an individual is having a crisis there are really no other alternatives other than the hospital emergency room. Also, there is limited counseling available in the valley for in person sessions. — Community Leader

Access to counselors, affordability, stigma surrounding seeking help, substance abuse that complicates mental health issues and isolation. — Social Services Provider

Our community lacks a true crisis receiving or stabilization facility for individuals experiencing a behavioral health crisis who come into contact with law enforcement. As a result, officers often have no option other than jail, even when the underlying issue is mental illness rather than criminal behavior. Gallatin Mobile Crisis has been a valuable partner and can often assist with de-escalation and connection to services when available. However, the program is not 24/7 and faces the same limitations in finding appropriate placements for individuals in crisis. Once individuals enter the jail, their basic needs can be met, but the facility is not designed to provide the level of mental health care or stabilization they require. A 24/7 crisis receiving facility and additional treatment options are critical to divert individuals from jail and connect them with appropriate care. — Social Services Provider

Speedy access to mental health resources when in crisis and continuing care following. — Community Leader

Lack of community mental health center with wrap around services and intensive outpatient treatment modalities. Although hospital admissions are improving with acute inpatient beds now available at Bozeman Health; we lack resources for involuntary treatment as the state facility does not adequately accommodate the state's growing needs. The justice system for which involuntary treatment is sought is too cumbersome and would benefit from streamlining with one hearing like several states which aim to balance the urgent need for treatment with the patient's legal rights, providing a single, expedited court hearing. It would also be beneficial to ensure the attorneys and judges are available and present at the healthcare facility to reduce numerous hours of transportation. — Community Leader

We lack a location or beds to address serious mental health issues for patients. — Community Leader

One of the biggest challenges for people with mental health issues in our community is the lack of access to mental health care, both in terms of cost and the availability of providers. Many individuals face long wait times, limited provider options, or services that are financially out of reach. These barriers often prevent people from receiving timely care or ongoing support for their mental health needs. We see this gap most clearly among individuals who face multiple barriers and forms of intersectionality. Low-income community members, people without insurance, and those experiencing other social or economic challenges often have the fewest options for care. These barriers can make it difficult to seek help early, leading to worsening mental health conditions over time. — Public Health Representative

Access to consistent care or continuity of care, improvements made across crisis care.
— Social Services Provider

Access to inpatient care and alternative treatment facilities outside of emergency services at the hospital. Long term care and affordable care for non or under insured people. Children and youth mental health treatment options and services. — Community Leader

No youth respite or shelter care, drop-in, in-patient SUD, detox or stabilization unit services.
— Social Services Provider

Access to care for adults and youth. — Community Leader

There are gaps along the continuum of care for people experiencing mental health issues. Some people have to either wait or leave the community to access critical care and treatment. Some people who can't afford mental health care go without. Some people find that accessing mental health care is overwhelming...it's hard to know where to start and what insurance will cover - or not. Some people don't have insurance at all, or their insurance won't cover mental healthcare. Some insurance does cover some level of care, but sessions or types of care are limited, or patient costs are high (like co-pays or deductibles). Access to providers can be difficult - there are waitlists or a lack of the type of providers needed. Sometimes it can be hard to get interventions like ketamine or other treatments that require psychiatric oversight. The social stigma around mental health is high. Education around mental health is low or spotty. Even with a diagnosis, it's hard to know how to get help.
— Social Services Provider

Access to continuing local services beyond emergency services and short-term inpatient care.
— Community Leader

Finding therapists and other resources is very difficult. There just are not enough therapists in the area or state.
— Community Leader

Access to care, knowing what resources are available to them and how to access them. — Community Leader

The availability of counselors/LCSW's taking on new clients with expanded hours and the availability of Spanish speaking counselors. Bozeman Health adding inpatient mental health care was much needed.
— Health Care Provider

Some of the bigger challenges are finding resources as an outpatient. This has greatly improved over the past few years but still is a limiting factor. Patients are unable to afford this and have a hard time scheduling time with therapists or counselors. — Health Care Provider

Access to care and affordable care, particularly since those affected by severe mental health issues are disproportionately from a lower socioeconomic class. — Physician

Not enough resources, especially for children and teens. Cost. — Community Leader

Outside counseling availability, programs to support families and teens. — Community Leader

Getting access to mental health care in Gallatin County. We're working to increase services, but I came from Denver and it's really hard to see the limited services we can offer some of these patients. — Health Care Provider

Pediatric psychiatric, behavioral, and therapy treatment outpatient. Pediatric inpatient services do not exist, and parents often consent for a safety plan to take children in crisis home if an option instead of having their child admitted out of state or at a facility hours away. Cognitive testing for dementia, and autism evaluations for adults and children often book nine months to a year out regardless of health facility or location they choose to seek care at in Southwest Montana and beyond. — Health Care Provider

Getting into a provider and receiving good quality services. — Public Health Representative

The availability and affordability of mental health care. The stigma that comes with mental health issues. — Community Leader

Lack of access to MD's and clinicians who can help the senior population suffering from mental health issues. — Community Leader

There aren't enough resources. I know many people who needed mental health support and couldn't get it in this town. Two are dead from suicide and one is struggling with suicidal ideation. The suicide hotline can only do so much if people don't receive proper support day to day. I brought a family member to the ER who was suicidal. When they questioned him, he gave all the proper answers to get discharged. He wasn't given any information for possible places to follow up and neither was I. I asked the nurse what I should do for him, and she said, "There's nothing you can do if he doesn't want help". I needed help. He needed help. I ended up using the minimal resources from the Help Center, but they are limited too. I only knew about the Help Center because I'm friends with a staff person there. The hospital didn't even guide me there when someone in my immediate family was threatening to kill himself in my home. That's not the standard that I feel is okay for our community. — Social Services Provider

Mental health concerns in our community are so high. First, there are high levels of depression and anxiety. People cannot get into care for mental health. Most mental health professionals in our community are unable to accept new clients, and even if they can accept new clients, the costs of mental health services are prohibitively high. Second, Gallatin County and MT as a whole continue to experience high levels of substance abuse. Culturally, it is very acceptable to drink high volumes of alcohol and to smoke/vape. And there are no options for those who struggle and who are looking for support beyond AA. Third, after the pandemic, many people feel lonely and isolated, and this is having a severe impact on mental health. — Social Services Provider

The prevalence and the lack of psychiatrists/counselors to serve everyone but specifically low income/under-insured. — Health Care Provider

Access and education about types of resources available and where to find them. — Community Leader

Access to care is the biggest barrier for people seeking treatment for mental health related issues due to waitlists for patients seeking services that have Medicaid or do not have insurance. — Social Services Provider

We have barely any accessible mental health services, specifically for high acuity patients. — Social Services Provider

Access to services, housing and cost of living. — Health Care Provider

Lack of resources, limited counselors, limited pediatric providers, patients with limited funds and limited access. — Health Care Provider

There has been a lot of good work in this space, and I don't want to discount that, but access to crisis stabilization and receiving services are still lacking and youth services are still in need. Stable housing for people with mental health issues continues to be a significant issue. — Community Leader

Access to care, stigma and substance use. — Community Leader

Access for all conditions and payors. Also issues with stigma, cost and continuity of care. — Health Care Provider

This is a critical service that has attention, but lack of resources and current funding. — Community Leader

Access. There are very few mental health resources in our community, especially for those who are uninsured or who are on Medicaid. If you have private insurance, you have endless choices, but there is a very large disparity for folks who aren't privately insured. — Health Care Provider

Access to providers is very poor and even worse outside of Gallatin County. — Community Leader

Lack of access to mental health professionals, lack of alternative spaces for activities besides places serving alcohol, pressure to be happy because you live in such an amazing place, paradise paradox. — Social Services Provider

Very limited services and still a major negative view about seeking help. We need to start a campaign for making seeking mental health help the new norm. If we can get famous people to do HIV commercials they should do mental health commercials. — Social Services Provider

> The need for services is vastly outpacing our ability to treat all the individuals who need this service. Our community continues to grow, and we need a coalition of community organizations (Bozeman Health, Police, Sheriff, County Commissioners, City Commissioners, private providers and others) to continue working collaboratively to address the issue. It cannot be solely on one organization to solve and address the growing problem. — Community Leader
>
> Despite so many wonderful efforts there is still demand that is exceeds capacity. Additionally, I think there is stigma or perhaps a misunderstanding about how you define a mental health issue that needs care and what type of care. We have developed systems to address crisis care, but how are we addressing folks who just need someone to talk to about their anxiety or may be experiencing depression? How do we connect people to primary care and make finding a counselor easy for them? — Health Care Provider
>
> Lack of sufficient acute mental health services. — Health Care Provider
>
> Mental health challenges in our community are made worse by the lack of accessible and affordable care. Many people struggle to find providers, face long waitlists, or cannot afford services, leading them to go without support altogether. As a result, individuals and families are left to navigate serious mental health concerns on their own, which can have lasting impacts on overall well-being and quality of life. — Community Leader
>
> Access to therapists and counselors. There are not enough and it's difficult to find one that is taking new patients. — Community Leader

Affordable Care/Services

> Residents in Bozeman face ongoing challenges accessing mental health services, largely due to the high cost of care and limited insurance coverage. Many individuals have plans with high deductibles or limited behavioral health benefits, making regular therapy or psychiatric care financially difficult to sustain. The rapid population growth in the area has also increased demand for services, which can lead to longer wait times for appointments. As a result, some community members delay or forgo mental health care due to cost, availability, or uncertainty about how to access affordable services. — Social Services Provider
>
> Quality mental health supports for children and teens is extremely hard to access due to cost and lack of quality providers. Additionally, pediatricians seem to be out of step with schools when it comes to children's behavioral health. — Community Leader
>
> There is zero access to mental health for the poor, homeless, or lower income families. This is particularly true for those who repeatedly commit misdemeanors but not felonies, meaning the lower courts cannot force them to get help or force the State Hospital to help them. We need a serious overhaul of mental health options for those who pose a threat to themselves or others due to mental health, at a minimum. — Community Leader
>
> Lack of affordable options, especially for children - way too many mental health providers refuse to accept Medicaid so low-income kids and adults often have to go without services or have to receive lower quality services (free counseling from pre-licensed individuals). — Social Services Provider
>
> This community has an abundance of licensed mental health therapists; however, affordable access (sliding fee) and access for people with public insurance (Medicaid/Medicare) is limited and wait times are long. Access to Spanish speaking behavioral health providers is extremely limited. — Health Care Provider
>
> Affordability and access which are directly related. — Public Health Representative
>
> Resources are either very expensive or not available. — Social Services Provider
>
> Accessing mental health services is so expensive and often isn't immediate. — Community Leader

Access for Medicare/Medicaid Patients

> Access to care, providers that accept Medicaid. It has become better recently with addition of inpatient unit at Bozeman Health and upcoming Youth Treatment campus in Belgrade. — Community Leader
>
> Lack of counselors accepting Medicaid, social pressures increasing incidence including online activities, access to guns, societal stigma associated with seeking help and lack of affordable housing. — Social Services Provider
>
> The biggest challenge is finding specialists who accept Medicaid or Medicare, as many practices in the region have limited participation with these payers. Access is even more limited for patients under the age of 18. — Health Care Provider
>
> Lack of access for patients who don’t have private insurance. Over saturated market with NP’s. Not enough psychiatrists. — Physician

Awareness/Education

> I think the reason it is a major problem is that people still don't recognize mental health as something that is a "real" problem, and don't recognize care options to help mental health. I think there is an attitude in this community that if you have issues with mental health, it is your fault, and within your preview to fix. There aren't enough mental health providers in this community either. I think a lot of people medicate mental health issues with alcohol and other drugs. — Public Health Representative
>
> Awareness of and access to care at an affordable cost. — Social Services Provider
>
> Lack of awareness and resources in our community. — Community Leader

> Low emotional intelligence. When something feels bad, they oppress it. Whether with drugs, hobbies, phones, etc. — Community Leader

Denial/Stigma

> Stigma, thinking they can deal with it on their own, types of connections with community loneliness, surface-level, hard to build, drinking and drug-use, anxiety and depression, hard to make it in Big Sky. — Community Leader

> State and local stigma around mental health challenges. Access for youth related mental health services both from an outpatient and inpatient perspective. Bozeman Health continually saying that the options in Helena are the best approach for local families in crisis is not sitting well with families and local organizations working with youth. The ER can't be the only option locally for youth in mental health crisis. — Community Leader

> Stigma and access to affordable care. — Social Services Provider

> I think mental health is a real concern in our community because I see how often people stay silent about what they are going through. There is still a strong stigma around admitting you are struggling, and I notice that many people feel like they need to keep it together or push through on their own. I also think a lot of us compare our situation to others and assume someone else has it worse, so we convince ourselves that we do not really need help. That mindset keeps people from reaching out and getting support when they actually need it. I believe our community would be healthier if people felt they could speak honestly about their mental health without feeling judged or guilty for having their own challenges. — Community Leader

Teens/Young Adults

> From what I am seeing this is affecting teenage kids. They do not feel like there is a long-term solution, or they can't see that far out in their future. — Community Leader

> As I work with teens quite a lot with our theatre organization, I see a number of students that struggle with anxiety and some depression. Anxiety seems to be more prevalent with teens, even the ones who've grown their confidence with theatre arts. — Community Leader

> Youth reporting low levels of mental health and high suicide rates. — Public Health Representative

> Adolescent mental health is dire straits. We have one of the highest teen suicide rates in the country and our school communities are regularly left reeling from the loss of current students and recent graduates. Adult mental health is not great either - and when we consider the number of adults modeling behavior for our kids as parent's, teacher's, coaches, and employers it's hard to imagine the next gen learning better habits without specific and targeted interventions and intentional messaging. — Community Leader

> Youth mental health issues, teen suicide risk and substance abuse. — Community Leader

Follow-Up/Support

> Patients when they are in their highest struggle of mental health, do not have support to find available therapists and get those appointments made for them by someone. When you are in crisis, in my opinion, if you don't have a family member doing the work for you and holding you accountable, it's really difficult to be successful. I feel Bozeman Health or someone in the community needs to have a heavier case management-type presence. — Health Care Provider

> Accessing support. — Community Leader

> Access to primary care for follow up, and to mental health professionals when needed. Specifically, counselors/social workers are very difficult to find depending on insurance and patient's ability to find transportation to/from appointments. There are very few resources for patient with gaps in social determinants of health, when identified. — Physician

> Having a strong support system is very important, especially to people with mental health issues. Sometimes the people that need this support system the most don't have a support system at all - they don't have family or friends that can help them. As a community we need to better address this. This is especially important for children, teens, and young adults. — Public Health Representative

Lack of Providers

> Lack of providers and services in the area to provide early on care that would lead to fewer mental health emergencies. Significant lack of services for emergency mental health emergencies. — Community Leader

> Shortage of providers and LEP folks receiving resources. — Community Leader

> Lack of qualified providers. Some people with mental health issues are being convinced that their views are normal, and they are not, then they are not dealt with. — Community Leader

> There are not enough clinicians that see children under the age of 18 and even worse for kids under the age of 12. — Health Care Provider

Diagnosis/Treatment

> So many folks with undiagnosed issues. Lack of assistance that is affordable. Lack of Christian based counseling for many. — Community Leader

> 1. A lack of widespread implementation of integrated behavioral health in primary care. IBH is a gold standard for primary care practices and has been shown to be an effective way to achieve widespread screening, early identification, and effective intervention in mental health and SUD conditions. 2. The opportunity for more robust and regular data sharing between and among Bozeman Health, HRDC Tiny Home Village, and the regional PACT and Mobile Crisis teams to facilitate coordination and more effective use of resources for patients with more advanced illness. — Community Leader
>
> Early diagnosis and prevention and then care after a diagnosis. Lack of living assistance for patients with dementia. — Health Care Provider

Suicide Rate

> Mental health services for adolescents and children. Being one of the states with the highest suicide risks we need to educate the community further and provide more resources including neuro psych inpatient care. — Community Leader
>
> Suicide rates are a huge health issue in Montana. This includes our community. — Public Health Representative

Cultural/Personal Beliefs

> Work hard play hard perspective, stigma and access to services. — Community Leader
>
> First, Montana's culture. This State grew up on the concept of independence and not complaining. Second, and likely related to above, MT has very few quality mental health treatment programs. For sure, inpatient drug and alcohol facilities. Third, mental health at the hospital level loses money. So, incentives reduced for building and operating generally. — Community Leader

Government/Policy

> State funding cuts have caused local providers to try to rebuild the social safety net. We have made a lot of progress in the past few years, but there are still many gaps to fill - especially when you consider that Bozeman has to carry the weight of most of the specialty services that cannot be sustainably delivered in more rural parts of the region. I'm so appreciative that Yellowstone Boys and Girls Ranch was willing to come to our county to support youth mental health services, I am very hopeful for what is possible once the entire Lighthouse Ranch partnership is built out so that we can continue to grow youth services from there. Our youth suicide epidemic is probably the most concerning issue from my perspective, but broader SUD issues and limited services along with general population-wide mental wellness is also top of mind. — Community Leader

Socially Acceptable

> Social acceptance of having a mental health diagnosis as well as protected time to see providers for care. Montana as a state is second in nation for suicide. Comorbid with this issue is alcohol use and access to firearms. — Physician

Insufficient Physical Activity

> Outdoor winter activities during the dark afternoons and evenings to support mental health and community. — Community Leader

Isolation

> Social isolation, life transition, anxiety, depression and stress related to relationships/families and housing. Crisis services are also not regularly available in Big Sky. — Social Services Provider

Disease Management

> People getting and maintain mental health care. — Community Leader

Housing

> Housing that would keep them in a stable environment and help them get back on track again. — Community Leader

Income/Poverty

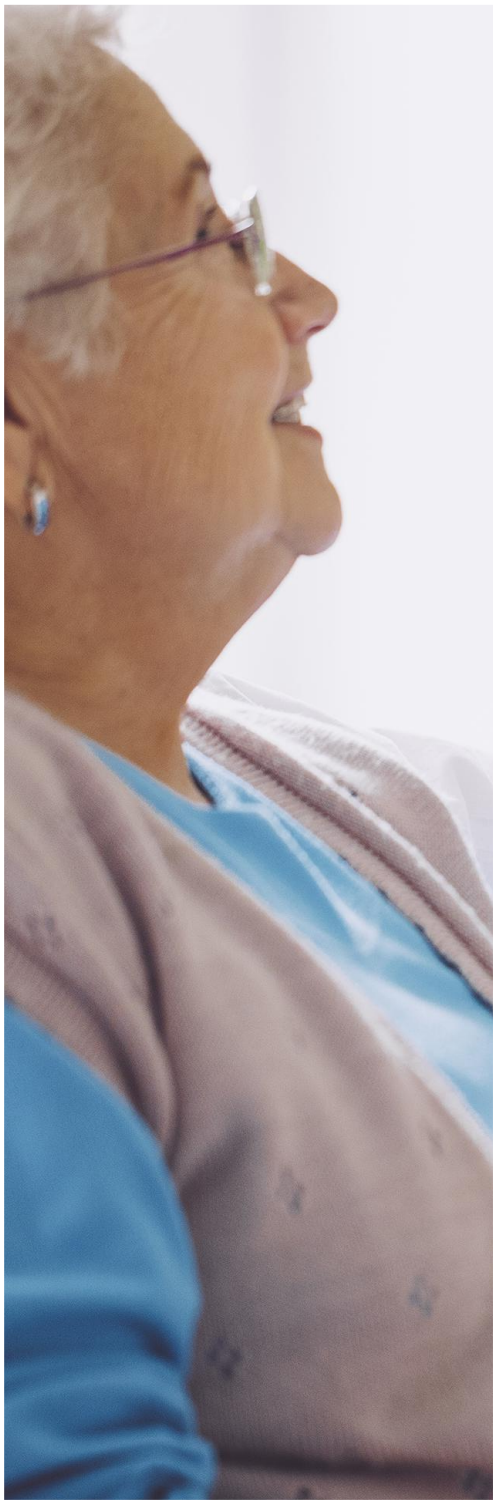
> Finances, accessibility, and professionals. — Community Leader

Prevention/Screenings

> Lack of preventative health solutions. Isolation due to lack of gathering spaces within walking distance. — Community Leader

Funding

> The safety net services for vulnerable folks are all broken and underfunded. Bozeman Health has done major work in this area over the last 5 years. Thank you and keep after it. — Community Leader





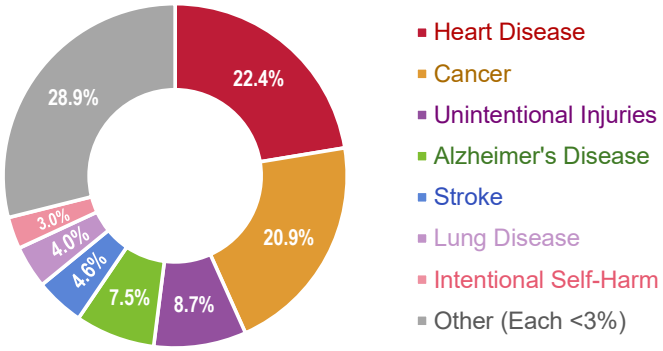


DEATH, DISEASE & CHRONIC CONDITIONS

LEADING CAUSES OF DEATH

Together, heart disease and cancers accounted for more than 40% of all 2022-2024 deaths in Gallatin County.

Leading
Causes of Death
(Gallatin County, 2022-2024)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2026.

Notes:
- Lung disease includes deaths classified as chronic lower respiratory disease.

CARDIOVASCULAR DISEASE

ABOUT HEART DISEASE & STROKE

Heart disease and stroke can result in poor quality of life, disability, and death. Though both diseases are common, they can often be prevented by controlling risk factors like high blood pressure and high cholesterol through treatment.

In addition, making sure people who experience a cardiovascular emergency — like stroke, heart attack, or cardiac arrest — get timely recommended treatment can reduce their risk for long-term disability and death. Teaching people to recognize symptoms is key to helping more people get the treatment they need.

– Healthy People 2030

Heart Disease & Stroke Deaths

The greatest share of cardiovascular deaths is attributed to heart disease.

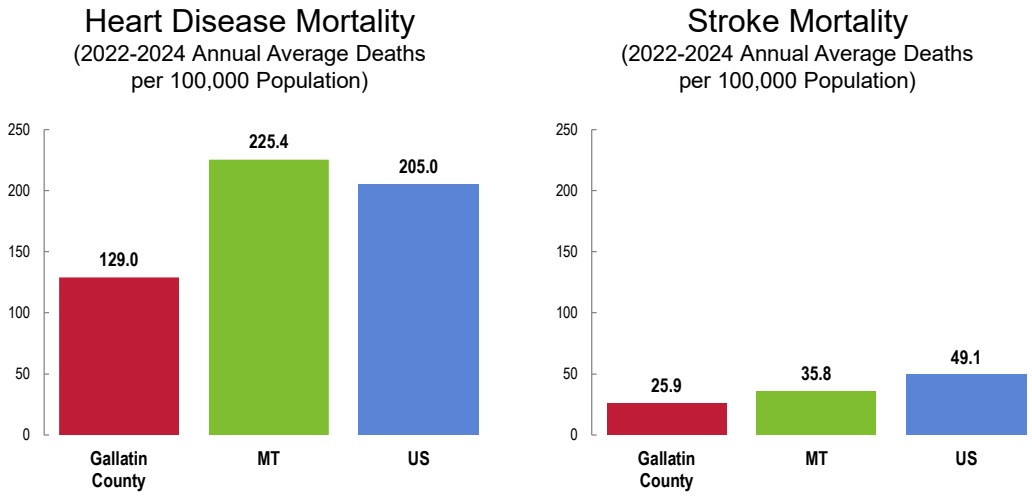
Between 2022-2024, Gallatin County reported an annual average heart disease mortality rate of 129.0 deaths per 100,000 population.

BENCHMARK ► Significantly lower than state and US rates.

There was an annual average stroke (cerebrovascular disease) mortality rate of 25.9 deaths per 100,000 population in Gallatin County (2022-2024 reporting period).

BENCHMARK ► Lower than state and (especially) US rates.

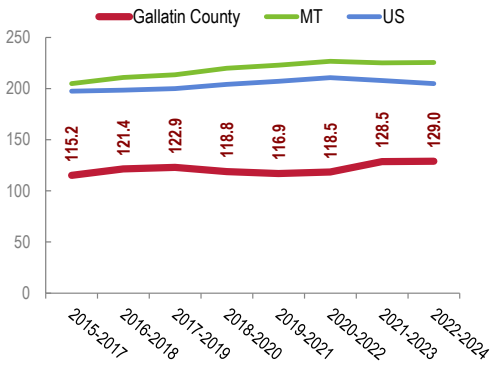
TREND ► Below the baseline 2015-2017 reporting period.



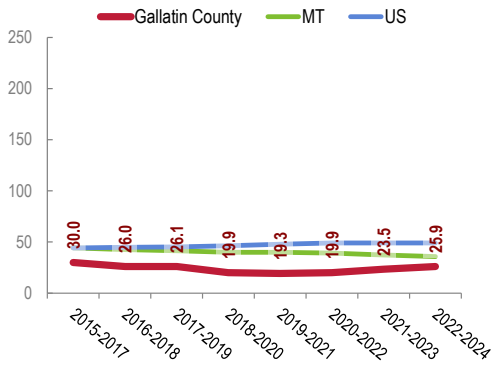
Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2026.

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

Heart Disease Mortality Trends
(Annual Average Deaths per 100,000 Population)



Stroke Mortality Trends
(Annual Average Deaths per 100,000 Population)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2026.

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

Prevalence of Heart Disease & Stroke

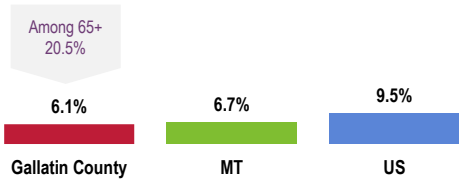
A total of 6.1% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as heart attack or myocardial infarction, angina, or coronary heart disease.

BENCHMARK ► Lower than the national percentage.

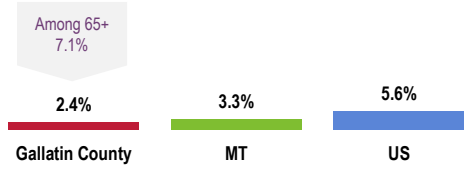
A total of 2.4% of surveyed adults report that they suffer from or have been diagnosed with a stroke.

BENCHMARK ► Lower than the national percentage.

Prevalence of Heart Disease



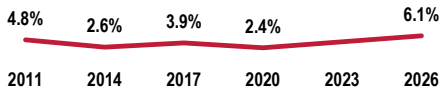
Prevalence of Stroke



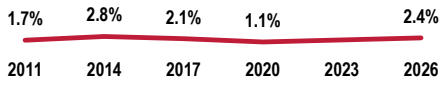
Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Items 21-22]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2024 Montana data.
- 2026 PRC National Health Survey, PRC, Inc.

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

Prevalence of Heart Disease
(Gallatin County)



Prevalence of Stroke
(Gallatin County)



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Items 21-22]
Notes: ● Asked of all respondents.
● Heart disease includes diagnoses of heart attack, angina, or coronary heart disease.

Cardiovascular Risk Factors

Blood Pressure & Cholesterol

A total of 29.2% of Gallatin County adults have been told by a health professional at some point that their blood pressure was high.

BENCHMARK ► Lower than the statewide and national percentages. Satisfies the Healthy People 2030 objective.

TREND ► A statistically significant increase since 2011.

DISPARITY ► Big Sky and Other Gallatin residents reported higher instances of high blood pressure (not shown).

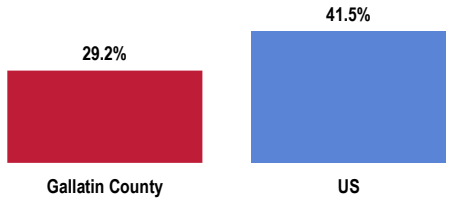
A total of 25.4% of adults have been told by a health professional that their cholesterol level was high.

BENCHMARK ► Lower than the national percentage.

DISPARITY ► Residents of Bozeman reported lower instances of high cholesterol (not shown).

Prevalence of High Blood Pressure

Healthy People 2030 = 41.9% or Lower



Prevalence of High Blood Cholesterol

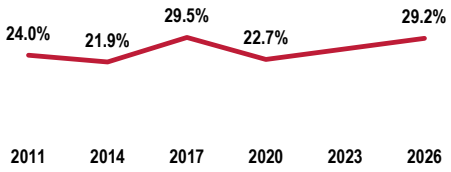


Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Items 29-30]
- 2026 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030.

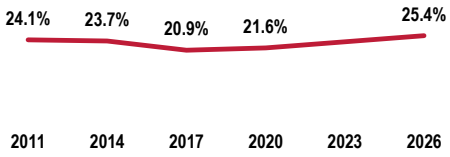
Notes:
- Asked of all respondents.

Prevalence of High Blood Pressure (Gallatin County)

Healthy People 2030 = 41.9% or Lower



Prevalence of High Blood Cholesterol (Gallatin County)



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Items 29-30]
- US Department of Health and Human Services. Healthy People 2030.

Notes:
- Asked of all respondents.

Total Cardiovascular Risk

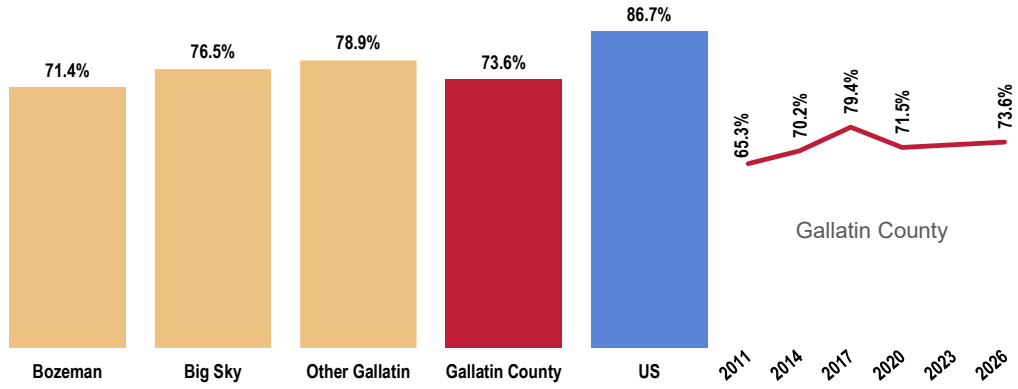
RELATED ISSUE
See also *Nutrition, Physical Activity & Weight* and *Tobacco Use* in the **Modifiable Health Risks** section of this report.

A total of 73.6% of Gallatin County adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

BENCHMARK ► Lower than the national percentage.

TREND ► An increase over baseline 2011 findings (although below the high reported in 2017).

Present One or More Cardiovascular Risks or Behaviors

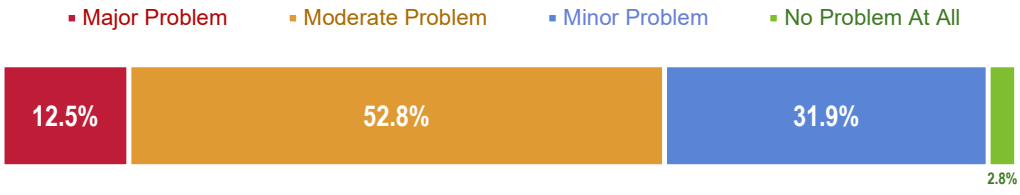


Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 100]
● 2026 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.

Key Informant Input: Heart Disease & Stroke

The greatest share of key informants taking part in an online survey characterized *Heart Disease & Stroke* as a "moderate problem" in the community.

Perceptions of Heart Disease & Stroke as a Problem in the Community
(Key Informants; Gallatin County, 2026)



Sources: ● 2026 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

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

Access to Care/Services

> Last year, my wife suffered a stroke at our home in Three Forks. After calling 911, we waited 20 minutes before being informed that the local ambulance was unavailable, and one was being dispatched from Bozeman. It took nearly an hour for an ambulance to arrive. The lack of communication from dispatch and the resulting delay could have caused my wife permanent damage; in hindsight, I should have driven her myself. Fortunately, the care we received upon arrival at Bozeman Health was exceptional. The stroke team was ready, utilizing Telestroke to consult with specialists, and the necessary pharmacists and physicians were prepared before we even arrived. Thanks to their efforts, my wife has regained 99% of her mobility. However, this experience highlights a critical gap in service. For residents of Three Forks area, access to emergency care is dangerously limited, I believe there is a significant need for an emergency clinic closer to the Three Forks area to better serve our community. — Community Leader
>
> We only have access to a basic level of care in our community. For more serious issues, we need to go to Billing, Missoula, or further away for interventions. — Social Services Provider
>
> I believe the doctors in ER are great—however, major heart issues must be flown out of town for treatment/surgery. Also, Bozeman Health does not have enough cardiologists and has had difficulty in retaining them. Very poor follow up after returning to Bozeman Health from having heart surgery in Billings. — Community Leader
>
> Very hard for people to get into a heart doctor. — Community Leader
>
> Bozeman Health cardiologists are not accessible, and they seem put out if asked to help. — Health Care Provider

Incidence/Prevalence

> They are the first and fifth leading causes of death in the state. — Community Leader
>
> Heart disease and stroke are major concerns in our community because they remain among the leading causes of death and disability. Many of the risk factors that contribute to these conditions such as high blood pressure, high cholesterol, tobacco use, physical inactivity, diabetes, and obesity are prevalent in our population. These risk factors often develop gradually and may go unmanaged when individuals lack access to preventive care, screenings, and education. — Public Health Representative
>
> Cardiovascular disease is listed in the CHA as an opportunity for improvement. It is a common health condition in America that can be better addressed with diet and lifestyle choices. — Public Health Representative
>
> High Prevalence of Risk Factors – Many people have risk factors such as high blood pressure, high cholesterol, obesity, diabetes, and smoking, which significantly increase the likelihood of heart disease and stroke. Lifestyle Factors – Sedentary lifestyles, poor diet, and stress contribute heavily. Fast food, low physical activity, and chronic stress are common in many communities. Aging Population – As people live longer, the risk of cardiovascular diseases naturally increases, leading to more cases over time. Healthcare Access & Awareness Gaps – Some communities face barriers to regular check-ups, preventive care, and education about symptoms or early warning signs. Health Disparities – Socioeconomic factors, racial and ethnic disparities, and geographic differences mean some populations are disproportionately affected. Preventable but Often Ignored – Many heart attacks and strokes could be prevented through lifestyle changes or medical management, but awareness and adherence. — Health Care Provider

Lifestyle

> I don't know that this is specific to our community - lifestyle diseases like these are a huge problem throughout the country. We're not immune. The cost of living here has priced a lot of people out of being able to afford primary care and these are the downstream consequences that result. — Physician

Aging Population

> Cardiac health issues continue to rise in prevalence and acuity as the population ages. Appointment wait times, while improving with more providers being brought in, are still a concern. — Health Care Provider

Diagnosis/Treatment

> Personal experience and my lack of belief in the quality of care. I do not like the new structure. — Community Leader

Follow-Up/Support

> No support services in West Yellowstone and zero education materials. — Social Services Provider

Geographic Isolation

> Geographic isolation slows emergency response. — Social Services Provider

CANCER

ABOUT CANCER

The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social drivers of health, including education, economic status, and access to health care.

Interventions to promote evidence-based cancer screenings — such as screenings for lung, breast, cervical, and colorectal cancer — can help reduce cancer deaths. Other effective prevention strategies include programs that increase HPV vaccine use, prevent tobacco use and promote quitting, and promote healthy eating and physical activity. In addition, effective targeted therapies and personalized treatment are key to helping people with cancer live longer.

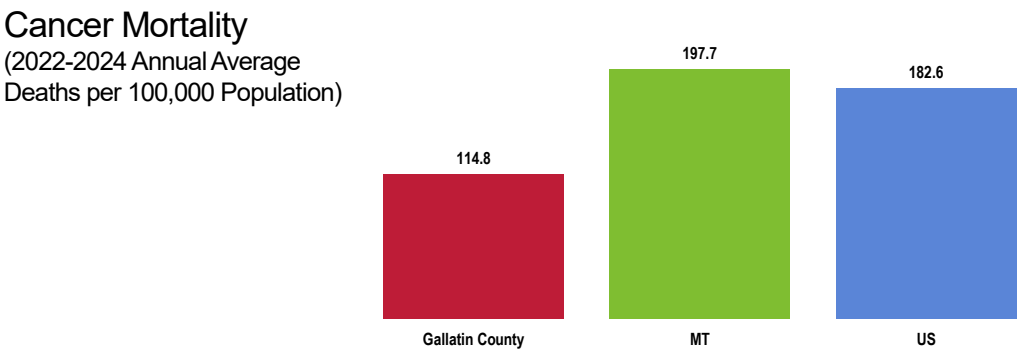
– Healthy People 2030

Cancer Deaths

All Cancer Deaths

Between 2022-2024, there was an annual average cancer mortality rate of 114.8 deaths per 100,000 population in Gallatin County.

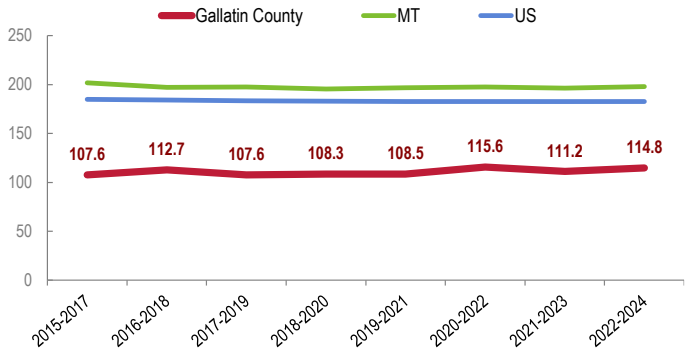
BENCHMARK ▶ Lower than Montana and US rates.



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2026.

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

Cancer Mortality Trends
(Annual Average Deaths per 100,000 Population)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2026.

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

Cancer Deaths by Site

Female breast cancer is the leading cause of cancer deaths in Gallatin County.

Other leading sites include prostate cancer (men), lung cancer, and colorectal cancer.

BENCHMARK

Female Breast Cancer ► Lower than state and national rates.

Prostate Cancer ► Lower than the statewide rate.

Lung Cancer ►Substantially lower than state and national rates.

Colorectal Cancer ► Lower than state and national rates.

Cancer Death Rates by Site
(2022-2024 Annual Average Deaths per 100,000 Population)

	Gallatin County	MT	US
ALL CANCERS	**114.8**	197.7	182.6
Female Breast Cancer	**19.4**	25.5	25.1
Prostate Cancer	**19.2**	28.7	20.4
Lung Cancer	**14.8**	37.2	38.9
Colorectal Cancer	**11.6**	17.3	16.4

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2026.

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

Cancer Incidence

"Incidence rate" or "case rate" is the number of newly diagnosed cases in a given population in a given year, regardless of outcome. It is usually expressed as cases per 100,000 population per year.

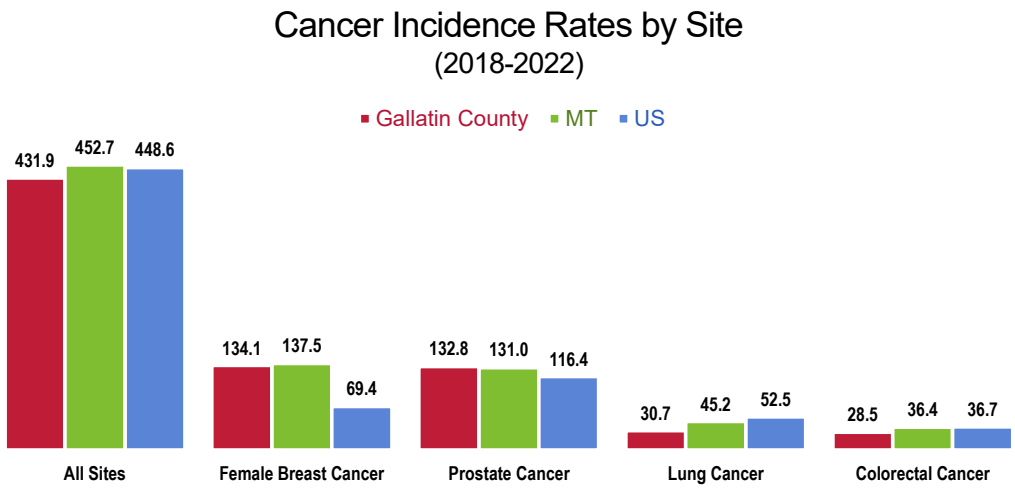
The highest cancer incidence rates are for female breast cancer and prostate cancer.

BENCHMARK

Female Breast Cancer ▶ Higher than the national rate.

Lung Cancer ▶ Lower than state and national rates.

Colorectal Cancer ▶ Lower than state and national rates.



Sources:
- State Cancer Profiles.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2026 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the incidence rate (cases per 100,000 population per year) for select cancers.

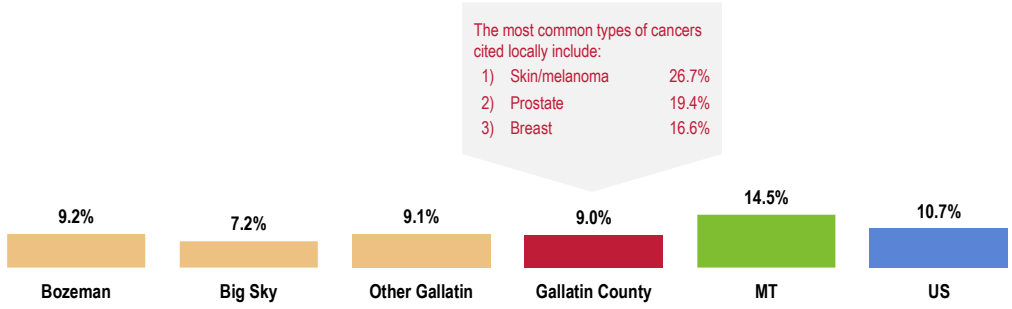
Prevalence of Cancer

A total of 9.0% of surveyed Gallatin County adults report having ever been diagnosed with cancer.

BENCHMARK ► Lower than the statewide percentage.

DISPARITY ► A strong correlation with age. LGBTQ+ residents reported a lower prevalence of cancer than their heterosexual counterparts.

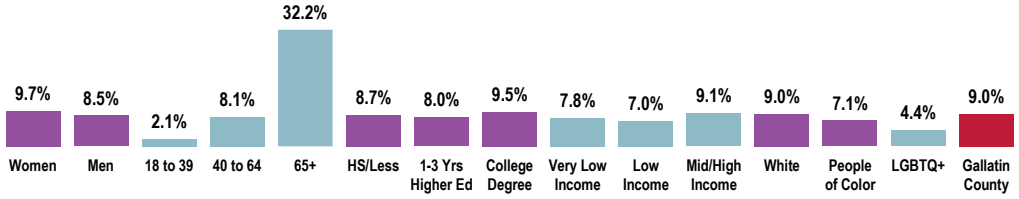
Prevalence of Cancer



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Items 23-24]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2024 Montana data.
- 2026 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Prevalence of Cancer
(Gallatin County, 2026)



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 23]

Notes:
- Asked of all respondents.

Cancer Screenings

Cancer screening levels in the community were measured in the PRC Community Health Survey relative to the following cancer sites:

FEMALE BREAST CANCER

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women age 40 to 74 years (Grade B recommendation). The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening mammography in women 75 years or older.

CERVICAL CANCER

The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women age 21 to 29 years (Grade A recommendation). The USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with hrHPV testing alone, or every 5 years with hrHPV testing in combination with cytology (co-testing) in women age 40 to 65 years (Grade A recommendation). The USPSTF recommends against screening for cervical cancer in women younger than 21 years (Grade D recommendation). The USPSTF recommends against screening for cervical cancer in women older than 65 years who have had adequate prior screening and are not otherwise at high risk for cervical cancer (Grade D recommendation). The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion or cervical cancer (Grade D recommendation).

COLORECTAL CANCER

The USPSTF recommends screening for colorectal cancer in all adults age 50 to 75 years (Grade A recommendation). The USPSTF recommends screening for colorectal cancer in adults age 45 to 49 years (Grade B recommendation). The USPSTF recommends that clinicians selectively offer screening for colorectal cancer in adults age 76 to 85 years. Evidence indicates that the net benefit of screening all persons in this age group is small. In determining whether this service is appropriate in individual cases, patients and clinicians should consider the patient's overall health, prior screening history, and preferences (Grade C recommendation).

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

Among Gallatin County women age 40 to 74, 74.2% have had a mammogram within the past 2 years.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

Among Gallatin County women age 21 to 65, 71.5% have had appropriate cervical cancer screening.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

TREND ► A decrease from 2011 findings.

"Appropriate colorectal cancer screening" reflects individuals receiving any of the following:

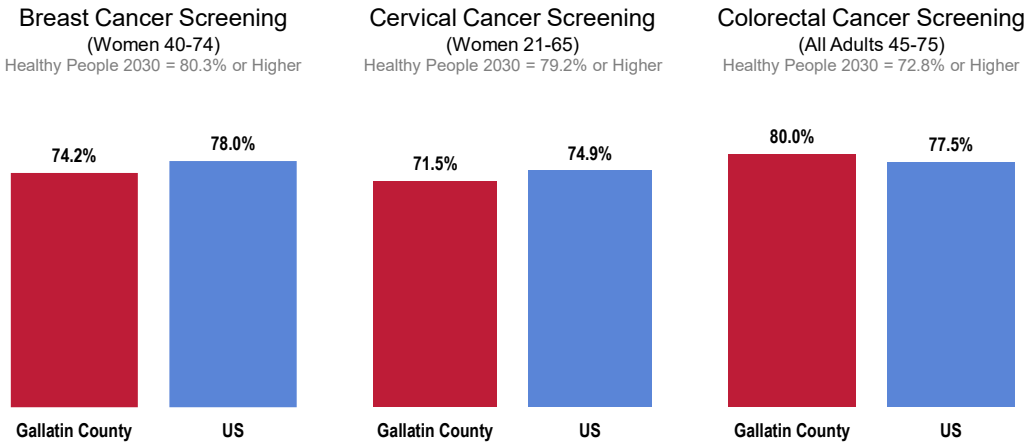
- Colonoscopy/ sigmoidoscopy in the past 10 years;
- CT colonography/ virtual colonoscopy in the past 5 years;
- FIT DNA in the past 3 years; or
- Fecal occult blood testing/FIT (non-DNA) in the past year.

Among all county adults age 45 to 75, 80.0% have had appropriate colorectal cancer screening.

BENCHMARK ► Satisfies the Healthy People 2030 objective.

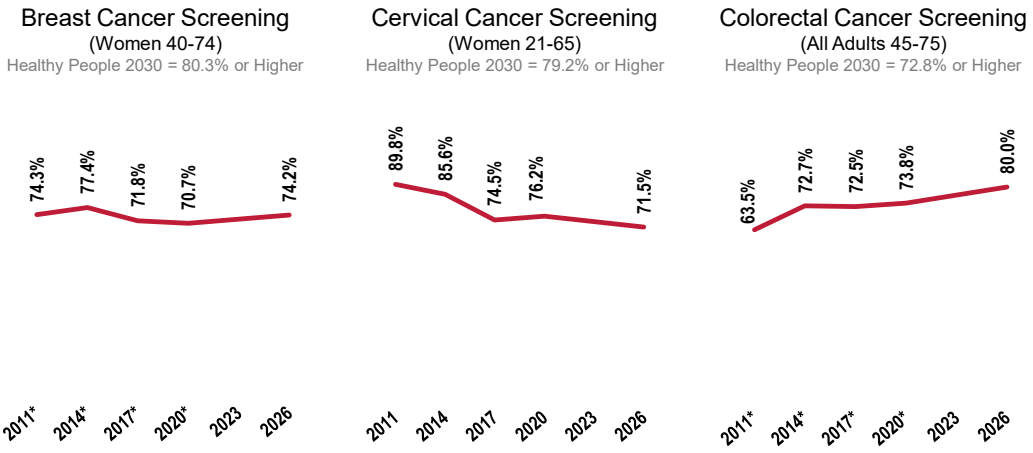
TREND ► A significant increase from the baseline.

DISPARITY ► Screenings for colorectal cancer were **less** often reported among county residents outside of Bozeman and Big Sky (not shown).



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Items 101-103]
- 2026 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030.

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

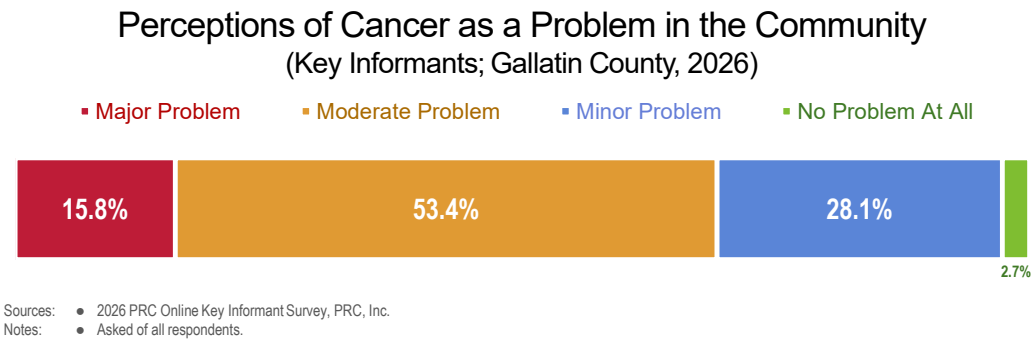


Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Items 101-103]
- US Department of Health and Human Services. Healthy People 2030.

Notes:
- Each indicator is shown among the gender and/or age group specified.
- *Note that trend data for breast cancer screening reflect the age group (50 to 74) of the previous recommendation.
- *Note that trend data for colorectal cancer screening reflect the age group (50 to 75) of the previous recommendation.

Key Informant Input: Cancer

The greatest share of key informants taking part in an online survey characterized *Cancer* as a "moderate problem" in the community.



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

Incidence/Prevalence

> I just generally feel like cancer is a major problem. I did lose a loved one to cancer a few years ago and know that they had to travel out of town on multiple occasions to receive certain treatments. — Social Services Provider
>
> Cancer affects so many people in our community, both cancer patients and caregivers. I think we should utilize the psychosocial support services of Cancer Support Community better to improve survivorship care. — Community Leader
>
> Cancer is affecting both young and older populations. — Community Leader
>
> I believe cancer is becoming an increasingly significant concern in every community. As its impact grows, it seems more challenging to access reliable information and advanced care for certain types of cancers and related issues within our community and surrounding areas. — Health Care Provider
>
> People are getting diagnosed more often and at ages younger than ever. — Community Leader
>
> It seems like cancer diagnoses are getting younger and younger affecting a larger population of people. I do believe access to cancer care in our community is good and accessible. — Community Leader
>
> About a quarter of our church community is dealing with cancer, either themselves, a loved one, or someone they care about. — Community Leader
>
> This could be a product of the fact that I work closely with the Cancer Support Community, but there sure seems like lots of folks in Bozeman that struggle with cancer. — Community Leader
>
> Cancer cases seem to be on the rise including with younger individuals. Access to timely and affordable cancer screening events is critical for early detection. Upon receiving a cancer diagnosis having a care coordinator is important to help navigate through all of the appointments and needs for that patient and family. I have heard stories of how patients seem to feel lost and need more assistance to navigate their new healthcare journey. — Health Care Provider
>
> I think we've seen a rise in cases and do not have a good bench of oncologists in terms of number, variety of specializations, and quality of care provided. — Social Services Provider
>
> It seems like cancer is on the rise lately and it has affected my family. — Community Leader
>
> I don't know the actual numbers, but it seems like we have a high rate of cancer for our community. It might just seem like that since we generally know most people in town. — Community Leader

Access to Care/Services

> Cancer treatment is nonexistent in our community. Most people that require chemo have to travel for care or end up moving to be closer to healthcare facilities. — Social Services Provider
>
> Comprehensive cancer care is difficult, especially for pediatric patients. Many people go out of state for care and then continuity is complex and not well done. — Community Leader
>
> Factors limiting access to health care impact early detection of cancer and mitigation of lifestyle factors that increase cancer rates. — Social Services Provider

Prevention/Screenings

> Access to preventative cancer services is limited in Big Sky. Additionally, radon levels in Big Sky and Gallatin County are significantly elevated, as nearly 40% of home testing has results that are at or above the EPA action level of 4.0. — Community Leader
>
> It seems as though a lot of the cancer diagnosis I am coming across are in a younger population and I believe that many of them are fairly reasonably prevented if diagnosed through annual preventive exams, mammograms, colonoscopies, etc. — Community Leader

Aging Population

> The 65 and older population is growing at the fastest rate in Gallatin County. Our Cancer Center is very full. — Health Care Provider

Fear

> Fear and worry about getting cancer. Overwhelming cost for treatment. Fear of death. — Community Leader

RESPIRATORY DISEASE

ABOUT RESPIRATORY DISEASE

Respiratory diseases affect millions of people in the United States. …More than 25 million people in the United States have asthma. Strategies to reduce environmental triggers and make sure people get the right medications can help prevent hospital visits for asthma. In addition, more than 16 million people in the United States have COPD (chronic obstructive pulmonary disease), which is a major cause of death. Strategies to prevent the disease — like reducing air pollution and helping people quit smoking — are key to reducing deaths from COPD.

– Healthy People 2030

Respiratory Disease Deaths

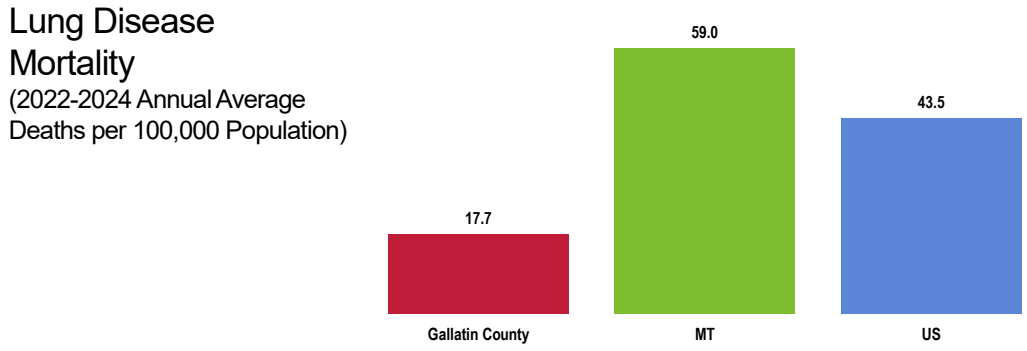
Lung Disease Deaths

Note: Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.

Between 2022-2024, the Gallatin County reported an annual average lung disease mortality rate of 17.7 deaths per 100,000 population.

BENCHMARK ► Lower than Montana and US rates.

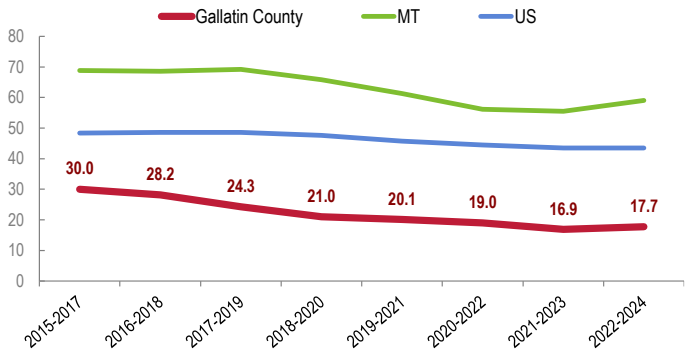
TREND ► Lower than the 2015-2017 reporting period.



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2026.

Notes:
- Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Lung Disease Mortality Trends
(Annual Average Deaths per 100,000 Population)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2026.

Notes:
- Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

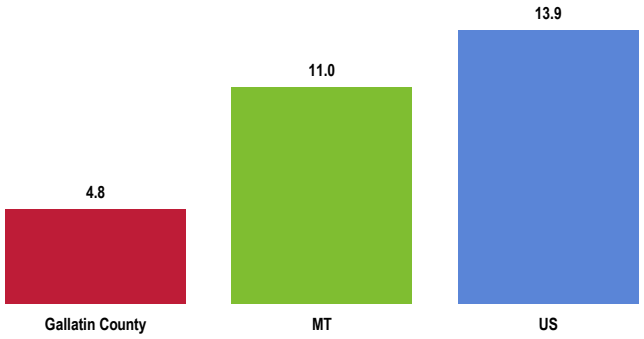
Pneumonia/Influenza Deaths

Between 2022-2024, Gallatin County reported an annual average pneumonia/influenza mortality rate of 4.8 deaths per 100,000 population.

BENCHMARK ► Lower than Montana and US rates.

TREND ► Lower than the 2015-2017 reporting period.

Pneumonia/Influenza Mortality
(2022-2024 Annual Average Deaths per 100,000 Population)

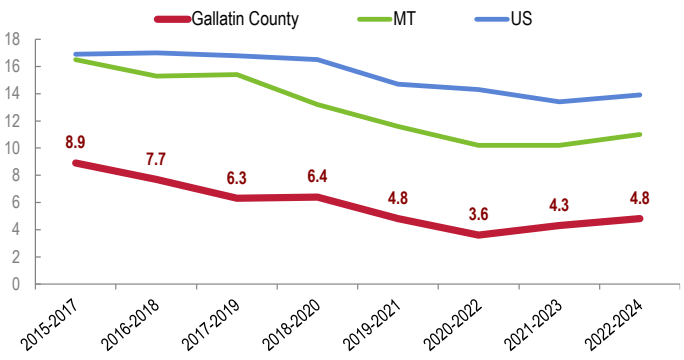


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2026.

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

Pneumonia/Influenza Mortality Trends

(Annual Average Deaths per 100,000 Population)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2026.

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

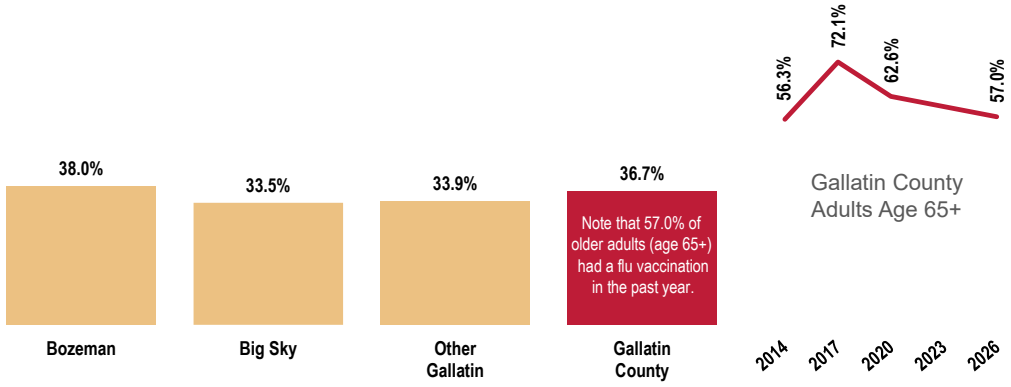
Flu Vaccinations

A total of 36.7% of Gallatin County adults have received a flu vaccination in the past 12 months (including 57.0% among those age 65 and older).

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective for those age 65+.

Received a Flu Vaccine in the Past Year

Healthy People 2030 = 70.0% or Higher for Age 65+



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Items 311, 325]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2024 Montana data.
- US Department of Health and Human Services. Healthy People 2030.
- 2026 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Prevalence of Respiratory Disease

Asthma

Adults

A total of 12.7% of Gallatin County adults have asthma.

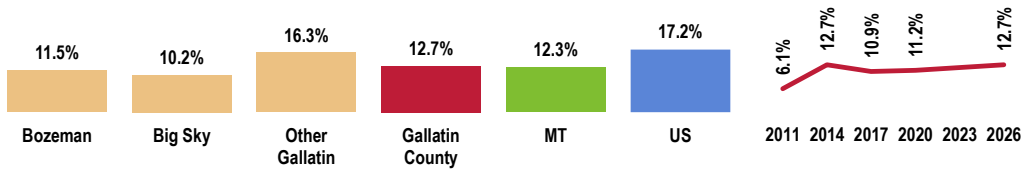
BENCHMARK ► Lower than the national percentage.

TREND ► Double the 2011 findings.

DISPARITY ► The prevalence of asthma is higher among adults age 40-64, lower-income residents, and LGBTQ+ respondents.

Prevalence of Asthma

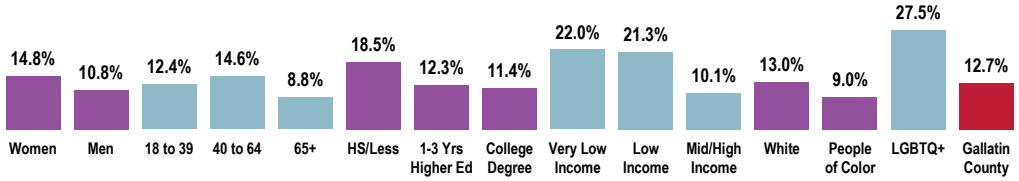
Gallatin County



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 25]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2024 Montana data.
- 2026 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Prevalence of Asthma
(Gallatin County, 2026)



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 25]

Notes:
- Asked of all respondents.

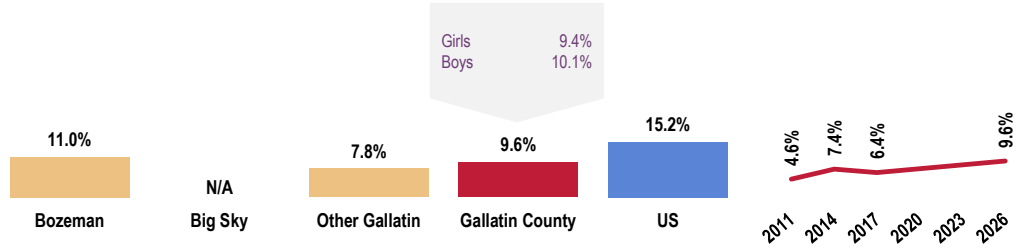
Children

Among Gallatin County children under age 18, 9.6% have been diagnosed with asthma.

TREND ► A significant increase from 2011 findings.

Prevalence of Asthma in Children
(Children 0-17)

Gallatin County



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 93]
- 2026 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents with children age 0 to 17 in the household.
- The sample size for Big Sky was too small to be interpreted with confidence.

Chronic Obstructive Pulmonary Disease (COPD)

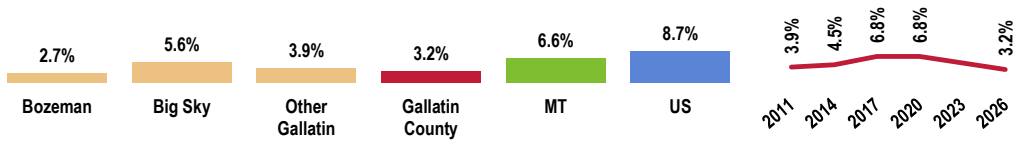
Note: COPD includes lung diseases such as emphysema and chronic bronchitis.

A total of 3.2% of Gallatin County adults suffer from chronic obstructive pulmonary disease (COPD).

BENCHMARK ► Lower than state and national percentages.

Prevalence of
Chronic Obstructive Pulmonary Disease (COPD)

Gallatin County

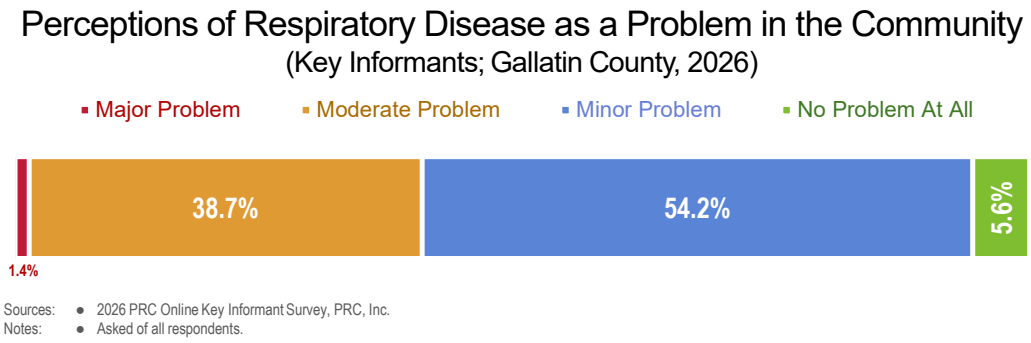


Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 20]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2024 Montana data.
- 2026 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes conditions such as chronic bronchitis and emphysema.

Key Informant Input: Respiratory Disease

The greatest share of key informants taking part in an online survey characterized *Respiratory Disease* as a "minor problem" in the community.



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

Climate-Related Health Impacts

> Climate-impact related health impacts from fires/smoke/heat (and lack of a/c) in the summer for seniors and those with compromised health. For example - people residing in our Gallatin County nursing home where the facility has no air conditioning, and the windows had to be open to keep it cool enough - on smokey air days. It is heartbreaking to see that! But for many who do not have a/c or ability to afford air filters.
> — Social Services Provider

Follow-Up/Support

> Lack of support and services. — Social Services Provider

Tobacco Use

> Tobacco and vaping usage. — Community Leader

INJURY & VIOLENCE

ABOUT INJURY & VIOLENCE

INJURY ► In the United States, unintentional injuries are the leading cause of death in children, adolescents, and adults younger than 45 years. …Many unintentional injuries are caused by motor vehicle crashes and falls, and many intentional injuries involve gun violence and physical assaults. Interventions to prevent different types of injuries are key to keeping people safe in their homes, workplaces, and communities.

Drug overdoses are now the leading cause of injury deaths in the United States, and most overdoses involve opioids. Interventions to change health care providers' prescribing behaviors, distribute naloxone to reverse overdoses, and provide medications for addiction treatment for people with opioid use disorder can help reduce overdose deaths involving opioids.

VIOLENCE ► Almost 20,000 people die from homicide every year in the United States, and many more people are injured by violence. …Many people in the United States experience physical assaults, sexual violence, and gun-related injuries. Adolescents are especially at risk for experiencing violence. Interventions to reduce violence are needed to keep people safe in their homes, schools, workplaces, and communities.

Children who experience violence are at risk for long-term physical, behavioral, and mental health problems. Strategies to protect children from violence can help improve their health and well-being later in life.

– Healthy People 2030

Unintentional Injury

Unintentional Injury Deaths

Between 2022-2024, there was an annual average unintentional injury mortality rate of 42.2 deaths per 100,000 population in Gallatin County.

BENCHMARK ► Lower than state and national rates.

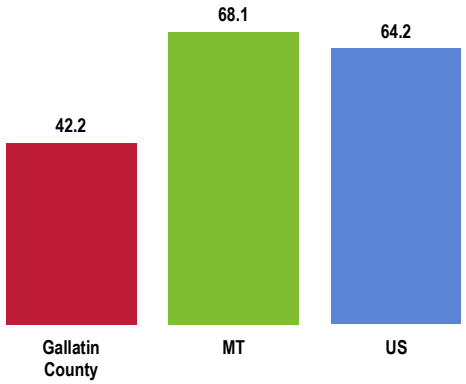
TREND ► Higher than the 2015-2017 reporting period.

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

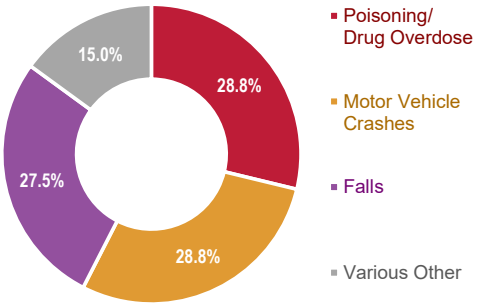
Poisoning (including unintentional drug overdose), motor vehicle crashes, and falls accounted for most unintentional injury deaths in Gallatin County between 2022-2024.

- Note that the **motor vehicle crash mortality rate** in Gallatin County is lower than found statewide (not shown).

Unintentional Injury Mortality
(2022-2024 Annual Average Deaths per 100,000 Population)



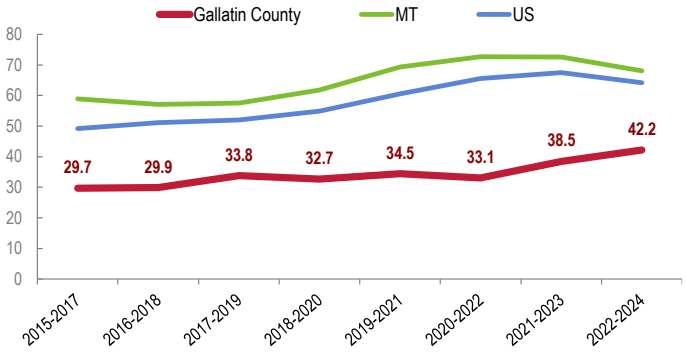
Leading Causes of Unintentional Injury Deaths
(Gallatin County, 2022-2024)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2026.

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

Unintentional Injury Mortality Trends
(Annual Average Deaths per 100,000 Population)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2026.

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

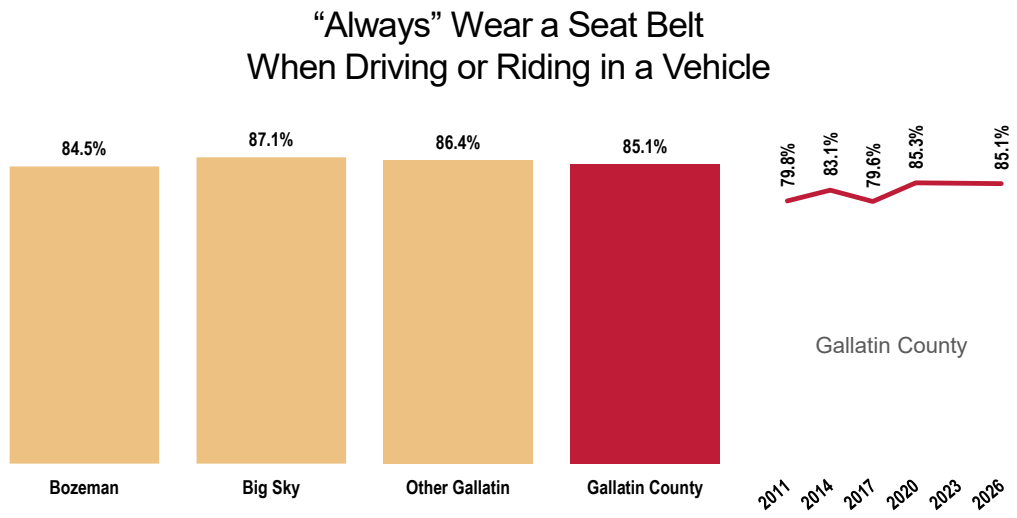
Motor Vehicle Safety

Seat Belt Usage

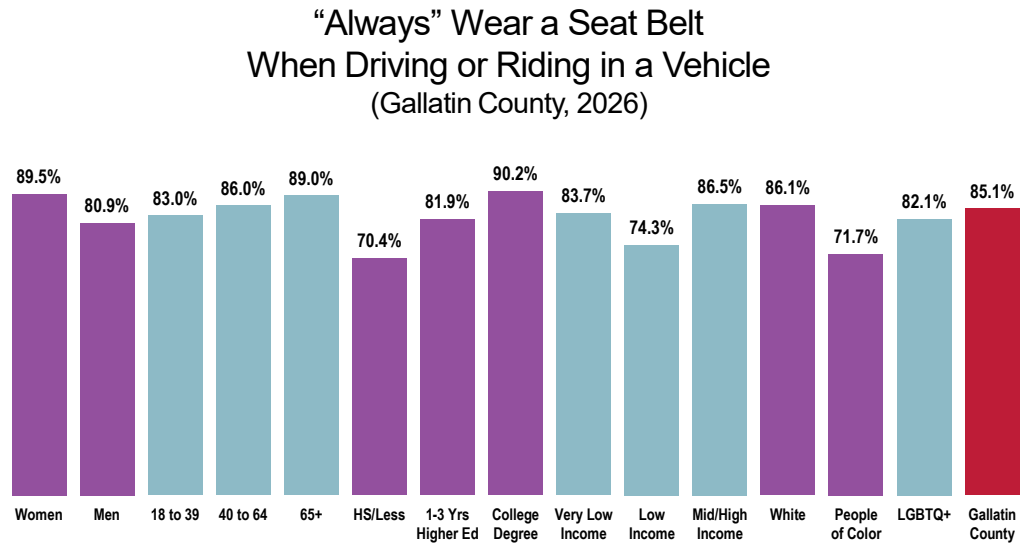
Most survey respondents (85.1%) report "always" wearing a seat belt when driving or riding in a vehicle.

TREND ► An increase from baseline 2011 findings.

DISPARITY ► Seat belt usage is lower among men, adults under age 40, respondents without higher education, and People of Color.



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 307]
Notes: ● Asked of all respondents.



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 307]
Notes: ● Asked of all respondents.

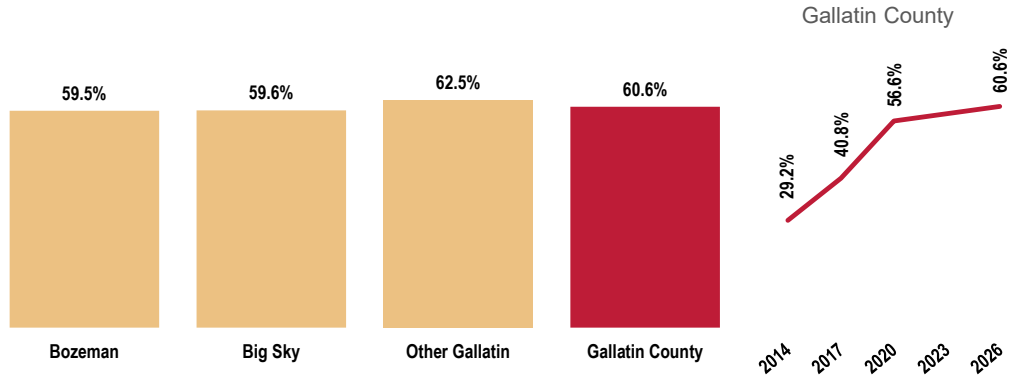
Distracted Driving

Over half (60.6%) of Gallatin County adults report that in the past month, they read or sent a text message or email while driving (and the car was in motion); this includes 47.2% who did so three or more times.

TREND ► Double the baseline 2014 findings.

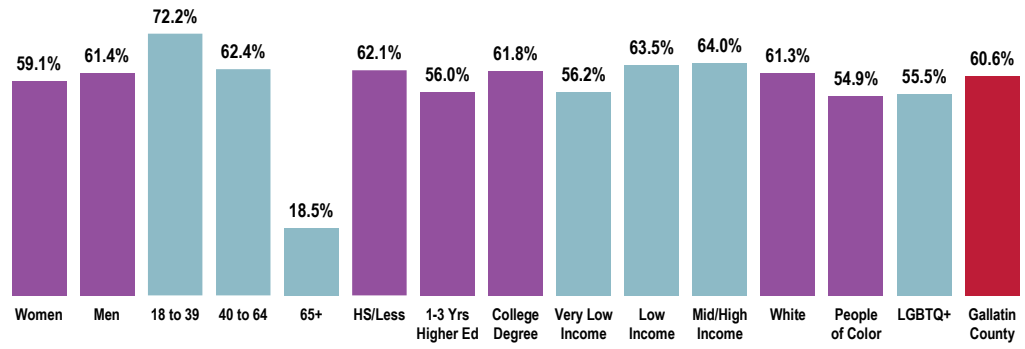
DISPARITY ► Distracted driving is more often reported among adults under the age of 65.

Read/Sent Text or Email While Driving in the Past Month



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 306]
Notes: ● Asked of all respondents.

Read/Sent Text or Email While Driving in the Past Month
(Gallatin County, 2026)



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 306]
Notes: ● Asked of all respondents.

Falls

Among surveyed adults age 45 and older,11.0% have been injured as the result of a fall in the past 12 months.

Injured as the Result of a Fall in the Past Year
(Age 45+)



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 320]
Notes: ● Asked of all respondents age 45 and older.

Firearm Storage

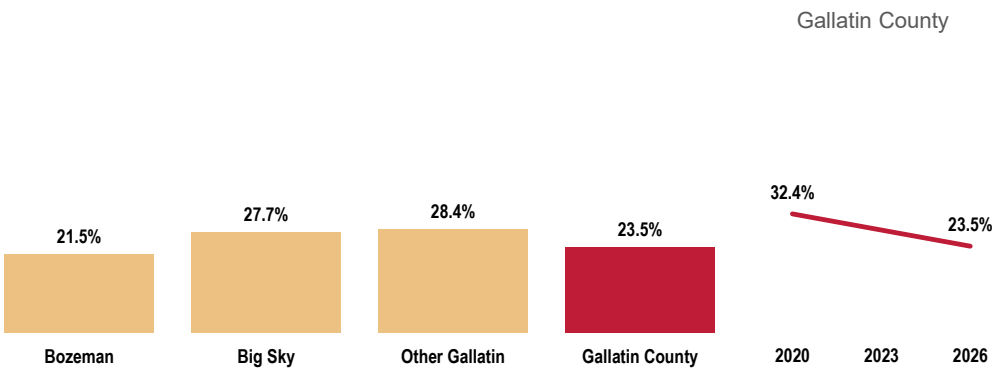
Overall, 23.5% of survey respondents have an unlocked firearm kept in or around their home.

"Are there any guns or other firearms in or around your home or vehicles that are currently unlocked, meaning that they do NOT need a key or combination to get to the gun or fire it?"

TREND ► A decrease from that reported in 2020.

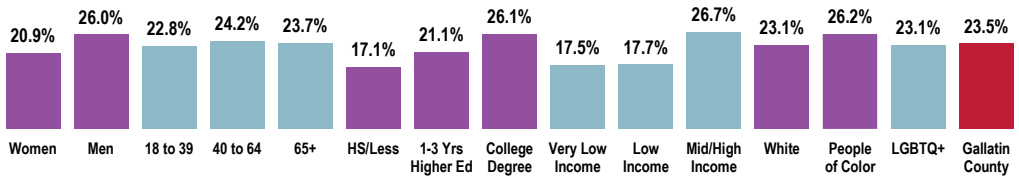
DISPARITY ► Bozeman area residents are **less** likely to report keeping an unlocked firearm in or around their home. In contrast, higher-educated and higher-income residents are **more** likely.

Have an Unlocked Firearm Kept In or Around the Home



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 308]
Notes: ● Asked of all respondents.

Have an Unlocked Firearm Kept In or Around the Home
(Gallatin County, 2026)

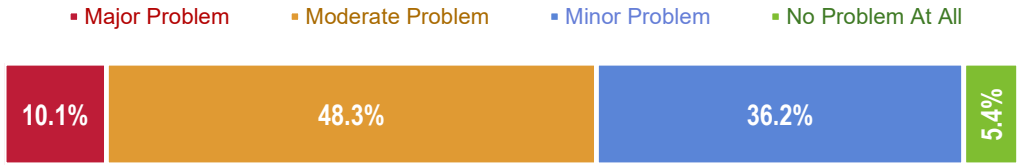


Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 308]
Notes: ● Asked of all respondents.

Key Informant Input: Injury & Violence

The largest share of key informants taking part in an online survey characterized *Injury & Violence* as a "moderate problem" in the community.

Perceptions of Injury & Violence as a Problem in the Community
(Key Informants; Gallatin County, 2026)



Sources: ● 2026 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

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

Incidence/Prevalence

> We are an active community in Bozeman whereby injuries occur as the result of skiing, mountain biking, hiking, back-country skiing, trail running, hunting, etc. Additionally, we have had multiple pedestrian and bicyclists' deaths in our community in the past two years resulting from distracted and drunk driving. Violence is a concern in terms of suicide rates and ongoing prevalence of illegal drugs entering our community. — Community Leader
>
> The incidence and severity of these appear to be on the rise. There has been an ongoing conversation about the lack of attorneys available to prosecute these cases and that it results in harm to the victim(s). Additionally, our community is lacking adequate mental health resources for individuals who may not be financially able to pay for counseling or other services because of a lack of insurance, etc. — Public Health Representative
>
> I see a few "handle with care" emails that come to me via our collaboration with Bozeman PD. We also get reports (that get shared with DPHHS) from students about situations that have happened in the home and in the past. My opinion is that if this situation is happening once to a child - it is a major problem...
> — Community Leader
>
> Sherriff's Department statistics provided, along with demand in available services. — Community Leader

Domestic/Family Violence

> Domestic violence is a problem everywhere and in our community with zero support or resources, there is little direction on how to find help. These families end up moving away instead of getting help.
> — Social Services Provider

> The high volume of domestic violence and sexual assault that exists within our community.
> — Social Services Provider

> Gallatin County saw a 17% increase in domestic violence calls last year. — Social Services Provider

Access to Care/Services

> I work with many mothers who are currently being abused physically, emotionally, and sexually by their partners. There are no immediate resources for the victims. Haven is always full or non-responsive, housing of any kind has long waitlists, mental health support also has long waitlist and or the therapists we reach out to are non-responsive. Our court system fails to protect victims, all parenting plans are ordered to have medication in which the victim has to come face to face with their abuser, court proceedings many times also puts victims face to face with their abuser. The local victim advocate office has been less than supportive of my clients and many of my clients report lack of communication or non-responsiveness from their victim advocates.
> — Public Health Representative

> Given the active nature of residents and visitors alike, injury will always be a major component of health care in Big Sky. For other types of injury and violence, there are little if any wraparound services locally in Big Sky for victims. — Social Services Provider

Vulnerable Populations

> Individuals, specifically women, who live in rural spaces are statistically more likely to experience domestic violence, as Montana is a predominately rural space, additional college towns statistically experience larger reports of sexual violence. As Gallatin County contains MSU - Bozeman, we experience increased reports at the start of the school year around suspected drugging and sexual violence that correlates with statistics known around violence on college campuses. In 2024, according to the Montana Board of Crime Control, Gallatin County reported 296 crimes against persons involving family members, 448 crimes against persons involving intimate partners, 597 crimes against persons involving partners/family members, 815 crimes against persons involved in non-domestic relationships. These numbers have shown increases over the past few years.
> — Health Care Provider

Awareness/Education

> You do not hear about this in the area news report, there are stories that many young people have experienced. Our public school system has a bad problem with violence. Lots of this is covered up by the local leaders and news. — Social Services Provider

Mental Health

> I think the overall mental health conditions of our community and state lead to an increase in violence. Whether that's interpersonal, family, stranger, or personal violence I think it's all the same and large in part due to the lack of access to mental health services in our state. For injury, the outdoor recreation that is accessible and encouraged in our community is going to lead to an increased risk of injury. — Community Leader

Gun Ownership

> From our news and police reports, gun ownership is easy to obtain in Montana and the percentage of ownership is high. The prevalence of mental health issues leads to higher violence. — Community Leader

Transportation

> Unintentional injury due to transportation violence is directly related to car centric infrastructure. Lack of planning for multi-modal transportation increases this risk. — Community Leader

Co-Occurrences

> I was thinking about trauma and the impact that trauma has on mental health, and we are seeing those impacts in the mental health system. — Community Leader

Sports Injury

> Sports injury and damage happening from early specialization and repeat/over training. — Community Leader

DIABETES

ABOUT DIABETES

More than 30 million people in the United States have diabetes, and it's the seventh leading cause of death. …Some racial/ethnic minorities are more likely to have diabetes. And many people with diabetes don't know they have it.

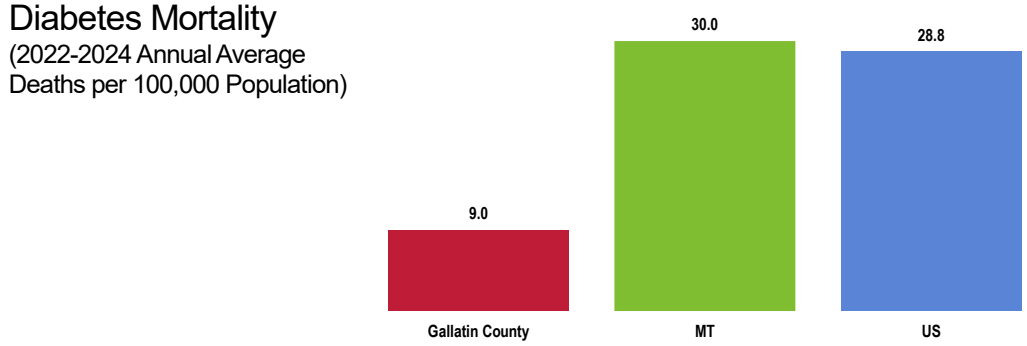
Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity, and lose weight can help prevent new cases.

– Healthy People 2030

Diabetes Deaths

Between 2022-2024, there was an annual average diabetes mortality rate of 9.0 deaths per 100,000 population in Gallatin County.

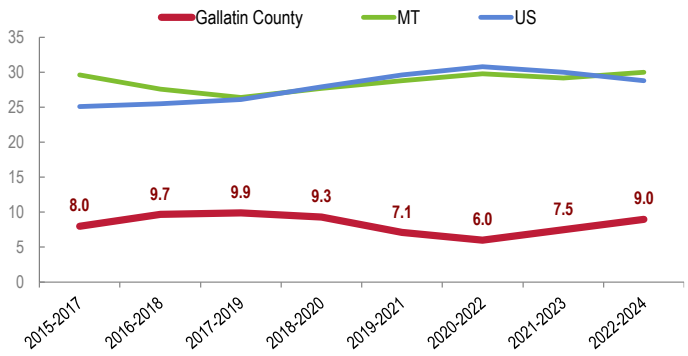
BENCHMARK ► Lower than Montana and national rates.



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2026.

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

Diabetes Mortality Trends
(Annual Average Deaths per 100,000 Population)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2026.

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

Prevalence of Diabetes

A total of 7.0% of Gallatin County adults report having been diagnosed with diabetes.

BENCHMARK ► Lower than state and US percentages.

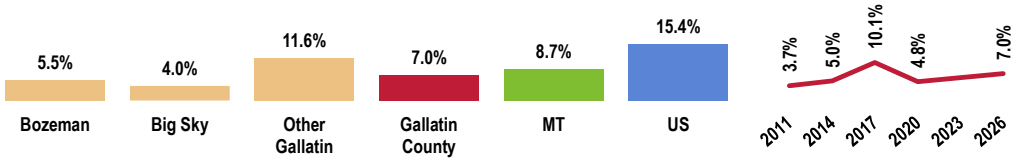
TREND ► Significantly higher than the 2011 findings

DISPARITY ► Reported more often among residents outside of Bozeman and Big Sky. Also reported more often among adults age 40+ and White residents.

Prevalence of Diabetes

Another 10.6% of adults have been diagnosed with "pre-diabetes" or "borderline" diabetes.

Gallatin County

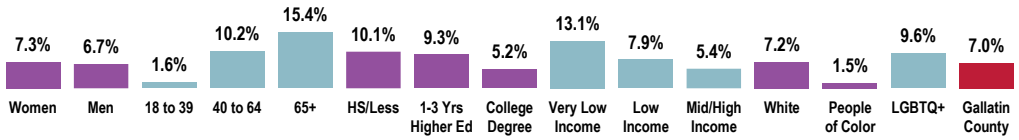


Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 104]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2024 Montana data.
- 2026 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents. Excludes gestational diabetes (occurring only during pregnancy).

Prevalence of Diabetes
(Gallatin County, 2026)

Note that 25.6% of respondents with diabetes are currently taking a GLP-1 agonist medication.

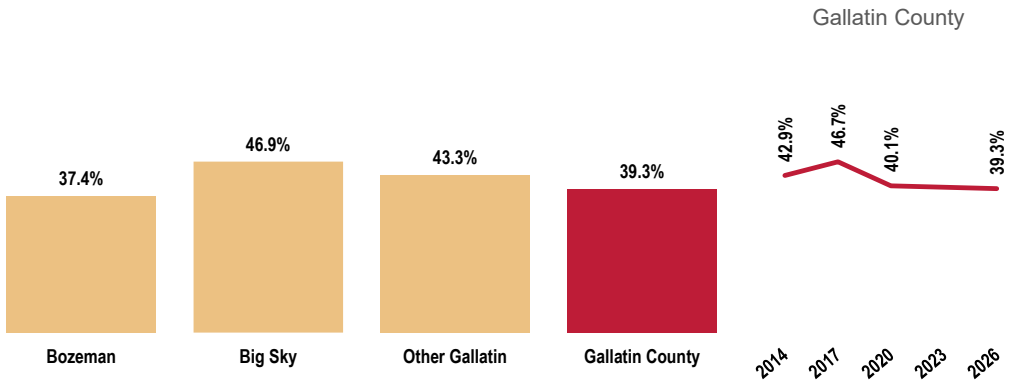


Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Items 28, 104]
Notes: ● Asked of all respondents.
● Excludes gestational diabetes (occurring only during pregnancy).
● GLP-1 agonists were defined for respondents as a class of drugs prescribed for weight loss or to treat diabetes, cardiovascular disease, and/or sleep apnea. These often involve daily or weekly injections. Common brand names mentioned were Trulicity, Ozempic, Mounjaro, Zepbound, and Wegovy.

A total of 39.3% of Gallatin County *non-diabetic* adults have had their blood sugar tested in the past three years.

DISPARITY ► Reported less often among Bozeman residents.

Have Had a Blood Sugar Test in the Past Three Years
(Gallatin County Respondents Without Diabetes)



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 305]
Notes: ● Asked of all respondents who have not been diagnosed with diabetes.

RELATED ISSUE
See also *Use of GLP-1 Agonists* in the **Weight Status** section of this report.

Kidney Disease Deaths

Diabetes is the leading cause of kidney disease. About one out of three adults with diabetes has kidney disease.

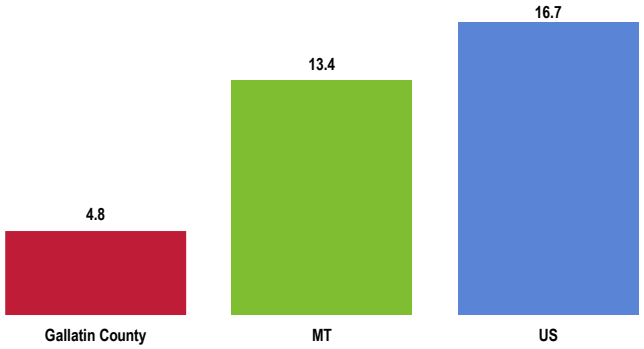
– National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Institutes of Health.

Between 2022-2024, there was an annual average kidney disease mortality rate of 4.8 deaths per 100,000 population in Gallatin County.

BENCHMARK ► Lower than state and national rates.

TREND ► Lower than the 2015-2017 reporting period.

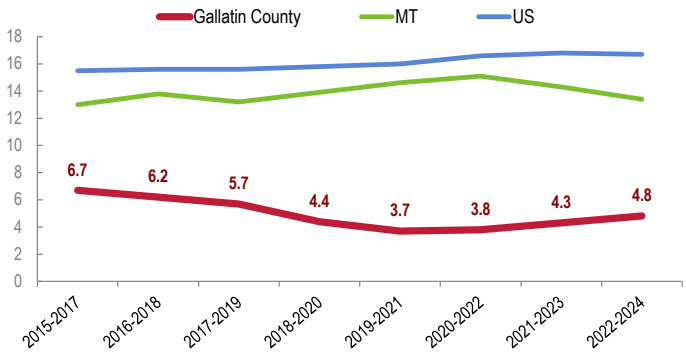
Kidney Disease Mortality
(2022-2024 Annual Average Deaths per 100,000 Population)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2026.

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

Kidney Disease Mortality Trends
(Annual Average Deaths per 100,000 Population)

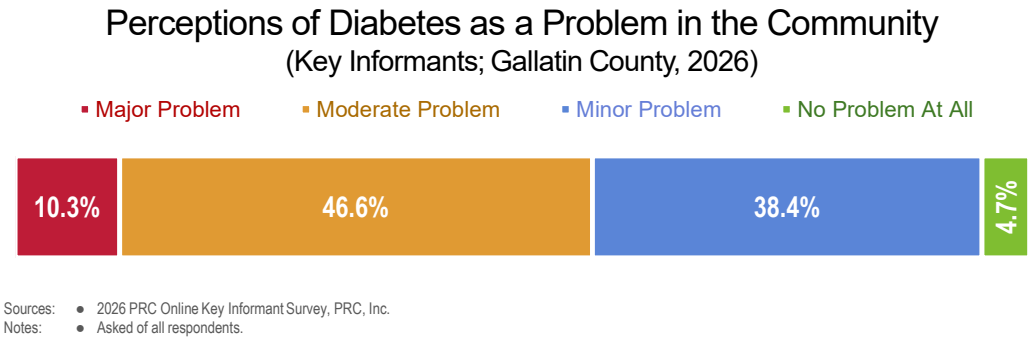


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2026.

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

Key Informant Input: Diabetes

A high percentage of key informants taking part in an online survey characterized *Diabetes* as a "moderate problem" in the community.



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

Access to Care/Services

> Zero resources or support. — Social Services Provider
>
> Lack of access to care - both seeing providers and being able to afford their medicine. The lack of access to primary care in this community is a big problem. Primary care physicians are at a shortage even for those with insurance, and for those without insurance primary care services are financially out of reach. Even when I as a subspecialist have stepped in to help treat some patients' diabetes since they can't access primary care, they can't afford the exorbitantly expensive medications they would need to actually get their diabetes under control. The downstream result is heart attacks, strokes, end-stage renal disease requiring dialysis, limb amputations and numerous hospitalizations. — Physician
>
> Inpatient care, not well-established care. — Health Care Provider

Access to Affordable Healthy Food

> Access to affordable food, places to exercise, diabetes education and medications. — Health Care Provider
>
> Fresh food at reasonable costs. Much of the cost-effective food options in the GV are fast food, which is not helpful for those with diabetes. To get fresh produce, fresh meat, clean food, you have to basically have an unrestricted bank account, and most people in my community can't afford it. They live off McDonalds and junk food. — Community Leader

Affordable Care/Services

> Expense. — Community Leader
>
> Cost of care. — Health Care Provider

Access to Care for Uninsured/Underinsured

> First, uninsurance is rising because of the loss of enhanced ACA premium subsidies; this problem will be compounded by the state's implementation of Medicaid work requirements, which we expect to result in as many as 30,000 Montanans losing insurance (mainly because of inefficient enrollment/eligibility processes, not because they are no longer eligible). Second, primary care practices including at Bozeman Health have not adopted integrated, team-based primary care with effective care coordination and population health management: these are essential for improving care outcomes among people with diabetes.
> — Community Leader

Affordable Medications/Supplies

> The biggest challenge for people with diabetes in our community is the cost of supplies and consistent access to them when needed. Many individuals and families are forced to make difficult financial decisions, sometimes going without other necessary medications or essentials in order to afford diabetic supplies. While insurance coverage can play a role in these barriers, it should not be this difficult for people to access the basic tools and medications they need to manage their condition and live healthy lives. — Community Leader

Built Environment

> Lack of physical activity due to built environment and lack of active transportation infrastructure. Car centric culture limits physical activity and increases risk for diabetes and control of blood sugars. — Community Leader

Disease Management

> Obtaining a medical plan of care which patients are willing and able to maintain long term.
> — Health Care Provider

Incidence/Prevalence

> As an educator I see so many students with diabetes. Much more than I remember there being when I was a child. — Community Leader

Education/Awareness

> Barriers to preventative and community-based care, such as nutrition programs, chronic disease education; geographic isolation is a barrier for isolated communities with limited provider resources.
> — Social Services Provider

Lifestyle

> How to change lifestyle to meet the challenges of the disease. Cost of drugs to help. Confusion with all the noise for cures on social media. — Community Leader

DISABLING CONDITIONS

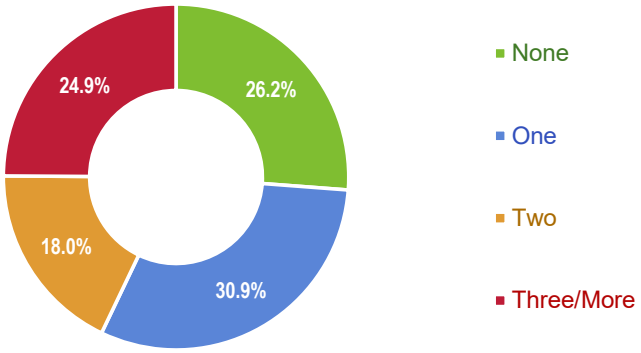
Multiple Chronic Conditions

For the purposes of this assessment, chronic conditions include:

- Asthma
- Cancer
- Chronic pain
- Diabetes
- Diagnosed anxiety
- Diagnosed depression
- Heart disease
- High blood cholesterol
- High blood pressure
- Lung disease
- Obesity
- Stroke

Among Gallatin County survey respondents, most report having at least one chronic health condition.

Number of Chronic Conditions
(Gallatin County, 2026)



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 105]

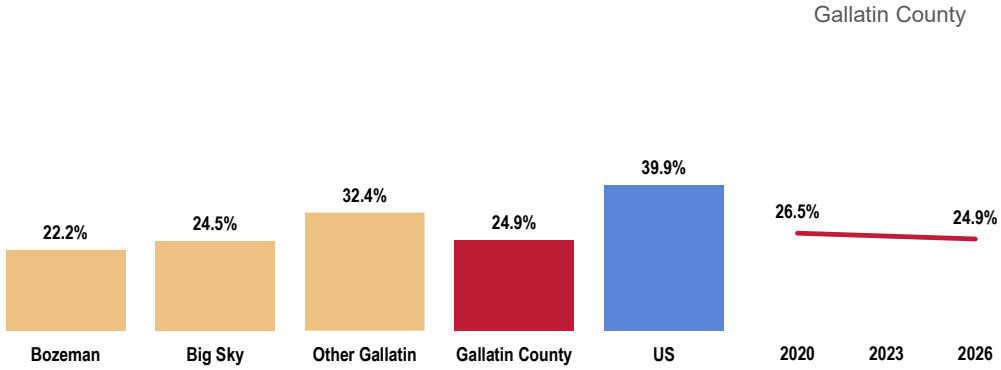
Notes:
- Asked of all respondents.
- In this case, chronic conditions include asthma, cancer, chronic pain, diabetes, diagnosed anxiety, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and stroke.

In fact, 24.9% of Gallatin County adults report having three or more chronic conditions.

BENCHMARK ► Lower than the US prevalence.

DISPARITY ► Reported more often in Other Gallatin, as well as among adults age 40+, those without higher education, and those living below the poverty threshold.

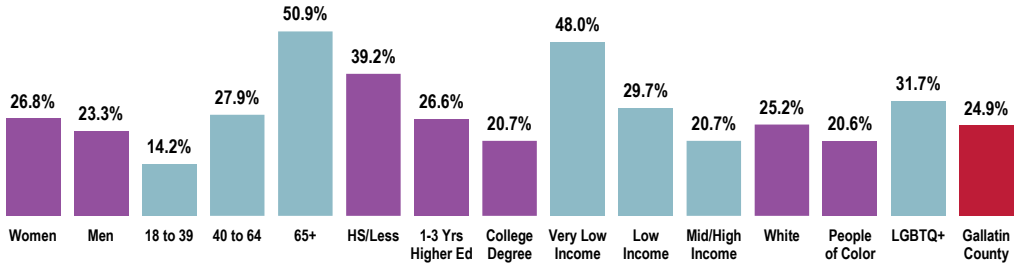
Have Three or More Chronic Conditions



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 105]
- 2026 PRC National Health Survey, PRC, Inc.

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

Have Three or More Chronic Conditions
(Gallatin County, 2026)



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 105]
Notes: • Asked of all respondents.
• In this case, chronic conditions include asthma, cancer, chronic pain, diabetes, diagnosed anxiety, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and/or stroke.

Activity Limitations

ABOUT DISABILITY & HEALTH

Studies have found that people with disabilities are less likely to get preventive health care services they need to stay healthy. Strategies to make health care more affordable for people with disabilities are key to improving their health.

In addition, people with disabilities may have trouble finding a job, going to school, or getting around outside their homes. And they may experience daily stress related to these challenges. Efforts to make homes, schools, workplaces, and public places easier to access can help improve quality of life and overall well-being for people with disabilities.

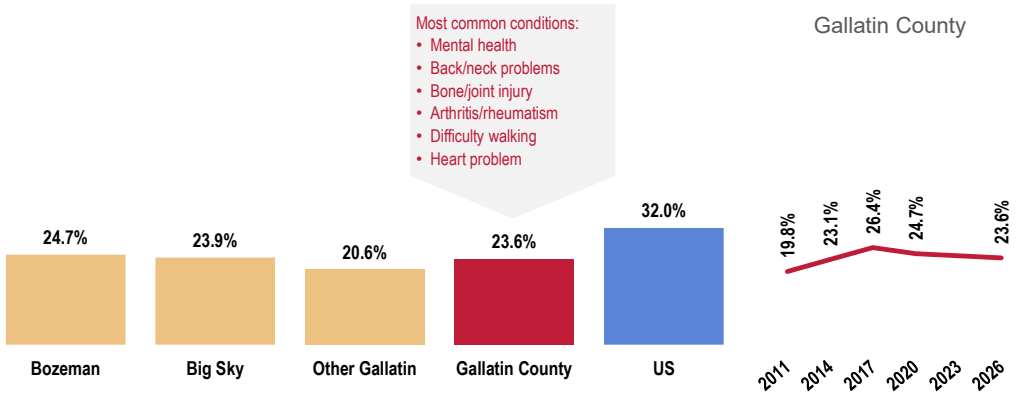
– Healthy People 2030

A total of 23.6% of Gallatin County adults are limited in some way in some activities due to a physical, mental, or emotional problem.

BENCHMARK ► Lower than the national prevalence.

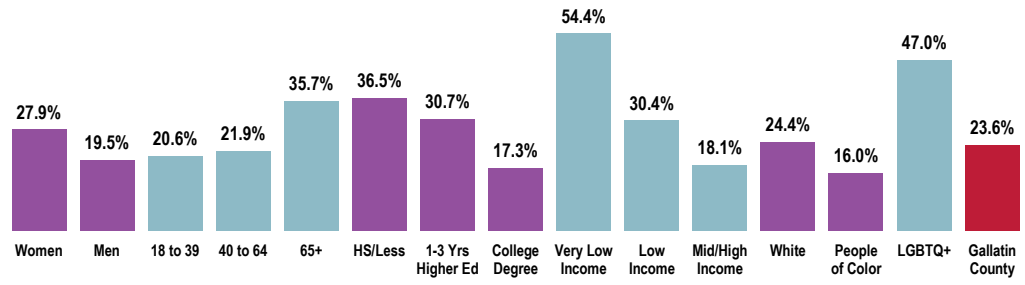
DISPARITY ► More often reported among women, adults age 65+, those without higher education, lower-income respondents, White residents, and LGBTQ+ residents.

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



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Items 83-84]
● 2026 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Limited in Activities in Some Way Due to a Physical, Mental, or Emotional Problem
(Gallatin County, 2026)



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 83]
Notes: ● Asked of all respondents.

Chronic Pain

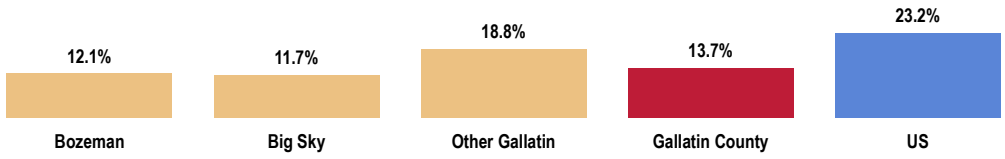
A total of 13.7% of Gallatin County adults experience high-impact chronic pain, meaning physical pain that has limited their life or work activities "every day" or "most days" during the past six months.

BENCHMARK ► Lower than the US percentage. Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Those living in Other Gallatin, adults age 65+, lower-educated adults, those living below the poverty threshold, and White respondents more often report experiencing high impact chronic pain.

Experience High-Impact Chronic Pain

Healthy People 2030 = 6.4% or Lower



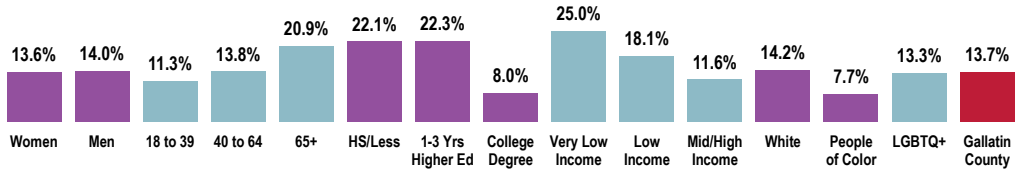
Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 31]
- 2026 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030.

Notes:
- Asked of all respondents.
- High-impact chronic pain includes physical pain that limits life or work activities on "most days" or "every day" of the past six months.

Experience High-Impact Chronic Pain

(Gallatin County, 2026)

Healthy People 2030 = 6.4% or Lower



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 31]
- US Department of Health and Human Services. Healthy People 2030.

Notes:
- Asked of all respondents.
- High-impact chronic pain includes physical pain that limits life or work activities on "most days" or "every day" of the past six months.

Alzheimer's Disease

ABOUT DEMENTIA

Alzheimer's disease is the most common cause of dementia… . Dementia refers to a group of symptoms that cause problems with memory, thinking, and behavior. People with dementia are more likely to be hospitalized, and dementia is linked to high health care costs.

While there's no cure for Alzheimer's disease, early diagnosis and supportive care can improve quality of life. And efforts to make sure adults with symptoms of cognitive decline — including memory loss — are diagnosed early can help improve health outcomes in people with dementia. Interventions to address caregiving needs can also help improve health and well-being in people with dementia.

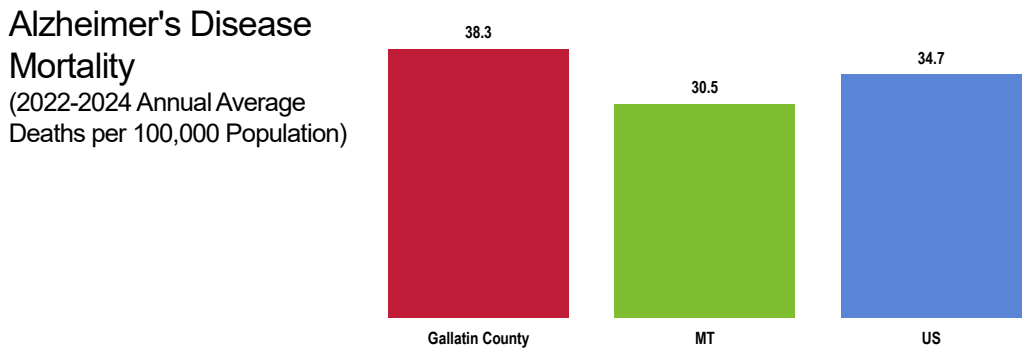
– Healthy People 2030

Alzheimer's Disease Deaths

Between 2022-2024, there was an annual average Alzheimer's disease mortality rate of 38.3 deaths per 100,000 population in Gallatin County.

BENCHMARK ► Higher than the statewide rate.

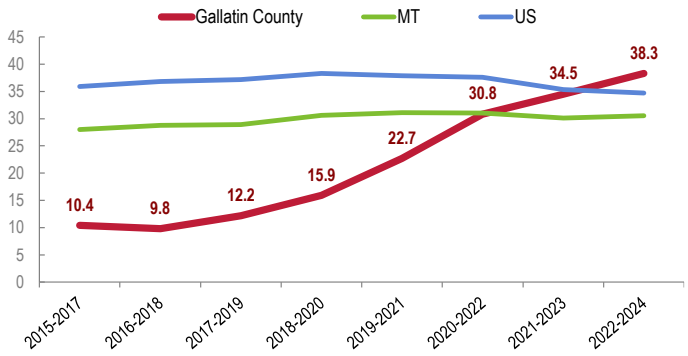
TREND ► An increase from the 2015-2017 reporting period.



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2026.

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

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

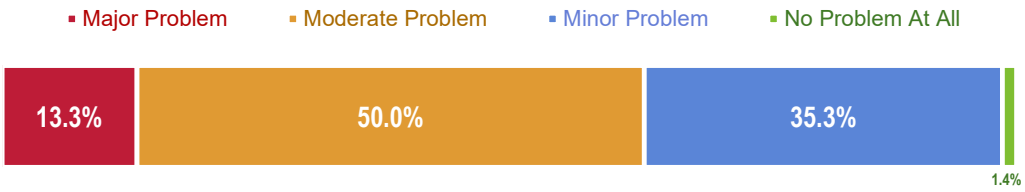


Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2026.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.

Key Informant Input: Disabling Conditions

Key informants taking part in an online survey most often characterized *Disabling Conditions* as a "moderate problem" in the community.

Perceptions of Disabling Conditions as a Problem in the Community
(Key Informants; Gallatin County, 2026)



Sources: ● 2026 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

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

Access to Care/Services

> Access to doctors or specialists in these areas is limited and wait times are long. Since our community has a large, retired population, this is a major concern to address. — Community Leader
>
> Dementia care is a huge concern for our community and there are limited resources it appears to support patients with dementia. — Health Care Provider
>
> There are not enough home health aide/services available for community members, we have limited public and medical specific transportation, inadequate crosswalk safety for those with vision impairments, cross walks do not all have noise alerts and rumble strips, limited neurology services and pain management providers. — Health Care Provider
>
> Specialty services are not available in Big Sky. We have a significant need for neurology services. — Community Leader
>
> I generally feel disabling conditions are a problem. I do know that people with disabilities I have worked with have talked a lot about the lack of available resources in this community. — Social Services Provider

Aging Population

> Bozeman, like all of Montana, has an aging population and chronic illnesses are prevalent. There are relatively few resources to facilitate and support aging in place. — Community Leader

> Persons are usually older and do not have the resources to obtain assistance or treatment. Supplements to Medicare are expensive and takes most of a person's Social Security payment. As a younger person with disabling conditions receive assistance through school system or Medicare. There are no providers that can provide care that does not cost a whole lot of money. Providers take advantage of a bad deal.
> — Social Services Provider
>
> I don't believe this is an isolated situation just impacting our community. However, I also believe with the aging population and the access to outdoors and more risky activities, it lends its hand to having more individuals with disabling conditions. — Community Leader

Transportation

> I just know that I have a lot of patients with limited mobility who have a very difficult time getting around town. While the bus and medical transport services are good, they need to be expanded to adequately meet community needs. — Physician
>
> Limited availability of transportation, minimal awareness, older buildings that aren't accessible, lack of community supports for people with these conditions who are primarily homebound and are poor but not poor enough to qualify for services. — Health Care Provider

Incidence/Prevalence

> Over 20% of adults experience chronic pain, and many also live with other disabling conditions such as mobility limitations, dementia, and vision or hearing loss. These conditions can significantly limit a person’s ability to move freely, participate in community life, maintain independence, and feel a sense of pride in themselves and their daily activities. In our area, many individuals with disabling conditions do not receive adequate or coordinated care, which adds an extreme burden to their lives as well as to the lives of their families and caregivers. Improving access to supportive services, preventive care, and community-based programs is essential to helping individuals manage these conditions and maintain quality of life.
> — Public Health Representative
>
> The number of cases of ALS in Big Sky needs to be addressed. New cases of ALS in the United States are at 1.4-3 per 100,000 people per year. Statistically, Big Sky's population should then see one case of ALS every 9-20 years. There have been 6 cases in the last 5 years in Big Sky. This is concerning. — Community Leader

Follow-Up/Support

> There is zero support or services. — Social Services Provider
>
> I believe there is just lack of support for the disabling conditions. For example: there is one skilled nursing facility in Gallatin County that accepts Medicaid. — Social Services Provider

Lack of In-Home Health

> In home Health and Hospice care is almost nonexistent in our community. There are over 20 agencies that service Gallatin County, but they will not drive past Big Sky. Majority of the companies that provide services are strictly self-pay which causes low-income seniors to have to choose between aging in their own home or wait until the very last minute to die in a hospital among strangers. The West Yellowstone Senior Center is now partnering with Cornerstone to help with in home health needs, but we still have not found hospice options. In my opinion and based on my personal experience working with families in my community over the last 10 years, most organization forget that Gallatin County goes past Big Sky. — Social Services Provider

Lack of Providers

> We do not currently have any chronic pain specialists in the Valley. We also have a limited number of providers who can diagnose and treat dementia. As a result, patients often have to wait several months to see a neuropsychologist or geriatrician. — Health Care Provider

Affordable Care/Services

> Dementia/Alzheimer’s is only increasing in our population. Where do people go who do not have families to take care of them? The majority of assisted living communities with memory care are private pay only. How many people can afford that? The only nursing home is Gallatin Rest Home, and they do not have a locked unit for those who wander, and beds are limited. Chronic pain is an issue, what besides medications can be used to help relieve pain? — Community Leader

Built Environment

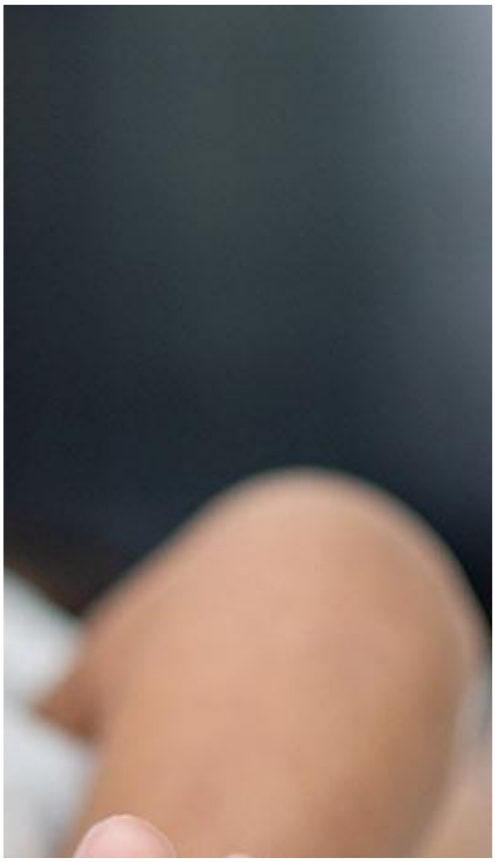
> Many of the history buildings are very hard for those who are mobility challenged to access, not to mention the lack of parking. Many of the events planned for our community are not mobility friendly. — Community Leader

Geographic Isolation

> Geographic isolation and travel barriers, workforce shortages across disability related fields and limited community-based supports. — Social Services Provider







BIRTHS

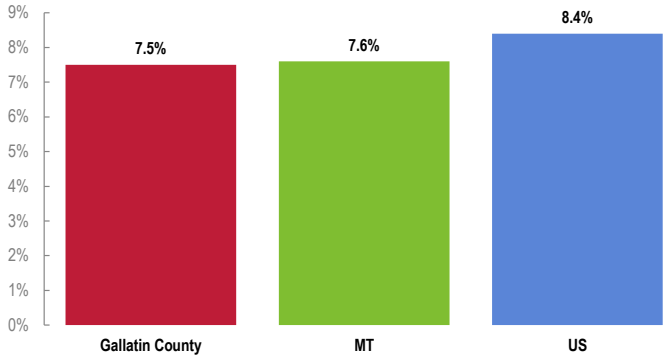
BIRTH OUTCOMES & RISKS

Low-Weight Births

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

A total of 7.5% of 2017-2023 Gallatin County births were babies with low birthweight.

Low-Weight Births
(Percent of Live Births, 2017-2023)



Sources:
- University of Wisconsin Population Health Institute, County Health Rankings.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2026 via SparkMap (sparkmap.org).

Note:
- This indicator reports the percentage of total births that are low birthweight (Under 2500g).

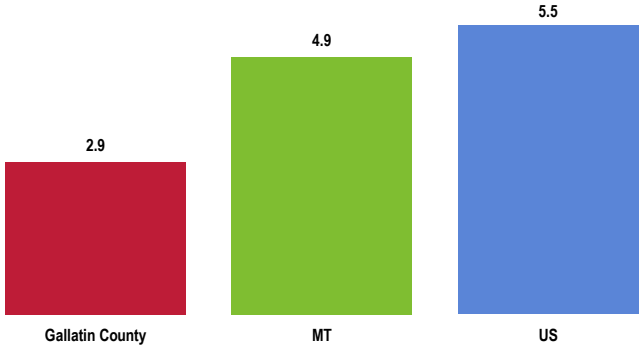
Infant Mortality

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

Between 2016-2020, there was an annual average of 2.9 infant deaths per 1,000 live births.

BENCHMARK ► Lower than state and US rates. Satisfies the Healthy People 2030 objective.

Infant Mortality
(Annual Average Infant Deaths per 1,000 Live Births, 2016-2020)
Healthy People 2030 = 5.0 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted April 2026.
- US Department of Health and Human Services. Healthy People 2030.

Notes:
- Infant deaths include deaths of children under one year old.

FAMILY PLANNING

ABOUT FAMILY PLANNING

Nearly half of pregnancies in the United States are unintended, and unintended pregnancy is linked to many negative outcomes for both women and infants. …Unintended pregnancy is linked to outcomes like preterm birth and postpartum depression. Interventions to increase use of birth control are critical for preventing unintended pregnancies. Birth control and family planning services can also help increase the length of time between pregnancies, which can improve health for women and their infants.

Adolescents are at especially high risk for unintended pregnancy. Although teen pregnancy and birth rates have gone down in recent years, close to 200,000 babies are born to teen mothers every year in the United States. Linking adolescents to youth-friendly health care services can help prevent pregnancy and sexually transmitted infections in this age group.

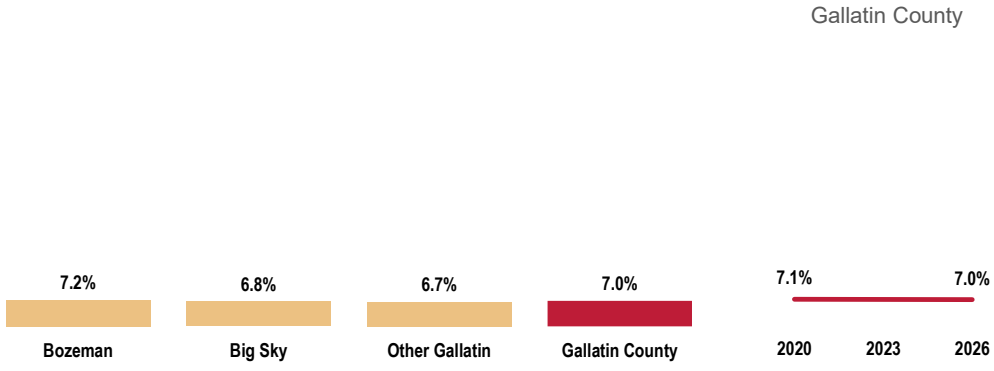
– Healthy People 2030

Reproductive Care

Among all survey respondents age 18 to 49, 7.0% have been unable to receive health care related to reproductive health when needed at some point in the past year.

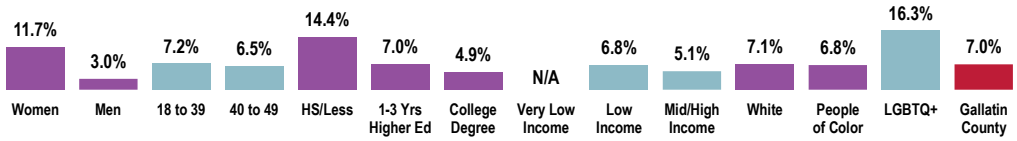
DISPARITY ► Reported more often among women, those without higher education, and LGBTQ+ residents.

Unable to Obtain Reproductive Health Care in the Past Year
(Gallatin County Adults Age 18-49)



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 316]
Notes: ● Reflects respondents age 18 to 49.

Unable to Obtain Reproductive Health Care in the Past Year
(Gallatin County Adults Age 18-49)



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 316]

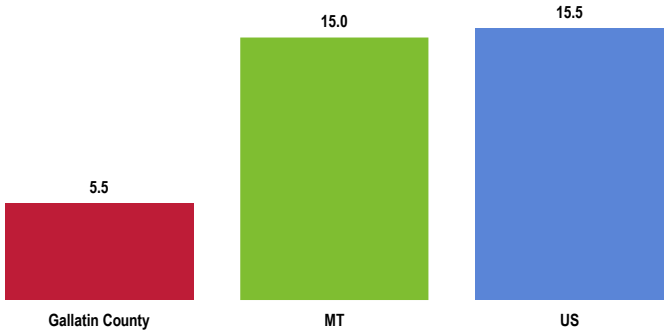
Notes:
- Reflects respondents age 18 to 49.
- The sample size among very low-income respondents was too low to be interpreted with confidence.

Births to Adolescent Mothers

Between 2017-2023, there were 5.5 births to adolescents age 15 to 19 per 1,000 women age 15 to 19 in Gallatin County.

BENCHMARK ► Well below Montana and US rates.

Teen Birth Rate
(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2017-2023)

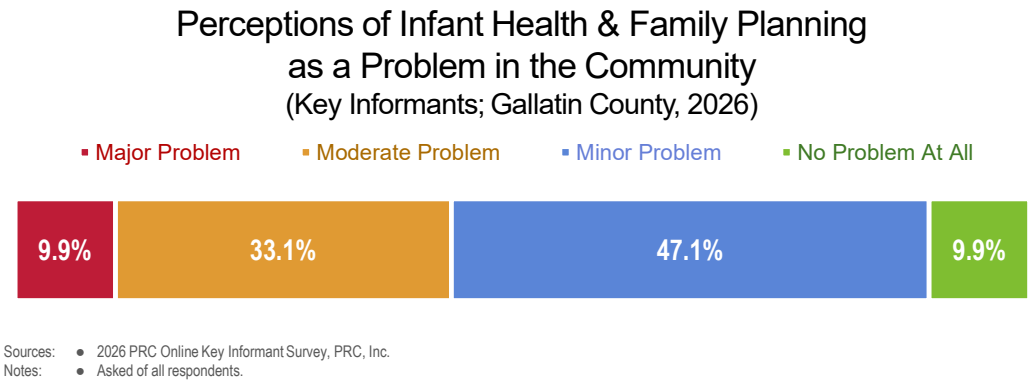


Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2026 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the rate of total births to women under the age of 15-19 per 1,000 female population age 15-19.

Key Informant Input: Infant Health & Family Planning

Key informants taking part in an online survey largely characterized *Infant Health & Family Planning* as a "minor problem" in the community.



Sources: • 2026 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

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

Access to Care/Services

> I think we are a young community - both in age and in longevity of residence living here. Many come from areas where there were multiple healthcare options and have high expectations for availability, offerings, etc. This is also very top of mind for me as a young mom. — Community Leader
>
> Zero services. — Social Services Provider
>
> There are families who struggle not only with services not available here, but also the funds to pay for such services. — Community Leader
>
> Childcare continues to be out of reach for many members of our community. Whether that's having to get on a waiting list a year or more out, before you're even pregnant, then having to pay roughly $1,500 per child makes it unobtainable for most. On top of that, the access to family planning in our community is limited to one resource outside of standard medicine/hospitals to my knowledge. — Community Leader
>
> There is a need for primary care at all levels including infant. No family planning is not a major problem. — Physician
>
> Extreme lack of services available. — Health Care Provider
>
> Outside of primary care for infants, there are few additional resources available in Big Sky and require a Bozeman trip. — Community Leader (Big Sky & Gallatin County

Vaccine Hesitancy

> I feel the movement away from vaccination support is very problematic. It's important to me because we are going to see outbreaks of conditions that will lead to severe consequences. In my lifetime, I have known survivors of Polio that lived with life altering impacts. I don't believe many in our society understand the consequences of this movement, by the time those are widely apparent it will be too late. — Health Care Provider
>
> Health misinformation contributing to vaccine hesitancy. — Health Care Provider

Affordable Care/Services

> Bozeman families face challenges related to infant health and family planning that are closely tied to affordability and access to services. The rising cost of living makes it difficult for some families to afford prenatal care, postpartum care, and pediatric services, particularly for those who are uninsured or underinsured. Access to affordable contraception, pregnancy care, and reproductive health services can also be limited for individuals without stable insurance coverage. These barriers can delay care, reduce opportunities for preventive services, and create additional stress for families during pregnancy and early childhood. — Social Services Provider

Follow-Up/Support

> I have heard from many people that it feels isolating when they start having kids, and there's not a lot of family supports here in Big Sky. They have to go to Bozeman. I have had friends move to Bozeman to get access to these services. There are strong efforts in Big Sky to address these challenges (Morningstar, Discovery, new childcare center for example). — Community Leader

Incidence/Prevalence

> Working in the school system, I run across many families that are struggling with health care and taking care of their children. Some families struggle applying for government assistance and then do not take their children to annual checkups, doctors' visits, or other appointments that may help with overall health. — Community Leader

Child Protective Services

> Child Protective Services is understaffed and overstretched. This is endangering a population in our community children that depend on adults to oversee and protect them. — Community Leader

Government/Policy

> More people seem uncertain about where to access family planning resources given federal changes. — Community Leader

Impact on Quality of Life

> The larger, long-term consequences of children and their care. Issues of birth control and religious considerations. — Community Leader

Lack of Providers

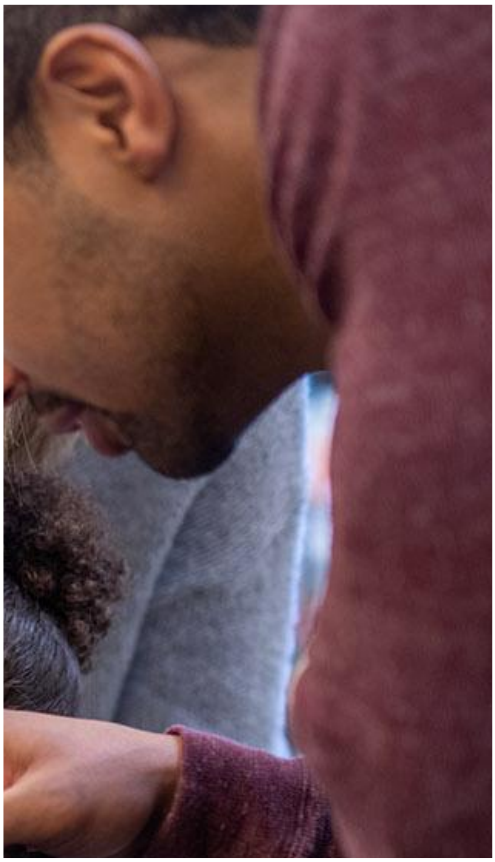
> Lack of fertility specialists, soaring cost of living and healthcare resulting in declining birth rates. — Social Services Provider

Unplanned Pregnancy

> Unplanned pregnancies seem to be a growing problem. — Community Leader







MODIFIABLE HEALTH RISKS

NUTRITION

ABOUT NUTRITION & HEALTHY EATING

Many people in the United States don't eat a healthy diet. …People who eat too many unhealthy foods — like foods high in saturated fat and added sugars — are at increased risk for obesity, heart disease, type 2 diabetes, and other health problems. Strategies and interventions to help people choose healthy foods can help reduce their risk of chronic diseases and improve their overall health.

Some people don't have the information they need to choose healthy foods. Other people don't have access to healthy foods or can't afford to buy enough food. Public health interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and hunger and improving health.

– Healthy People 2030

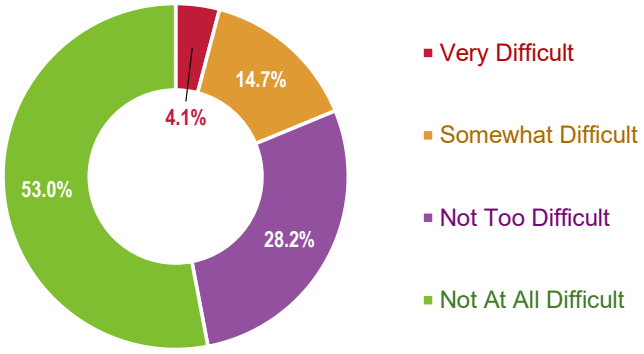
Difficulty Accessing Fresh Produce

Most Gallatin County adults report little or no difficulty buying fresh produce at a price they can afford.

Respondents were asked, "How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say very difficult, somewhat difficult, not too difficult, or not at all difficult?"

RELATED ISSUE
See also *Food Insecurity* in the **Social Drivers of Health** section of this report.

Level of Difficulty Finding Fresh Produce at an Affordable Price
(Gallatin County, 2026)



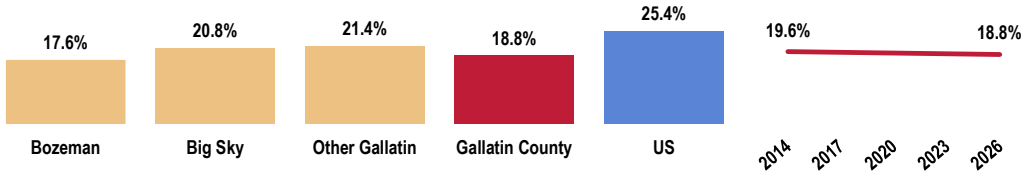
Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 63]
Notes: • Asked of all respondents.

However, 18.8% of Gallatin County adults find it "very" or "somewhat" difficult to access affordable fresh fruits and vegetables.

BENCHMARK ► Lower than the national prevalence.

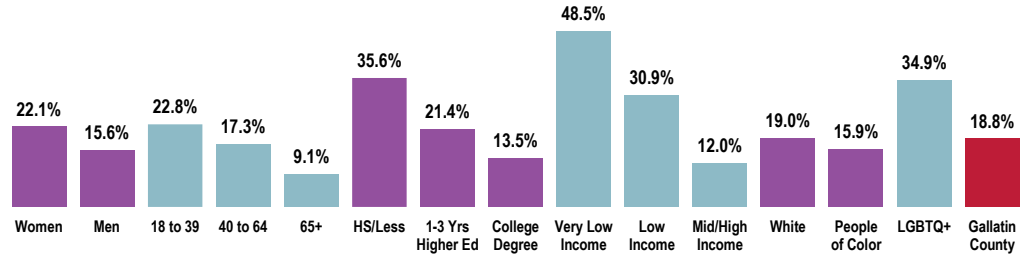
DISPARITY ► More often reported among women, adults under 65, those without higher education, lower-income residents, and LGBTQ+ respondents.

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 63]
● 2026 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce
(Gallatin County, 2026)



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 63]
Notes: ● Asked of all respondents.

PHYSICAL ACTIVITY

ABOUT PHYSICAL ACTIVITY

Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.

Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

– Healthy People 2030

Leisure-Time Physical Activity

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

A total of 12.9% of Gallatin County adults report no leisure-time physical activity in the past month.

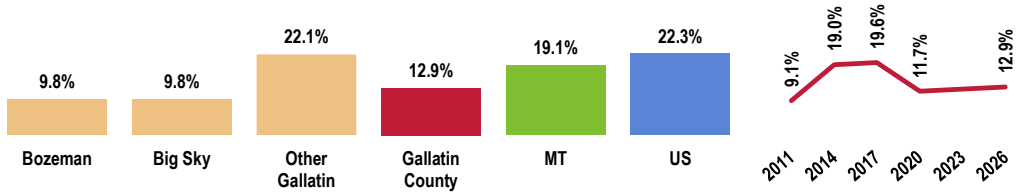
BENCHMARK ► Lower than state and national percentages. Satisfied the Healthy people 2030 objective.

TREND ► An increase from 2011 findings.

DISPARITY ► A lack of leisure time activity was reported more often outside of Bozeman and Big Sky (Other Gallatin).

No Leisure-Time Physical Activity in the Past Month

Healthy People 2030 = 21.8% or Lower



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 66]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2024 Montana data.
- 2026 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030.

Notes:
- Asked of all respondents.

Activity Levels

Adults

ADULTS: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

For adults, "meeting physical activity recommendations" includes adequate levels of both aerobic and strengthening activities:

- **Aerobic Activity** — For substantial health benefits, adults should do at least 150 minutes (2 hours and 30 minutes) to 300 minutes (5 hours) a week of moderate-intensity, or 75 minutes (1 hour and 15 minutes) to 150 minutes (2 hours and 30 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic activity. Preferably, aerobic activity should be spread throughout the week.

  Additional health benefits are gained by engaging in physical activity beyond the equivalent of 300 minutes (5 hours) of moderate-intensity physical activity a week.
- **Strengthening Activity** — Adults should also do muscle-strengthening activities of moderate or greater intensity and that involve all major muscle groups on 2 or more days a week, as these activities provide additional health benefits.

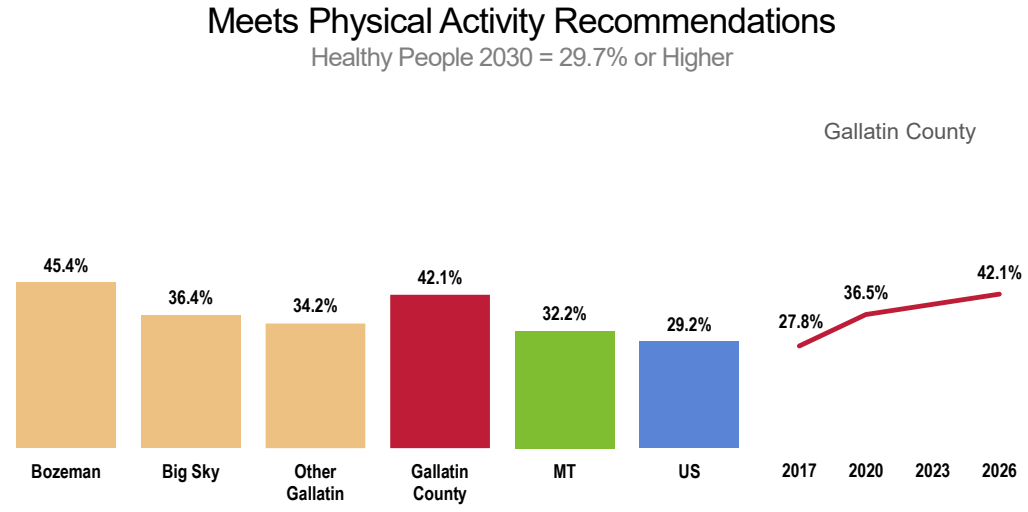
– 2018 Physical Activity Guidelines for Americans, US Department of Health and Human Services

A total of 42.1% of Gallatin County adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

BENCHMARK ► Higher than state and US percentages. Satisfies the Healthy People 2030 objective.

TREND ► An increase from previous findings.

DISPARITY ► Lower among those living in the Other Gallatin area. Reported less often among women, adults age 40+, those with no education beyond high school, and LGBTQ+ residents.



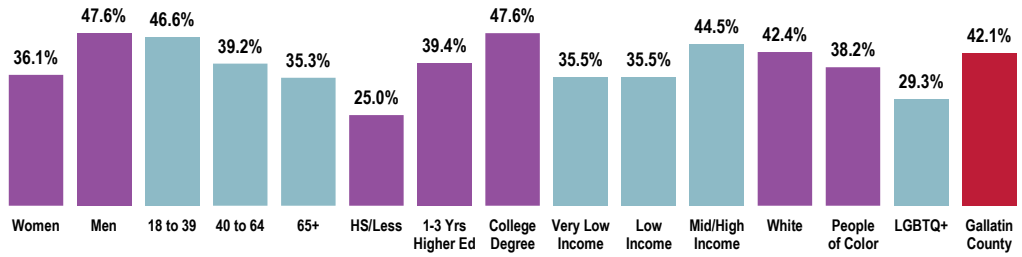
Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 109]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2024 Montana data.
- 2026 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030.

Notes:
- Asked of all respondents.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week (or an equivalent combination of moderate and vigorous-intensity activity) *and* who also report doing physical activities specifically designed to strengthen muscles at least twice per week.

Meets Physical Activity Recommendations

(Gallatin County, 2026)

Healthy People 2030 = 29.7% or Higher



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 109]
- US Department of Health and Human Services. Healthy People 2030.

Notes:
- Asked of all respondents.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week (or an equivalent combination of moderate and vigorous-intensity activity) *and* who also report doing physical activities specifically designed to strengthen muscles at least twice per week.

WEIGHT STATUS

ABOUT OVERWEIGHT & OBESITY

Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.

Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight.

– Healthy People 2030

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

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

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

Adult Weight Status

CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI	BMI (kg/m^2)
Underweight	<18.5
Healthy Weight	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

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

"Overweight" includes those respondents with a BMI value ≥25.

Over half (55.3%) of Gallatin County adults are overweight.

BENCHMARK ► Lower than state and national percentages.

DISPARITY ► Highest in Other Gallatin (not shown).

"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥30.

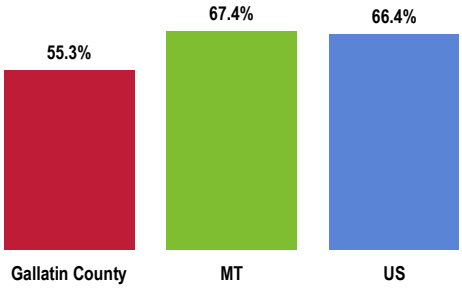
The overweight prevalence above includes 24.0% of Gallatin County adults who are obese.

BENCHMARK ► Lower than state and national percentages. Satisfies the Healthy People 2030 objective.

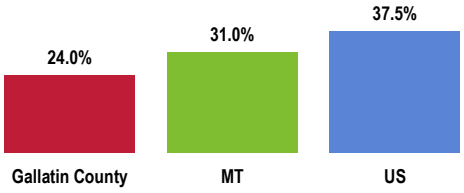
TREND ► Obesity has doubled since 2011.

DISPARITY ► Obesity is higher among those living outside Bozeman and Big Sky (not shown), adults age 40-64, and those without higher education.

Prevalence of Total Overweight
(Overweight and Obese)



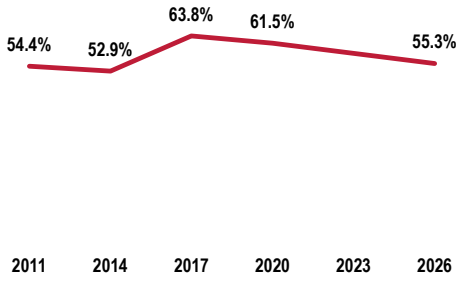
Prevalence of Obesity
Healthy People 2030 = 36.0% or Lower



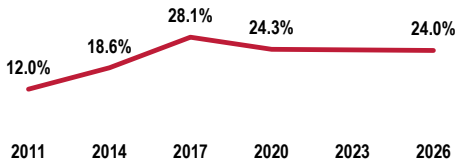
Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 111]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2024 Montana data.
- 2026 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030.

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

Prevalence of Total Overweight [Overweight and Obese]
(Gallatin County)



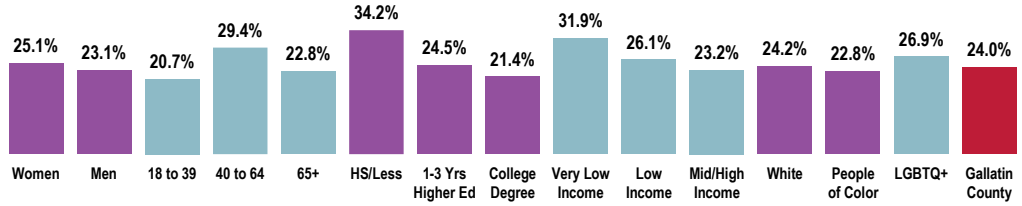
Prevalence of Obesity
(Gallatin County)
Healthy People 2030 = 36.0% or Lower



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 111]
- US Department of Health and Human Services. Healthy People 2030.

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

Prevalence of Obesity
(Gallatin County, 2026)
Healthy People 2030 = 36.0% or Lower



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 111]
- US Department of Health and Human Services. Healthy People 2030.

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

Use of GLP-1 Agonists

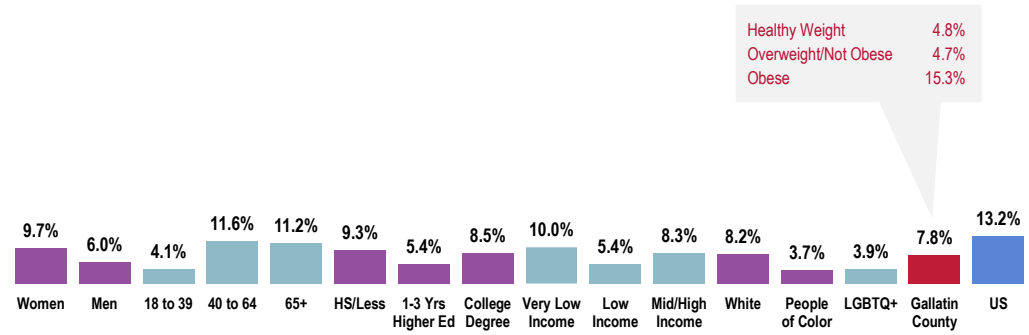
Respondents were provided with the following description: A class of new prescription drugs called GLP-1 agonists are being prescribed to treat diabetes and/or for weight loss. These often involve giving oneself daily or weekly injections. Common brand names include Trulicity, Ozempic, Mounjaro, Zepbound, and Wegovy.

In Gallatin County, 7.8% of all adults report that they are taking some type of GLP-1 agonist medication, which may be prescribed for weight loss or to treat diabetes, cardiovascular disease, and/or sleep apnea.

BENCHMARK ► Lower than the national percentage.

DISPARITY ► Higher among obese respondents, women, adults 40+, and White residents.

Currently Taking a GLP-1 Agonist Medication
(Gallatin County, 2026)



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 28]
- 2026 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- GLP-1 agonists were defined for respondents as a class of drugs prescribed for weight loss or to treat diabetes, cardiovascular disease, and/or sleep apnea. These often involve daily or weekly injections. Common brand names mentioned were Trulicity, Ozempic, Mounjaro, Zepbound, and Wegovy.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0. The definition for obesity is a BMI greater than or equal to 30.0.

Children's Weight Status

ABOUT WEIGHT STATUS IN CHILDREN & TEENS

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

– Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 23.1% of Gallatin County children age 5 to 17 are overweight or obese (≥85th percentile).

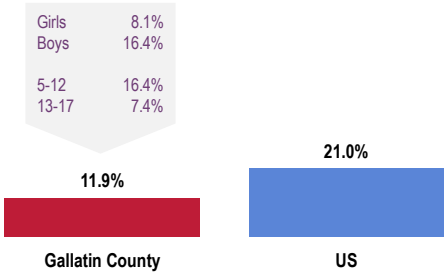
The childhood overweight prevalence above includes 11.9% of area children age 5 to 17 who are obese (≥95th percentile).

BENCHMARK ► Significantly below the national percentage.

Prevalence of Overweight in Children
(Children 5-17)



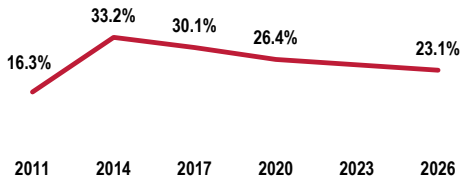
Prevalence of Obesity in Children
(Children 5-17)
Healthy People 2030 = 15.5% or Lower



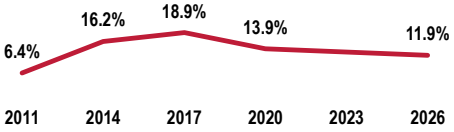
Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 112]
- 2026 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030.

Notes:
- Asked of all respondents with children age 5-17 at home.
- Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

Prevalence of Overweight in Children
(Children 5-17; Gallatin County)



Prevalence of Obesity in Children
(Children 5-17; Gallatin County)
Healthy People 2030 = 15.5% or Lower

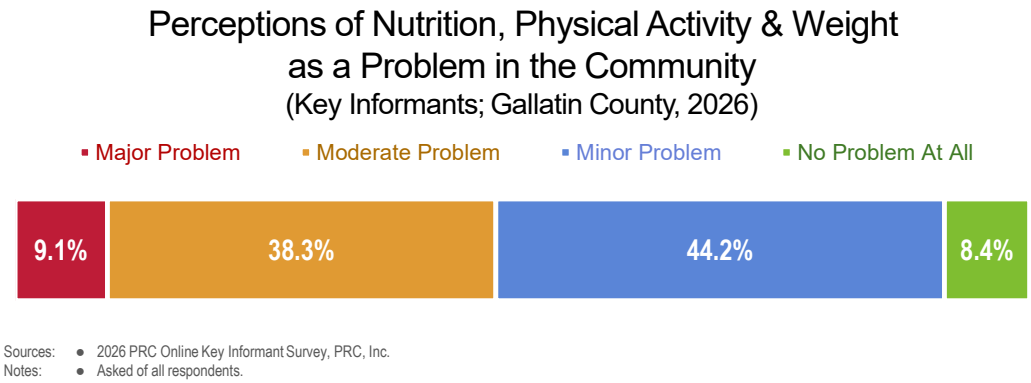


Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 112]
- US Department of Health and Human Services. Healthy People 2030.

Notes:
- Asked of all respondents with children age 5-17 at home.
- Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

Key Informant Input:
Nutrition, Physical Activity & Weight

Key informants taking part in an online survey most often characterized *Nutrition, Physical Activity & Weight* as a "minor problem" in the community.



Sources: • 2026 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

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

Access to Affordable Healthy Food

> Infrastructure limits access to healthy foods within a 15-minute walk from home. Rural/car centric built environment creates this problem in our community. Political leaders do not have will to allocate resources toward space on roadways for bike/walk safety, or transit. We are trapped in a built environment that is leading to unhealthy behaviors. — Community Leader
>
> Access to affordable healthy food. — Community Leader

Affordable Care/Services

> The private resources that are out are expensive. — Social Services Provider
>
> Disparity - lots of really healthy people that are very visible, using resources - can be intimidating. Cost - appropriate gear, travel to trailheads, healthy foods. Education - very difficult to get reliable information about what is actually healthy vs social media trendy. — Health Care Provider

Insufficient Physical Activity

> School age kids are on their screens more than they are out playing or doing activities. Many kids and adults are obese and will not change habits. — Community Leader
>
> Enough activities to keep people active. — Community Leader

Nutrition

> Availability and inexpensiveness of high processed foods. Limited education, especially at early age level. Social media. — Community Leader
>
> People do not eat healthy food. — Social Services Provider

Awareness/Education

> I think the nutrition problem is a battle many face, and there is a need for training on how to cook whole foods and minimize processed foods. We live in a beautiful area, and in the summer months, many have more opportunities to exercise and enjoy the outdoors, but it seems so many are working sometimes 2 jobs just to make ends meet that they have little time to exercise, which only worsens their battle with their weight. — Community Leader

Government/Policy

> The loss of SNAP Ed, the use of BMI calculations at MSU and Bozeman Health, not fully adopting a lifestyle medicine approach to care in this community. — Social Services Provider

Cost of Living

> Cost of living. — Health Care Provider

SUBSTANCE USE

ABOUT DRUG & ALCOHOL USE

Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use — especially in adolescents — and help people get treatment can reduce drug and alcohol misuse, related health problems, and deaths.

– Healthy People 2030

Substance-Related Deaths

Between 2022-2024, Gallatin County reported an annual average mortality rate of 12.7 alcohol-induced deaths per 100,000 population.

BENCHMARK ► Much lower than the statewide rate.

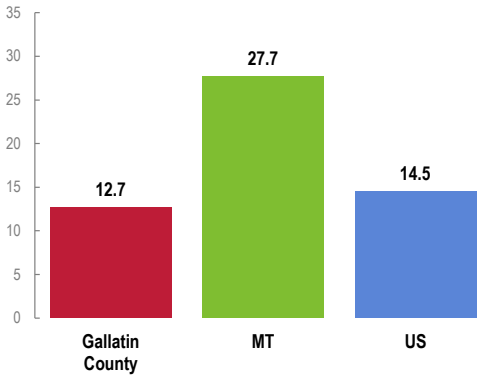
TREND ► Increasing over the past decade.

Gallatin County reported an annual average mortality rate of 10.8 unintentional drug-induced deaths per 100,000 population (2022-2024 reporting period).

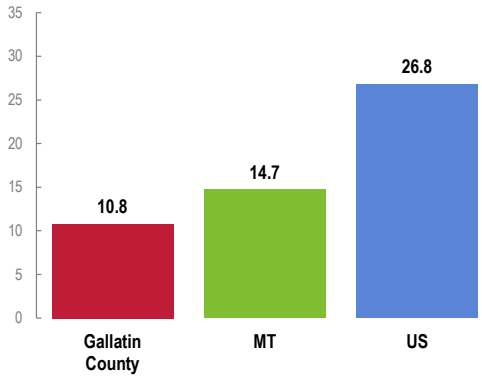
BENCHMARK ► Lower than state and (especially) national rates.

TREND ► Increasing over the past decade.

Alcohol-Induced Mortality
(2022-2024 Annual Average Deaths per 100,000 Population)

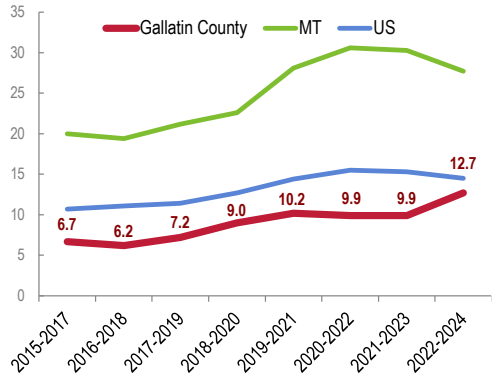


Unintentional Drug-Induced Mortality
(2022-2024 Annual Average Deaths per 100,000 Population)

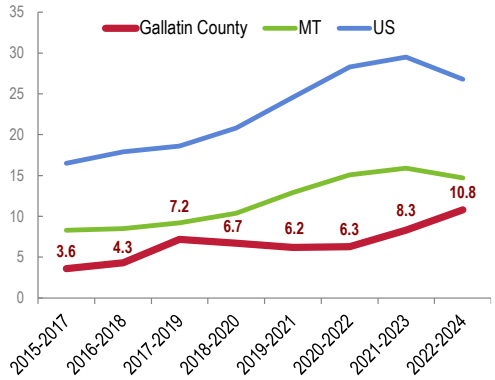


Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2026.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.

Alcohol-Induced Mortality
(Annual Average Deaths per 100,000 Population)



Unintentional Drug-Induced Mortality
(Annual Average Deaths per 100,000 Population)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2026.

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

Excessive Drinking

Excessive drinking includes heavy and/or binge drinkers:

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

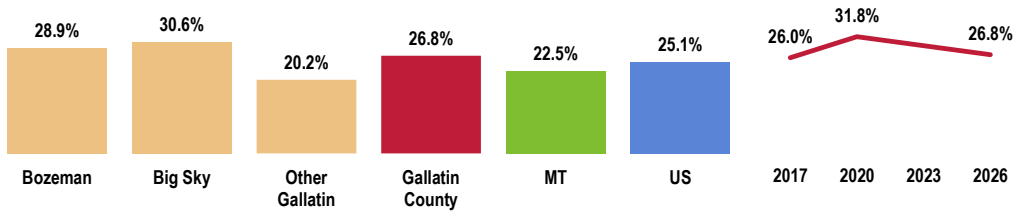
A total of 26.8% of area adults engage in excessive drinking (heavy and/or binge drinking).

BENCHMARK ► Higher than the statewide prevalence.

DISPARITY ► Statistically lower in the Other Gallatin area. Reported more often among men and adults under age 65.

Engage in Excessive Drinking

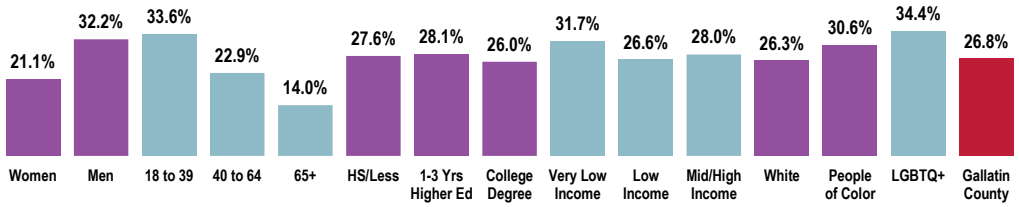
Gallatin County



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 113]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2024 Montana data.
- 2026 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Excessive drinking reflects the percentage of persons age 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

Engage in Excessive Drinking
(Gallatin County, 2026)



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 113]
Notes: ● Asked of all respondents.
● Excessive drinking reflects the percentage of persons age 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

Drinking & Driving

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

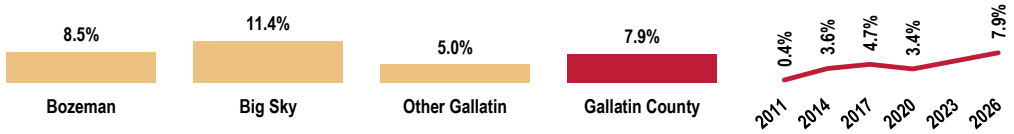
A total of 7.9% of Gallatin County adults acknowledge having driven in the past month after perhaps having too much to drink.

TREND ► Increasing significantly from 2011 findings.

DISPARITY ► Reported **less** often among residents outside of Bozeman and Big Sky.

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

Gallatin County



Sources: ● PRC Community Health Survey, PRC, Inc. [Item 310]
Notes: ● Asked of all respondents.

Drug Use

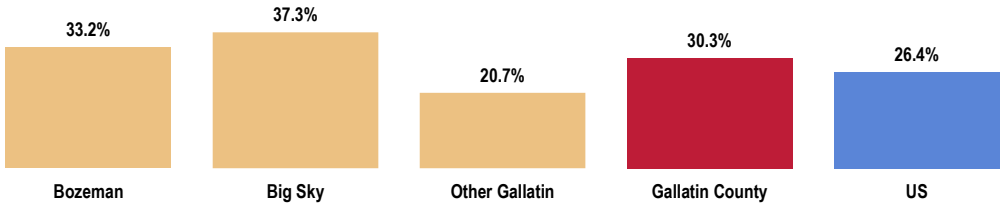
Marijuana/THC Use

In the past 12 months, 30.3% of Gallatin County adults used marijuana or products containing THC in any form (including traditional marijuana, hashish, edibles, and concentrates like hash oil, wax, or shatter).

BENCHMARK ► Higher than the national percentage.

DISPARITY ► Reported more often among Bozeman and Big Sky residents, as well as among adults under age 65, those without higher education, low-income residents, and LGBTQ+ respondents.

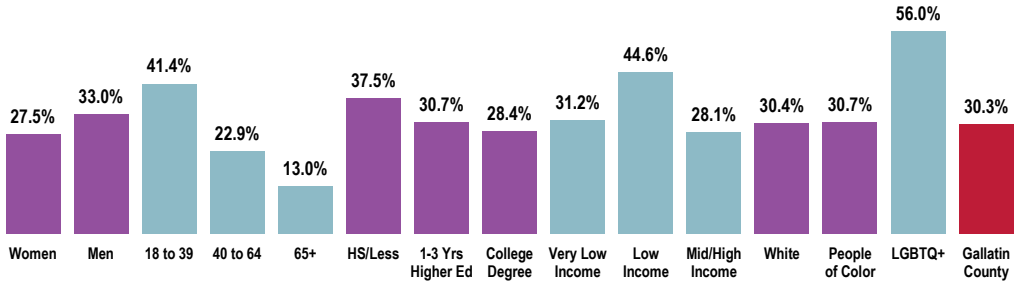
Marijuana/THC Use in the Past Year



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 35]
- 2026 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes traditional marijuana, hashish, edibles, and concentrates like hash oil, wax, or shatter (does not include CBD oils).

Marijuana/THC Use in the Past Year
(Gallatin County, 2026)



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 35]

Notes:
- Asked of all respondents.
- Includes traditional marijuana, hashish, edibles, and concentrates like hash oil, wax, or shatter (does not include CBD oils).

Illicit Drug Use

For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

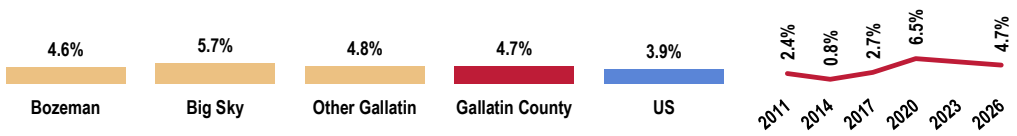
Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

A total of 4.7% of Gallatin County adults acknowledge using an illicit drug in the past month.

TREND ► Higher than baseline findings.

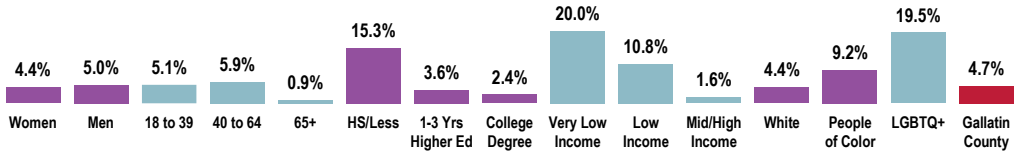
DISPARITY ► Reported more often among adults under age 65, lower-educated respondents, lower-income respondents, and LGBTQ+ residents.

Illicit Drug Use in the Past Month



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 39]
● 2026 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Illicit Drug Use in the Past Month
(Gallatin County, 2026)



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 39]
Notes: ● Asked of all respondents.

Alcohol & Drug Treatment

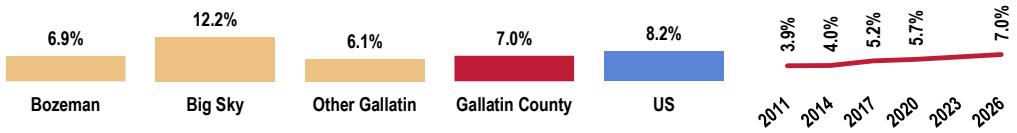
A total of 7.0% of Gallatin County adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

TREND ▶ Denotes a statistically significant increase since 2011.

DISPARITY ▶ Reported more often among Big Sky residents.

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem

Gallatin County



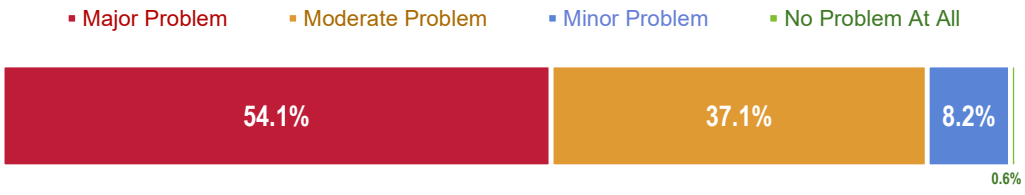
Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 40]
● 2026 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Key Informant Input: Substance Use

The greatest share of key informants taking part in an online survey characterized *Substance Use* as a "major problem" in the community.

Perceptions of Substance Use as a Problem in the Community

(Key Informants; Gallatin County, 2026)



Sources: ● 2026 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

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

Access to Care/Services

> Availability and knowledge of the resources. — Community Leader
> Lack of services. Stigma. Sober events. Lack of peer support services. — Social Services Provider
>
> Lack of inpatient care. — Community Leader
>
> Treatment centers lack capacity to take on more clients. — Community Leader
> Availability of treatment options. This is a big one. Culture. Don't underestimate this. I was born and raised in MT. — Community Leader

Lack of detox center and local treatment center. Not enough outpatient options (i.e. IOP treatment, sober living, respite care) Medically assisted treatment is pushed too often and unnecessarily, which is leading individuals just to be addicted to these MAT meds and are not getting the real help they need. Not every addict/alcoholic needs MAT. — Social Services Provider

Access to inpatient substance recovery and ongoing support. — Community Leader

Lack of local treatment facility to include inpatient and intensive outpatient treatments and lack of addiction medicine psychiatrists in the community. — Community Leader

Lack of services and education. Negative stigma associated with treatment use. — Health Care Provider

This is directly related to mental health and the lack of treatment options. There are also very limited/no inpatient clinics in Montana, which makes access almost impossible since the individual would have to leave their community, job, etc. — Public Health Representative

The lack of available resources, as far I know there is no inpatient rehab facility in the county. there's also no place for people to safely detox so often times people wanting to be treated for substance abuse don't have anywhere safe to get the treatment they need. — Social Services Provider

Access, there are basically no options in Gallatin County. We used to have two outpatient facilities, but both have closed. There is work being done to bring more to the community, but it will be a long time before there are enough resources to meet the demand. — Health Care Provider

Access to sobering space and detox services, inpatient treatment and loss of ADSGC.
— Social Services Provider

Not enough resources, especially for children and teens. Cost. — Community Leader

Openings or availability. I have had friends with kids who ended up going to Great Falls for inpatient treatment. If not for insurance they would not have been able to be admitted. Very costly. — Community Leader

Lack of inpatient substance abuse support. — Health Care Provider

No IOP, no inpatient rehab and limited providers. — Physician

No resources at all. No inpatient centers. No outpatient physicians or APCs willing to treat these patients. There is one addiction center for acute cases but no chronic ambulatory management and no place for physicians or APCs to refer patients to. — Physician

Resources are very limited, and all the prior comments related to cost, travel and access.
— Health Care Provider

Appropriate treatment centers. — Health Care Provider

There are no established inpatient or outpatient substance abuse programs aside from AA. There isn't a dedicated person to direct people to. — Community Leader

Mental health professionals and community programs. — Community Leader

Access in general, knowledge about resources and residential treatment. — Community Leader

A lack of substance use treatment within the county. Cost of substance use treatment, lack of sober houses when returning from substance use treatment. — Health Care Provider

Must drive to Bozeman or further to access treatment. There's no access to holistic care for substance use; any treatment facility is clinical/sterile. — Community Leader

A lack of Treatment programs and providers, especially accepting Medicaid. — Community Leader

Having Rimrock peer support in past years was helpful. We haven't had a peer support specialist locally in a while. — Social Services Provider

There isn’t any SUD treatment in Big Sky. — Health Care Provider

Big Sky does not have clinical substance use treatment programming - there are several peer groups. Substance use and party culture is deeply tied to the way of life in Big Sky (like other ski towns), and it is challenging for people to change their behaviors. If someone leaves the community to access substance use treatment, there aren't a lot of follow-up support options available for them when they return. — Social Services Provider

There are two new IOP programs in Bozeman for Substance Use Disorders, but the only option for in-patient care is available at Bozeman Health. — Social Services Provider

There is no substance use treatment at all in this area. — Health Care Provider

There is literally nowhere for anyone to go in this community if they need to access substance use treatment in Gallatin County. Additional regional options are highly expensive. — Social Services Provider

Full spectrum of care and resources in one location that is affordable. — Health Care Provider

We have no in-patient treatment facilities in the surrounding area. — Social Services Provider

Lack of services and resources including all levels of care. Rimrock has been a good addition, but funding for the services is challenging. — Community Leader

There isn't a treatment facility. — Social Services Provider

We face a significant service gap. Unlike larger hubs like Bozeman, our residents lack local access to essential recovery resources and professional counseling services. — Community Leader

> Access to available providers, barriers with stigma, affordability and access when service workers are available. — Community Leader

Denial/Stigma

> I am not very familiar with the specific substance use services available in our community, since I have not needed to seek them out personally. From what I have observed, the larger challenge seems to be about acknowledgment rather than access. Several people I know struggle with unhealthy alcohol use, yet they do not pursue support. It often appears that admitting a problem is difficult because alcohol is tied to how many adults connect socially and feel comfortable in group settings. When something is part of how people have fun or engage in community life, it becomes harder to recognize when that behavior is no longer healthy. In that sense, the barrier seems less about a lack of services and more about the personal and social difficulty of acknowledging the need for help. — Community Leader
>
> Social stigma and knowledge of available providers or options. — Health Care Provider
>
> Stigma. — Community Leader
>
> People recognizing, they need help. — Community Leader
>
> Stigma, knowledge about what is available, affordability, and many programs are faith-based, which is not for everyone. — Social Services Provider
>
> Stigma. Providers who offer sliding fee/affordable access and/or bill Medicaid or Medicare. — Health Care Provider
>
> Stigma and access to services. — Health Care Provider

Lack of Providers

> The greatest barriers to accessing SUD treatment in our community are limited provider availability, high costs of care, and unclear referral pathway. Cost is also a major barrier, particularly for low-income individuals and those without insurance. In addition, people often struggle to navigate the system and find appropriate treatment, as pathways for referrals and care coordination can be unclear. Stigma surrounding substance use can further discourage individuals from seeking the help they need. — Public Health Representative
>
> Not enough providers in the area. — Community Leader
>
> Lack of providers, lack of system for starting treatment and supports for ongoing treatment and support, high social use of alcohol, no inpatient treatment, no day treatment or support like clubhouse. — Social Services Provider
>
> Very few providers who are trained and specialize in substance use/abuse and are available in times of crisis. — Physician

Social Norms/Community Attitude

> I think substance use is widely accepted in our community and state and when people are in need of treatment, there really aren't any here. — Community Leader
>
> I think this is a tough issue. The nature of our town contributes to this. It is easy to get a job here, but there is a lot of down time and unless you are into the outdoors, sometimes there's not a lot of other things to do beside drink. I think the biggest barrier is that people have to want to quit or become sober. You cannot force people to do it. I think more counselors available would be helpful, too. — Community Leader
>
> I don't think people recognize that alcohol is a problem until it is too late. We have a large "drinking" culture here, lots of social activities are associated with alcohol. Barriers are available treatment (counselors, or treatment facilities), and healthy alternatives without drugs and alcohol. — Public Health Representative
>
> Drug use in our community has been a little talked about issue. With the legalization of marijuana, I see more common and everyday usage which impacts employers, educators and families. — Community Leader

Desire to Seek Help

> I personally think that the person needing treatment should want to take the treatment options, but you cannot make them. — Community Leader
>
> Desire to seek help. — Community Leader
>
> Patients seeking help, stigma, lack of resources for provider visits and therapy to assist and monitor. — Health Care Provider

Affordable Care/Services

> The greatest barriers to accessing substance use treatment in Bozeman include the high cost of care, limited insurance coverage, and a shortage of available treatment providers. Many individuals face financial barriers such as high deductibles, lack of insurance, or limited coverage for substance use services. There are also limited options for higher levels of care, such as inpatient or residential treatment, which often require individuals to travel outside the community. Additionally, stigma surrounding substance use can prevent people from seeking help, and long wait times for services can delay treatment when individuals are ready to engage in care. — Social Services Provider

> The greatest barrier is cost and availability. — Health Care Provider

Government

> The state's Medicaid program is underfunded and hardly anyone in Gallatin County qualifies for Medicaid anyway because the income limits are so archaically low. — Community Leader

> The pot industry is going after our youth, and dim-witted politicians have gone along with it because of greed. — Physician

Awareness/Education

> Knowing where to go and removing the stigma of getting help to address the disease. — Community Leader

> A bury your head in the sand attitude that Bozeman has that kind of problem. The non or under insured population most affected by substance use. The challenges with follow up after emergency services and lack of buy in on the part of the client. — Community Leader

Unhoused Populations

> An abundance of our homeless issues and mental health issues have roots in addictions. Each addict has a different host of problems and there are different tools that can help them overcome the problem. In Bozeman we have a limited tool chest. I believe we need a work therapy program, a sober living shelter or housing program, and job training for individuals who are trying to overcome their addictions. — Community Leader

Geographic Isolation

> Probably the area is somewhat remote and does not have many resources to address addiction. We do have AA meetings in the community, and there is an addiction class resource through one of the churches and welcomes anyone to attend. — Community Leader

Marijuana Use

> Walk around downtown Bozeman or through a park when it's nice out or at a trailhead. You will smell marijuana and find discarded roaches. — Community Leader

Access to Care for Uninsured/Underinsured

> Insurance and lack of robust IBH implementation. — Community Leader

Alcohol Use

> Alcohol use in our community and state is out of control. — Community Leader

Co-Occurrences

> Substance abuse and mental health go hand in hand. — Community Leader

Cultural/Personal Beliefs

> Party culture and stigma, recovery beds and follow up community care are non-existent. — Social Services Provider

Diagnosis/Treatment

> Professional, not peer-based, treatment options. — Social Services Provider

Easily Accessible

> Alcohol and cannabis retail is on almost all areas of town. — Community Leader

Follow-Up/Support

> After care support, sober living facilities, ongoing counseling and support. — Health Care Provider

Lack of Privacy

> Our community is so small people are reluctant to seek help. The few that we have shipped to rehab complete the program. — Social Services Provider

Lifestyle

> People who abuse substances are not generally the same people that are concerned about it. — Community Leader

TOBACCO USE

ABOUT TOBACCO USE

Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels.

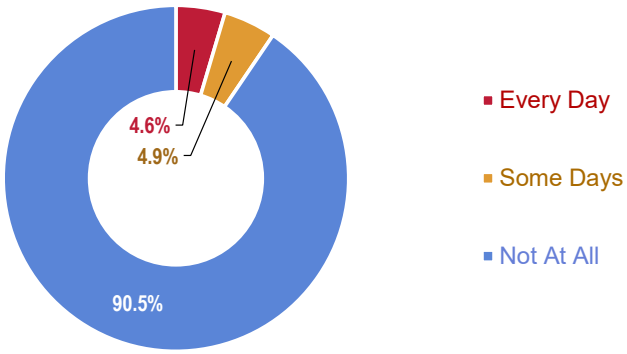
Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

– Healthy People 2030

Cigarette Smoking

A total of 9.5% of Gallatin County adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).

Prevalence of Cigarette Smoking
(Gallatin County, 2026)



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 33]
Notes: • Asked of all respondents.

Note the following findings related to cigarette smoking prevalence in Gallatin County.

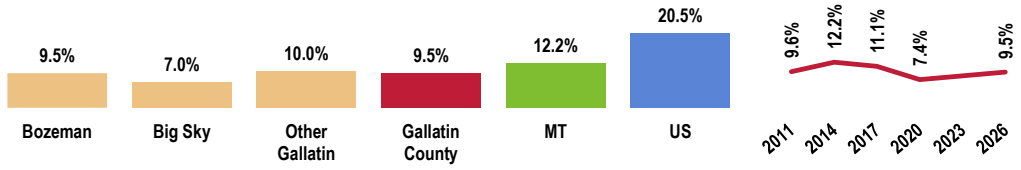
BENCHMARK ► Lower than state and (especially) US percentages. Fails to satisfy the Healthy People 2023 objective.

DISPARITY ► Cigarette smoking is reported more often among adults under age 65, those without higher education, lower-income residents, People of Color, and LGBTQ+ respondents.

Currently Smoke Cigarettes

Healthy People 2030 = 6.1% or Lower

Gallatin County



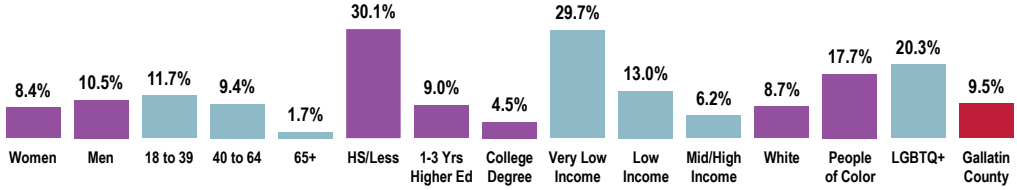
Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 33]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2024 Montana data.
- 2026 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030.

Notes:
- Asked of all respondents.
- Includes those who smoke cigarettes every day or on some days.

Currently Smoke Cigarettes

(Gallatin County, 2026)

Healthy People 2030 = 6.1% or Lower



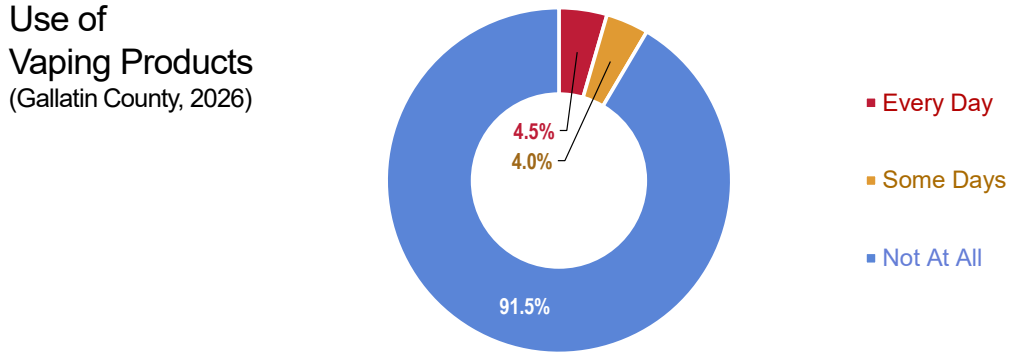
Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 33]
- US Department of Health and Human Services. Healthy People 2030.

Notes:
- Asked of all respondents.
- Includes those who smoke cigarettes every day or on some days.

Other Tobacco Use

Use of Vaping Products

Most Gallatin County adults do not use electronic vaping products.



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 34]
Notes: ● Asked of all respondents.

However, 8.5% currently use electronic vaping products either regularly (every day) or occasionally (on some days).

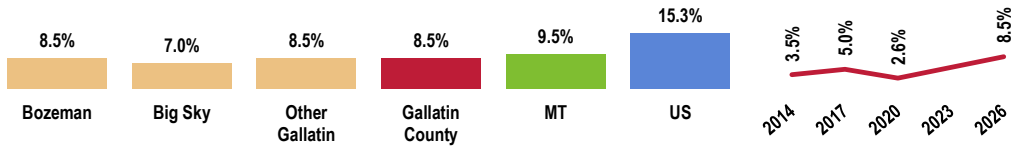
BENCHMARK ► Lower than the national percentage.

TREND ► Significantly higher than was reported in 2014.

DISPARITY ► Reported more often among men, adults under age 40, those without higher education, those living below the poverty threshold, People of Color, and LGBTQ+ respondents.

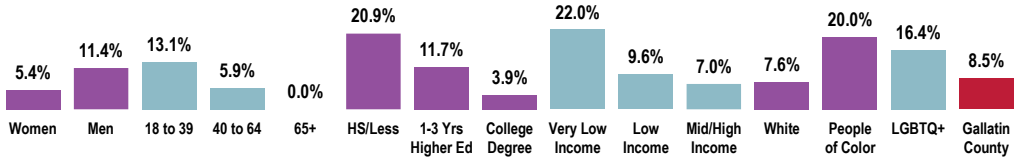
Currently Use Vaping Products

Gallatin County



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 34]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2024 Montana data.
● 2026 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Includes those who use vaping products every day or on some days.

Currently Use Vaping Products
(Gallatin County, 2026)



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 34]
Notes: ● Asked of all respondents.
● Includes those who use vaping products every day or on some days.

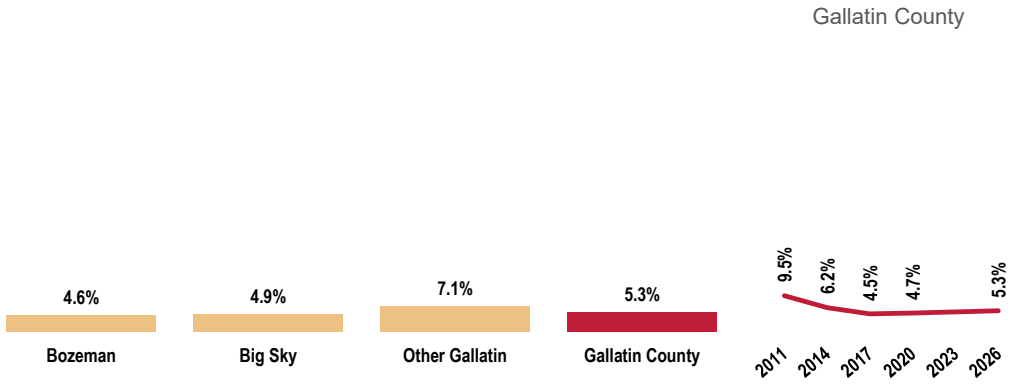
Smokeless Tobacco

Examples of smokeless tobacco include chewing tobacco, snuff, or "snus."

A total of 5.3% of Gallatin County adults use some type of smokeless tobacco every day or on some days.

TREND ► A significant decrease from baseline 2011 findings.

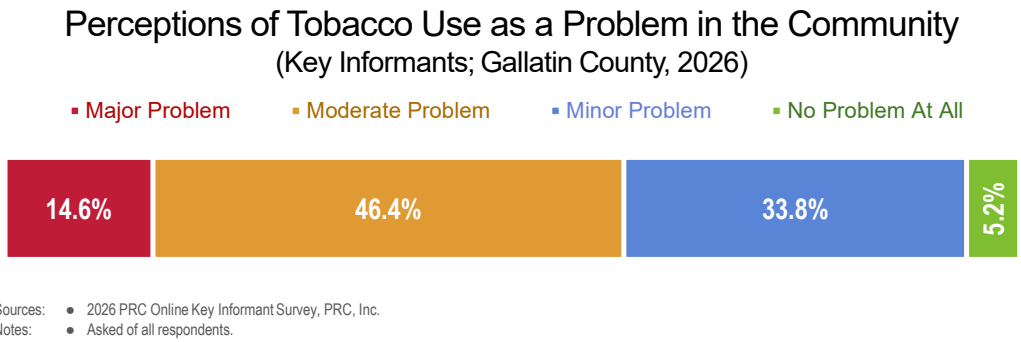
Currently Use Smokeless Tobacco



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 309]
Notes: ● Asked of all respondents.
● Includes chewing tobacco or snuff.

Key Informant Input: Tobacco Use

The greatest share of key informants taking part in an online survey characterized *Tobacco Use* as a "moderate problem" in the community.



Sources: 2026 PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

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

Incidence/Prevalence

> It is visible in all parts of our community, particularly the newest version of synthetic nicotine products. — Community Leader
>
> More individuals noted to use tobacco or vape during interactions while gathering heath histories, see more people smoking while out in the community. — Health Care Provider
>
> Observation. It's not necessarily smoking. It's chewing, vaping and other stuff that seems to be on a growth path. — Community Leader
>
> It is prevalent and terrible for your health. — Health Care Provider
>
> Everyone appears to be using Zyns. — Community Leader
>
> We are constantly picking up cigarette and marijuana paraphernalia in our parking lot. — Community Leader

Co-Occurrences

> I believe this is a major problem in most areas but in Big Sky specifically I believe it ties into the substance use disorders. — Health Care Provider
>
> I feel like a large amount of the population/community are smokers which also lead to other issues such as heart disease and cancer. — Health Care Provider

E-Cigarettes

> High volume of youth who vape. — Social Services Provider
>
> Vaping has become more popular with teens, influencing a new generation into the nicotine addiction. Tobacco causes major health concerns, but few communities look for resources to help people stop. — Community Leader

Social Norms/Community Attitude

> Kids think chewing like a cowboy is the cool thing to do. But honestly, it's vaping that has gotten out of control. — Social Services Provider
>
> Although I feel like the use of tobacco is decreasing generally, the culture of Montana and the cowboy way leads to the use of tobacco. — Community Leader

Impact on Quality of Life

> It is a leading cause of preventable respiratory and heart disease and death. Nicotine vapes are widely available and aggressively marketed to kids, a concerning trend that may pose a risk for increasing tobacco use. — Community Leader

Access to Care/Services

> Limited resources and time restraints. — Physician

Awareness/Education

> Lack of knowledge for community members. — Health Care Provider

SEXUAL HEALTH

ABOUT HIV & SEXUALLY TRANSMITTED INFECTIONS

Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs (sexually transmitted infections). And people who have an STI may be at higher risk of getting HIV (human immunodeficiency virus). Promoting behaviors like condom use can help prevent STIs.

Strategies to increase screening and testing for STIs can assess people's risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn't prevent HIV from spreading.

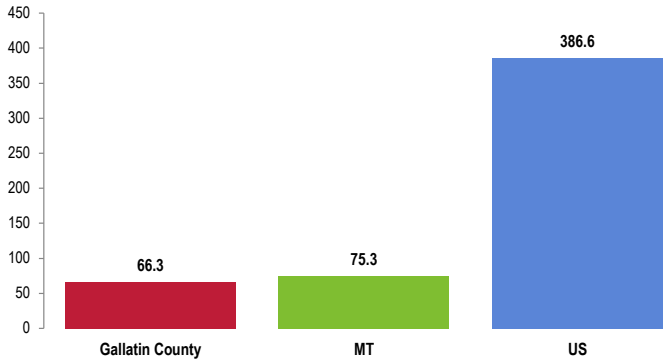
– Healthy People 2030

HIV

In 2022, there was a prevalence of 66.3 HIV cases per 100,000 population in Gallatin County.

BENCHMARK ► Well below the national rate.

HIV Prevalence
(Prevalence Rate per 100,000 Population, 2022)



Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2026 via SparkMap (sparkmap.org).

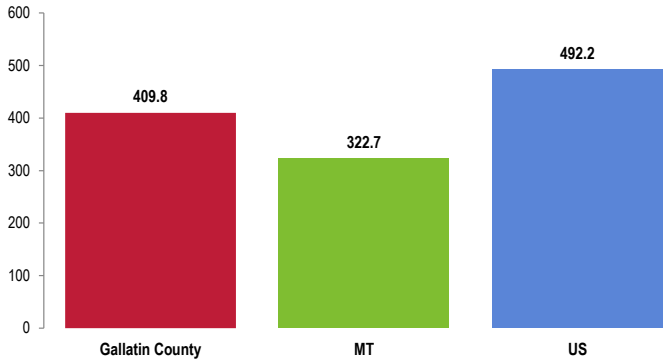
Sexually Transmitted Infections (STIs)

Chlamydia

In 2023, the chlamydia incidence rate in Gallatin County was 409.8 cases per 100,000 population.

BENCHMARK ► Higher than the Montana rate.

Chlamydia Incidence
(Incidence Rate per 100,000 Population, 2023)



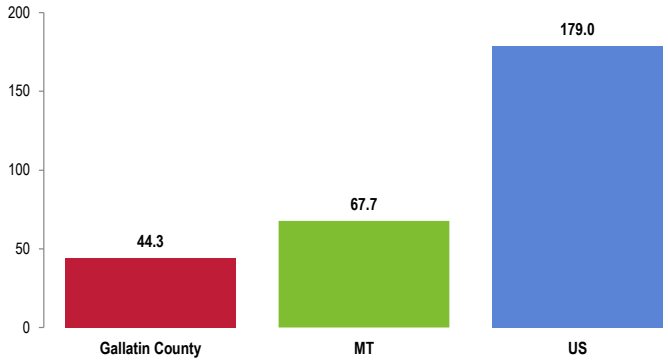
Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2026 via SparkMap (sparkmap.org).

Gonorrhea

The Gallatin County gonorrhea incidence rate in 2023 was 44.3 cases per 100,000 population.

BENCHMARK ► Lower than state and (especially) US rates.

Gonorrhea Incidence
(Incidence Rate per 100,000 Population, 2023)



Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2026 via SparkMap (sparkmap.org).

HIV & STI Testing

Among Gallatin County adults age 18 to 44, 12.1% report that they have been tested for HIV or other sexually transmitted infections in the past year.

Tested for HIV or Other
Sexually Transmitted Infections in the Past Year
(Gallatin County Adults Age 18-44)

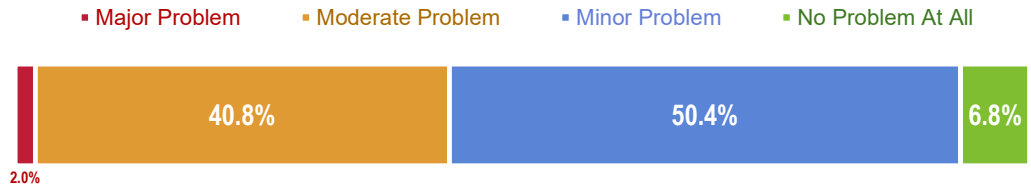


Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 324]
Notes: ● Reflects respondents age 18 to 44.
● The sample size for Big Sky was too low to be interpreted with confidence.

Key Informant Input: Sexual Health

A plurality of key informants taking part in an online survey characterized *Sexual Health* as a "minor problem" in the community.

Perceptions of Sexual Health as a Problem in the Community
(Key Informants; Gallatin County, 2026)



Sources: ● 2026 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

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

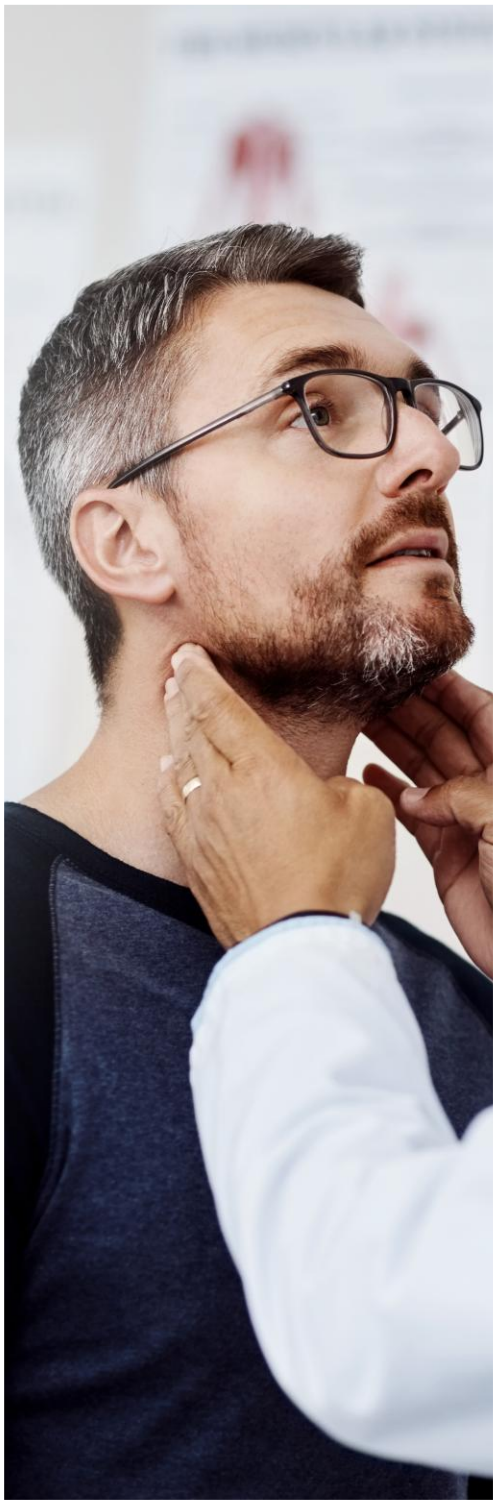
Access to Care/Services

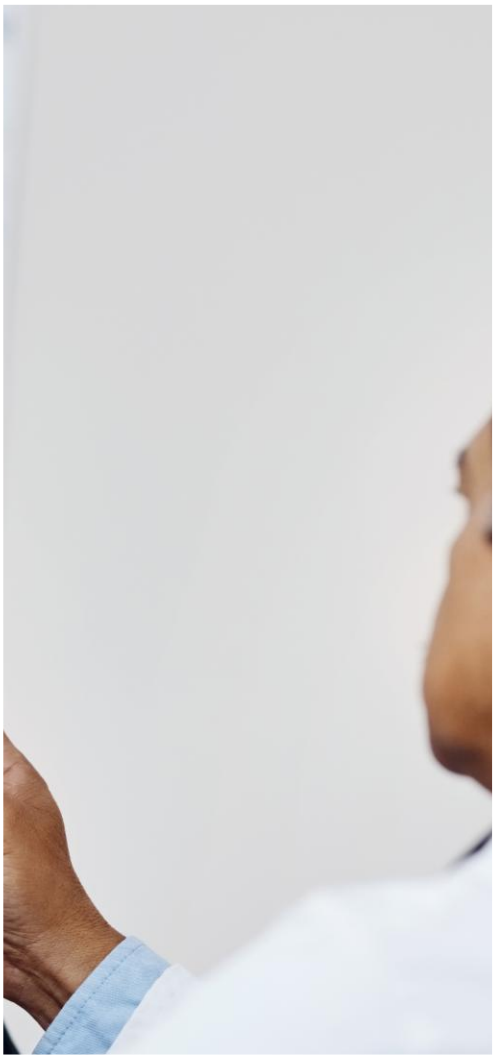
> My friend had to go all of the way to Livingston for a rape kit because Bozeman Health's ER wouldn't perform one. We do not have a robust sex ed requirement within our school systems. — Social Services Provider

> Access to care in Big Sky is limited outside of a primary care established. Bozeman is the option for this specialty, and Bridger Care specifically for the affordability. — Community Leader

Awareness/Education

> Accurate sexual health education is lacking based on interaction with community members, accessing STI testing can be difficult for patients, limited title X clinics and decrease in grant funding for existing clinics, HIV medications are expensive, no community resources to help provide HIV nPEP for survivors of sexual abuse/violence. — Health Care Provider







ACCESS TO HEALTH CARE

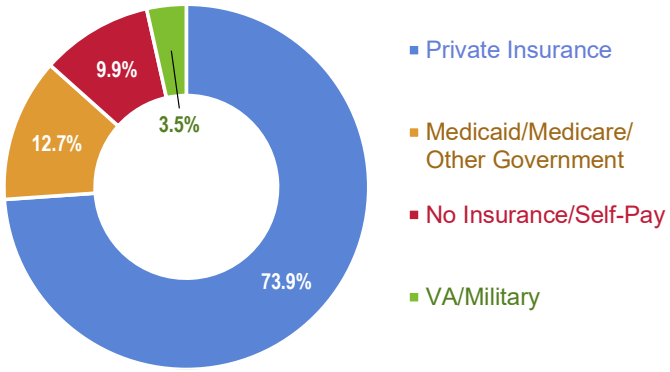
HEALTH INSURANCE COVERAGE

Type of Health Care Coverage

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

A total of 73.9% of Gallatin County adults age 18 to 64 report having health care coverage through private insurance. Another 16.2% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Health Care Insurance Coverage
(Adults 18-64; Gallatin County, 2026)



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 114]
Notes: • Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for health care services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

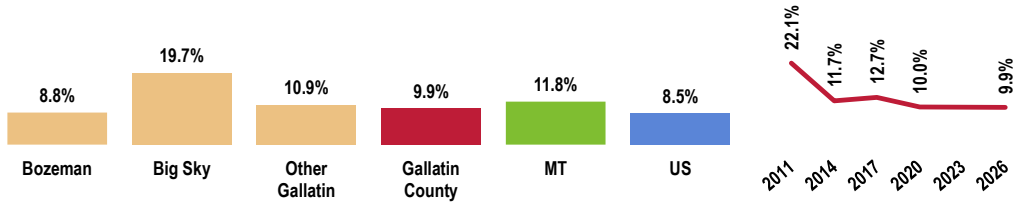
Among adults age 18 to 64, 9.9% report having no insurance coverage for health care expenses.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

TREND ► Well below baseline 2011 findings, but similar to findings since.

DISPARITY ► Notably high in Big Sky. Reported more often among lower-educated respondents, and low-income residents.

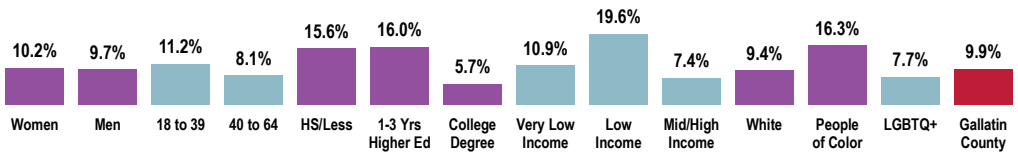
Lack of Health Care Insurance Coverage
(Adults 18-64)
Healthy People 2030 = 7.6% or Lower



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 114]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2024 Montana data.
- 2026 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030.

Notes:
- Reflects respondents age 18 to 64.

Lack of Health Care Insurance Coverage
(Adults 18-64; Gallatin County, 2026)
Healthy People 2030 = 7.6% or Lower



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 114]
- US Department of Health and Human Services. Healthy People 2030.

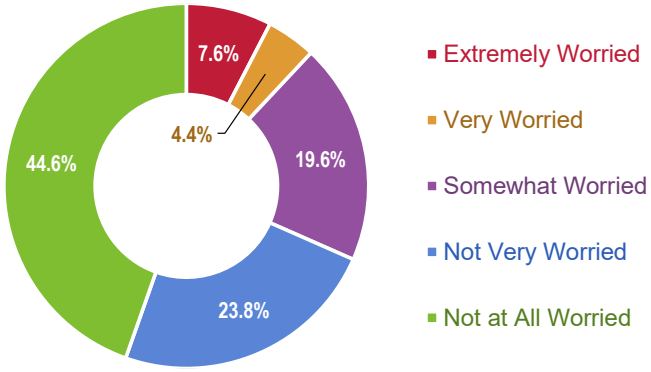
Notes:
- Reflects respondents age 18 to 64.

Insurance Instability

Most Gallatin County adults are not worried about losing health care coverage in the next 12 months.

Respondents were asked: "How worried do you feel that you might lose health insurance coverage in the coming year because it becomes unaffordable or because you are no longer eligible for your current plan?"

Worried About Losing Health Care Coverage in the Next Year
(Gallatin County, 2026)



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 314]
Notes: ● Asked of all respondents.

However, 12.0% of residents are either "extremely" or "very" worried about losing health care coverage in the next year.

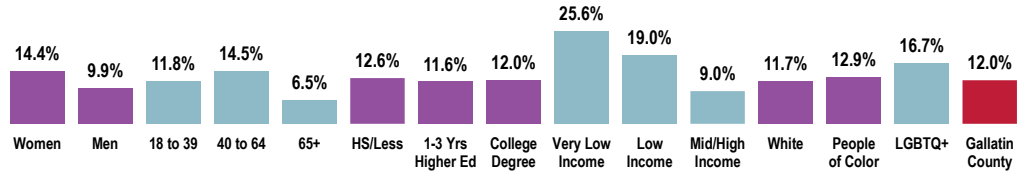
DISPARITY ► Reported more often among adults under age 65 and lower-income residents.

"Extremely" or "Very" Worried About Losing Health Care Coverage in the Next Year
(Gallatin County Adults)



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 314]
Notes: ● Asked of all respondents.

“Extremely” or “Very” Worried About Losing Health Care Coverage in the Next Year
(Gallatin County Adults)



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 314]
Notes: ● Asked of all respondents.

DIFFICULTIES ACCESSING HEALTH CARE

ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. …People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

– Healthy People 2030

Difficulties Accessing Services

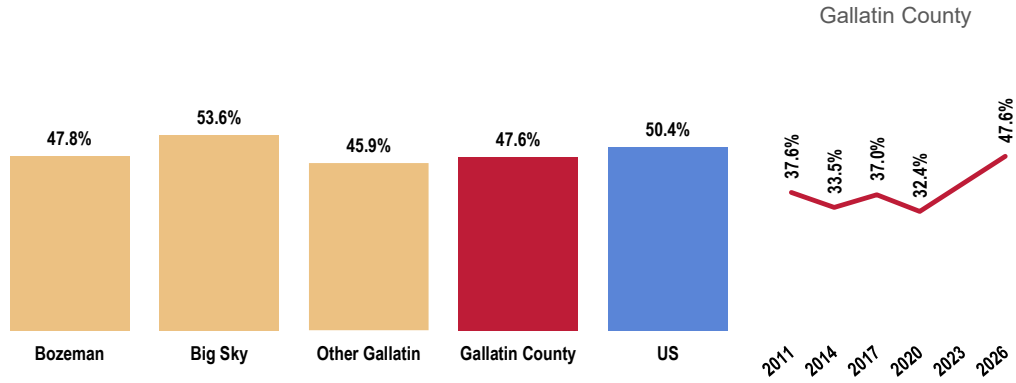
This indicator reflects the percentage of the total population experiencing problems accessing health care in the past year, regardless of whether they needed or sought care. It is based on reports of the barriers outlined in the following section.

A total of 47.6% of Gallatin County adults report some type of difficulty or delay in obtaining health care services in the past year.

TREND ► A significant increase from previous survey findings.

DISPARITY ► Difficulties accessing services were reported more often among women, adults under age 65, lower-income residents, White respondents, and LGBTQ+ residents.

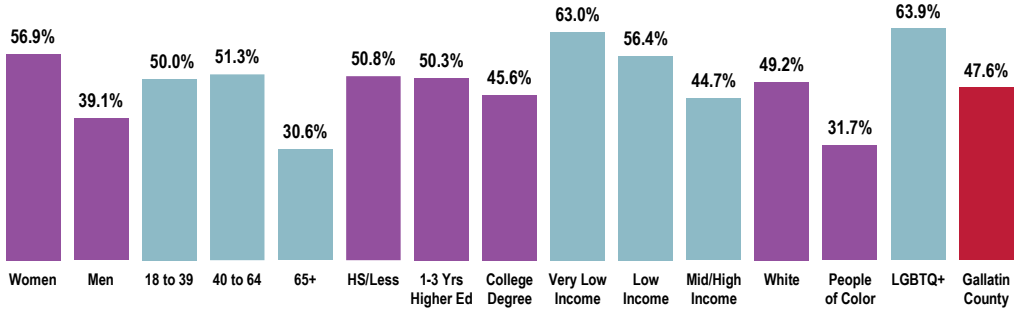
Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 116]
- 2026 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year
(Gallatin County, 2026)



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 116]
Notes: ● Asked of all respondents.
● Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

Barriers to Health Care Access

To better understand health care access barriers, survey participants were asked whether any of seven types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

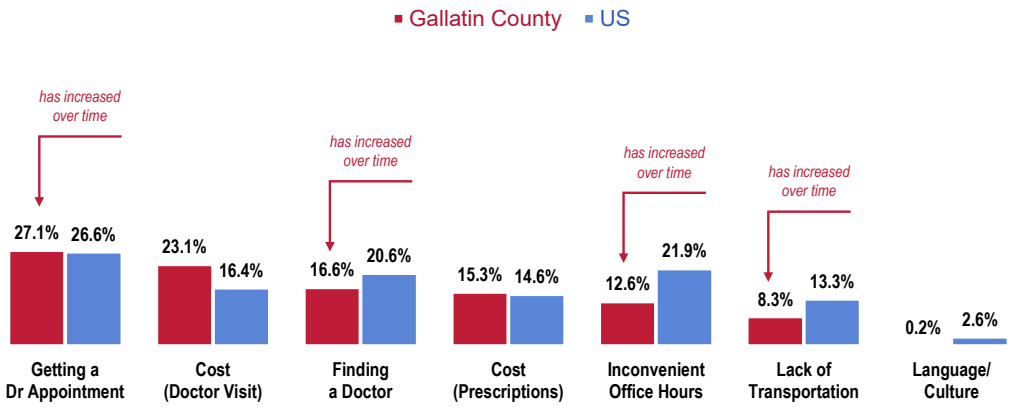
Of the tested barriers, appointment availability and cost of a physician visit impacted the greatest shares of Gallatin County adults.

BENCHMARK ► The percent of respondents affected by the cost of a physician visit was higher than both state and US percentages.

TREND ► Difficulties with appointment availability, finding a doctor, office hours, and transportation have all increased over time.

DISPARITY ► Residents in Big Sky were much more likely to report inconvenient hours as a barrier (not shown).

Barriers to Access Have Prevented Medical Care in the Past Year



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Items 6-12]
● 2026 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

In a separate inquiry, 14.5% of respondents report skipping or stretching a prescription medication in the past year in order to save money.

Accessing Health Care for Children

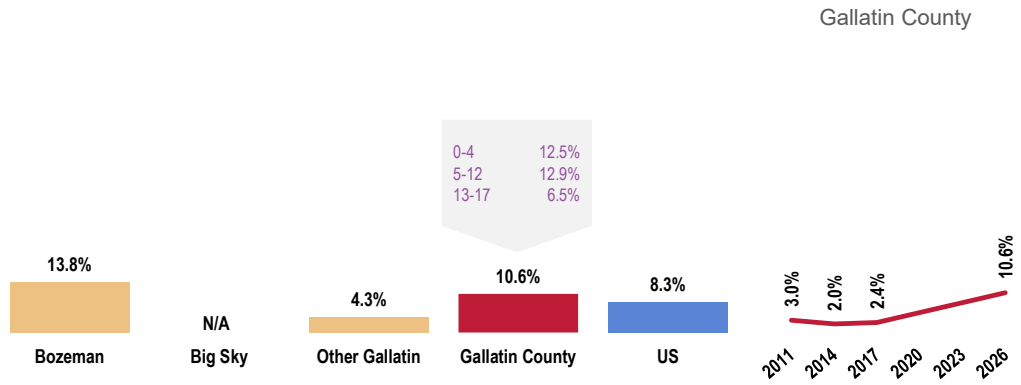
Surveyed parents were asked if, within the past year, they experienced any trouble receiving medical care for a randomly selected child in their household.

A total of 10.6% of parents say there was a time in the past year when they needed medical care for their child but were unable to get it.

TREND ► A significant increase from previous findings.

DISPARITY ► Reported more often among Bozeman parents.

Had Trouble Obtaining Medical Care for Child in the Past Year
(Children 0-17)



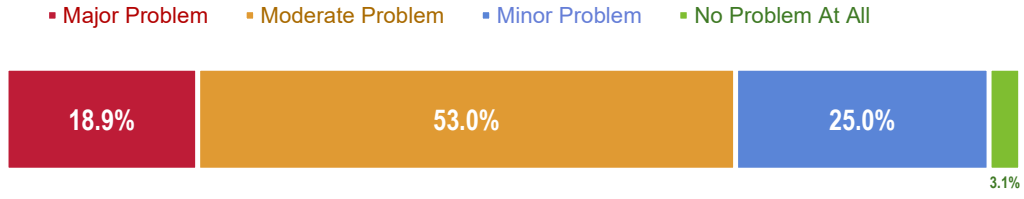
Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 91]
- 2026 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents with children age 0 to 17 in the household.
- The sample size for Big Sky was too low to be interpreted with confidence.

Key Informant Input: Access to Health Care Services

Key informants taking part in an online survey most often characterized *Access to Health Care Services* as a "moderate problem" in the community.

Perceptions of Access to Health Care Services as a Problem in the Community
(Key Informants; Gallatin County, 2026)



Sources:
- 2026 PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

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

Access to Care/Services

> I think the lack of referrals outside of community health facilities create a longer waitlist for patients that could otherwise be seen at other facilities. — Social Services Provider
>
> We live 90 miles from Bozeman medical centers and 90 miles from medical centers in Idaho for those who choose to go there for medical care. This distance creates many obstacles for those choosing to travel for these services. — Community Leader
>
> First, we are seeing increases in the number of people who do not have health insurance and those who are under-insured. Costs for healthcare services continue to increase as well as everyday costs for residents in SW MT. As community members are pressed financially, many families are no longer able to prioritize taking care of their health. In addition to high costs, limited office hours and difficulty getting into clinics are challenges that community members face when they try to access health care services in our community. For the past six months or so, Community Health Partners has been unable to accept new patients and BH has had a 3–6-month waitlist. People cannot get into care when they need it. We also continue to see challenges with transportation and residents being unable or unwilling to take time off work to commute into our urban centers for appointments with medical providers. No one seems willing to step up to help the poor and underserved in our community. — Social Services Provider
>
> Quantity of physicians in specialties with high demand. — Health Care Provider
>
> Provider availability, cost of health care and insurance barriers. — Health Care Provider
>
> The biggest challenges related to access to the ability to see a physician within 24-48 hours of requesting an appointment as well as physical locations (lack thereof) throughout our primary service area. The health system has a good system in place to treat emergencies, but primary and family care is a pain point in our community. Specialized services are a growing need within our community and having more appointments within a 30-day window for requesting a procedure should be evaluated. Anecdotally, two family members had to wait more than 2.5 months after seeing a specialist to have the necessary procedures completed. — Community Leader
>
> The lack of services available, specifically related to mental/behavioral health and substance use. — Social Services Provider
>
> West Yellowstone has a small clinic that does its best to serve the community. For most of the specialized care our community members have to drive 2 hours for referrals and appointments. Our dentist is open one day a week, OT and PT 95% go outside the community. Meatal health services are twice a month through the clinic or one day a week through social services. Low-income families struggle with telehealth as well as the senior population. — Social Services Provider
>
> There is a major lack of primary care. The care is good once you are in the Bozeman Health system, but the hospital has a really hard time recruiting into the system. — Community Leader

Affordable Care/Services

> Affordability and hesitation to access care due to perceptions of health care cost. — Social Services Provider
>
> Affordability - high-deductible health plans, costly procedures, hospital/carrier contracts increasing year over year and therefore impacting employers has been having a huge impact on what type of coverage employers can offer at affordable premiums to their employees. — Community Leader
>
> High costs, lack of insurance, for-profit insurance companies limiting coverage and expensive prescription medications. Workforce shortages in primary care. Limited post-acute skilled nursing facilities in the area. — Community Leader
>
> Access to healthcare in our community faces several challenges. Affordable care remains limited, with many residents unable to find services that fit their financial means, leading to delays or gaps in care. Language barriers are significant, as there are relatively few Spanish-speaking providers to serve our growing Spanish-speaking population. Mental health services are also limited along with availability of counselors taking new patients. Additionally, appointment availability, particularly for specialists, is often constrained. Last, transportation can be another barrier that affects access to health care services for individuals who may live outside Bozeman proper. — Health Care Provider
>
> Residents in Bozeman face growing challenges accessing health care due to the rising cost of services and limited affordable insurance options. The rapid increase in the cost of living in the area means many individuals and families struggle to afford insurance premiums, deductibles, and out-of-pocket expenses. Those who do not receive employer-sponsored coverage—such as part-time workers, service industry employees, and self-employed residents—are particularly impacted, often relying on high-deductible plans or going uninsured. As a result, some community members delay or avoid seeking care due to cost, which can worsen health outcomes and increase the need for more intensive services later. — Social Services Provider
>
> Costs. — Social Services Provider
>
> Cost, access to specialists like neurologists, providers understanding diverse identities and treating people respectfully. — Community Leader

> I see a lot of patients who can't get the care they need related to cost, mainly due to lack of insurance. Even with financial aid healthcare is still too expensive for many of them. The loss of Medicare really hurt a lot of people around here, and even beyond that there are a lot of people who make just enough that they can't get a lot of financial help, but any significant medical costs will still bankrupt them. I continually see patients unable to get the preventative/primary care they need and as a result they end up having catastrophic health events as a downstream effect. CHP is no longer accepting new patients, and this has left a lot of people without access to primary care with devastating consequences. — Physician
> Geographic location - several communities in our area are more isolated and don't have access to the same programs that are available in Bozeman. — Social Services Provider
>
> Cost is a barrier - many individuals lack health insurance and are not able to afford the monthly cost of a plan. Those who do have health insurance often have a high deductible and are still responsible for many costs out of pocket before they reach their deductible. I think lower income individuals have more opportunities to access cost assistance programs while middle-income individuals/families who still struggle to afford services don't qualify for support. Appointment availability for both basic services and more specialty care services is another challenge. As the community grows, the number of providers needs to grow with it in order to keep service available. Many individuals work service jobs with irregular hours and aren't able to access care during normal business hours. Geographic location - several communities in our area are more isolated and don't have access to the same programs that are available in Bozeman. — Social Services Provider

Specialty Care

> Specialty care in cardiology (electrophysiology, CV surgery) are not offered in Gallatin Valley, therefore patients need to be traveling outside of the valley to access higher level of care. Mental health, substance abuse resources in the valley is also a huge problem as we do not have a specialty center to help with inpatient/facility for substance abuse. Though we are one of the most affected states. — Health Care Provider
>
> Those with serious mental health problems have little to no access to real help or options to make them better, especially those going through the lower court systems that cannot send them to the State Hospital. The cycle of people with severe mental health not receiving evaluations for being a danger to others is also a big concern. — Community Leader
>
> As for skilled nursing facilities, most people need to go out of our community. Assisted living and memory care access is getting to be just as difficult. And very few Medicaid beds. — Health Care Provider
>
> Lack of coordinated neurologic care, rehab for individuals with neurologic conditions, and neuro specialized providers. — Community Leader

Lack of Providers

> Recruiting physicians to primary care, family medicine and internal medicine. — Physician
>
> Availability of primary care providers, conduits to other services, cost, public transportation including accessible transportation, homebound people lacking services, poverty and under-insured. — Health Care Provider
>
> CHP not accepting new patients due to lack of providers and large volume of patients needing their services. — Health Care Provider

Insurance Issues

> Cost of coverage, access to insurance including Medicaid, low wage jobs without PTO to cover missing work for appointments. — Social Services Provider
>
> Nearly 1 in 5 adults has not seen a medical provider in the past two years, per the CHA. I think everyone needs a primary care physician. Insurance affordability is an issue. — Public Health Representative

Income/Poverty

> Low-income people and families have a significantly harder time accessing health care. Too many places like dental clinics and mental health providers do not accept Medicaid and services are so expensive that many people go without. For the providers that do accept Medicaid, wait times for appointments are very long, sometimes months long. I think this disproportionately impacts children because they are often not able to receive services they need at a young age which can compound those issues later in life. Additionally, there are a lot of people that do not qualify for Medicaid but also can't afford health insurance, so, the lack of sliding scale options makes it difficult if not impossible for people to afford services. — Social Services Provider

Awareness/Education

> Despite many efforts for service providers to get the word out about local supports, many people still don't know where to go to get help. Stigma is still an issue. People think they can handle it on their own. Ability to afford counseling (especially if you want a counselor that isn't associated with a sliding fee scale program). Time in schedule - people are working multiple jobs and it requires logistics and planning to set up appointments, etc. Some people still don't have health insurance. — Community Leader

Access for Medicare/Medicaid Patients

> Access to care has been impacted by Medicaid changes and the increasing costs. Also having more Spanish speaking providers would increase access. — Community Leader

Vulnerable Populations

> Increasing access to healthcare for those Spanish speaking immigrants. — Social Services Provider

Geographic Isolation

> Limited access due to rural location, provider shortages in certain specialties and ELS needs. — Community Leader

PRIMARY CARE SERVICES

ABOUT PREVENTIVE CARE

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

– Healthy People 2030

Access to Primary Care

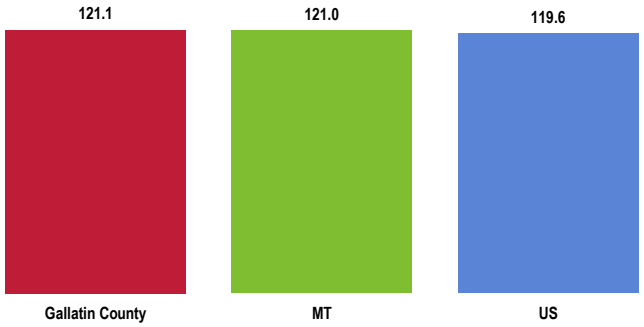
Note that this indicator takes into account *only* primary care physicians. It does not reflect primary care access available through advanced practice providers, such as physician assistants or nurse practitioners.

This indicator only reflects providers practicing in Gallatin County and residents in Gallatin County; it does not account for the potential demand for services from outside the area, nor the potential availability of providers in surrounding areas.

In 2022, there were 99 primary care physicians in Gallatin County, translating to a rate of 79.3 primary care physicians per 100,000 population.

Number of Primary Care Physicians per 100,000 Population
(2026)

This reflects 144 primary care physicians in Gallatin County.



Sources:
- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2026 via SparkMap (sparkmap.org).

Notes:
- Doctors classified as "primary care physicians" by the AMA include general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs, and general pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded.

Specific Source of Ongoing Care

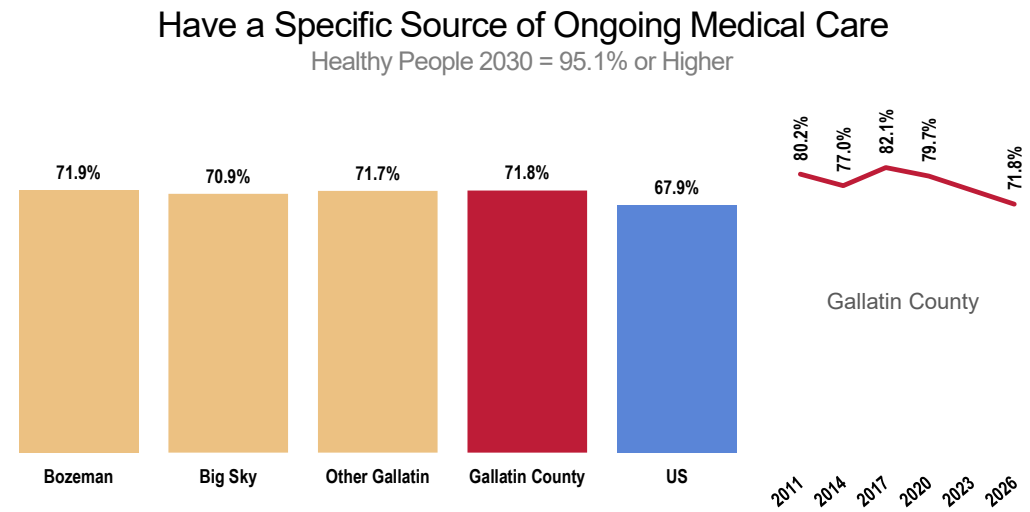
Having a specific source of ongoing care includes having a doctor's office, public health clinic, community health center, urgent care or walk-in clinic, military/VA facility, or some other kind of place to go if one is sick or needs advice about his or her health.

A hospital emergency room is not considered a specific source of ongoing care in this instance.

A total of 71.8% of Gallatin County adults were determined to have a specific source of ongoing medical care.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

TREND ► A significant decrease from previous findings.



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 115]
- 2026 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030.

Notes:
- Asked of all respondents.

Utilization of Primary Care Services

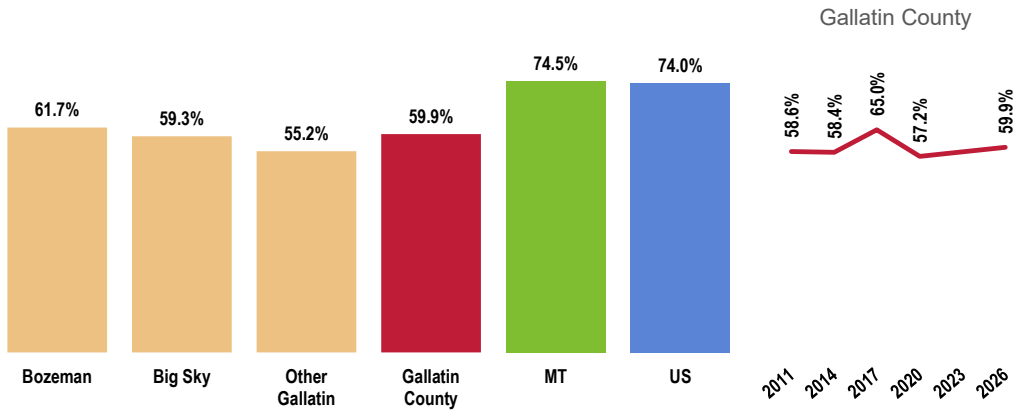
Adults

A total of 59.9% of adults visited a physician for a routine checkup in the past year.

BENCHMARK ► Lower than Montana and US percentages.

DISPARITY ► Lower among adults under age 65, those without education beyond high school, and lower-income residents.

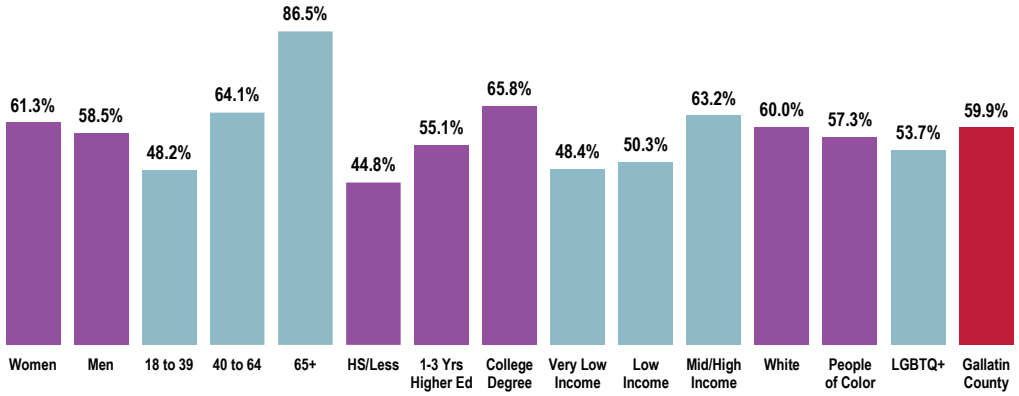
Have Visited a Physician for a Checkup in the Past Year



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 16]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2024 Montana data.
- 2026 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Have Visited a Physician for a Checkup in the Past Year
(Gallatin County, 2026)



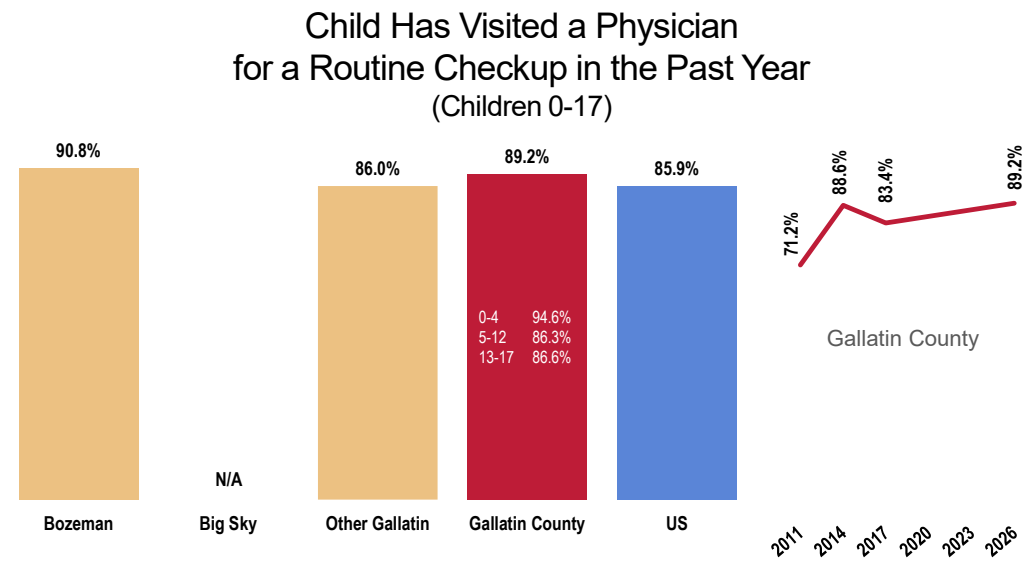
Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 16]

Notes:
- Asked of all respondents.

Children

Among surveyed parents, 89.2% report that their child has had a routine checkup in the past year.

TREND ▶ Higher than baseline 2011 findings.



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 92]
- 2026 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents with children age 0 to 17 in the household.
- The sample size for Big Sky was too low to be interpreted with confidence.

EMERGENCY ROOM UTILIZATION

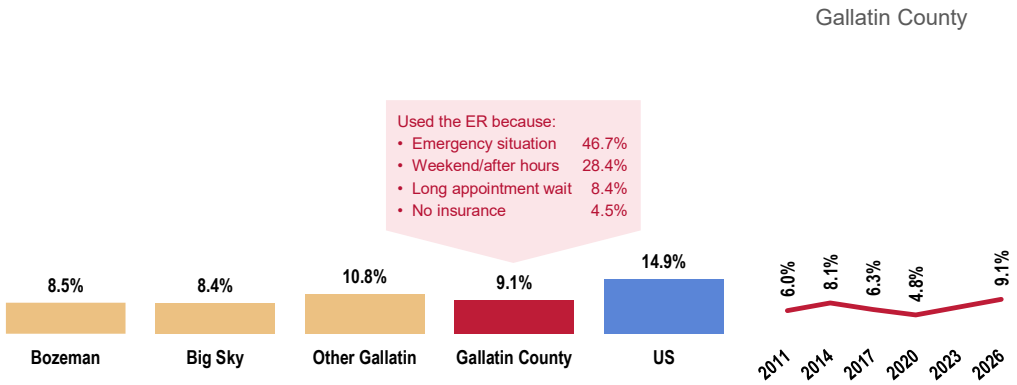
A total of 9.1% of Gallatin County adults have gone to a hospital emergency room more than once in the past year about their own health.

BENCHMARK ► Lower than the national percentage.

TREND ► An increase from previous findings.

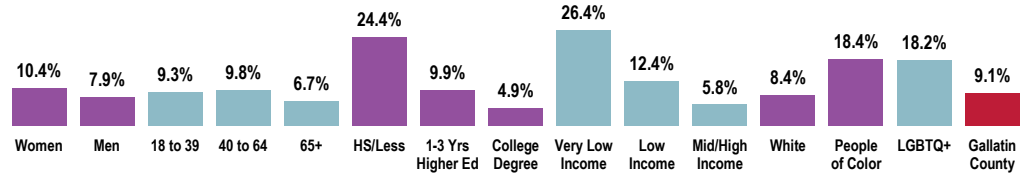
DISPARITY ► More often reported among those without higher education, lower-income residents, People of Color, and LGBTQ+ respondents.

Have Used a Hospital Emergency Room More Than Once in the Past Year



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Items 19, 301]
● 2026 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Have Used a Hospital Emergency Room More Than Once in the Past Year
(Gallatin County, 2026)



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 19]
Notes: ● Asked of all respondents.

ORAL HEALTH

ABOUT ORAL HEALTH

Tooth decay is the most common chronic disease in children and adults in the United States. …Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

– Healthy People 2030

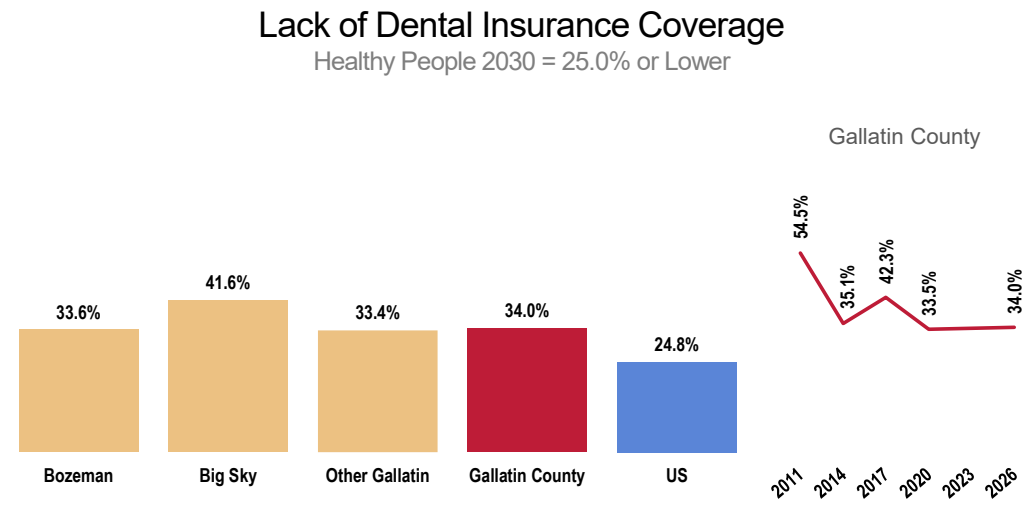
Lack of Dental Insurance

Among surveyed adults, 34.0% do not have any insurance coverage that pays for all or part of their dental care costs.

BENCHMARK ► Higher than the national percentage. Fails to satisfy the Healthy People 2030 objective.

TREND ► An improvement (decrease) since 2011.

DISPARITY ► A lack of dental insurance was reported more often among Big Sky residents.



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 18]
- 2026 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030.

Notes:
- Asked of all respondents.

Dental Care

Adults

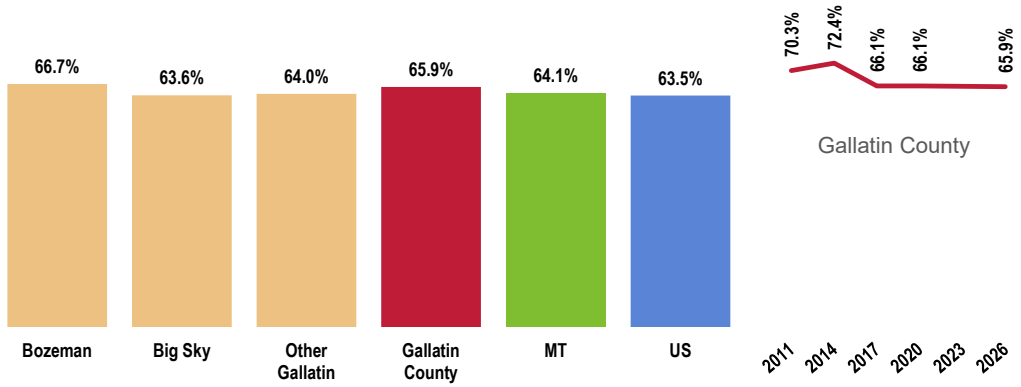
A total of 65.9% of Gallatin County adults have visited a dentist or dental clinic (for any reason) in the past year.

BENCHMARK ► Satisfies the Healthy People 2030 objective.

DISPARITY ► Reported less often among adults under age 65, lower-educated respondents, and lower-income respondents.

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2030 = 45.0% or Higher



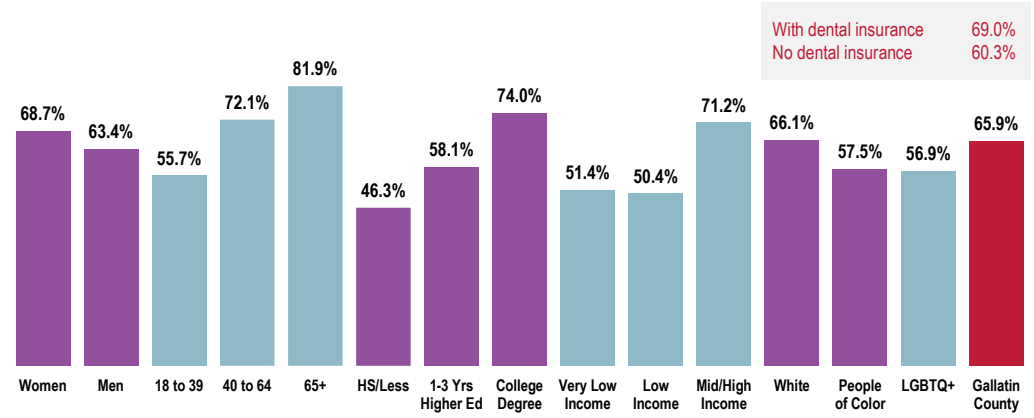
Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 17]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Montana data.
- 2026 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030.

Notes:
- Asked of all respondents.

Have Visited a Dentist or Dental Clinic Within the Past Year

(Gallatin County, 2026)

Healthy People 2030 = 45.0% or Higher



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 17]
- US Department of Health and Human Services. Healthy People 2030.

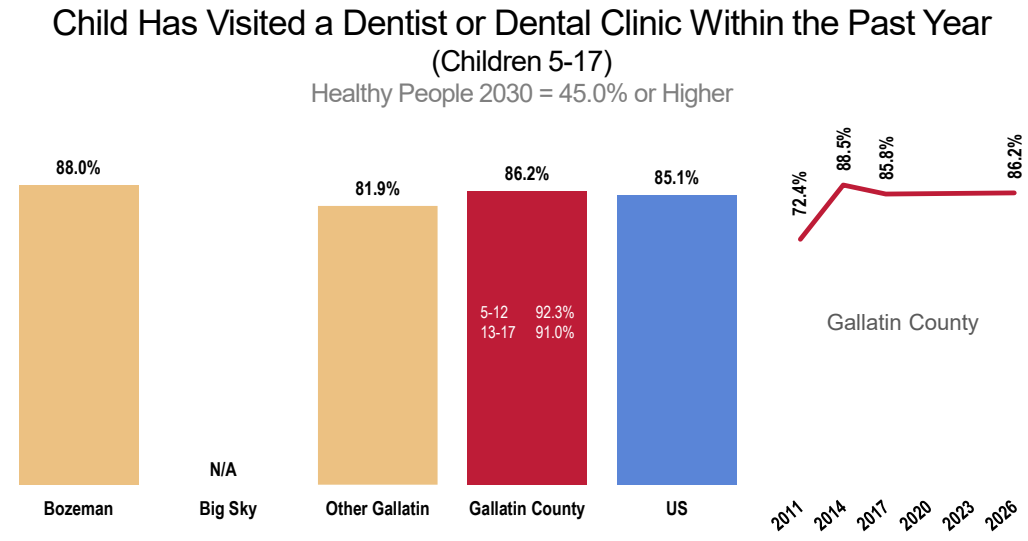
Notes:
- Asked of all respondents.

Children

A total of 86.2% of parents report that their child (age 5 to 17) has been to a dentist or dental clinic within the past year.

BENCHMARK ▶ Satisfies the Healthy People 2030 objective.

TREND ▶ An increase from 2011 findings, but relatively stable since.

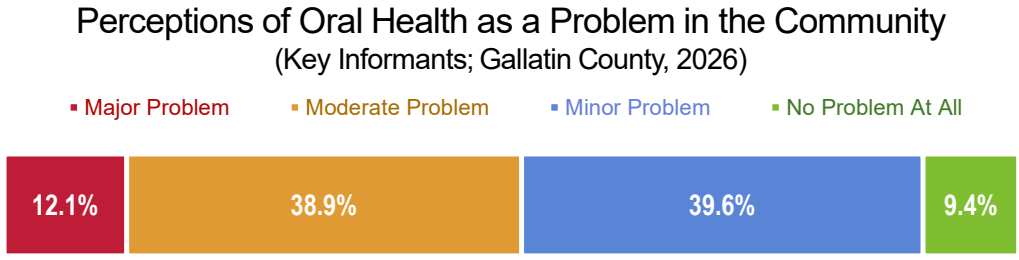


Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 94]
- 2026 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030.

Notes:
- Asked of all respondents with children age 5 to 17.
- The sample size for Big Sky was too low to be interpreted with confidence.

Key Informant Input: Oral Health

Key informants taking part in an online survey most often characterized *Oral Health* as a "minor problem" in the community.



Sources:
- 2026 PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

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

Affordable Care/Services

> Dentists are expensive and rarely covered by insurance. — Social Services Provider
>
> Dental care is financially outside of the reach of the majority of the population and the only sliding scale organization is not taking on any new patients due to the lack of care providers. — Community Leader

> Because even people who are insured can't afford routine dental care. Uninsured have no access to full care, preventative care without cash paying. — Health Care Provider
>
> Residents in Bozeman face barriers to oral health care largely due to the cost of dental services and limited insurance coverage. Many individuals do not have dental insurance, and even those who do often encounter high out-of-pocket costs for routine and preventive care. These financial barriers can lead people to delay cleanings, exams, or necessary treatment until problems become more serious. As a result, preventable dental issues can worsen over time, particularly for low-income individuals and families. — Social Services Provider

Access for Medicaid Patients

> I only know of 1 dental care provider that accepts Medicaid and that's CHP. I have spoken with clients that try to get appointments there and have heard how difficult it is and how often times people have to wait months for an appointment, or they end up going without. Again, this has a major impact on children as well. — Social Services Provider
>
> There aren't any dentists who take Medicaid. The waitlist to get in with a dentist if one has the resources can be long. — Social Services Provider
>
> Very few private dentists accept any insurance or Medicaid. Only sliding fee access is at One Health/CHP. — Health Care Provider

Access to Care/Services

> MT does not have a dental school nor a dental hygiene school. We do not have enough dentists in this community to meet the need. CHP offers oral health services, but they have been unable to accept new patients for years. Oral health services are expensive and may not be covered by insurance, even if someone has insurance. Many people forsake treating oral health conditions because of lack of options for care and unaffordable costs. — Social Services Provider
>
> Access. Cost. Specialized services, dentures and oral surgery. — Health Care Provider
>
> Access to dental services and cost of care. — Health Care Provider

Insurance Issues

> Area dentists have all terminated their contracts with dental insurance companies, creating access and cost problems for patients. It is an issue, as patients have to pay large fees out-of-pocket, if they can even obtain access and afford the high costs. — Health Care Provider
>
> Unless your employment offers great benefits, you likely do not have dental insurance and without insurance, oral health becomes way too costly. — Community Leader

Impact on Quality of Life

> As a doctor, I see the severe consequences of lack of access to oral health care frequently. These include local complications like facial abscesses and bone infections that often require expensive surgeries and long-term antibiotics. They also include bloodstream infections leading to bone and joint infections or - in the worst-case scenario - infections of the heart valves requiring open heart surgery and long-term antibiotics. Poor oral health is also a major risk factor for heart attack and stroke. So, it's not just a cosmetic issue. even those with dental insurance in our community can have difficulty affording dental care because many of the dentists in town don't accept insurance and for those without insurance CHP is the only resource available, and they don't have the capacity to meet the community's needs. — Physician

Access to Care for Uninsured/Underinsured

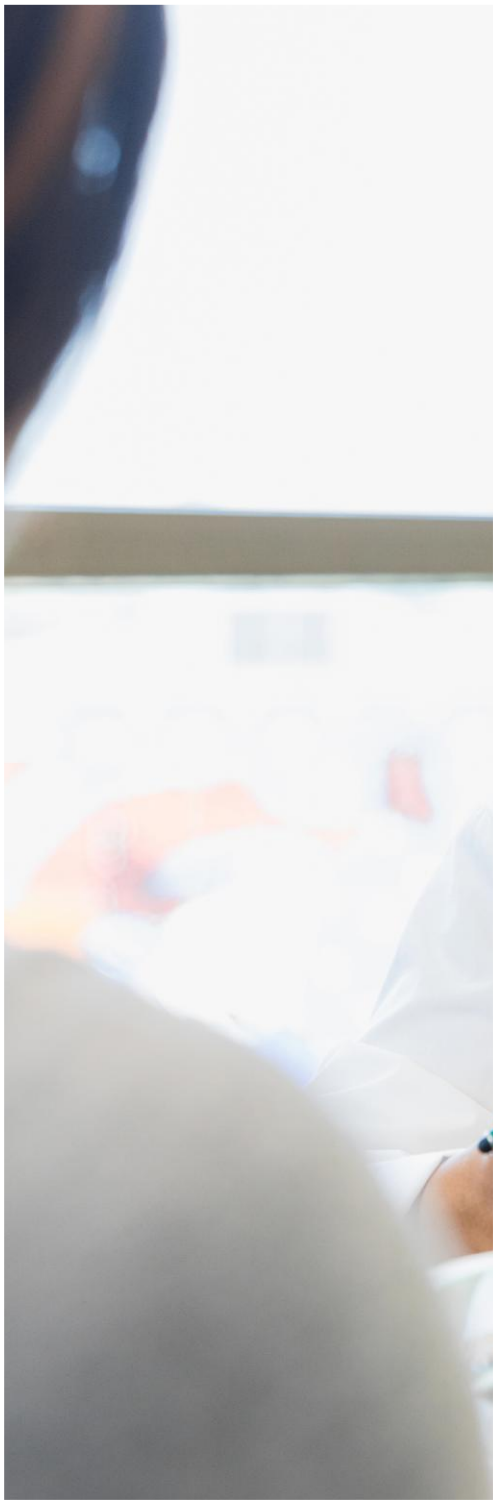
> Households are underinsured, especially when it comes to dental. Our access to dental care is severely limited and knowledge around oral health seems low. — Social Services Provider

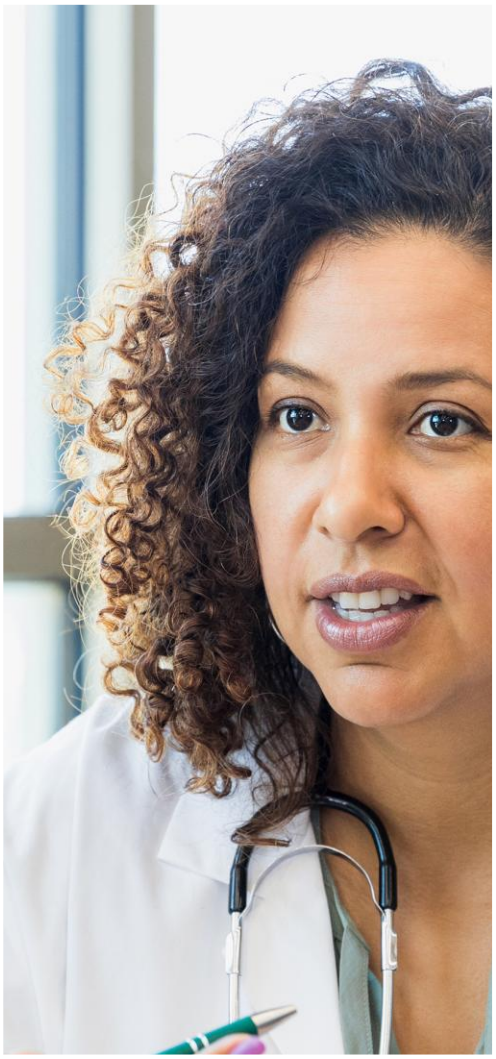
Awareness/Education

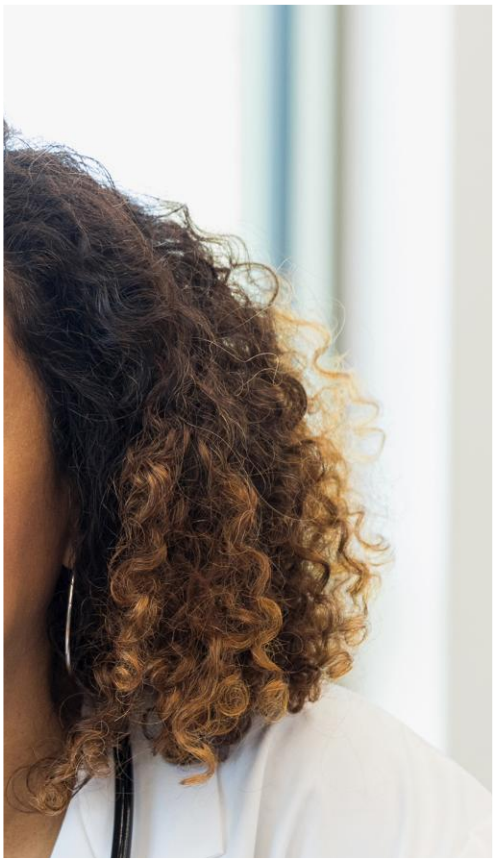
> We have one dentist that does not advertise anything about the importance of good oral health. — Social Services Provider

Lack of Providers

> Not enough dentists with the growth of the area. 6-9 month waiting period if they are taking on new patients, and most only take a few of the dental insurances. — Community Leader





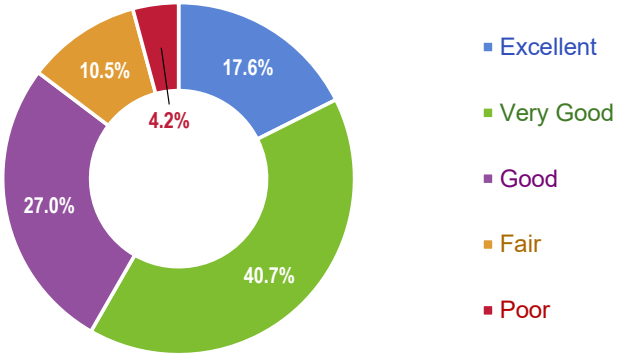


LOCAL RESOURCES

PERCEPTIONS OF LOCAL HEALTH CARE SERVICES

Most Gallatin County adults rate the overall health care services available in their community as "excellent," "very good," or "good."

Rating of Overall Health Care Services Available in the Community
(Gallatin County, 2026)



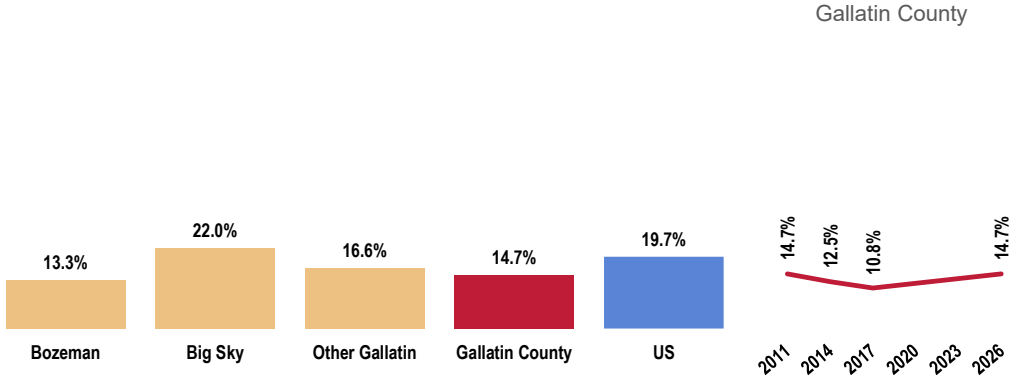
Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 4]
Notes: • Asked of all respondents.

However, 14.7% of residents characterize local health care services as "fair" or "poor."

BENCHMARK ► More favorable than found nationaly.

DISPARITY ► "Fair" or "poor" ratings were highest among those reporting access difficulties in the past year; also relatively high among Big Sky residents, adults under the age of 65, respondents without higher education, and low-income residents.

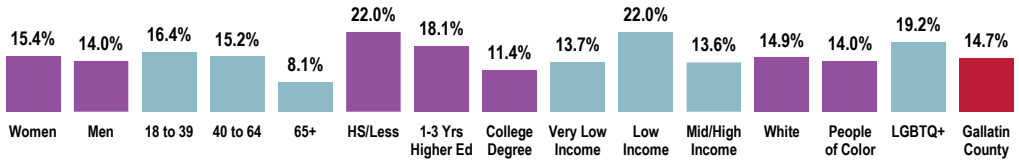
Perceive Local Health Care Services as "Fair/Poor"



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 4]
• 2026 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Perceive Local Health Care Services as “Fair/Poor”
(Gallatin County, 2026)

With access difficulty	79.9%
No access difficulty	20.1%



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 4]
Notes: • Asked of all respondents.

OUTMIGRATION FOR CARE

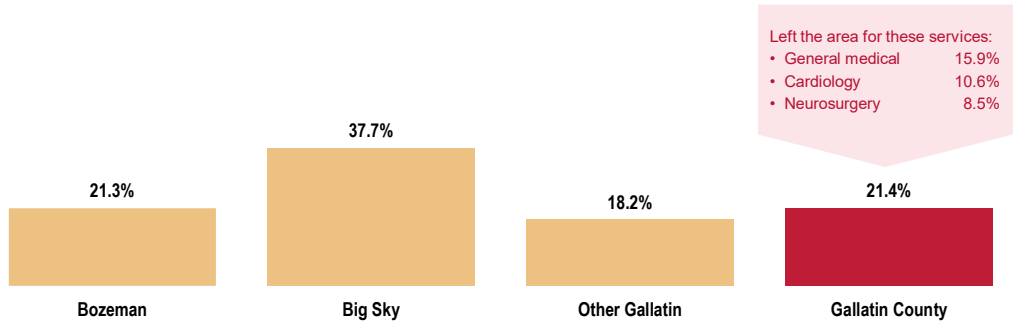
Gallatin County residents were asked: "During the past 12 months, have you or has any member of your household left the local area to receive health care services?"

Residents were also asked: "Would you please tell me which health care service that was?" and "To which community did you go for these health care services?"

Among Gallatin County adults, 21.4% left the area for health care services at some point in the past year.

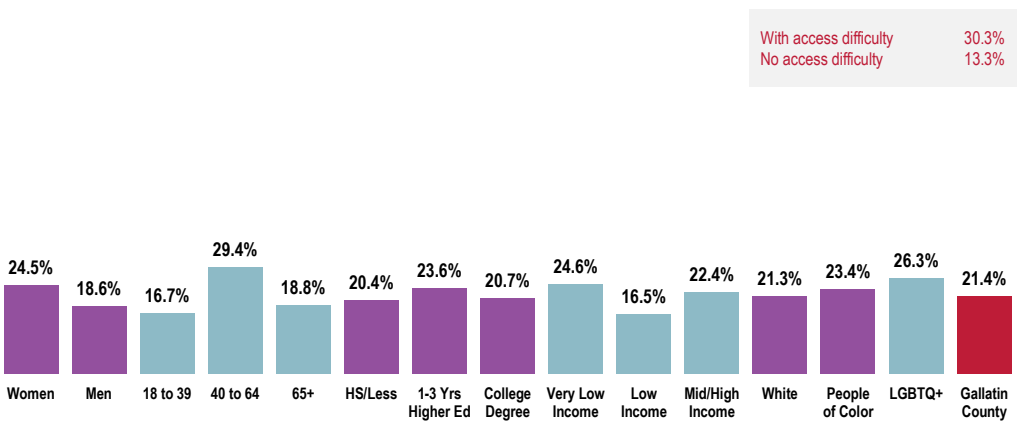
DISPARITY ► Big Sky residents, women, and adults between the ages of 40 to 64 were more likely to leave the area for health care. Also more often reported among residents experiencing access difficulties in the past year.

Left the Area for Health Care Services in the Past Year



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Items 302-303]
Notes: ● Asked of all respondents.

Left the Area for Health Care Services in the Past Year
(Gallatin County, 2026)

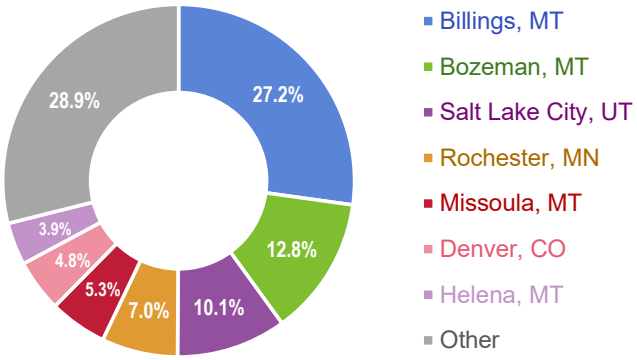


Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 302]
Notes: ● Asked of all respondents.

Most of those leaving Gallatin County sought services in Billings, followed by Salt Lake City.

Community Visited for Health Care Services

(Respondents Who Left the Area for Care, 2026)



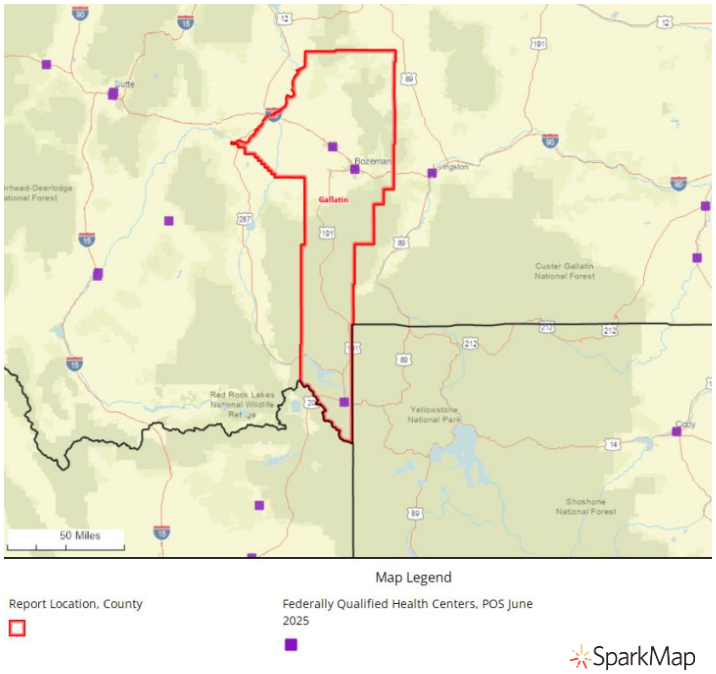
Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 304]
Notes: • Asked of all respondents who left the area for health care services in the past year.

HEALTH CARE RESOURCES & FACILITIES

Federally Qualified Health Centers (FQHCs)

The following map details Federally Qualified Health Centers (FQHCs) within Gallatin County as of June 2025.

Federally Qualified Health Centers (FQHCs)



Resources Available to Address Significant Health Needs

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

Access to Health Care Services

- Adult Day Services
- Bienvenidos
- Big Sky Bandage
- Big Sky Community Food Bank
- Big Sky Medical Center
- Billings Clinic
- Bozeman Deaconess Hospital
- Bozeman Health
- Bridgercare
- City/County Public Health Center
- Community First Aid
- Community Health Partners
- Cover Montana
- Doctors' Offices
- Family Promise
- Food Bank
- Galavan
- Gallatin County Health Department
- Hatch
- Healing Rock Recovery
- Health Department
- Help Center
- Hospitals
- Human Resource Department Council
- Intermountain Health
- L'esprit
- Maternal Child Health
- Medicaid
- Montana Language Services
- Navigator Network
- One Health
- Private Care Giving
- Scientists And Latinos United against Disparities
- Smiles Across Montana
- Urgent Care
- VA Services
- Wellness in Action
- Women, Infants and Children
- Wound Clinic
- WWAMI Program

Cancer

- Big Sky Bandage
- Billings Clinic
- Bozeman Deaconess Hospital
- Bozeman Health
- Campus Support Community
- Cancer Center
- Cancer Fellowship Community
- Cancer Support Community of Montana
- Cancer Support Network
- Community Fundraisers
- Doctors' Offices
- Eagle Mount
- Employer Wellness Programs
- Health Department
- Hospitals
- University of Utah Hospital
- West Yellowstone Foundation Bus

Diabetes

- Billings Clinic
- Bozeman Health
- Community Health Partners
- Doctors' Offices
- Employer Wellness Programs
- Food Bank
- Gallatin County Health Department
- Human Resource Department Council
- Intermountain Health
- Mobile Soup Kitchen
- Nutrition Services
- School System
- Treatment

Disabling Conditions

- Ability Montana
- Alzheimer's Association
- Assisted Living
- Aware
- Billings Clinic

- Bozeman Health
- Bozeman Health Psychiatry
- Bus System
- Doctors' Offices
- Eagle Mount
- Family Outreach
- Galavan
- Gallatin Valley Nursing Home
- High Gate Senior Living
- Home Health
- Human Resource Department Council
- Long-Term Care Facilities
- Memory Care Facilities
- Montana Association for the Blind
- Montana State University
- Montana Telecommunications Access Program
- One Health
- Reach
- Rehab Specialist of Idaho
- Senior Center

Heart Disease & Stroke

- Big Sky Medical Center
- Billings Clinic
- Bozeman Deaconess Hospital
- Bozeman Health
- Community Health Partners
- Department of Public Health and Human Services
- Dieticians
- Doctors' Offices
- Intermountain Health

Infant Health & Family Planning

- BAHA
- Big Sky Community Food Bank
- Billings Clinic
- Bozeman Creek Family Medicine
- Bozeman Health
- Bridgercare
- Childcare Connections
- Discovery
- Doctors' Offices
- Family Promise
- Gallatin Childcare Center
- Hatch
- Head Start
- Morningstar
- Morningstar Learning Center
- Roots Family Collaborative
- School System
- Thrive
- United Way
- Wellness in Action
- XY Family Planning
- Youth Dynamics
- ZoeCare

Injury & Violence

- 811 Crisis Line
- Big Sky Medical Center
- Billings Clinic
- Bozeman Health
- Bozeman Health Psychiatry
- Bridgercare
- Community West Outreach
- Counseling Services
- Courts and Jail
- CPS Office
- Department of Public Health and Human Services
- Doctors' Offices
- Gallatin County Mental Health Coalition
- Haven
- Help Center
- Help Line
- Human Resource Department Council
- Law Enforcement
- Montana State University
- School System
- Social Services
- Systems Based Victim Services
- Thrive
- Urgent Care
- Victim Services
- Wellness in Action

Mental Health

- 811 Crisis Line
- 988
- AA/NA
- Advisory Council on Behavioral Health
- Arts Council of Big Sky
- Assisted Outpatient Treatment
- Big Adventure Safe Environment Community Center
- Be Well Big Sky
- Big Brothers Big Sisters
- Big Sky Bandage
- Big Sky Medical Center
- Big Sky OUT

- Big Sky Psychological Consortium
- Big Sky Wellness Coalition
- Big Sky Youth Empowerment
- Billings Clinic
- Bozeman Counseling Center
- Bozeman Health
- Bozeman Health Psychiatry
- Bozeman School District 7
- Bridger Bowl
- Bridger Peaks Counseling
- Bridger Ski Foundation
- Bridgercare
- Cancer Support Community of Montana
- Cedar Creek Integrated Health
- Charlie Health
- Churches
- Community Counseling Clinic
- Community Health Partners
- Community Support Group
- Connections Health Solutions
- Counseling Services
- Crisis Response
- Crosscut
- Doctors' Offices
- Drug and Alcohol Services
- Family Promise
- Food Bank
- Frontier Psychiatry
- Gallatin Behavioral Health Coalition
- Gallatin Co-Responder Program
- Gallatin County Health Department
- Gallatin County Mental Health Coalition
- Gallatin County Psychiatric Emergency Services
- Gallatin Mobile Crisis
- Great Oaks Counseling
- Greater Gallatin Coalition
- Hatch
- Haven
- Health Coalition
- Healthy Gallatin Crisis Line
- Help Center
- Help Line
- Hope House
- Hospitals
- Human Development Clinic
- Human Resource Department Council
- Intermountain Health
- Law Enforcement
- L'esprit
- Lighthouse Ranch
- Lotus Mental Health and Counseling
- Lotus Peaks Counseling
- Maternal Child Health
- Mental Health First Aid Training
- Mental Health Resource Guide
- Mobile Crisis
- Montana Healthcare Foundation Integrated Behavioral Health Initiative
- Montana Institute
- Montana Mindfulness
- Montana Psychiatry
- Montana State University
- National Alliance on Mental Illness
- Navigator Network
- One Health
- Online Resources
- Praxis Health
- Program for Assertive Community Treatment Team
- Providence
- Reach
- Rimrock
- Roots Family Collaborative
- School System
- Shodair
- Social Services
- State Hospital
- Suffer Out Loud
- Support Groups
- Telehealth
- Thrive
- Treatment
- Turnwell Mental Health
- Walk-In Clinic
- Wellness in Action
- West Yellowstone Foundation Bus
- WIC
- Windhorse Equine Learning
- Yellowstone Boys and Girls Ranch
- Youth Campus
- Youth Resilience Project
- Youth-Focused Mental Health Facility

Nutrition, Physical Activity & Weight

- Bozeman Health
- Community Health Partners
- Department of Public Health and Human Services
- Doctors' Offices
- Enso
- Extension
- Fitness Centers/Gyms
- Food Bank
- Hospitals

- Human Resource Department Council
- Montana State University
- Parks and Recreation
- School System
- Senior Center

Oral Health

- Bozeman Health
- Community Health Partners
- Dental Offices
- Doctors' Offices
- Healthy Smiles
- Medicaid
- One Health
- Online Resources
- Smiles Across Montana
- West Yellowstone Dental

Respiratory Diseases

- Billings Clinic

Sexual Health

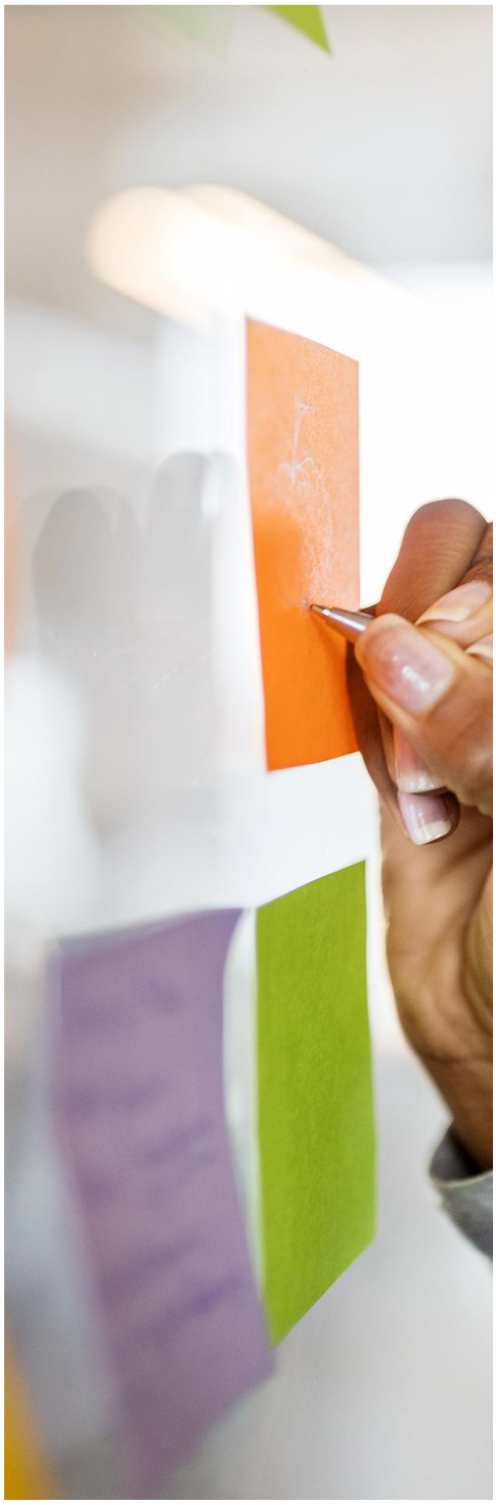
- Big Sky Medical Center
- Bozeman Health
- Bozeman School District 7
- Bridgercare
- Gallatin County Health Department
- Health Department
- Montana State University
- Wellness in Action

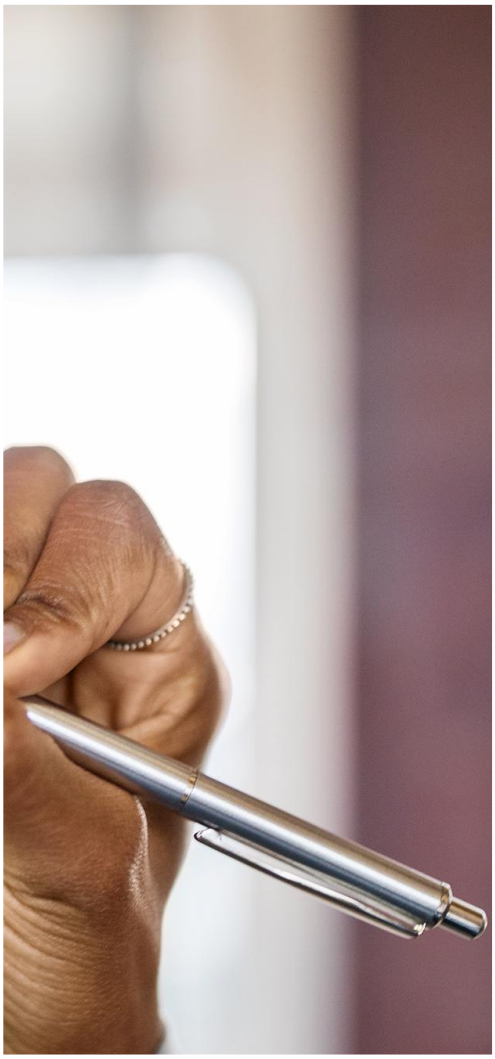
Substance Use

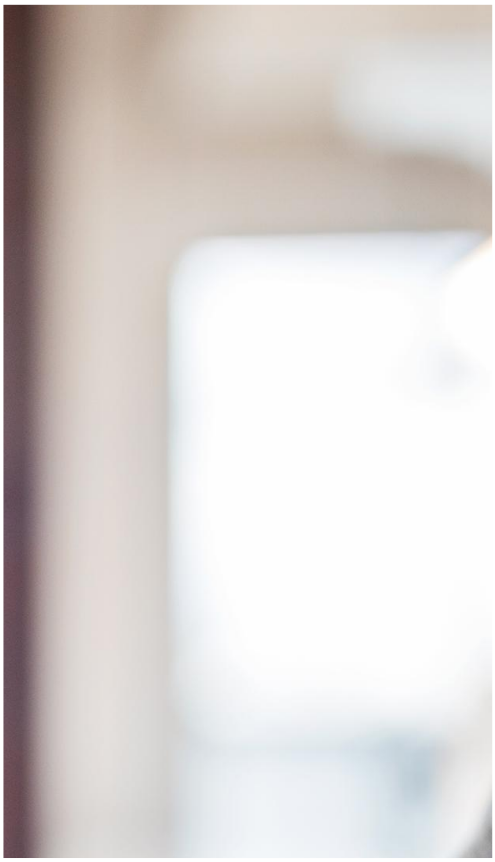
- 406 Recovery
- AA/NA
- AAA
- Alpenglow
- Big Sky Medical Center
- Billings Clinic
- Bozeman Creek Family Medicine
- Bozeman Health
- Bridger Peaks Counseling
- Cedar Creek Integrated Health
- Charlie Health
- Churches
- Community Health Partners
- Community Medical Services
- Community West Outreach
- Counseling Services
- Courts and Jail
- Detention Center
- Doctors' Offices
- Drop In Center
- Drug and Alcohol Services
- Fellowship Hall
- Gallatin Valley Communities That Care
- Greater Impact
- Health Department
- Help Center
- Hospitals
- Human Resource Department Council
- Ideal Option
- Methadone Clinic
- Montana Healthcare Foundation IBH Initiative
- Montana Psychiatry
- National Alliance on Mental Illness
- No Barrier Shelter
- One Health
- Private Sector Services Addiction Treatment
- Recovery Center
- Recovery Elevator
- Rimrock
- School System
- Social Services
- Trailhead Counseling and Recovery Center
- Vince Grant Hall
- Wellness in Action

Tobacco Use

- Big Sky Medical Center
- Billings Clinic
- Bozeman Health
- Community Health Partners
- Counseling Services
- Doctors' Offices
- Intermountain Health
- Law Enforcement
- Montana Quit Now
- Online Resources
- Quitline







APPENDIX

EVALUATION OF PAST ACTIVITIES

2024-2026 CHNA Progress Report

Every three years, in accordance with the requirements established by the Affordable Care Act and in alignment with our identity as a community hospital, both Bozeman Health Deaconess Regional Medical Center and Big Sky Medical Center conduct a Community Health Needs Assessment (CHNA). The CHNA identifies areas of opportunity within the health of our communities. Those opportunities then drive development of a three-year Community Health Action Plan (CHAP), which reaffirms our commitment to improving community health and outlines how Bozeman Health intends to address the identified health priorities.

The 2024-2026 CHAP health priorities are: behavioral health, access to healthcare, chronic disease prevention, and socio-economic and health measures.

Behavioral Health

Goal: Increase access to behavioral health services across the care continuum.

- **Strategy 1: Expand access to ambulatory behavioral health services within all Bozeman Health primary care sites.**
    - Expanded integrated Behavioral Health (IBH) services within our primary care sites in 2024.
    - Went live with Women's Clinic Collaborative Care IBH program, which includes a Care Manager and nurse navigators. We also have a psychiatric nurse practitioner available to support the women's clinic with perinatal/postpartum behavioral health care.
    - Increased access to outpatient psychiatric services by relocating and expanding the clinic, increased provider access with a new physician and a full-time Psychiatric Nurse Practitioner, and initiated recruiting for outpatient therapy positions.
- **Strategy 2: Enhance access to acute behavioral health services**
    - Opened inpatient psychiatric unit September 16, 2025, and coordinated a contract with Gallatin County to offer emergency detention (civil commitment) services within our organization.
    - Offered walk-in psychiatric care January through August 2025. In August, the walk-in clinic was converted to same-day acute appointments within the outpatient clinic and continues to operate as a same-day clinic currently.
- **Strategy 3: Explore outpatient alcohol and substance use disorder services with both Gallatin County and community authorities and resources**
    - Explored options to connect patients with psychiatric care options, inpatient psychiatric placement, youth inpatient psychiatric placement, and alcohol and substance use services and strengthened connections with several local, state, and regional referral services for patients.
    - Bozeman Health leaders spent more than 4,500 hours in 2024-2026 on community-based behavioral health initiatives, including Gallatin Behavioral Health Coalition and Gallatin County Local Advisory Council (LAC) meetings, activities, and initiatives as well as collaborative initiatives throughout Gallatin, Park, and surrounding counties.

- **Grants and Partnerships to support Behavioral Health goal 2024-2026:**
    - Partners in Health - $20k:
        - Big Sky Youth Empowerment - Youth Mental Health Support Program expanding access to in-house mental health counseling and therapeutic support for vulnerable teens in grades 7-12. The program provides one-on-one support for youth experiencing suicidal ideation, anxiety, depression, and other elevated mental health needs, while ensuring ethical clinical practices, parent engagement, and professional supervision.
        - Bridgercare - Behavioral Health Coordination Program: expanding access to Bridgercare's collaborative care mental health services. The Collaborative Care model provides automatic mental health screenings and allows patients to work with a Care Manager to receive comprehensive mental healthcare. This model provides affordable counseling and mental health support for low-income patients and leads to earlier detection, increased diagnosis, and increased likelihood of successful treatment.
        - Wellness in Action - Affordable Counseling Program (ACP) supporting mental and behavioral health needs across the health care continuum for those who live and work in Big Sky through reduced cost or no cost services. The ACP provides a continuum of care which includes services by licensed counselors, counselors in-training (interns), a community health worker, group therapy offerings, and education/training opportunities, available at varying discounted costs.
        - CHP/One Health – Pathways to Wellness Program: expanding Behavioral Health coordination for patients. The Behavioral Health Care Coordination program directly addresses the root causes of poor health by offering non-clinical behavioral health support within CHP's primary care model, ensuring that individuals with complex mental health and social needs can access and follow through with their treatment plans.
    - Community Collaboration – $5k:
        - Suffer Out Loud – Mental healthcare scholarships
        - Big Brothers Big Sisters of Big Sky Country – Community-based mentoring
        - Montana Mindfulness Project – Mindfulness education
        - Befrienders – Senior Engagement and support
        - Roots Family Collaborative – Peer Support Program and resource guide
        - Windhorse Equine Learning – Behavioral health programming
        - Bozeman Children's Theatre – Mental health programming
    - Partnerships:
        - Bozeman School District – Supporting employee wellness through site-based Wellness Champion Program to improve educator wellbeing. Peer-led initiatives tailored to each school increased morale, belonging, and workplace climate indicators. Programming included mental health workshops, physical wellness activities, and opportunities for social connection.

- One Health – Integrated Behavioral Health addresses both clinical and social determinants of health, helping patients attend appointments, manage medications, access psychiatric care, and navigate housing or financial barriers. The program has improved patient engagement, reduced behavioral health crises, and strengthened coordination with community partners.
- Wellness in Action - Expanding affordable behavioral health through sliding-scale assistance and scholarship programs that reduce cost barriers for working families and educators. Also, a Community Health Worker expanded no-cost navigation support for mental health, financial assistance, and social connection.

Access to Healthcare

Goal: Increase access to care for patients affected by health equity challenges.

- **Strategy 1: Redesign the HealthCare Connections (HCC) mobile screening program to ensure better alignment of services targeted to under-resources populations**
    - In October 2025, the HCC program was fully redesigned and relaunched to bring preventive health screenings to underserved populations across Gallatin County. Services include diabetes, cholesterol, lipid, and blood pressure screenings, vaccinations, and a touchpoint with a provider.
    - From October 2025– May 2026:
        - 190 people served
        - 293 preventative screenings
        - 130 vaccines administered
        - 423 total services
- **Strategy 2: Expand support to organizations in Big Sky working to coordinate services to benefit populations not currently engaged within the local healthcare system.**
    - We have increased our support to Wellness in Action (WIA) that not only offers behavioral health services for individuals but also provides connections to other resources via their Community Health Workers. Nearly 10% of Big Sky's full-time population accesses affordable services through WIA.
    - Big Sky Medical Center partners closely with service providers in Big Sky, including WIA, Be Well Big Sky, Big Sky School District, and the Big Sky Food Bank.
- **Strategy 3: Expand the Medical Respite program at the new HRDC shelter, Homeward Point. Collaborate on planning for the design and provision of primary care and behavioral health services at Homeward Point.**
    - In 2025, Homeward Point opened to the Gallatin community. Dedicated medical respite rooms were built into the new shelter to accommodate the program. Bozeman Health and HRDC continue planning for medical respite services at the new shelter.
    - HealthCare Connections hosts monthly clinics at Homeward Point to support the health and wellness of their customers.

- **Strategy 4: Provide leadership and coordination for new countywide Health Transportation Coalition.**
    - Bozeman Health was an active member of the Streamline Stakeholder Committee planning meeting, where we shared feedback and ideas on the community transportation needs as they relate to health care. Feedback included additional bus stop locations, times of bus service, and potential expansion ideas for Galavan services.
    - We are also part of the Transportation Advisory Committee where leaders across the valley come together to share resources and ideas on how to support transportation concerns for residents in our community.
    - In 2026, new Bozeman Health patient transportation service line was launched to support provide patient transport from Bozeman Health Deaconess Regional Medical Center and Big Sky Medical Center (BSMC) to higher-level acute care facilities, skilled nursing and assisted living facilities, critical access hospitals, behavioral health facilities, and home.
- **Strategy 5: Expand the number of recreational vehicle (RV) parking spaces on the Deaconess Regional Medical Center campus.**
    - Additional RV parking spots were opened at the end of 2025 during the Lot E expansion project. Six RV spots are now available for patients needing somewhere to park their RV during treatment at Bozeman Health.
    - Since September 2024, more than 130 patients and families have utilized the RV parking spaces to reduce the barrier of transportation and lodging.
- **Strategy 6: Expand the work of the Bozeman Health DEIB committee. Continue work on way-finding in Spanish.**
    - The DEIB committee continues to support the mission of Bozeman Health to improve community health and quality of life. Focus areas include: translation service audits, policy advisory, and employee and community education.
    - All way-finding signs on Bozeman Deaconess Regional Medical Center have been updated with Spanish translations, and we continue to audit additional signage for updates.
- **Grants and partnerships that support Access to Healthcare goal:**
    - Partners in Health - $25k:
        - Bridgercare - Removing Barriers to Healthcare for Spanish-Speaking Patients by expanding access to affordable, culturally responsive sexual and reproductive healthcare for Spanish-speaking and Limited English Proficiency (LEP) patients. Bridgercare is strengthening translation services, medical interpretation, and bilingual staffing to ensure all patients can navigate care.
        - Thrive - Spanish Speaking Parent Liaison Program: connecting parents to community resources and helping Spanish speaking families navigate new communities. Thrive's Parent Liaison Program helps schools and families work together toward the common goal of student success. Parent Liaisons (PLs) work directly in schools to support parent-teacher collaboration, connect parents to community resources, teach parenting classes, and improve parent/child engagement. PLs also help parents meet basic needs and ensure a safe, supportive home environment for children.
    - Community Collaboration - $5k:
        - World Language Initiative - Spanish for Healthcare program

        - Catalyst for Change – Community Health Workers
        - Eating Disorder Center of Montana – Housing for Patients
        - Bienvenidos a Gallatin Valley – Resource navigation
    - Partnerships:
        - Haven: Strengthening Trauma-Informed Care through healthcare coordination and medical access for survivors of domestic violence. Hospital orientations for Haven advocates, system-wide strangulation response training, and CPR certification for staff strengthened emergency response capacity.

Chronic Disease Prevention

Goal: Reduce the impact of chronic disease and cancer by promoting health lifestyles and access to low cost or free prevention activities.

- **Strategy 1: Coordinate with the Gallatin City-County Health Department and One Health to increase the provision of free early detection screening services for breast, cervical and colorectal cancer**
    - We have worked closely with the GCCHD to increase awareness of all cancer screening resources available in our service area. This includes the state programs, as well as Bozeman Health resources, such as the Mammogram Project. From 2024-May 2026, 75 mammogram vouchers were distributed to individuals in eleven towns across our service area.
- **Strategy 2: Continue supporting the Cancer Support Community in an integrative partnership to provide supportive and wrap-around services to adults and children with cancer within the Bozeman Health service area.**
    - Bozeman Health has a long history of supporting the Cancer Support Community (CSC). We continued to expand our partnership in 2024-2026, to include using Bozeman Health grant funds to support the creation of a men's retreat and the hiring of an in-house mental health provider at CSC.
    - Bozeman Health continues to support CSC events, such as the Pink Party, Stronger than Cancer barbecue, and Cruisin' on Main. These events bring awareness to the many cancer support offerings for residents in our primary and secondary service areas.
- **Strategy 3: Leverage partnerships between Bozeman Health Lifestyle Medicine, the Gallatin City-County Health Department, Bozeman Public Library, HRDC, and the Cancer Support Community to teach healthy meal preparation at multiple locations.**
    - Bozeman Health's Lifestyle Medicine provider, Dr. Joe Sofianek, partnered with local organizations across the Bozeman community to provide no-cost cooking classes. In 2024-May 2026, Dr. Sofianek hosted 20 cooking demonstrations at the Bozeman Library test kitchen as well as presentations to Highgate Assisted Living on healthy lifestyles to prevent dementia, the HRDC Food Bank, and Cancer Support Community.
        - 20 cooking classes
        - Community education classes at Highgate Assisted Living, HRDC Food Bank, and Cancer Support Community
        - 300 people participated

- **Strategy 4: Re-invigorate partnership with Gallatin Valley Land Trust to promote the TrailsRX program within all Bozeman Health Primary care settings. In addition, Bozeman Health will be a trusted resource as partner organizations explore trail creation to promote wellness initiatives in areas with diminished trail access.**
    - Conversations on reinvigorating the TrailsRX program are ongoing. Suggestions from GVLT include moving the program fully to Bozeman Health, so we are working to evaluate what implementation would look like in our primary care clinics. A TrailsRX program is planned to be reimplemented by the end of 2026.
- **Strategy 5: Provide public education through health promotion-focused signage within gateways to the Highland Glen Trail system to promote multi-modal usage of Highland Glen.**
    - We partnered with GVLT and BSF regarding joint messaging and marketing to better promote the use of Bozeman Health land to enhance a healthier lifestyle and translate how the use of the trails equates to specific chronic disease reduction and prevention. Signs were printed and hung up at the Highland Glen trailheads at the end of 2025 and continue to be used year-round.
- **Grants and partnerships that support Chronic Disease Prevention:**
    - Community Collaboration - $5k:
        - Crosscut Mountain Sports – Ski Education Program
        - Gallatin Valley YMCA – Rock Steady Boxing Program and ReCharge program
    - Partnerships:
        - Bridger Ski Foundation (BSF): Winter Trails and Mental Health - advancing chronic disease prevention and youth behavioral health by maintaining 80 kilometers of free winter trails, including Highland Glen adjacent to the hospital. BSF's Mental Health Initiative also supported 600 youth athletes through coach training, mindfulness tools, and accessible resources.
        - Gallatin Valley Land Trust (GVLT): Sunset Hills Project supported accessibility enhancements at the Sunset Hills trail system adjacent to the hospital. Improvements included widened gravel pathways for adaptive mobility devices, a reconstructed all-abilities bridge, and accessibility data collection to inform signage.

Socioeconomic and Health Measures

Goal: Bolster existing work on local affordable housing options while investigating new pathways forward to promote "Housing is Healthcare."

- **Strategy 1: Engage in the activities of the Regional Housing Coalition (RHC) to identify opportunities to support regional housing affordability efforts**
    - Bozeman Health is an active member of the RHC and financially supports the coalition to ensure that the important work continues to move forward.

- **Strategy 2: Perform a health assessment, including pre and post outcomes, of the Housing First Village permanent supportive housing to determine what additional resources may be necessary to keep this a viable health intervention for our community's most vulnerable residents.**
    - Bozeman Health and HRDC pulled preliminary data on Housing First Village outcomes in 2025. We continue to partner with HRDC to determine the best path forward for evaluating the program.
- **Strategy 3: Explore the expansion of the Care Cottage on the Hillcrest campus to house patients and family members during ongoing healthcare treatment at Deaconess Regional Medical Center.**
    - Five respite apartments are available on the Hillcrest campus to support transitional care for patients, typically between the hospital and home.
- **Grants and partnerships supporting Socioeconomic and Health Measures**
    - Partners in Health – 20k:
        - Family Promise of Gallatin Valley - Housing Continuum Program provides a comprehensive continuum of services to prevent and end family homelessness. The Housing Continuum includes prevention, diversion, emergency shelter, transitional housing, workforce housing, stabilization services, and intensive case management to address both immediate housing crises and long-term self-sufficiency.
    - Community Collaboration - $5k:
        - Bozeman Library – Summer Lunch program
        - Greater Impact – First 30 Day Fund
        - Thrive- Spanish Speaking Parent Liaison program
        - AbilityMT – Youth Independence and Life Skills program
    - Partnerships:
        - Greater Gallatin United Way – KidsLink afterschool programming provides an out-of-school-time program, helping 147 families remain employed during the school year and 40 families access summer camp care. The program provides targeted financial assistance to working families who may not qualify for public support but still struggle with Gallatin County's high cost of living.
        - HRDC - Bozeman Health partnered with the Human Resource Development Council (HRDC) to support the opening of its Path to Stability program and strengthen other community-based HRDC services. This partnership reflects a shared commitment to supporting individuals and families experiencing homelessness and connecting community members to the services they need to achieve stability and improved health.