



2023 Community Health Needs Assessment Executive Summary

Primary Service Area:

- **Silver Bow County, Montana**

In Collaboration with:

- **Butte-Silver Bow Health Department**
- **Southwest Montana Community Health Center**

In Consultation with:

- **PRC**



Now **Intermountain Healthcare**

Executive Summary

A Community Health Needs Assessment is a critical tool used to understand the health status of a population or community. It presents information and analysis on important data measures and identifies areas where action and intervention can make a difference. The three primary goals of the assessment are to provide a current snapshot of the health status of Silver Bow County, to bring attention to areas of concern needing community action, and to fulfill assessment needs for all collaborating partners.

Working with its health partners and community health stakeholders around Silver Bow County, St. James Healthcare has completed its 2023 Community Health Needs Assessment and identified four priority areas for health improvement programming from 2024 through 2026:

- Access to Healthcare
- Behavioral Health (Mental Health and Substance Use)
- Heart Disease and Stroke
- Social Determinants of Health

This executive summary reflects the assessment steps taken by St. James Healthcare to consider the results of the collaborative report along with the hospital's current programs and capacity to impact overall community health improvements.

St. Vincent Healthcare has collaborated with Butte-Silver Bow Public Health and Southwest Community Health Center for the past four cycles of conducting the community health needs assessment (CHNA). This approach emphasizes a "*one community*" philosophy and a mission to understand shared interests to improve the health of our communities. To that end, local non-profit hospitals and public health agencies release one comprehensive document every three years. In 2022/2023, St. James Healthcare partnered with Butte-Silver Bow Public Health and Southwest Community Health Center to conduct the collaborative assessment. In 2023, the hospital completed its assessment by identifying priority health needs utilizing the results of the collaborative assessment.

2023 CHNA Overview

The 2023 Community Health Needs Assessment (CHNA) was conducted by St. James Healthcare, Butte-Silver Bow Health Department, and Southwest Montana Community Medical Center in conjunction with the PRC, a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments.

Data Collection

The study area included Silver Bow County. A 400-household telephone survey was conducted utilizing random sampling for both cell and landline phones. The results of the random sample were weighted to match the geographic distribution and demographic characteristics of the populations surveyed poststratification to eliminate any naturally occurring bias. Based on sample size of 400 respondents, we can be 95% confident that the responses to the survey questions are representative of the service area population, plus or minus 4.9%.

In addition to the surveys, PRC solicited input from key informants through an online key informant survey. 117 community stakeholders took part in the online key informant survey. A variety of secondary data sources were also consulted to complement the primary research.

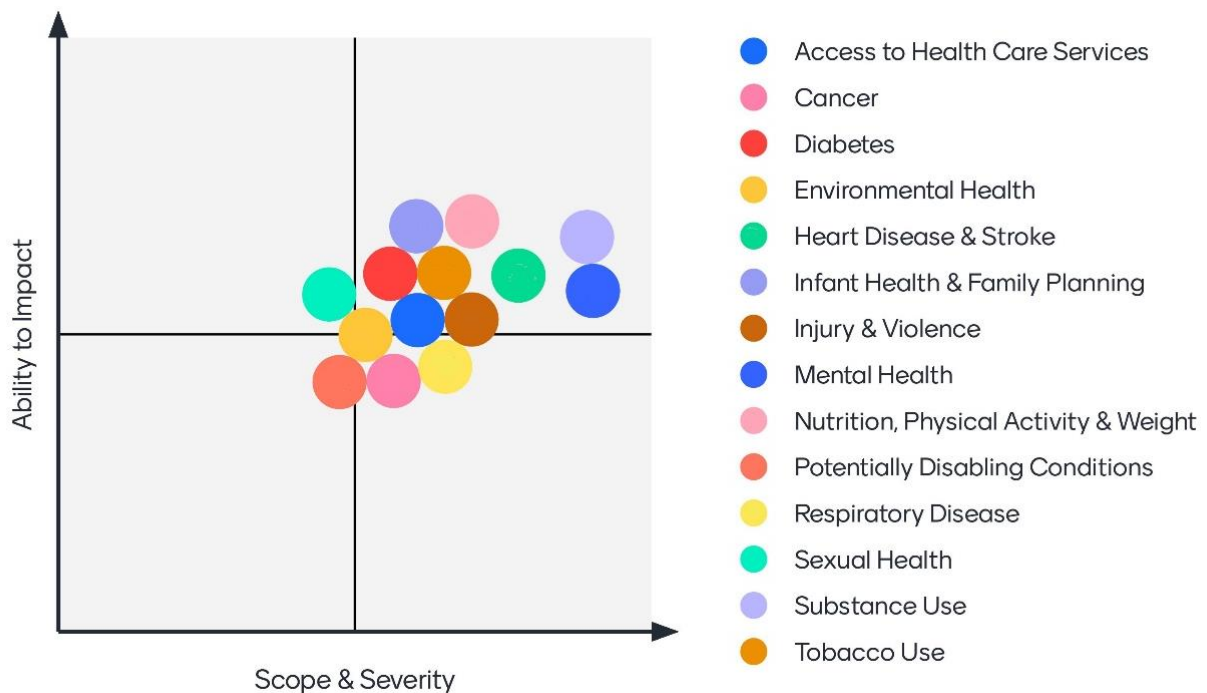
Identification of Significant Health Needs

Fourteen areas of need were identified through review of the survey data, secondary data, and key informant responses, in alphabetical order:

- Access to Healthcare
- Cancer
- Diabetes
- Environmental Health
- Heart Disease and Stroke
- Infant Health and Family Planning
- Injury and Violence
- Mental Health
- Nutrition, Physical Activity and Weight
- Potentially Disabling Conditions
- Respiratory Disease
- Sexual Health
- Substance Abuse
- Tobacco Use

Prioritization of Health Needs

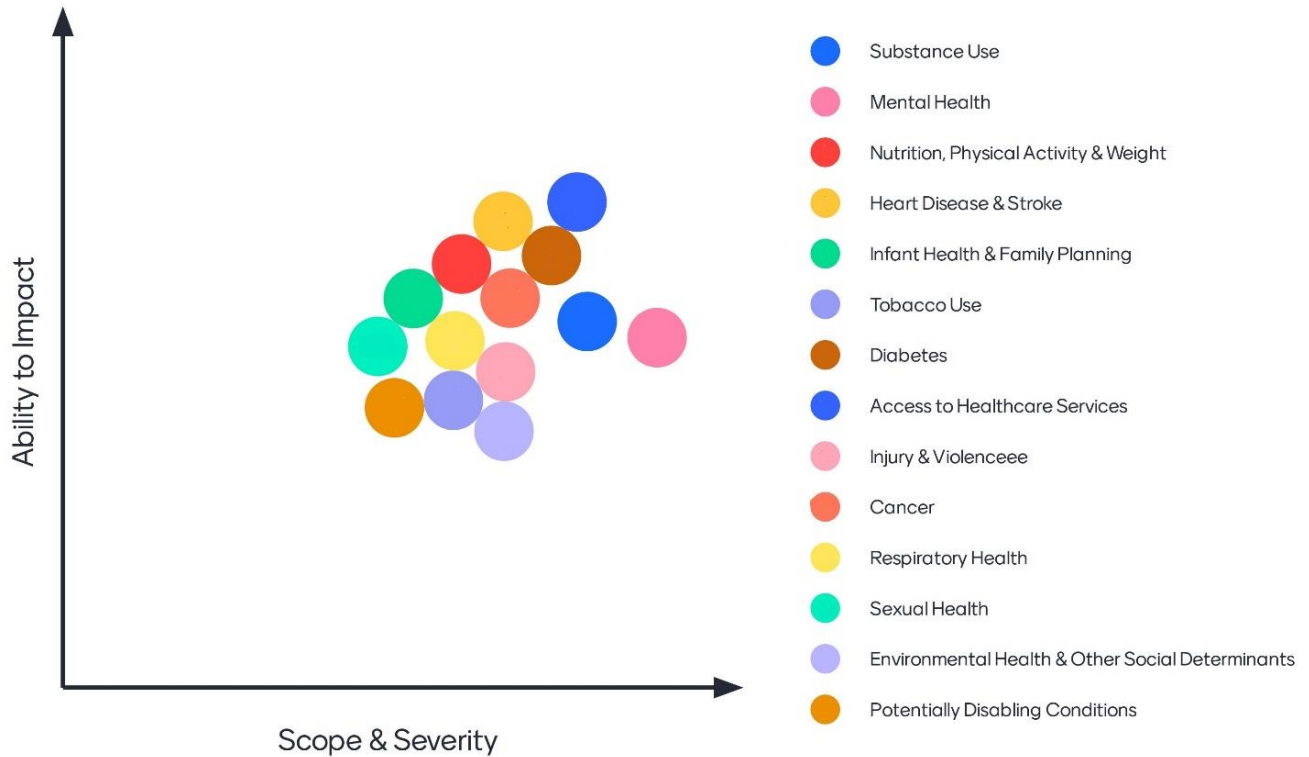
Members of the community and members of the St. James Healthcare Community Benefit Board Committee were presented with key findings from the Community Health Needs Assessment by PRC. Following the presentation, community members were asked to rank the areas of opportunity based on two criteria: Ability to Impact and Scope/Severity of the Health Issue.



This process led to a community prioritization of:

1. Substance Use
2. Mental Health
3. Nutrition, Physical Activity & Weight
4. Heart Disease and Stroke
5. Infant Health & Family Planning
6. Tobacco Use
7. Diabetes
8. Access to Health Care Services
9. Injury & Violence
10. Cancer
11. Respiratory Disease
12. Sexual Health
13. Environmental Health
14. Potentially Disabling Conditions

Following the community prioritization, a similar presentation was conducted, and hospital leaders were asked to prioritize findings based on the same criteria. This process yielded a similar list of the top priorities, but the order of prioritization was different.



Leaders at St. James Healthcare prioritized:

- | | |
|--|--|
| <ol style="list-style-type: none"> 1. Access to Healthcare 2. Mental Health 3. Diabetes 4. Heart Disease and Stroke 5. Substance Use 6. Cancer 7. Nutrition, Physical Activity and Weight 8. Infant Health and Family Planning | <ol style="list-style-type: none"> 9. Respiratory Health 10. Injury and Violence 11. Tobacco Use 12. Environmental Health and Other Social Determinants 13. Sexual Health 14. Potentially Disabling Conditions |
|--|--|

St. James Healthcare’s senior leadership team met to determine final hospital priorities considering the community’s prioritization, hospital leadership prioritization, community resources and capacity, and hospital resources and capacity. This process resulted in a final hospital prioritization of four areas:

- Access to Healthcare
- Behavioral Health (Mental Health and Substance Use)
- Heart Disease and Stroke
- Social Determinants of Health

Since the Last CHNA (2020)

St. James Healthcare conducted its last CHNA in 2020 and reviewed the health priorities identified through that assessment. Considering the top-identified needs as well as hospital resources and overall alignment with the hospital's mission, goals and strategic priorities, it was determined that St. James Healthcare would focus on developing and/or supporting strategies and initiatives to improve:

- Access to Care
- Behavioral Health
- Social Determinants of Health

A summary of activities undertaken to address needs identified in the 2020 CHNA is located on pages 194-197 of the full Community Health Needs Assessment report.

The priorities selected for the 2023 CHNA build upon work established for the 2021-2023 Community Health Improvement Plan with the addition of Heart Disease and Stroke as a priority focus.

Next Steps

Board Approval

The 2023 Community Health Needs Assessment for St. James Healthcare was adopted by the Montana Regional Board of Directors on May 17, 2023.

Community Health Improvement Plan

With its top-four community health priorities identified in the CHNA (Access to Healthcare, Behavioral Health, Heart Disease and Stroke, and Social Determinants of Health), St. James Healthcare will begin developing a Community Health Improvement Plan (CHIP). The CHIP will begin in 2024 and represents the next steps in the community assessment process. This includes continuing work with community stakeholders to develop implementation strategies to address the identified need areas.

CHNA Full Report

The comprehensive CHNA can be found on our website, <https://www.sclhealth.org/locations/st-james-healthcare/about/community-benefit/community-health-needs-assessment/>

Written Comments

Written comments on this 2023 Community Health Needs Assessment Report can be submitted to Kacie Bartholomew, Community Benefit, at St. James Healthcare:

St. James Healthcare
Community Benefit Department
400 S Clark St.
Butte, MT 59701

Please contact St. James Healthcare's Community Benefit Department at: 406-723-2828 or kacie.bartholomew@imail.org with questions.



2023 COMMUNITY HEALTH NEEDS ASSESSMENT

Silver Bow County, Montana

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INTRODUCTION

PROJECT OVERVIEW

Project Goals

This Community Health Needs Assessment, a follow-up to similar studies conducted in 2014, 2017, and 2020, is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in Butte-Silver Bow, the service area of St. James Healthcare (Intermountain Healthcare) and the Butte-Silver Bow Health Department. 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. A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- To reduce the health disparities among residents. By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors that historically have had a negative impact on residents' health.
- To increase accessibility to preventive services for all community residents. More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted on behalf of St. James Healthcare (Intermountain Healthcare) and the Butte-Silver Bow Health Department by 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

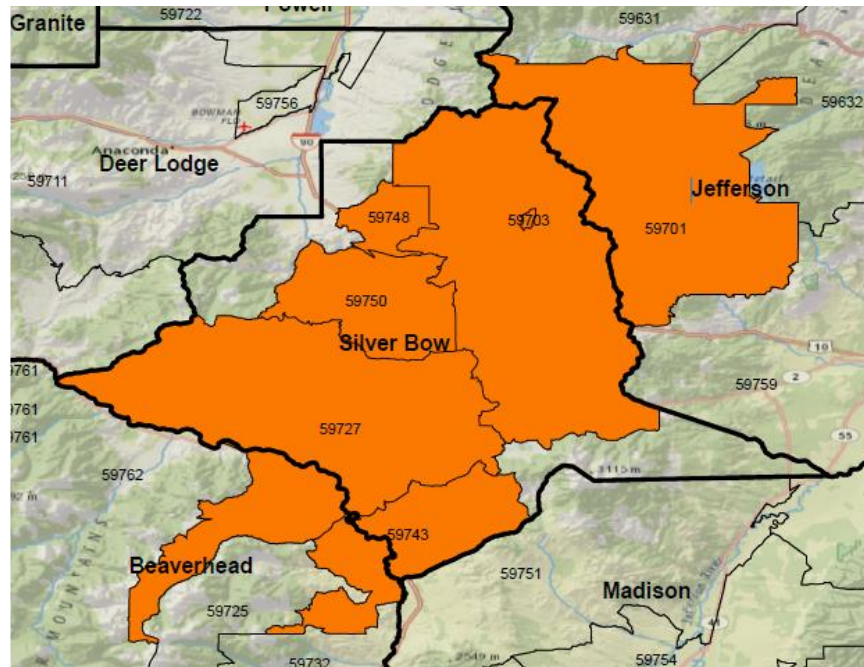
Survey Instrument

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 St. James Healthcare (Intermountain Healthcare) and the Butte-Silver Bow Health Department 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 (referred to as “Butte-Silver Bow” in this report) is defined as each of the residential ZIP Codes comprising the service area, including 59701, 59702, 59703, 59727, 59743, 59748, and 59750. This community definition, determined based on the ZIP Codes of residence of recent patients of St. James Healthcare (Intermountain Healthcare) and the jurisdiction of the Butte-Silver Bow Health Department, is illustrated in the following map.



Sample Approach & Design

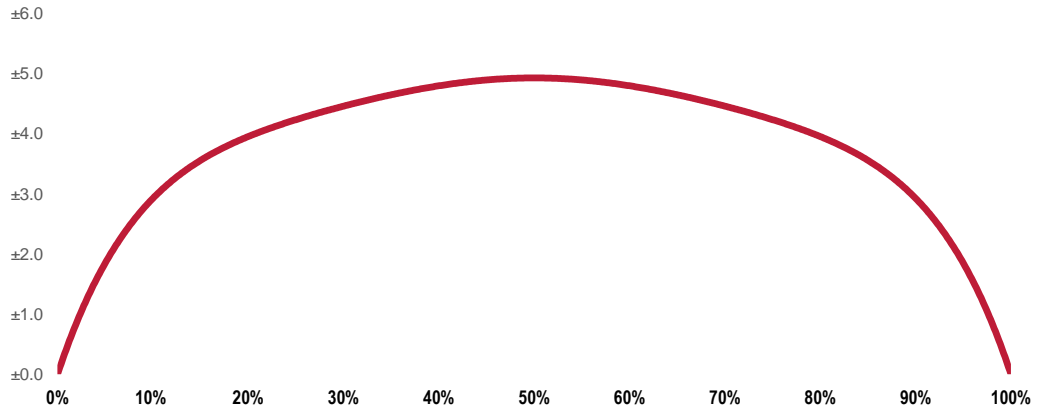
A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both cell phone and landline interviews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

The sample design used for this effort consisted of a random sample of 400 individuals age 18 and older in Butte-Silver Bow. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent Butte-Silver Bow as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.

For statistical purposes, the maximum rate of error associated with a sample size of 400 respondents is $\pm 4.9\%$ at the 95 percent confidence level.



Expected Error Ranges for a Sample of 400 Respondents at the 95 Percent Level of Confidence



- Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.
- Examples:
- If 10% of the sample of 400 respondents answered a certain question with a "yes," it can be asserted that between 7.1% and 12.9% (10% ± 2.9%) of the total population would offer this response.
 - If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 45.1% and 54.9% (50% ± 4.9%) of the total population would respond "yes" if asked this question.

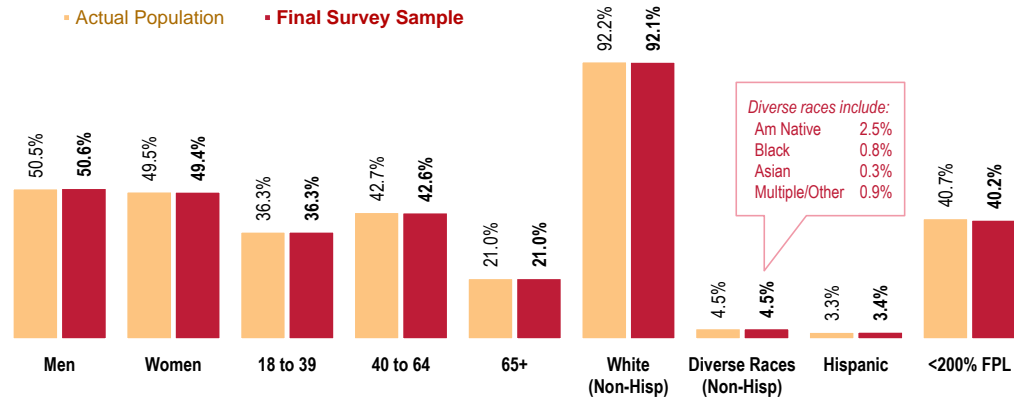
Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. While this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. 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 may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the Butte-Silver Bow 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.]



Population & Survey Sample Characteristics (Butte-Silver Bow, 2022)



Sources: • US Census Bureau, 2011-2015 American Community Survey.
 • 2022 PRC Community Health Survey, PRC, Inc.
 Notes: • FPL is federal poverty level, based on guidelines established by the US Department of Health & Human Services.

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 St. James Healthcare (Intermountain Healthcare) and the Butte-Silver Bow Health Department; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 117 community stakeholders took part in the Online Key Informant Survey, as outlined below:

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Physicians	8
Public Health Representatives	20
Other Health Providers	15
Social Services Providers	18
Education	2
Government	1
Other Community Leaders	53



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

- Action, Inc.
- Airport Authority Board
- Belmont Senior Center
- Big Brothers/Big Sisters
- Butte Cares
- Butte Catholic Community North
- Butte Chamber of Commerce
- Butte City Court
- Butte District Court
- Butte Justice Court
- Butte Ministerial Association
- Butte Public Housing Authority
- Butte School District No. 1
- Butte-School District No. 1
- Butte-Silver Bow Board of Health
- Butte-Silver Bow Community Development
- Butte-Silver Bow Council of Commissioners
- Butte-Silver Bow County Attorney's Office
- Butte-Silver Bow Drug Court
- Butte-Silver Bow Economic Development
- Butte-Silver Bow Finance/Budget Department
- Butte-Silver Bow Health Department
- Butte-Silver Bow School Superintendent
- Butte-Silver Bow Sheriff
- Butte-Silver Bow Superfund Office
- Career Futures
- CCCS Corp.
- Crest Nursing Home
- Highlands College
- KECI, NBC Affiliate
- Mental Health Local Advisory Council
- Mercury Street Medical
- Montana Highway Patrol/DUI Task Force
- Montana Independent Living Project
- Montana Orthopedics
- Montana Resources
- Montana State University
- Montana Tech
- National Affordable Housing Network
- Northwestern Energy
- Office of US Senator Jon Tester
- Praxis Center
- Public Housing Authority of Butte
- Rampart Solutions, LLC
- Rocky Mountain Clinic
- Safe Space
- Southwest Montana Aging and Disability Service
- Southwest Montana Community Health Center
- State Farm
- St. James Healthcare
- St. James Healthcare Foundation
- United Way
- Western Montana Mental Health Center
- Youth Connections Coalition



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 Butte-Silver Bow 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, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- ESRI ArcGIS Map Gallery
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Note that secondary data reflect county-level data for Silver Bow County.



Benchmark Data

Trending

Similar surveys were administered in Butte-Silver Bow in 2017 and 2020 by PRC on behalf of St. James Healthcare and the Butte-Silver Bow Health Department. 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 Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data represent the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trends Data* published online by the Centers for Disease Control and Prevention. State-level vital statistics are also provided for comparison of secondary data indicators.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2020 PRC National Health Survey*; the methodological approach for the national study is similar to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2030

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.



Healthy People 2030's overarching goals are to:

- Attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death.
- Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.
- Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.
- Promote healthy development, healthy behaviors, and well-being across all life stages.
- Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all.

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 getting feedback from individuals and organizations and input from subject matter experts, the U.S. Department of Health and Human Services (HHS) approved the framework which helped guide the selection of Healthy People 2030 objectives.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level), using question-specific samples and response rates. For 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 the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/ transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

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

Public Comment

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

IRS FORM 990, SCHEDULE H (2019)	See Report Page
Part V Section B Line 3a A definition of the community served by the hospital facility	7
Part V Section B Line 3b Demographics of the community	31
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	186
Part V Section B Line 3d How data was obtained	6
Part V Section B Line 3e The significant health needs of the community	15
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	16
Part V Section B Line 3h The process for consulting with persons representing the community's interests	9
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)	194



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 community stakeholders (key informants) giving input to this process.

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT	
ACCESS TO HEALTH CARE SERVICES	<ul style="list-style-type: none"> ▪ Barriers to Access <ul style="list-style-type: none"> – Appointment Availability – Difficulty Finding a Physician ▪ Specific Source of Ongoing Medical Care ▪ Ratings of Local Health Care
CANCER	<ul style="list-style-type: none"> ▪ Leading Cause of Death ▪ Cancer Deaths <ul style="list-style-type: none"> – Including Female Breast Cancer Deaths
DIABETES	<ul style="list-style-type: none"> ▪ Blood Sugar Testing [Non-Diabetics]
ENVIRONMENTAL HEALTH	<ul style="list-style-type: none"> ▪ “Fair/Poor” Perceptions of Air Quality
HEART DISEASE & STROKE	<ul style="list-style-type: none"> ▪ Leading Cause of Death ▪ Heart Disease Deaths
INFANT HEALTH & FAMILY PLANNING	<ul style="list-style-type: none"> ▪ Teen Births
INJURY & VIOLENCE	<ul style="list-style-type: none"> ▪ Firearm-Related Deaths
MENTAL HEALTH	<ul style="list-style-type: none"> ▪ Diagnosed Depression ▪ Symptoms of Chronic Depression ▪ Suicide Deaths ▪ Receiving Treatment for Mental Health ▪ Seeking Professional Help for a Child ▪ Key Informants: Mental health ranked as a top concern.

—continued on the following page—



AREAS OF OPPORTUNITY (continued)	
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	<ul style="list-style-type: none"> ▪ Fruit/Vegetable Consumption ▪ Overweight & Obesity [Adults]
POTENTIALLY DISABLING CONDITIONS	<ul style="list-style-type: none"> ▪ Activity Limitations ▪ High-Impact Chronic Pain ▪ Alzheimer's Disease Deaths
RESPIRATORY DISEASE	<ul style="list-style-type: none"> ▪ Lung Disease Deaths ▪ COVID-19 Deaths
SEXUAL HEALTH	<ul style="list-style-type: none"> ▪ HIV Prevalence
SUBSTANCE USE	<ul style="list-style-type: none"> ▪ Cirrhosis/Liver Disease Deaths ▪ Personally Impacted by Substance Use (Self or Other's) ▪ Key Informants: Substance use ranked as a top concern.
TOBACCO USE	<ul style="list-style-type: none"> ▪ Use of Vaping Products

Community Feedback on Prioritization of Health Needs

On November 17, 2022, the sponsors of this study convened a group of community stakeholders (representing a cross-section of community-based agencies and organizations) to evaluate, discuss and prioritize health issues for community, based on findings of this Community Health Needs Assessment (CHNA). Professional Research Consultants, Inc. (PRC) began the meeting with a presentation of key findings from the CHNA, highlighting the significant health issues identified from the research (see Areas of Opportunity above). Following the data review, PRC answered any questions. Finally, participants were provided an overview of the prioritization exercise that followed.

In order to assign priority to the identified health needs (i.e., Areas of Opportunity), an online voting platform was used. The participants were asked to evaluate each health issue along two criteria:

- **Scope & Severity** — The first rating was to gauge the magnitude of the problem in consideration of the following:
 - How many people are affected?
 - How does the local community data compare to state or national levels, or Healthy People 2030 targets?
 - To what degree does each health issue lead to death or disability, impair quality of life, or impact other health issues?

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

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



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

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

Hospital Implementation Strategy

St. James Healthcare (Intermountain Healthcare) 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, Butte-Silver Bow results are shown in the larger, gray column.
- The columns to the right of the Butte-Silver Bow column provide trending as well as comparisons between local data and any available state and national findings, and Healthy People 2030 objectives. Symbols indicate whether Butte-Silver Bow compares favorably (☀️), unfavorably (🌧️), or comparably (☁️) to these external data.

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

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

TREND SUMMARY

(Current vs. Baseline Data)

SURVEY DATA INDICATORS:





















Trends for survey-derived indicators represent significant changes since 2014 (or earliest available data). Note that survey data reflect the ZIP Code-defined Butte-Silver Bow.

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).

Note that secondary data reflect county-level data.








































SOCIAL DETERMINANTS	Butte-Silver Bow	BUTTE-SILVER BOW vs. BENCHMARKS			TREND
		vs. MT	vs. US	vs. HP2030	
Linguistically Isolated Population (Percent)	0.6	 0.3	 4.1		
Population in Poverty (Percent)	16.3	 12.8	 12.8	 8.0	
Children in Poverty (Percent)	18.4	 15.2	 17.5	 8.0	
No High School Diploma (Age 25+, Percent)	6.5	 6.0	 11.5		
Unemployment Rate (Age 16+, Percent)	2.4	 2.3	 3.3		 6.3
% Unable to Pay Cash for a \$400 Emergency Expense	24.2		 24.6		
% HH Member Lost Job, Wages, Insurance Due to Pandemic	14.7				
% Worry/Stress Over Rent/Mortgage in Past Year	21.9		 32.2		 24.7
% Unhealthy/Unsafe Housing Conditions	6.5		 12.2		 8.1
% Lived in a Car/Shelter in the Past Year	0.9				
% Lived With a Friend/Relative in the Past 2 Years	8.8				
% Food Insecure	25.4		 34.1		 23.0
% [Parents] Availability of Affordable Childcare Svcs is "Fair/Poor"	26.0				
% Have "No Impact" on Community Improvement	11.8				
% Volunteered to Charitable Organizations in Past Year	39.7				
% Disagree That the Community is Welcoming to All People	8.9				

 better
 similar
 worse























OVERALL HEALTH	Butte-Silver Bow	BUTTE-SILVER BOW vs. BENCHMARKS			TREND
		vs. MT	vs. US	vs. HP2030	
% "Fair/Poor" Overall Health	18.1	 12.8	 12.6		 22.3




















 better
  similar
  worse




ACCESS TO HEALTH CARE	Butte-Silver Bow	BUTTE-SILVER BOW vs. BENCHMARKS			TREND
		vs. MT	vs. US	vs. HP2030	
% [Age 18-64] Lack Health Insurance	5.4	 11.5	 8.7	 7.9	 15.6
% Difficulty Accessing Health Care in Past Year (Composite)	32.2		 35.0		 39.2
% Cost Prevented Physician Visit in Past Year	6.7	 9.0	 12.9		 18.8
% Cost Prevented Getting Prescription in Past Year	6.9		 12.8		 13.3
% Difficulty Getting Appointment in Past Year	17.1		 14.5		 11.3
% Inconvenient Hrs Prevented Dr Visit in Past Year	10.7		 12.5		 9.1
% Difficulty Finding Physician in Past Year	16.9		 9.4		 10.2
% Transportation Hindered Dr Visit in Past Year	5.9		 8.9		 7.8
% Skipped Prescription Doses to Save Costs	8.4		 12.7		 11.6
% Have Foregone Medical Care Due to Pandemic	15.1				
% Difficulty Getting Child's Health Care in Past Year	2.4		 8.0		 3.5
Primary Care Doctors per 100,000	93.9	 109.5	 106.1		











ACCESS TO HEALTH CARE (continued)	Butte-Silver Bow	BUTTE-SILVER BOW vs. BENCHMARKS			
		vs. MT	vs. US	vs. HP2030	TREND
% Have a Specific Source of Ongoing Care	72.0		 74.2	 84.0	 78.0
% Have Had Routine Checkup in Past Year	74.6	 74.9	 70.5		 64.2
% Child Has Had Checkup in Past Year	93.2		 77.4		 94.1
% Two or More ER Visits in Past Year	6.2		 10.1		 3.9
% Rate Local Health Care "Fair/Poor"	14.9		 8.0		 25.4




 better
  similar
  worse







CANCER	Butte-Silver Bow	BUTTE-SILVER BOW vs. BENCHMARKS			
		vs. MT	vs. US	vs. HP2030	TREND
Cancer (Age-Adjusted Death Rate)	142.0	 141.0	 146.5	 122.7	 165.4
Lung Cancer (Age-Adjusted Death Rate)	27.7	 28.7	 33.4	 25.1	
Prostate Cancer (Age-Adjusted Death Rate)	20.6	 20.5	 18.5	 16.9	
Female Breast Cancer (Age-Adjusted Death Rate)	26.6	 17.9	 19.4	 15.3	
Colorectal Cancer (Age-Adjusted Death Rate)	11.6	 11.9	 13.1	 8.9	
Cancer Incidence Rate (All Sites)	468.1	 462.9	 448.6		
Female Breast Cancer Incidence Rate	144.8	 135.4	 126.8		
Prostate Cancer Incidence Rate	103.5	 124.2	 106.2		

CANCER (continued)	Butte-Silver Bow	BUTTE-SILVER BOW vs. BENCHMARKS			
		vs. MT	vs. US	vs. HP2030	TREND
Lung Cancer Incidence Rate	53.9	 51.2	 57.3		
Colorectal Cancer Incidence Rate	36.8	 37.4	 38.0		
% Cancer	10.5	 13.3	 10.0		 8.1
% [Women 50-74] Mammogram in Past 2 Years	73.8	 73.4	 76.1	 77.1	 63.7
% [Women 21-65] Cervical Cancer Screening	74.1	 74.8	 73.8	 84.3	 75.8
% [Age 50-75] Colorectal Cancer Screening	73.3	 68.1	 77.4	 74.4	 55.0























 better
  similar
  worse

DIABETES	Butte-Silver Bow	BUTTE-SILVER BOW vs. BENCHMARKS			
		vs. MT	vs. US	vs. HP2030	TREND
Diabetes (Age-Adjusted Death Rate)	14.2	 20.9	 22.6		 24.3
% Diabetes/High Blood Sugar	13.9	 9.1	 13.8		 11.2
% Borderline/Pre-Diabetes	8.8		 9.7		 10.7
% [Non-Diabetics] Blood Sugar Tested in Past 3 Years	39.4		 43.3		 52.3








 better
  similar
  worse




ENVIRONMENTAL HEALTH	Butte-Silver Bow	BUTTE-SILVER BOW vs. BENCHMARKS			
		vs. MT	vs. US	vs. HP2030	TREND
Average Daily Ambient Particulate Matter 2.5 (PM _{2.5})	5.8	 5.6	 8.3		
% "Fair/Poor" Access to Clean Drinking Water	4.3				 7.1
% "Fair/Poor" Perceptions of Local Air Quality	24.9				 15.6
% "Fair/Poor" Perceptions of Local Soil Quality	37.0				 48.3
% Environmental Concerns Are a Major Problem for Community Health	11.6				 22.5




















 better
  similar
  worse




HEART DISEASE & STROKE	Butte-Silver Bow	BUTTE-SILVER BOW vs. BENCHMARKS			
		vs. MT	vs. US	vs. HP2030	TREND
Diseases of the Heart (Age-Adjusted Death Rate)	238.6	 161.0	 164.4	 127.4	 202.0
% Heart Disease (Heart Attack, Angina, Coronary Disease)	6.3	 6.0	 6.1		 7.8
Stroke (Age-Adjusted Death Rate)	25.2	 30.0	 37.6	 33.4	 29.9
% Stroke	3.2	 2.8	 4.3		 4.4
% Told Have High Blood Pressure	37.4	 29.5	 36.9	 27.7	 44.7
% Told Have High Cholesterol	32.3		 32.7		 37.7
% 1+ Cardiovascular Risk Factor	84.9		 84.6		 89.8






 better
  similar
  worse





















INFANT HEALTH & FAMILY PLANNING	Butte-Silver Bow	BUTTE-SILVER BOW vs. BENCHMARKS			
		vs. MT	vs. US	vs. HP2030	TREND
Low Birthweight Births (Percent)	9.4	 7.5	 8.2		
Infant Death Rate	5.1	 5.4	 5.8	 5.0	
Births to Adolescents Age 15 to 19 (Rate per 1,000)	23.7	 20.4	 19.3		




 better
  similar
  worse




INJURY & VIOLENCE	Butte-Silver Bow	BUTTE-SILVER BOW vs. BENCHMARKS			
		vs. MT	vs. US	vs. HP2030	TREND
Unintentional Injury (Age-Adjusted Death Rate)	58.2	 56.1	 51.6	 43.2	 50.1
Motor Vehicle Crashes (Age-Adjusted Death Rate)	12.9	 16.8	 11.4	 10.1	
[65+] Falls (Age-Adjusted Death Rate)	56.5	 91.2	 67.0	 63.4	
Firearm-Related Deaths (Age-Adjusted Death Rate)	24.7	 19.1	 12.5	 10.7	
% Unlocked Firearm in Home	21.8				 28.3
Violent Crime Rate	423.0	 393.7	 416.0		
% Perceive Neighborhood as "Slightly/Not At All Safe"	16.4				 16.7
% Victim of Intimate Partner Violence	12.8		 13.7		 12.4




















 better
  similar
  worse













KIDNEY DISEASE	Butte-Silver Bow	BUTTE-SILVER BOW vs. BENCHMARKS			TREND
		vs. MT	vs. US	vs. HP2030	
Kidney Disease (Age-Adjusted Death Rate)	11.2	 9.7	 13.1		
		 better	 similar	 worse	

MENTAL HEALTH	Butte-Silver Bow	BUTTE-SILVER BOW vs. BENCHMARKS			TREND
		vs. MT	vs. US	vs. HP2030	
% "Fair/Poor" Mental Health	15.2		 13.4		 14.9
% Diagnosed Depression	30.0	 22.6	 20.6		 23.3
% Symptoms of Chronic Depression (2+ Years)	37.1		 30.3		 34.1
% Typical Day Is "Extremely/Very" Stressful	10.4		 16.1		 11.9
% "Always/Usually" Have Social/Emotional Support	73.5				 77.7
% "Often" Feel Isolated from Others	13.0				 12.1
% Mental Health Has Worsened During Pandemic	18.9				
% "Seldom/Never" Feel Respected/Understood	4.6				
% Have Considered Suicide	19.4				 17.6
Suicide (Age-Adjusted Death Rate)	31.0	 25.7	 13.9	 12.8	 33.2
Mental Health Providers per 100,000	213.5	 134.4	 138.2		
% Taking Rx/Receiving Mental Health Trtmt	24.0		 16.8		 20.3












MENTAL HEALTH (continued)	Butte-Silver Bow	BUTTE-SILVER BOW vs. BENCHMARKS			TREND
		vs. MT	vs. US	vs. HP2030	
% Unable to Get Mental Health Services in Past Year	2.6		 7.8		 2.8
% [Age 5-17] Sought Professional Services for Child's Mental Health	29.6				 14.8

 better
 similar
 worse

















NUTRITION, PHYSICAL ACTIVITY & WEIGHT	Butte-Silver Bow	BUTTE-SILVER BOW vs. BENCHMARKS			TREND
		vs. MT	vs. US	vs. HP2030	
Population With Low Food Access (Percent)	6.9	 22.3	 22.2		
% "Very/Somewhat" Difficult to Buy Fresh Produce	24.4		 21.1		 31.8
% 5+ Servings of Fruits/Vegetables per Day	22.1		 32.7		 34.6
% 7+ Sugar-Sweetened Drinks in the Past Week	29.0				 26.2
% No Leisure-Time Physical Activity	18.5	 18.9	 31.3	 21.2	 21.6
% Meeting Physical Activity Guidelines	29.8	 28.4	 21.4	 28.4	 27.5
% Increase Physical Activity Through Everyday Behaviors	64.9				
% Perceive Walkability of Neighborhood as "Fair/Poor"	33.7				
% Child [Age 2-17] Physically Active 1+ Hours per Day	71.5		 33.0		 46.3
Recreation/Fitness Facilities per 100,000	17.1	 17.3	 11.9		




NUTRITION, PHYSICAL ACTIVITY & WEIGHT (continued)	Butte-Silver Bow	BUTTE-SILVER BOW vs. BENCHMARKS			
		vs. MT	vs. US	vs. HP2030	TREND
% Overweight (BMI 25+)	70.8	 64.6	 61.0		 67.1
% Obese (BMI 30+)	37.1	 28.5	 31.3	 36.0	 31.6
% Children [Age 5-17] Overweight (85th Percentile)	41.8		 32.3		 25.6
% Children [Age 5-17] Obese (95th Percentile)	13.0		 16.0	 15.5	 15.7










 better
  similar
  worse




POTENTIALLY DISABLING CONDITIONS	Butte-Silver Bow	BUTTE-SILVER BOW vs. BENCHMARKS			
		vs. MT	vs. US	vs. HP2030	TREND
% 3+ Chronic Conditions	36.6		 32.5		 39.3
% Activity Limitations	29.7		 24.0		 31.5
% With High-Impact Chronic Pain	21.4		 14.1	 7.0	
Alzheimer's Disease (Age-Adjusted Death Rate)	43.0	 22.7	 30.9		 23.6
% Caregiver to a Friend/Family Member	20.7		 22.6		 20.3














 better
  similar
  worse

RESPIRATORY DISEASE	Butte-Silver Bow	BUTTE-SILVER BOW vs. BENCHMARKS			
		vs. MT	vs. US	vs. HP2030	TREND
CLRD (Age-Adjusted Death Rate)	60.2	 46.7	 38.1		 81.2
% [Adult] Asthma	12.5	 10.6	 12.9		 10.9
% [Child 0-17] Asthma	5.3		 7.8		 4.6
% COPD (Lung Disease)	7.1	 6.6	 6.4		 12.6
Pneumonia/Influenza (Age-Adjusted Death Rate)	13.8	 9.7	 13.4		 16.5
COVID-19 (Age-Adjusted Death Rate)	110.4	 33.0	 85.0		














 better
 similar
 worse

SEXUAL HEALTH	Butte-Silver Bow	BUTTE-SILVER BOW vs. BENCHMARKS			
		vs. MT	vs. US	vs. HP2030	TREND
HIV/AIDS (Age-Adjusted Death Rate)		 0.4	 1.8		
HIV Prevalence Rate	74.0	 74.0	 378.0		
% [Age 18-44] Ever Tested for HIV	34.3		 51.4		
Chlamydia Incidence Rate	364.1	 468.1	 539.9		
Gonorrhea Incidence Rate	156.1	 112.4	 179.1		

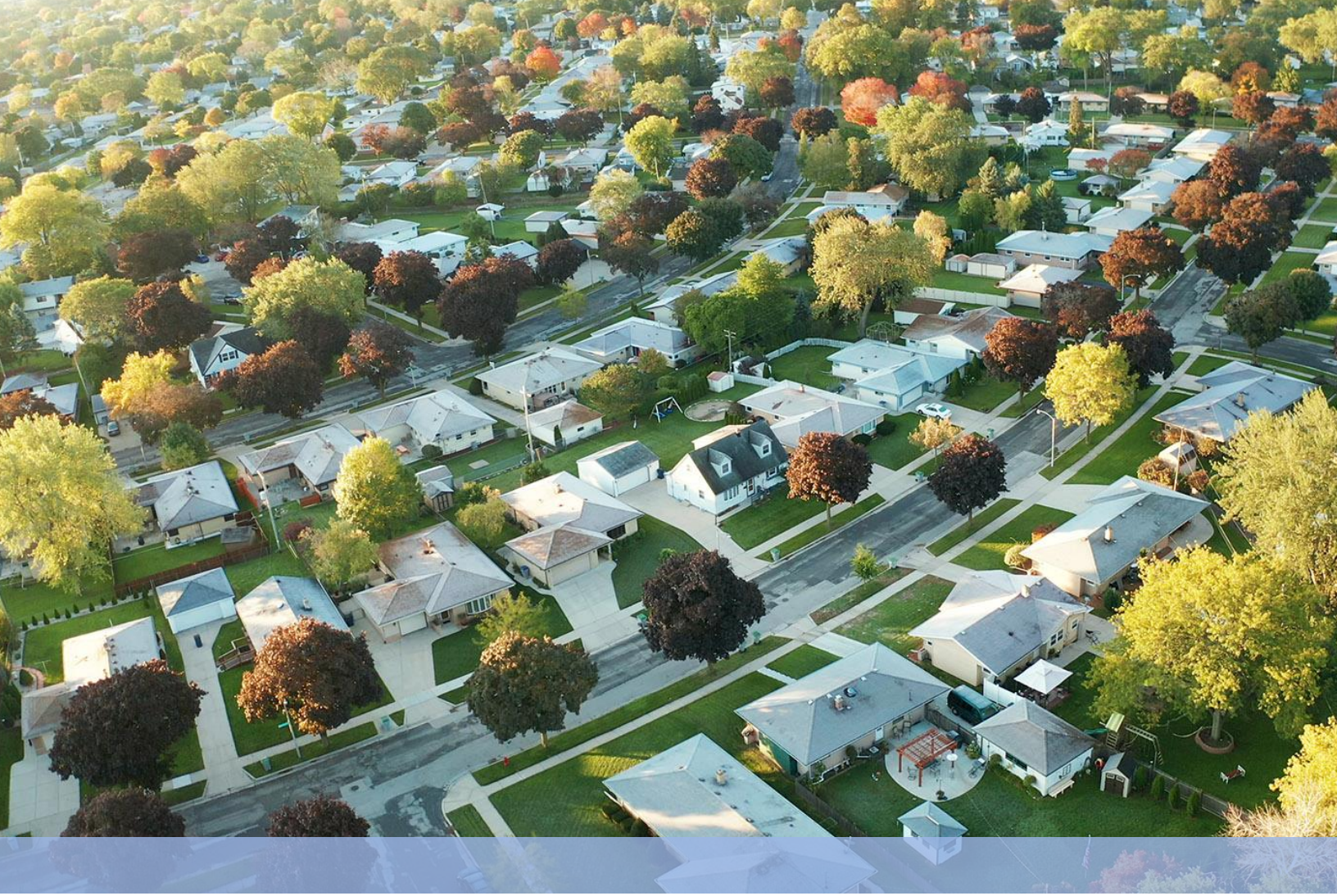
 better
 similar
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SUBSTANCE ABUSE	Butte-Silver Bow	BUTTE-SILVER BOW vs. BENCHMARKS			
		vs. MT	vs. US	vs. HP2030	TREND
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	18.0	 14.1	 10.9	 10.9	
% Excessive Drinker	19.8	 21.7	 27.2		 26.1
Unintentional Drug-Related Deaths (Age-Adjusted Death Rate)	16.6	 9.2	 15.8		
% Used a Prescription Opioid in Past Year	13.0		 12.9		
% Have Used Marijuana/Hashish in Past 30 Days	11.3				
% Ever Sought Help for Alcohol or Drug Problem	5.7		 5.4		 3.4
% Personally Impacted by Substance Use	45.1		 35.8		 47.3

 better
  similar
  worse

TOBACCO USE	Butte-Silver Bow	BUTTE-SILVER BOW vs. BENCHMARKS			
		vs. MT	vs. US	vs. HP2030	TREND
% Currently Smoke Cigarettes	14.4	 16.4	 17.4	 5.0	 20.9
% Someone Smokes at Home	8.7		 14.6		 16.0
% [Household With Children] Someone Smokes in the Home	11.0		 17.4		 17.9
% Currently Use Vaping Products	6.4	 5.0	 8.9		 1.4
% Currently Use Smokeless Tobacco	6.9		 4.4		 7.9

 better
  similar
  worse



COMMUNITY DESCRIPTION

POPULATION CHARACTERISTICS

Total Population

Butte-Silver Bow, the focus of this Community Health Needs Assessment, is predominantly associated with Silver Bow County, which encompasses just under 718 square miles and houses a total population of 34,895 residents, according to census estimates.

Total Population
(Estimated Population, 2016-2020)

	TOTAL POPULATION	TOTAL LAND AREA (square miles)	POPULATION DENSITY (per square mile)
Butte-Silver Bow (Silver Bow County)	34,895	717.98	49
Montana	1,061,705	145,550.35	7
United States	326,569,308	3,533,038.14	92

Sources: • US Census Bureau American Community Survey 5-year estimates.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2022 via SparkMap (sparkmap.org).

Population Change 2010-2020

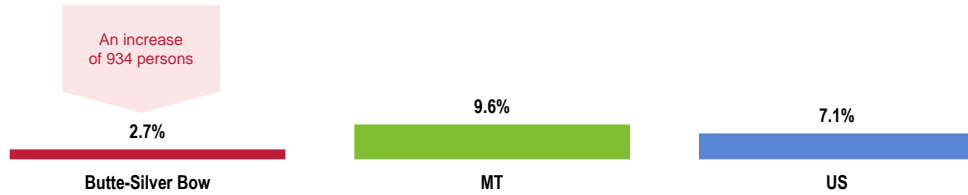
A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources.

Between the 2010 and 2020 US Censuses, the population of Butte-Silver Bow increased by 934 persons, or 2.7%.

BENCHMARK ► Well below the Montana and US percentage increases.



Change in Total Population (Percentage Change Between 2010 and 2020)



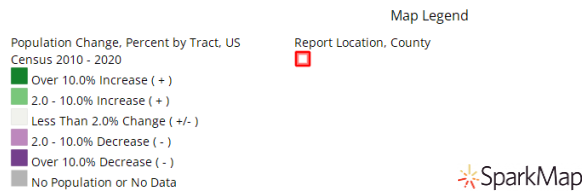
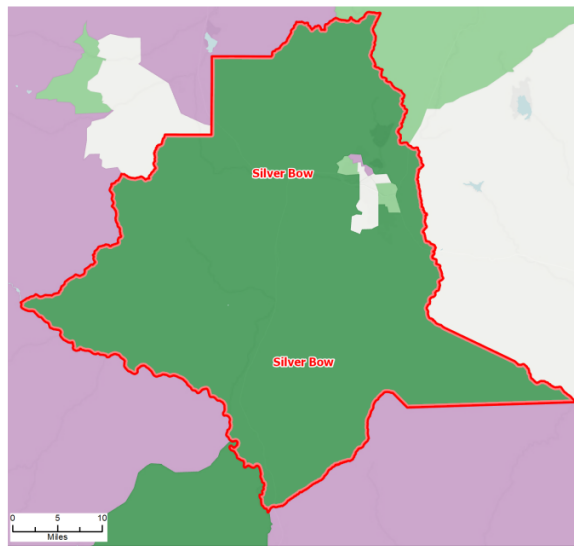
Sources:

- US Census Bureau Decennial Census (2010-2020).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2022 via SparkMap (sparkmap.org).

Notes:

- A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources.

This map shows the areas of greatest increase or decrease in population between 2010 and 2020.



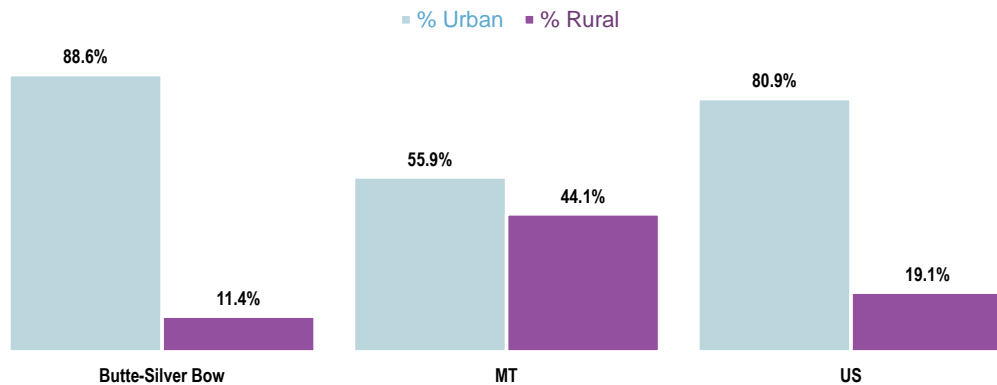
Urban/Rural Population

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.

Butte-Silver Bow is predominantly urban, with 88.6% of the population living in areas designated as urban.

BENCHMARK ▶ A much larger proportion of rural residents than reported across Montana and especially the US as a whole.

Urban and Rural Population (2010)

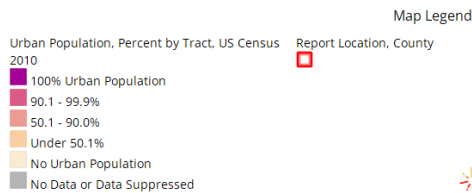
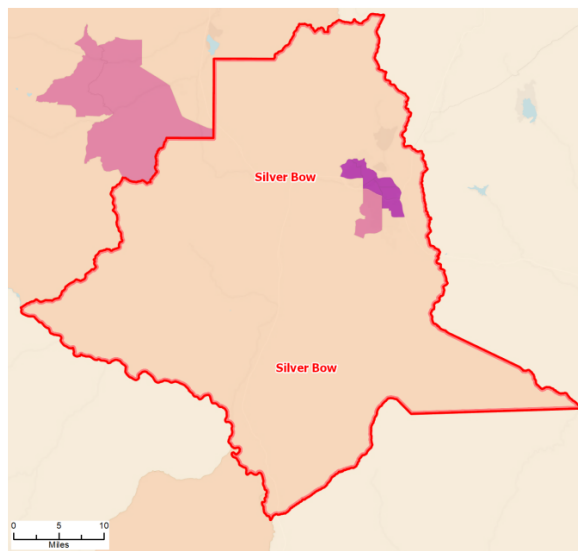


Sources:

- US Census Bureau Decennial Census.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2022 via SparkMap (sparkmap.org).

 Notes:

- This indicator reports the percentage of population living in urban and rural areas. 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.



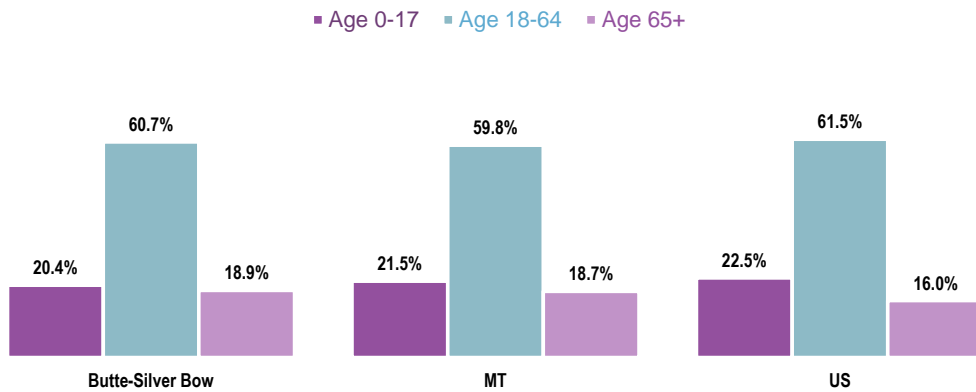
Age

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.

In Butte-Silver Bow, 20.4% of the population are children age 0-17; another 60.7% are age 18 to 64, while 18.9% are age 65 and older.

BENCHMARK ▶ A larger percentage of adults age 65+ than reported nationally.

Total Population by Age Groups (2016-2020)

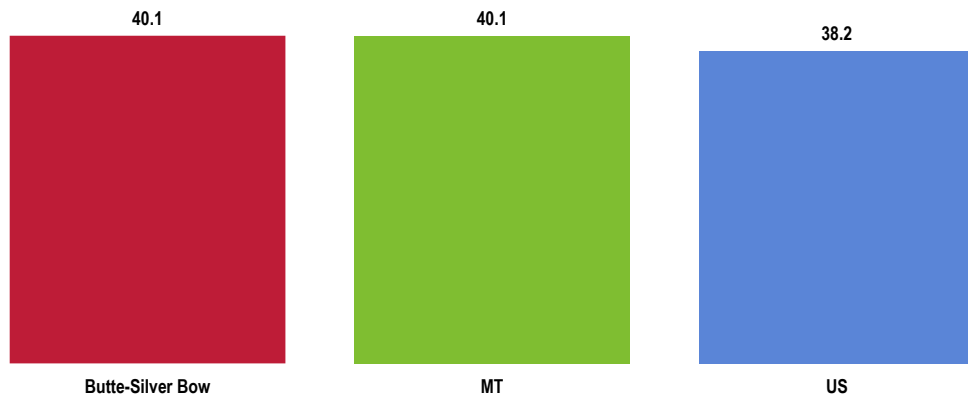


Sources: • US Census Bureau American Community Survey 5-year estimates.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2022 via SparkMap (sparkmap.org).

Median Age

Butte-Silver Bow is “older” than the nation in that the median age is higher (identical to the Montana median).

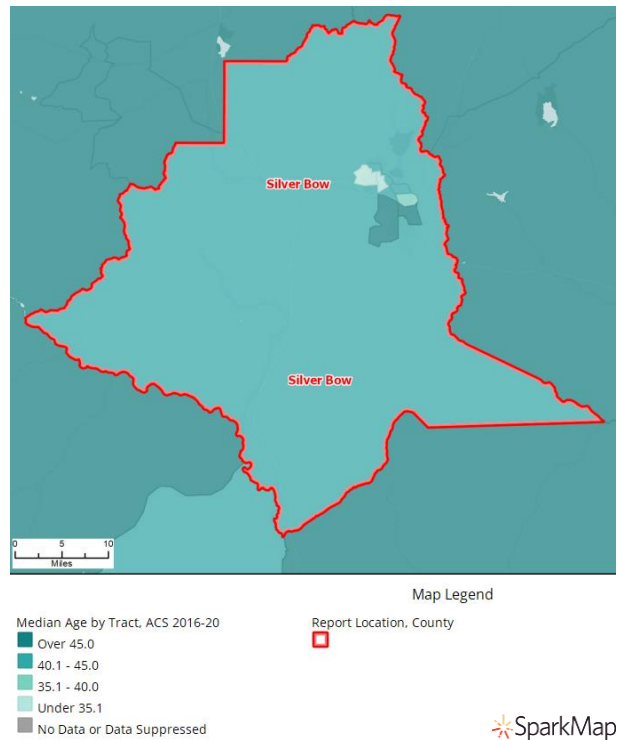
Median Age (2016-2020)



Sources: • US Census Bureau American Community Survey 5-year estimates.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2022 via SparkMap (sparkmap.org).



The following map provides an illustration of the median age in Butte-Silver Bow.



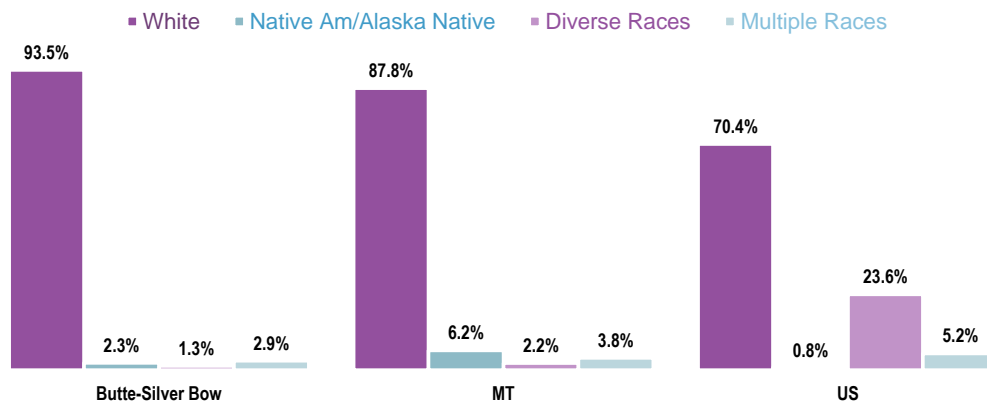
Race & Ethnicity

Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 93.5% of Butte-Silver Bow residents are White and 2.3% are Native American or Alaska Native.

BENCHMARK ▶ A less-diverse population than reported in Montana and especially nationally.

Total Population by Race Alone
(2016-2020)



Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2022 via SparkMap (sparkmap.org).

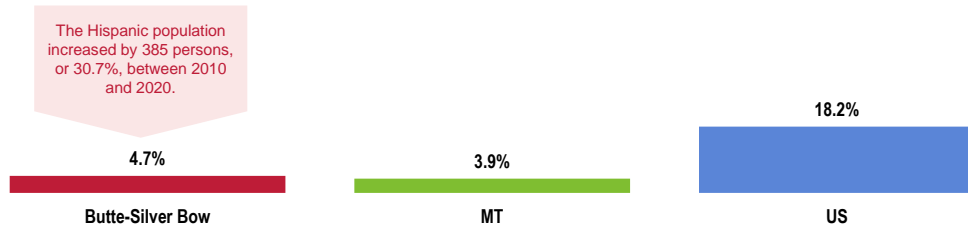


Ethnicity

A total of 4.7% of Butte-Silver Bow residents are Hispanic or Latino.

BENCHMARK ► Somewhat higher than the Montana percentage but well below the US.

Hispanic Population (2016-2020)



Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2022 via SparkMap (sparkmap.org).

Notes:

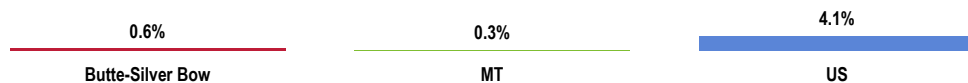
- Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Linguistic Isolation

Less than one percent (0.6%) of the Butte-Silver Bow population age 5 and older live in a home in which no person age 14 or older is proficient in English (speaking only English or speaking English "very well").

BENCHMARK ► Above the Montana figure but well below the national prevalence.

Linguistically Isolated Population (2016-2020)



Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2022 via SparkMap (sparkmap.org).

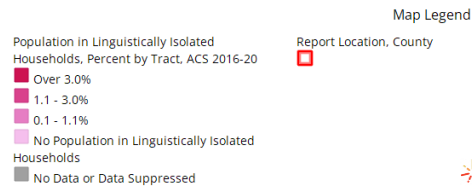
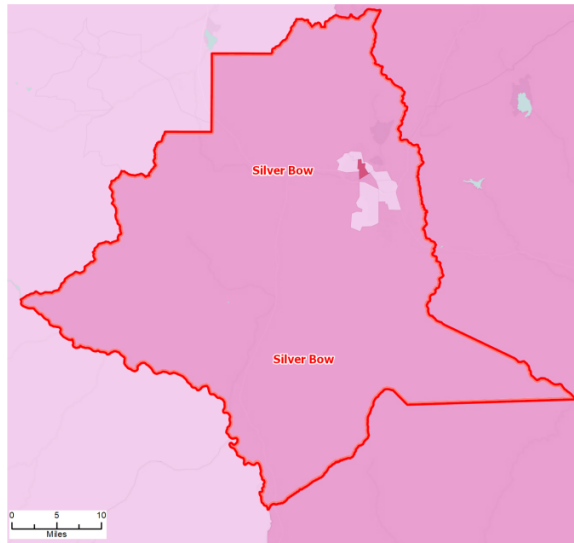
Notes:

- This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speak a non-English language and speak English "very well."



Note the following map illustrating linguistic isolation throughout Butte-Silver Bow.

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.



SOCIAL DETERMINANTS OF HEALTH

ABOUT SOCIAL DETERMINANTS OF HEALTH

Social determinants 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 determinants 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.

Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.

- Healthy People 2030 (<https://health.gov/healthypeople>)

Poverty

The latest census estimate shows 16.3% of the Butte-Silver Bow total population living below the federal poverty level.

BENCHMARK ▶ Worse than state and national percentages. Twice the Healthy People 2030 objective.

Among just children (ages 0 to 17), this percentage in Butte-Silver Bow is 18.4% (representing an estimated 1,279 children).

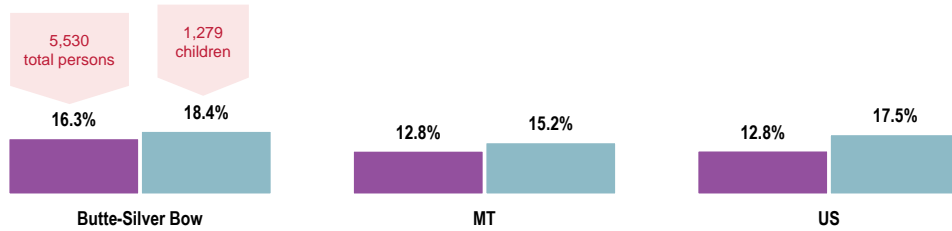
BENCHMARK ▶ Worse than the Montana prevalence. Fails to satisfy the Healthy People 2030 objective.



Population in Poverty

(Populations Living Below the Poverty Level; 2016-2020)
Healthy People 2030 = 8.0% or Lower

■ Total Population ■ Children



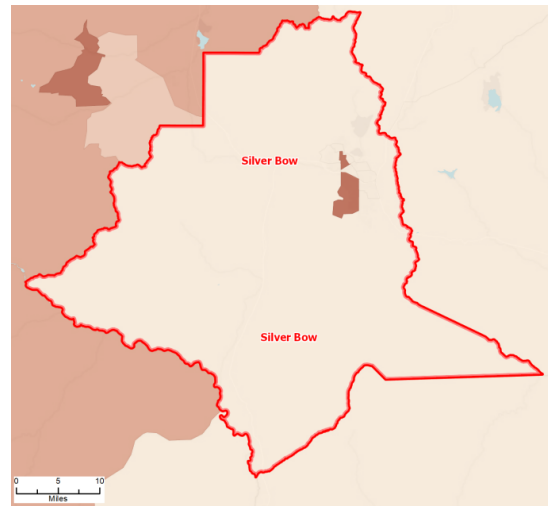
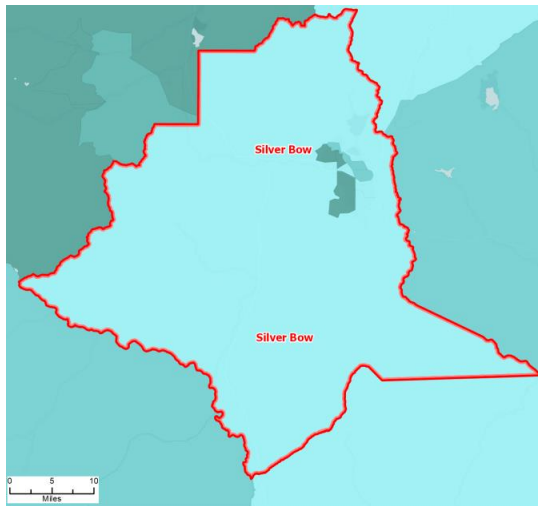
Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2022 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:

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

The following maps highlight concentrations of persons living below the federal poverty level.

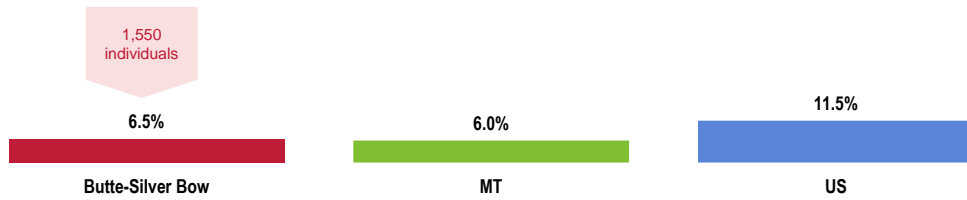


Education

Among the Butte-Silver Bow population age 25 and older, an estimated 6.5% (over 1,500 people) do not have a high school education.

BENCHMARK ▶ Much better than the national prevalence.

Population With No High School Diploma (Population Age 25+ Without a High School Diploma or Equivalent, 2016-2020)

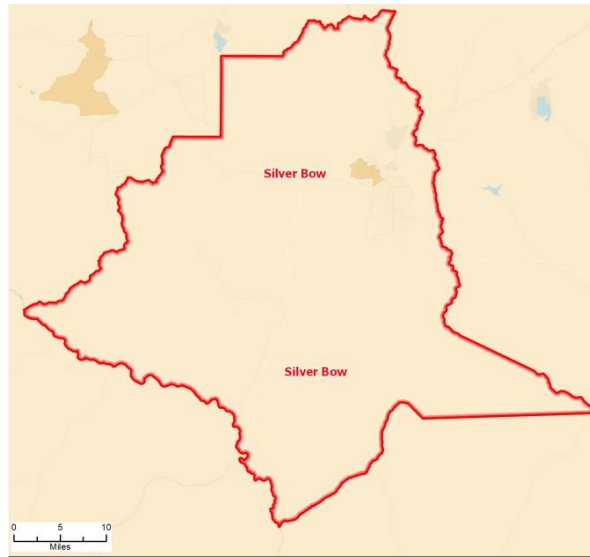


Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2022 via SparkMap (sparkmap.org).

 Notes:

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



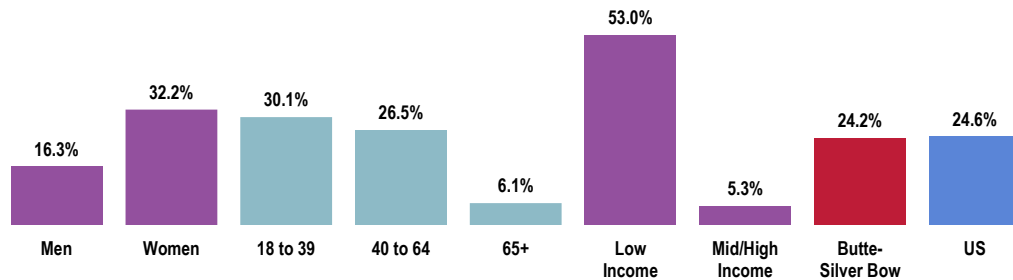
Financial Resilience

A total of 24.2% of Butte-Silver Bow residents would not be able to afford an unexpected \$400 expense without going into debt.

DISPARITY ► Reported more often among women, adults under 65, and especially those in low-income households.

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?"

Do Not Have Cash on Hand to Cover a \$400 Emergency Expense (Butte-Silver Bow, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 63]

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 ► Poverty descriptions and segmentation used 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 2021 guidelines place the poverty threshold for a family of four at \$26,500 annual household income or lower). In sample segmentation: "low income" refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice (<200% of) the poverty threshold; "mid/high income" refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

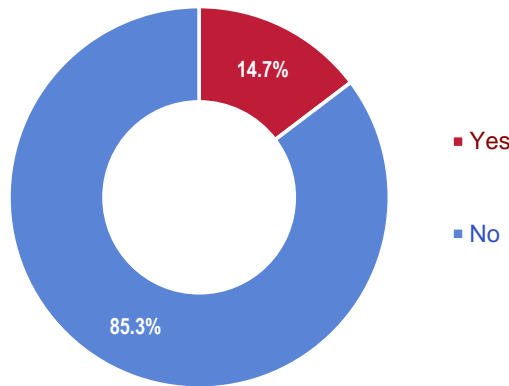
RACE & ETHNICITY ► While the survey data are representative of the racial and ethnic makeup of the population, the samples for Hispanic and diverse race groups were not of sufficient size for independent analysis.



Financial Effect of the Pandemic

Among survey respondents, 14.7% report that they or another member of their household lost a job, hours/wages, or health insurance since the beginning of the pandemic.

Household Member has Lost a Job, Hours/Wages, or Health Insurance Since the Beginning of the Pandemic (Butte-Silver Bow, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 317]
 Notes: • Asked of all respondents.

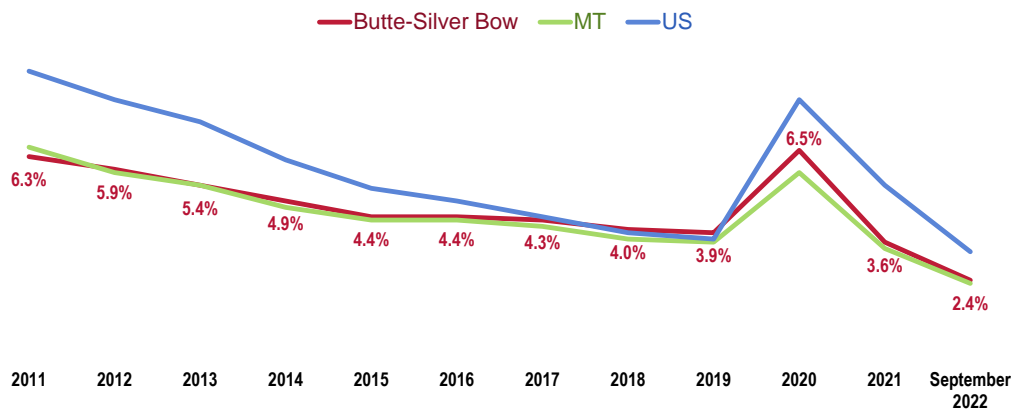
Employment

According to data derived from the US Department of Labor, the unemployment rate in Butte-Silver Bow as of September 2022 was 2.4%.

BENCHMARK ▶ Lower than the national figure.

TREND ▶ Despite significant increases in the first year of the COVID-19 pandemic, unemployment has dropped significantly in the past year, and much lower than found a decade ago.

Unemployment Rate
 (Percent of Non-Institutionalized Population Age 16+ Unemployed, Not Seasonally-Adjusted)



Sources: • US Department of Labor, Bureau of Labor Statistics.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2022 via SparkMap (sparkmap.org).
 Notes: • This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

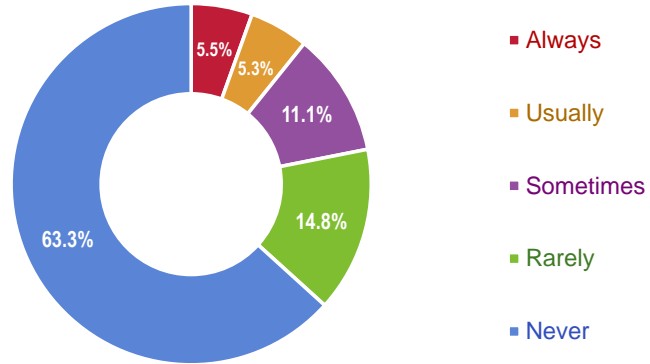


Housing

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 (Butte-Silver Bow, 2023)



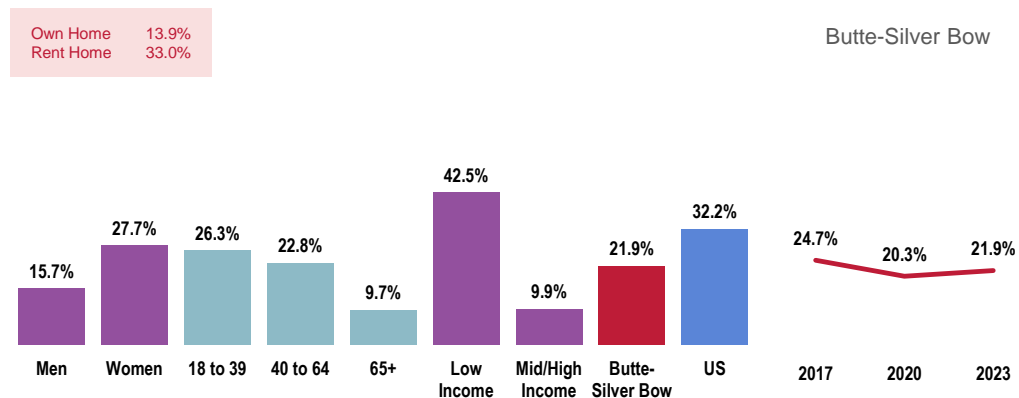
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 66]
Notes: • Asked of all respondents.

However, a considerable share (21.9%) 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.

BENCHMARK ▶ Lower than the national percentage.

DISPARITY ▶ Reported more often among women, adults under 65, those in low-income households (especially), and those who rent their homes.

“Always/Usually/Sometimes” Worried About Paying Rent/Mortgage in the Past Year (Butte-Silver Bow, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 66]
Notes: • Asked of all respondents.



Unhealthy or Unsafe Housing

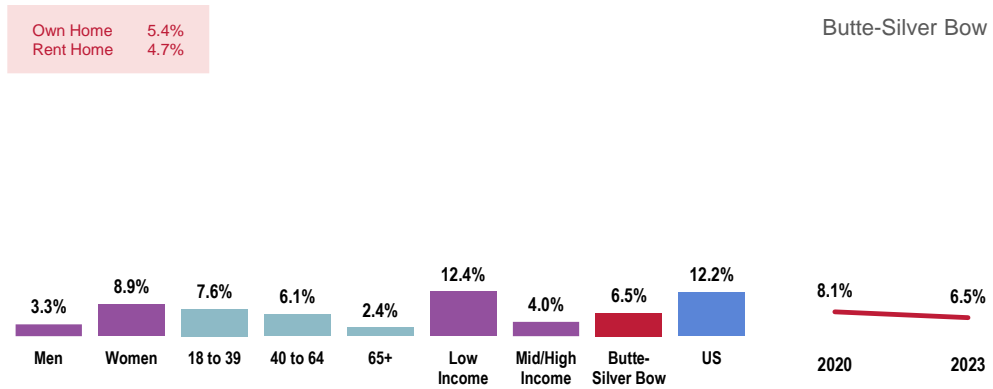
A total of 6.5% of Butte-Silver Bow residents report living in unhealthy or unsafe housing conditions during the past year.

BENCHMARK ▶ Well below the national prevalence.

DISPARITY ▶ Reported more often among women and adults in low-income households.

Respondents were asked: "Thinking about your current home, over the past 12 months have you experienced ongoing problems with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe?"

Unhealthy or Unsafe Housing Conditions in the Past Year (Butte-Silver Bow, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 65]

Notes: • Asked of all respondents.

• Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

Experience of Homelessness

Lived in Car or Shelter

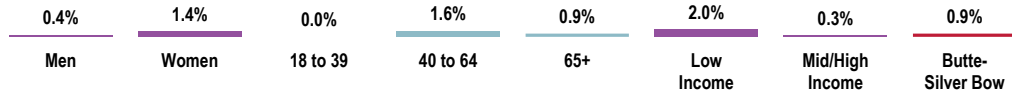
Just less than one percent (0.9%) of survey respondents had a time in the past year when they lived in a car or a shelter.

DISPARITY ▶ Noted particularly among adults who currently rent their home.



Lived in a Car/Shelter in the Past Year (Butte-Silver Bow, 2023)

Own Home 0.0%
Rent Home 4.4%



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 306]
Notes: • Asked of all respondents.

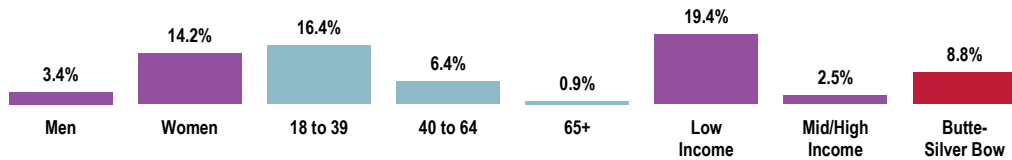
Lived With Friend or Relative

Among Butte-Silver Bow respondents, 8.8% lived with a friend or relative in the past two years because of a housing emergency.

DISPARITY ► Reported more often among women, young adults, those in low-income households, and people who currently rent their homes.

Lived with a Friend or Relative in the Past Two Years (Butte-Silver Bow, 2023)

Own Home 2.8%
Rent Home 16.5%



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 307]
Notes: • Asked of all respondents.



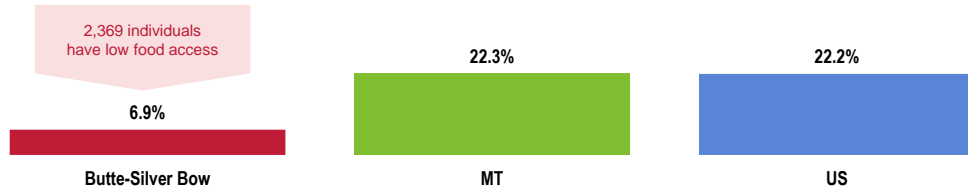
Food Access

Low Food Access

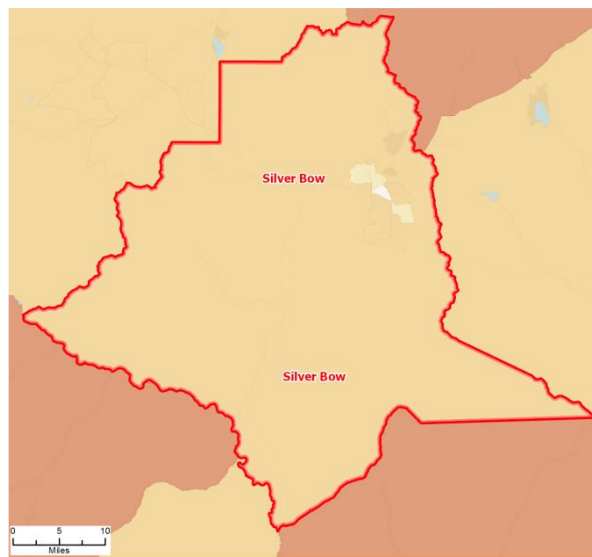
US Department of Agriculture data show that 6.9% of the Butte-Silver Bow population (representing over 2,360 residents) have low food access, meaning that they do not live near a supermarket or large grocery store.

BENCHMARK ▶ Well below the state and US percentages.

Population With Low Food Access
(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2019)



- Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2022 via SparkMap (sparkmap.org).
- Notes:
- This indicator reports the percentage of the population with low food access. Low food access is defined as living more than 1 mile from the nearest supermarket, supercenter, or large grocery store for urban census tracts, and 10 miles for rural ones. This indicator is relevant because it highlights populations and geographies facing food insecurity.



Low food access is defined as living more than 1 mile (or 10 miles for rural areas) from the nearest supermarket, supercenter, or large grocery store.

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



Food Insecurity

Overall, one in four (25.4%) community residents is 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 percentage reported nationally.

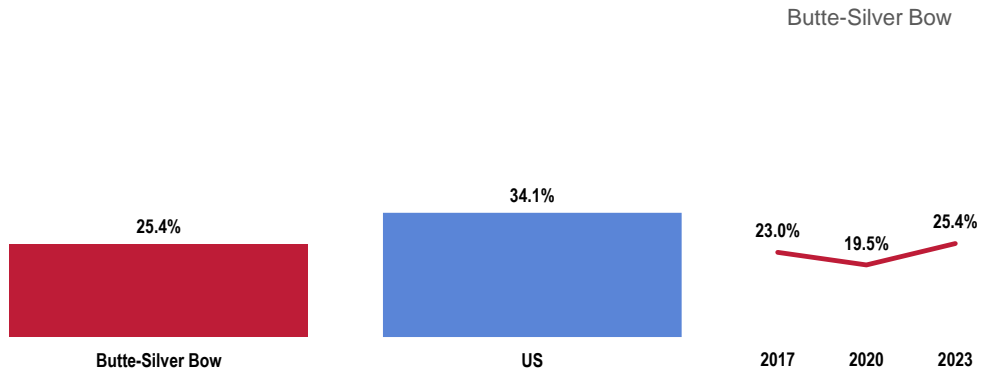
DISPARITY ▶ Correlates with age and is much higher among women and especially those in low-income households.

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.”

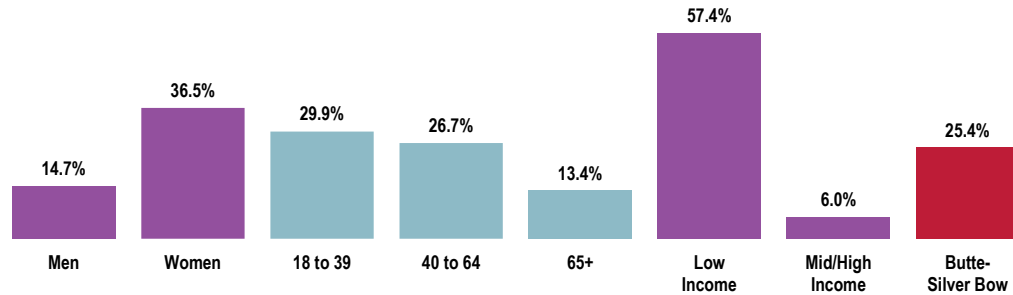
Those answering “Often” or “Sometimes True” for either statement are considered to be food insecure.

Food Insecurity



- Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 112]
 - 2020 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.

Food Insecurity (Butte-Silver Bow, 2023)



- Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 112]
- 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.



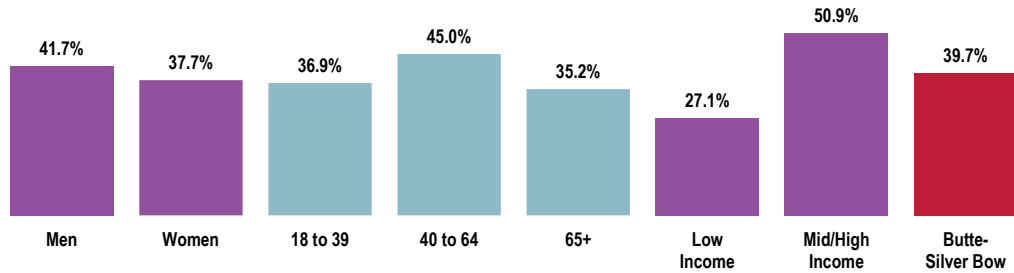
Civic Engagement

Volunteering

A total of 39.7% of survey respondents have volunteered time to a charitable cause, organization, and/or event in the past year.

DISPARITY ► The prevalence is reported more often among residents with higher incomes.

Have Volunteered Time to Charitable Causes, Organizations, or Events in the Past Year (Butte-Silver Bow, 2023)



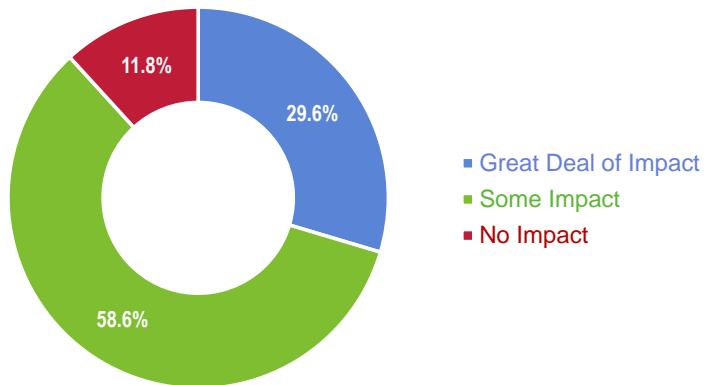
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 320]
Notes: • Asked of all respondents.

Community Impact

Most survey respondents feel they are able to have some impact on making the community a better place to live.

“How much impact do you feel people like yourself can have in making your community a better place to live?”

Perceived Level of Impact in Making the Community a Better Place to Live (Butte-Silver Bow, 2023)



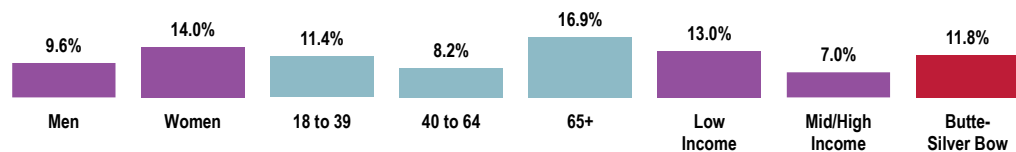
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 318]
Notes: • Asked of all respondents.



However, 11.8% of Butte-Silver Bow survey respondents do not consider people like themselves to have an impact on community life.

DISPARITY ► The prevalence is reported more often among older adults.

“No Impact” in Making the Community a Better Place to Live (Butte-Silver Bow, 2023)

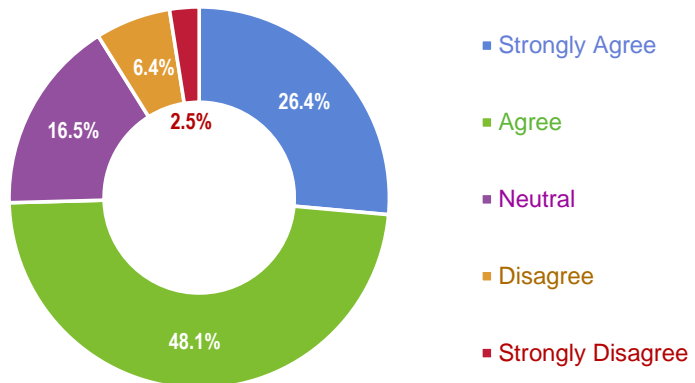


Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 318]
Notes: • Asked of all respondents.

Feelings of Inclusivity

While most respondents agree that the community is a welcoming place for people of all races and ethnicities, a total of 8.9% of the Butte-Silver Bow population does not agree that the community is so welcoming.

“I feel that my community is a welcoming place for people of all races and ethnicities” (Butte-Silver Bow, 2023)

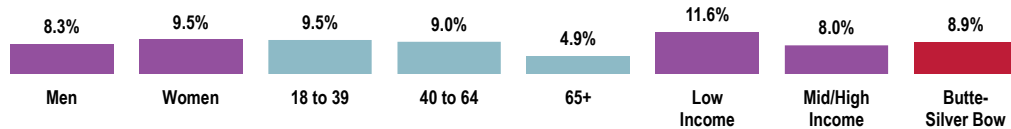


Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 319]
Notes: • Asked of all respondents.



Disagree that the Community is Welcoming for People of all Races and Ethnicities (Butte-Silver Bow, 2023)

Charts throughout this report (such as that here) detail survey findings among key demographic groups – namely by sex, age groupings, and income (based on poverty status).



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 319]
 Notes: • Asked of all respondents.
 • Includes "disagree" and "strongly disagree" responses.

Key Informant Input: Social Determinants of Health

The greatest share of key informants taking part in an online survey characterized *Social Determinants of Health* as a “major problem” in the community.

Perceptions of Social Determinants of Health as a Problem in the Community (Key Informants, 2023)



Sources: • 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:

Income/Poverty

- Many lower income people live here. Elderly also affected. Housing has increased so much. – Community Leader
- Rate of poverty is higher in BSB than nationwide. – Physician
- Many individuals struggling with basic resources due to poverty. – Physician
- 20% below poverty line, inflation in housing market, not a very walkable community, lack of useful public transit, lack of diversity makes it difficult to belong to diverse group and find community, lack of restaurants with healthy food or food-sensitivity accommodation, lack of recycling/compost program. – Public Health Representative
- Low income population, generational poverty, many old and unsafe houses. – Public Health Representative
- Culture of poverty, lack of resources, housing is challenging. – Other Health Provider
- Income, food instability and homelessness. – Community Leader
- Poverty is an issue and includes an older population on fixed incomes. – Community Leader



High poverty level, lack of affordable housing, food desert in the uptown area, inadequate lighting and walkability in lower-income neighborhoods, a high number of children in out-of-home placement. – Public Health Representative

We are a high poverty community. We do not have affordable housing at this time. I hope it gets better. We have overcrowded schools. We have a high suicide rate and substance abuse rate. – Other Health Provider

A decent amount of our community lives at or below the poverty level. Those who don't still struggle with economic stability, access to green space, building a social community, and access to healthcare. – Public Health Representative

Butte is a very poor community. The cost of housing has almost doubled in the last couple of years leaving many homeless. Jobs in Butte do not pay enough to cover living expenses that have increased in our community. – Public Health Representative

Butte has a high percentage of low-income residents with no prospects to improve their financial health. The environment is toxic. Housing is expensive. – Social Services Provider

We have a very high percentage of residents who are low-income. When people cannot meet their basic needs of housing, food, and clothing they are in survival mode and education is not a high priority. Affordable housing is very hard to find now. Incomes do not match the cost of living in Butte. In the past year, resources in the community have been hard to reach because of COVID lockdowns and facilities not allowing people to come in for resources. There is no listed local number to contact the Office of Public Assistance. – Community Leader

Our community is low income, and I see many children living in squalor. I have seen kids inside homes instead of in school on school days. These children seem trapped in environments where they are minimally supervised, lack access to good nutrition, and are not being educated. This further traps these children in situations that set them up for health catastrophes later in life. In terms of adults, I see so many people spending their precious discretionary income drinking and gambling. This also has negative impacts on mental health and physical health. Lack of resources possibly prevent them accessing the care they may come to need. – Community Leader

Large population of people without the means and/or knowledge to better their health. Compliance with treatment is also challenging and can be attributed to one or more of the social determinants listed. This becomes a vicious cycle of needing care, non-compliance, needing care, non-compliance. – Community Leader

Income is not great in Butte Montana, Education is not revered by all in this community, The Environment is continually mining and destroying resources. – enough is enough, Housing can be lovely if you purchased it many years ago. Many of us could not afford to purchase the home that we currently live in with the influx of out-of-state purchasers paying top dollar. If young couples missed the purchase window, it is now closed. Discrimination is still taking place in the "Good Ole Boy Networks", many of those are aging out, but they haven't been replaced with more open-minded residents. Health is depressing and low on the list with so many other factors. – Community Leader

With a poverty rate > 20%, aging housing stock, often in unhealthy condition, potential exposures to airborne and soil lead from Superfund-related mining wastes, and career-limiting employment opportunities, the community provides a fertile breeding ground for figurative "deaths of despair"--often associated with drug-use, mental health problems, and anti-social behaviors. – Community Leader

Housing

We have a lack of safe, stable and affordable housing which is causing many people to live in the shelter, couch surfing etc. We also have a great number of individuals who live in poverty due to pay or unemployment. – Other Health Provider

Rental housing prices have nearly doubled in the last three years, causing great distress and disruption to many households. Housing uncertainty is a cause of family stress including illness. – Community Leader

Housing is Healthcare- we have too many un-housed, hard to house individual, that are experiencing mental health issues. – Community Leader

Affordable housing is a growing issue, many disabled and with low income and low level of education. – Other Health Provider

The reasonable cost of housing has risen and many of our residents cannot afford quality housing at affordable prices. Lack of attendance in school by our students is a major concern for students to receive a quality education. – Community Leader

Lack of affordable housing, increase in substance use, increase in mental health crisis, stigma against homeless, substances using and low-income individuals. – Social Services Provider

Lack of affordable housing, areas of poverty in the community. – Social Services Provider

Lack of Affordable Housing has recently become an issue for Butte. Cost of living has outgrown the income in Butte. – Public Health Representative



Butte has an affordable housing crisis. Silver Bow County is still deemed a low-income county with over 13% in poverty and a majority of the county at or below 200% of the federal poverty level. Housing for low income (section 8) has a lengthy waiting list. – last I heard from Action Inc; it was nearing a 4 year wait. Education. – even though we have both Montana Tech and Highlands College, there are many individuals without a high school diploma. There are numerous without any post-secondary education or trade school/apprenticeship individuals. Environment. – Butte is still considered a superfund site. – one of the largest in the nation. This reputation has a detrimental effect on recruiting new businesses, new families to our community. – Social Services Provider

Housing has become a challenge for people not only in Butte but across the state and the region. Cost of housing has far surpassed low-income residents' ability to afford rent. Our organization is seeing renters being evicted because of the rising cost of rent and programs designed to assist poor and low-income individuals and families are being outpaced thus more people are becoming homeless. All of the above social determinants are impacting the Butte area, but housing has become a major problem and is forcing people into homelessness. – Social Services Provider

Housing and food insecurities are two very common issues impacting health in the community. We do not have an accurate understanding of the depth of either and have little to no resources to address either. Transportation is another social determinant that we have little to offer help with.. – Physician

Housing, transportation that runs beyond 5:30pm.. – Social Services Provider

Housing instability. – lack of affordable housing. Despite knowing that growth was coming to our community we have done little to no planning for this in the way of affordable housing and now we are at a critical point where our most vulnerable populations cannot afford housing.. – Physician

Homelessness

Large homeless population in our town. – Public Health Representative

Homelessness is a large problem in Butte as is case management resources to provide support services to help navigate these individuals to the right resources, if any are available. Need Supportive Housing Project to move forward in Butte to get people housed but more importantly, get people the support they need to live a viable life. – Community Leader

Transient, homeless, low-income population. Lack of affordable housing and shelter, drug and alcohol use, mental health stigma. – Public Health Representative

This is an obvious problem that comes up not infrequently with patients. I have multiple homeless patients and there are inadequate shelter resources. Some of my patients with homes do not have running water. Many of my patients have food insecurity. – Public Health Representative

The number of homeless increased by over 300% in the last two years. The housing market has changed dramatically with once affordable units leaving the market due to sale to out-of-state owners and rents rising significantly. People without resources are becoming homeless, living in campers, staying in motels or living in the most unsafe housing. For these people, health and mental health deteriorates. The homeless, especially those experiencing mental health crises, are being jailed because there are no or few emergency detention or crisis beds. There is likely to be an education gap due to schools being closed and instruction occurring remotely. Poor and low-income people are disproportionately impacted by this due to lack of technology, inability to work if the children are home, and lack of affordable childcare. – Social Services Provider

Lots of homeless, drugs, low income, uneducated people in Butte and places around the state of Montana send folks with these issues to Butte. They get "dumped". – Other Health Provider

Homelessness, drugs, and mental health issues of our most vulnerable population do not know how to access resources. Lack of connectivity of resources. – Community Leader

Awareness/Education

Awareness of services available to assist with outreach and resources available. – Community Leader

Lack of knowledge throughout the community and lack of resources. – Other Health Provider

From the department of redundancy department... much of this is ignorance, however some is situational. It is hard to dig yourself out of poverty, dysfunctional environments, discrimination, poor housing. If you are stuck here, although there are resources, there is not enough. Drug use plays a huge role here. While not all in challenging situation choose, many have learned how to manipulate and navigate their way through the system, partly because they are products of the system that is intended to help but sometimes enables remaining in the system, because it is easier. Some people prefer a hand-out rather than a hand up. Low paying jobs, not enough jobs, not enough affordable housing, neighborhood blight. – Community Leader

Access to Care/Services

Limited resources are barriers to healthcare. – Public Health Representative

Not having access to many providers that are specialized in certain medical fields. – Community Leader



This comment is about the perception that is said and listened to by our community. This perception is that Butte does NOT have good medical care. We don't have good doctors and to avoid our hospital. This perception is causing health issues as individuals are choosing not to go to the hospital, to not get medical care. – Social Services Provider

Mental Health

The social society of Butte seems poor. homeless and run-down homes. – Educational Leader
Mental health, drugs, and poverty. – Other Health Provider

Social Norms/Community Attitude

Butte has a broadly accepted legacy of trauma that has become almost a badge of pride for the community. We have a disproportionate share of people who self-medicate with alcohol and more recently drugs. That more than anything limits growth in the community. It has also had a marked impact on the pride people have in things like their homes, appearance, and general attitude. The mental health issues prevalent are a root of a lot of problems in Butte, but that goes back to the access, awareness, and stigma issues. Generational trauma is a real thing, and we need leaders to address it rather than sweep it under the rug. – Community Leader

The lack of respect for one another as human beings is awful. People are angry and the use of foul language ... it has become the norm, as has threats to the well-being of others. – Other Health Provider

Alcohol/Drug Use

All these issues are contributing factors, and I believe that substance use is a main factor as well. Of those listed, I think education and environment are the leading issues. – Social Services Provider

Comorbidities

Mental health, chemical dependency; if these 2 things are present with a person, nothing else falls into place. A mental health case manager would be helpful for individuals instead of making a bunch of referrals and the person doesn't follow through. – Community Leader

Cultural/Personal Beliefs

Nothing specific to this community. – Cultural factors are always very significant. We have a large aging population and under-insured younger individuals. – Community Leader

Employment

Employment opportunities are sparse in the area and housing pricing are increasing, leaving those with limited incomes struggling. – Educational Leader

Generational

Generational poverty impacts many- if not the majority- of people in our community. Housing has been impacted by COVID, so few properties are available to rent/purchase, and the cost is higher. Compensation for jobs is not often responding to inflation in real time, so expenses are higher but paychecks aren't. – Public Health Representative

Gambling

Gambling addiction. There are over 100 casinos and gaming establishments that have instilled a high-risk culture in this community or provided yet another addiction tendency for citizens to fall prey to. The fact is that too much of this community's disposable, yet valuable time, energy and income are clearly going to support gambling establishments and the other more obvious substance abuse problems already mentioned are either fueled by or lead to gambling. Meanwhile, the proprietors of such establishments are doing nothing to give back to the community, much less acknowledge they are part of the problem. – Community Leader

Lifestyle

Cost of housing. Lack of education. Out of staters moving in. Drug use. – Public Health Representative



ENVIRONMENTAL DETERMINANTS OF HEALTH

Perceptions of Environmental Quality

Air

CLEAN AIR

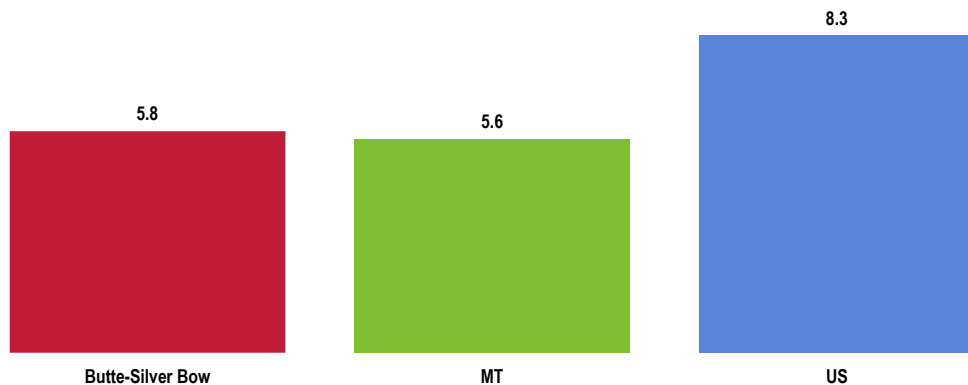
Air pollution levels impact the type and level of daily activity appropriate for people. Two pollutants directly monitored for their impact on people's daily activity are ground-level ozone and particulate matter 2.5 microns or less in diameter (PM_{2.5}). These air pollutants are monitored at select sites throughout Montana. According to the American Lung Association's State of the Air 2017 report, ozone-monitoring sites in Montana recorded zero days of unhealthy ozone concentrations between 2013 and 2015. Meanwhile, nearly all PM_{2.5} monitoring sites in Montana recorded unhealthy days (24-hour average PM_{2.5} ≥ 35.5 µg/m₃) between 2013 and 2015.

– 2017 Montana State Health Assessment (SHA): A Report on the Health of Montanans. Montana Department of Public Health and Human Services. February 2019.

In 2016, Butte-Silver Bow reported an average daily particle pollution of 5.8 for 24-hour PM_{2.5} concentration greater than 35.5 µg/m₃. (Note that no days exceeded NAAQ standards.)

BENCHMARK ▶ Lower than the US daily average for 2016.

Average Daily Ambient Particulate Matter 2.5 (PM_{2.5})
(2016)

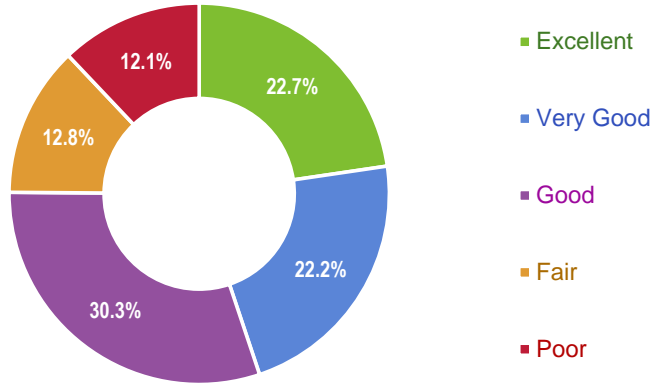


Sources: • Centers for Disease Control and Prevention (CDC). National Environmental Public Health Tracking Network.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2022 via SparkMap (sparkmap.org).
Notes: • This indicator reports the percentage of days with particulate matter 2.5 levels above the National Ambient Air Quality Standard (35 micrograms per cubic meter) per year, calculated using data collected by monitoring stations and modeled to include counties where no monitoring stations occur. This indicator is relevant because poor air quality contributes to respiratory issues and overall poor health.



Most survey respondents gave positive ratings when asked about the quality of air in the community.

Rating of Local Air Quality
(Butte-Silver Bow, 2023)



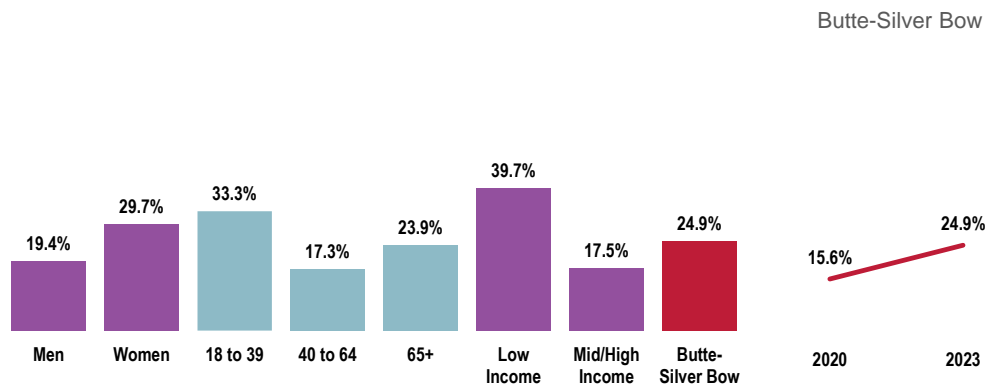
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 322]
Notes: • Asked of all respondents.

However, one in four (24.9%) gave “fair” or “poor” ratings of the community’s air quality.

TREND ► Increasing significantly since 2020, when this question was first asked.

DISPARITY ► Reported more often among women, adults under 40, and those in low-income households.

Community’s Air Quality is “Fair” or “Poor”
(Butte-Silver Bow, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 322]
Notes: • Asked of all respondents.



Drinking Water

SAFE DRINKING WATER

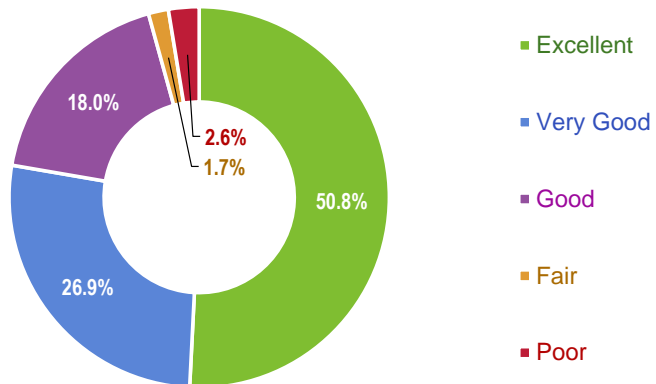
Most Montanans are served by public water systems. In 2016, 1,024 active community water supplies served 847,038 people, or about 81% of the population. Public water systems are routinely monitored for contamination from harmful bacteria, chemicals, and radionuclides. In 2016, 94% of the [statewide] public water supply systems met the Environmental Protection Agency's Safe Drinking Water Standards.

Most people who are not served by a public water system (approximately 19%) use a private well as their primary source of household water. The Centers for Disease Control and Prevention recommends that well owners test their water for total coliform bacteria, nitrates, total dissolved solids, and pH levels once a year. The number of Montana well owners who regularly test their wells is unknown.

– 2017 Montana State Health Assessment (SHA): A Report on the Health of Montanans. Montana Department of Public Health and Human Services. February 2019.

Considering their access to clean drinking water, most survey respondents gave “excellent” or “very good” responses.

Rating of Access to Clean Drinking Water
(Butte-Silver Bow, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 321]
Notes: • Asked of all respondents.

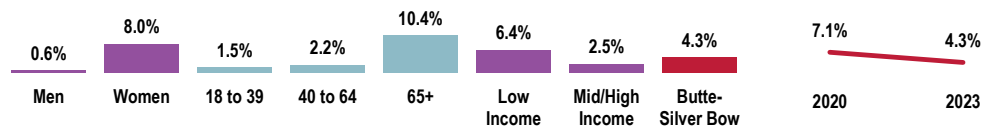


On the other hand, 4.3% gave “fair” or “poor” ratings of their access to clean drinking water.

DISPARITY ► Reported more often among women, older adults, and those in low-income households.

Access to Clean Drinking Water is “Fair” or “Poor” (Butte-Silver Bow, 2023)

Butte-Silver Bow



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 321]
Notes: • Asked of all respondents.



Soil

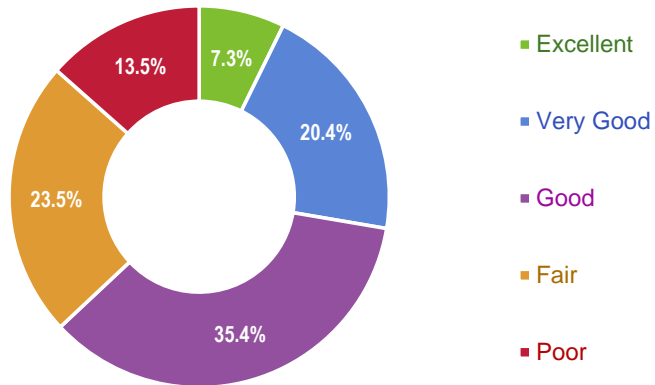
LEAD

No safe level for lead in the body exists. In children, exposure to lead might result in learning disabilities, behavioral problems, decreased intelligence, and poisoning. The most common lead exposure for children is from lead-based paint, which was commonly used in homes prior to 1978. Children might be exposed to lead through consumer products, toys, and parents' hobbies. Montana Medicaid requires healthcare providers to test children for blood lead at least once by age 12 months and again by age 24 months. Elevated blood lead is a reportable condition in Montana (ARM 37.114.203). In 2015, 77 [Montana] children were reported with elevated blood lead levels ($\geq 5 \mu\text{g/dL}$). The number of children tested for blood lead during this period is unknown, thus the percentage of children with elevated blood lead in Montana cannot be calculated.

– 2017 Montana State Health Assessment (SHA): A Report on the Health of Montanans. Montana Department of Public Health and Human Services. February 2019.

Over half of survey respondents gave high ratings regarding the quality of local soil.

Rating of Local Soil Quality
(Butte-Silver Bow, 2023)



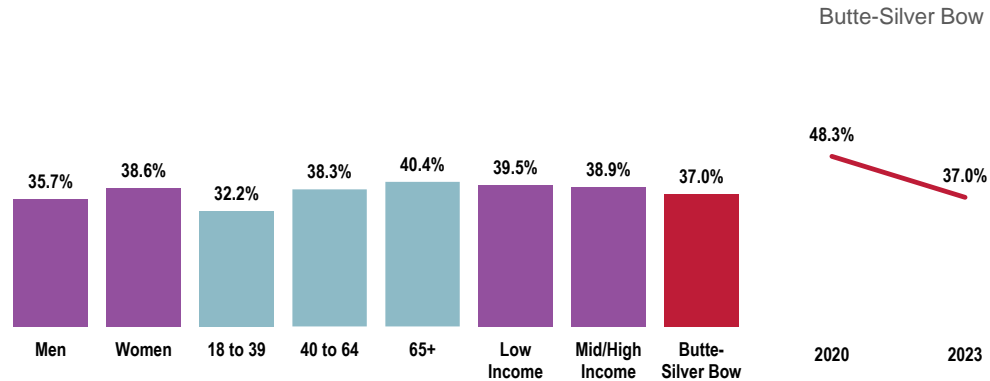
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 323]
Notes: • Asked of all respondents.



In contrast, 37.0% consider the quality of local soil to be “fair” or “poor.”

TREND ► Decreasing (improving) significantly from 2020 results.

Local Soil Quality is “Fair” or “Poor” (Butte-Silver Bow, 2023)

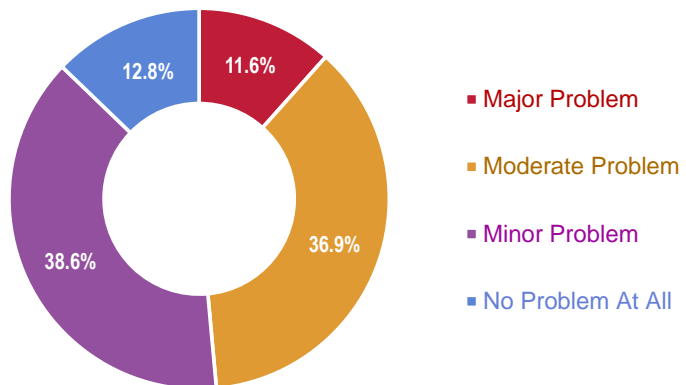


Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 323]
Notes: • Asked of all respondents.

Community Concern

Most residents have environment-related concerns for the Butte-Silver Bow community — 11.6% consider environmental concerns to be a “major problem” for community health in the area, and another 36.9% consider these a “moderate problem.”

Effects of Environmental Concerns On the Community’s Health (Butte-Silver Bow, 2023)

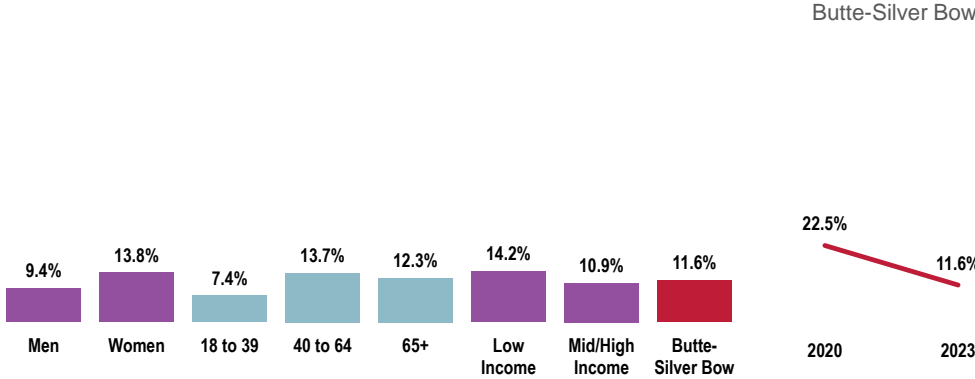


Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 324]
Notes: • Asked of all respondents.



TREND ► The prevalence of “major problem” ratings has improved significantly since 2020.

Environmental Concerns Are a “Major” Problem for Community Health (Butte-Silver Bow, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 324]
Notes: • Asked of all respondents.





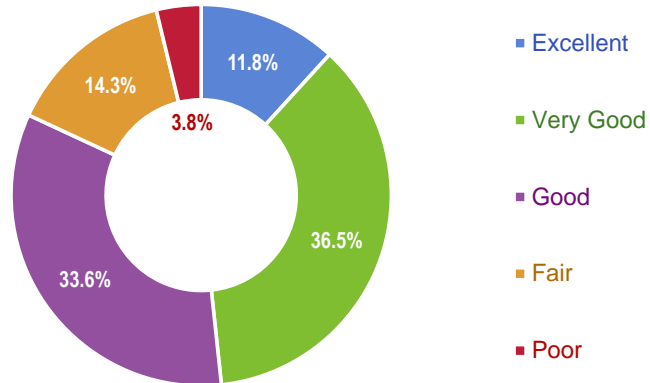
HEALTH STATUS

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 Butte-Silver Bow residents rate their overall health favorably (responding "excellent," "very good," or "good").

Self-Reported Health Status
(Butte-Silver Bow, 2023)



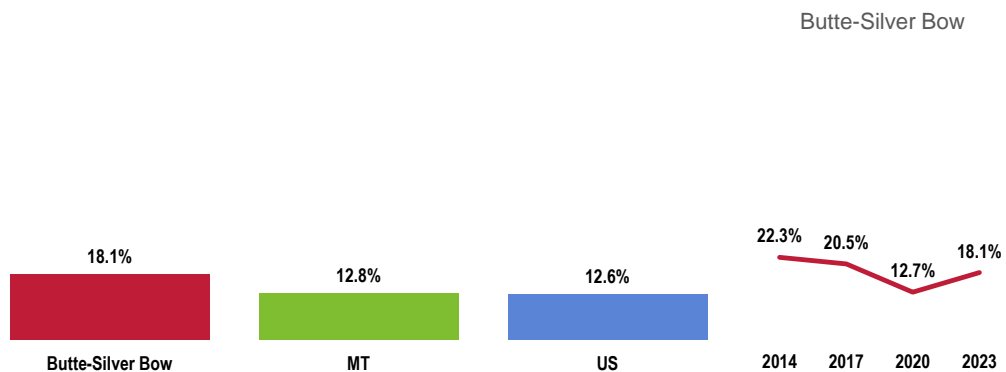
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: • Asked of all respondents.

However, 18.1% of Butte-Silver Bow adults believe that their overall health is "fair" or "poor."

BENCHMARK ▶ Worse than the Montana and US percentages.

DISPARITY ▶ Reported more often among women, older adults, and those in low-income households.

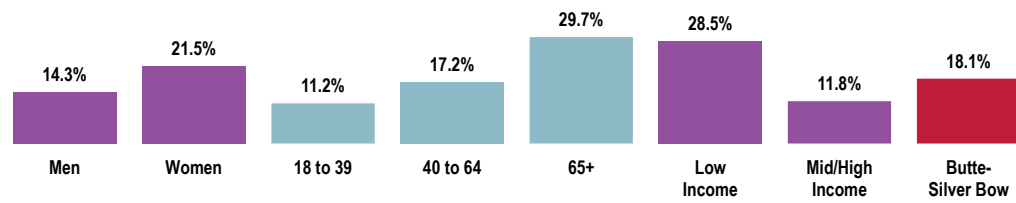
Experience "Fair" or "Poor" Overall Health



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 5]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Montana data.
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Experience “Fair” or “Poor” Overall Health (Butte-Silver Bow, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 5]
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 age 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.

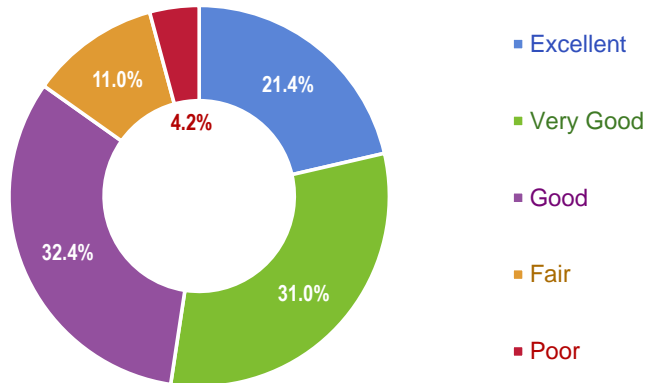
– Healthy People 2030 (<https://health.gov/healthypeople>)

Mental Health Status

Most Butte-Silver Bow adults rate their overall mental health favorably (“excellent,” “very good,” or “good”).

“Now thinking about your mental health, which includes stress, depression, and problems with emotions, would you say that, in general, your mental health is: Excellent, Very Good, Good, Fair, or Poor?”

Self-Reported Mental Health Status
(Butte-Silver Bow, 2023)



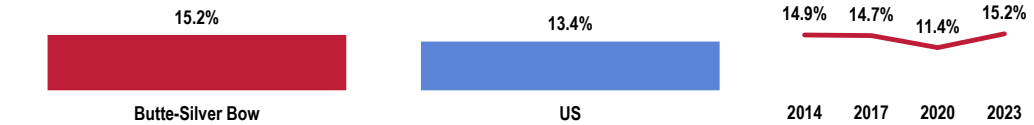
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 90]
Notes: • Asked of all respondents.



However, 15.2% believe that their overall mental health is “fair” or “poor.”

Experience “Fair” or “Poor” Mental Health

Butte-Silver Bow



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 90]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Depression

Diagnosed Depression

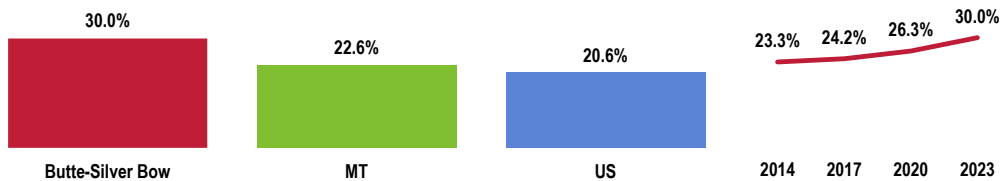
A total of 30.0% of Butte-Silver Bow adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

BENCHMARK ▶ The prevalence is worse than Montana and US figures.

TREND ▶ Increasing significantly over time.

Have Been Diagnosed With a Depressive Disorder

Butte-Silver Bow



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 93]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Montana data.
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• Depressive disorders include depression, major depression, dysthymia, or minor depression.



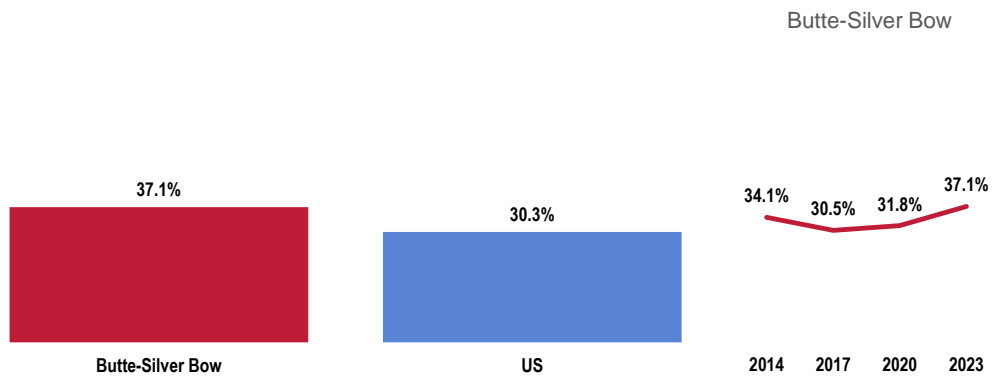
Symptoms of Chronic Depression

A total of 37.1% of Butte-Silver Bow adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

BENCHMARK ▶ Well above the US prevalence.

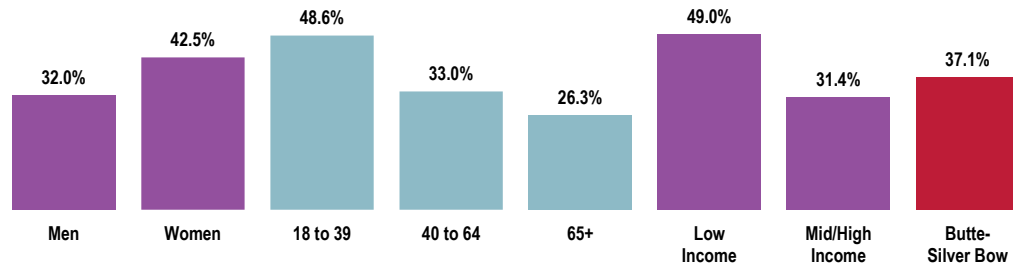
DISPARITY ▶ Reported more often among women, young adults, and those in lower income households.

Have Experienced Symptoms of Chronic Depression



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 91]
 • 2020 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 (Butte-Silver Bow, 2023)



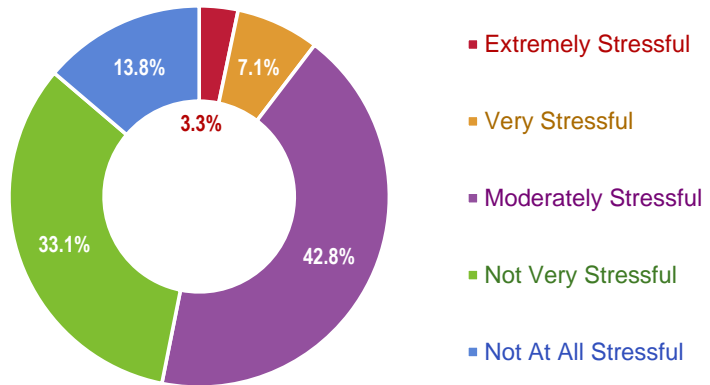
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 91]
 Notes: • Asked of all respondents.
 • Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.



Stress

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

Perceived Level of Stress On a Typical Day
(Butte-Silver Bow, 2023)



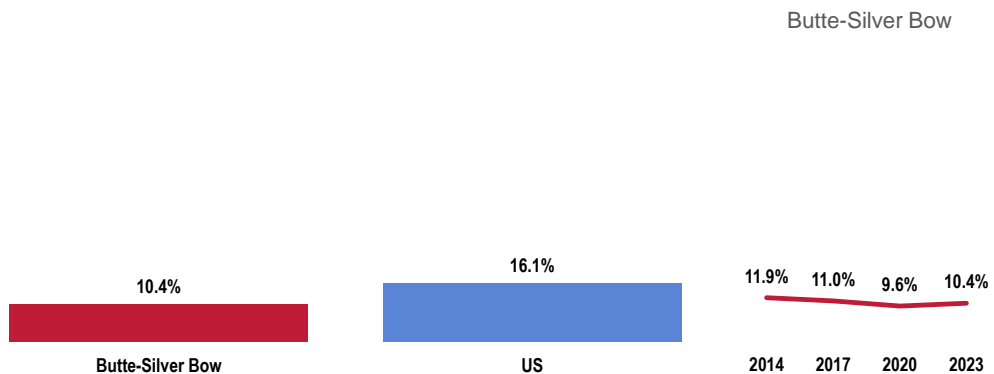
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 92]
Notes: • Asked of all respondents.

In contrast, 10.4% of Butte-Silver Bow adults feel that most days for them are “very” or “extremely” stressful.

BENCHMARK ▶ Lower than the national prevalence.

DISPARITY ▶ Highest among adults age 40 to 64.

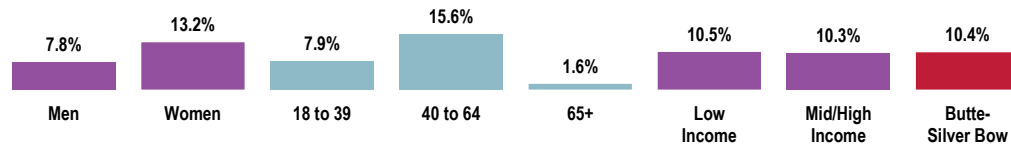
Perceive Most Days As “Extremely” or “Very” Stressful



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 92]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Perceive Most Days as “Extremely” or “Very” Stressful (Butte-Silver Bow, 2023)



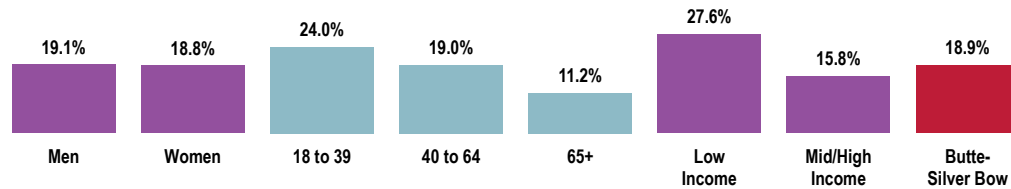
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 92]
Notes: • Asked of all respondents.

Impact of Pandemic on Mental Health

A total of 18.9% of survey respondents report that their mental health has worsened since the beginning of the COVID-19 pandemic.

DISPARITY ► Highest among young adults and those living at lower incomes.

Mental Health Has Gotten Worse Since the Beginning of the Pandemic (Butte-Silver Bow, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 315]
Notes: • Asked of all respondents.
• Beginning of pandemic specified as March 2020.

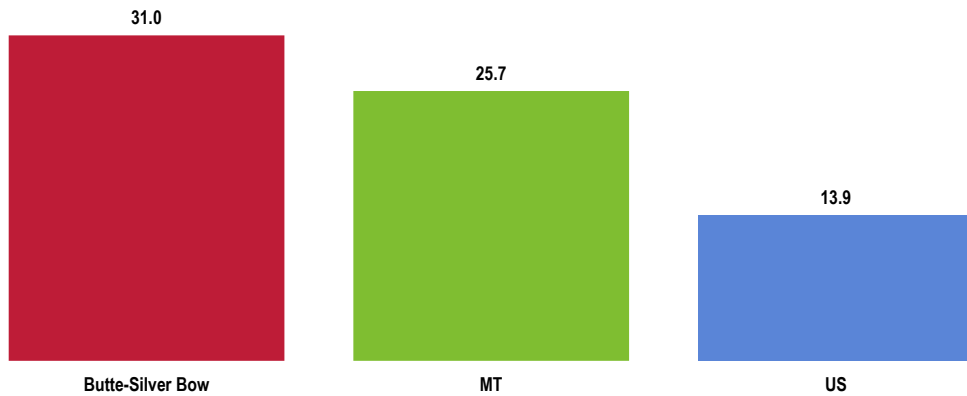


Suicide

In Butte-Silver Bow, there were 31.0 suicides per 100,000 population (2018-2020 annual average age-adjusted rate).

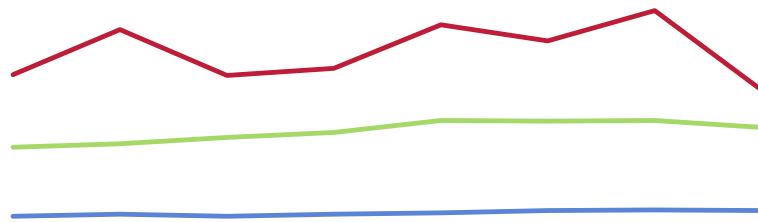
BENCHMARK ► Worse than the Montana rate and (especially) the US rate. Far from satisfying the Healthy People 2030 objective.

Suicide: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 12.8 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2022.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Suicide: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 12.8 or Lower



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Butte-Silver Bow	33.2	39.6	33.1	34.1	40.3	38.0	42.3	31.0
MT	22.9	23.4	24.3	25.0	26.7	26.6	26.7	25.7
US	13.1	13.4	13.1	13.4	13.6	13.9	14.0	13.9

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2022.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

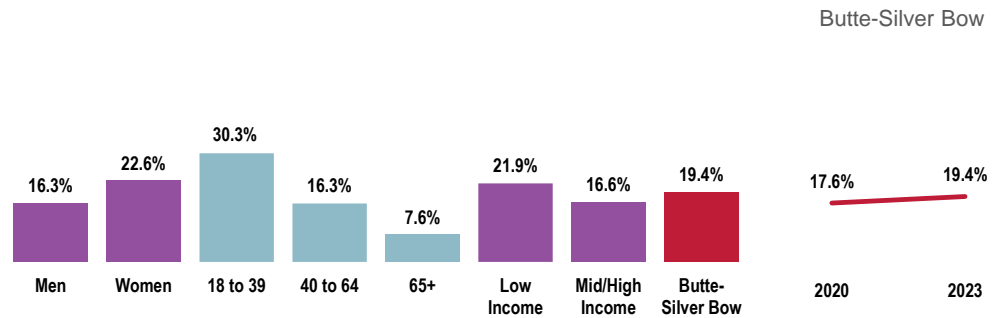


Suicide Ideation

Nearly one in five survey respondents (19.4%) has considered suicide.

DISPARITY ▶ Correlates with age and is reported more often among women and adults in lower-income households.

Have Considered Suicide (Butte-Silver Bow, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 314]
Notes: • Asked of all respondents.

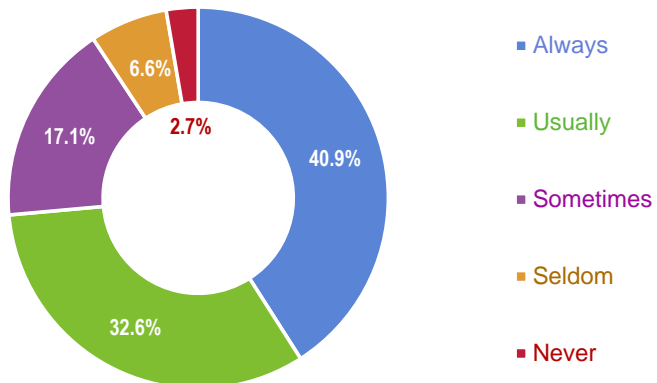
Social & Emotional Support

Relationships

Most survey respondents (73.5%) say that they “always” or “usually” get the social and emotional support they need.

DISPARITY ▶ Reported less often among women, adults age 40 to 64, and especially those in the lower income category.

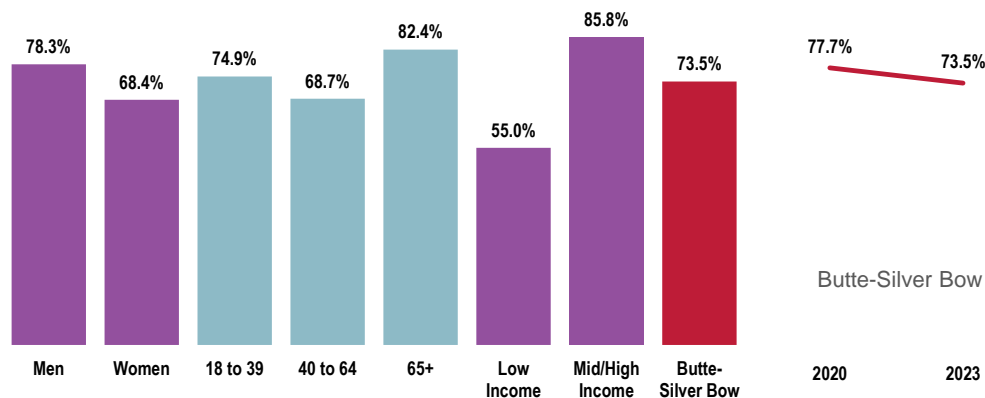
Receive Social and Emotional Support (Butte-Silver Bow, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 312]
Notes: • Asked of all respondents.



“Always/Usually” Receive Social and Emotional Support (Butte-Silver Bow, 2023)



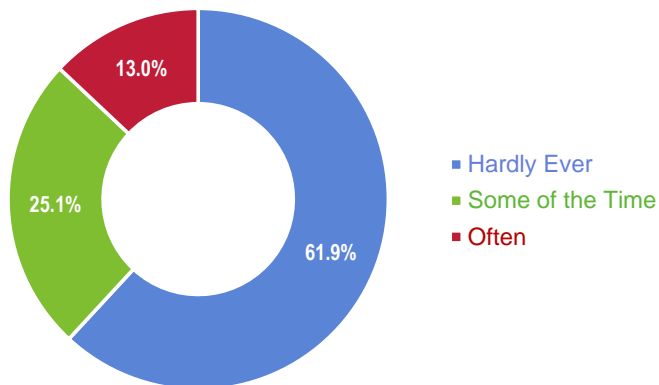
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 312]
Notes: • Asked of all respondents.

Feelings of Isolation

While most respondents hardly, if ever, experience feelings of isolation from others, 13.0% indicate that they “often” have such feelings.

DISPARITY ► Reported more often among women, young adults, and those in the lower income breakout.

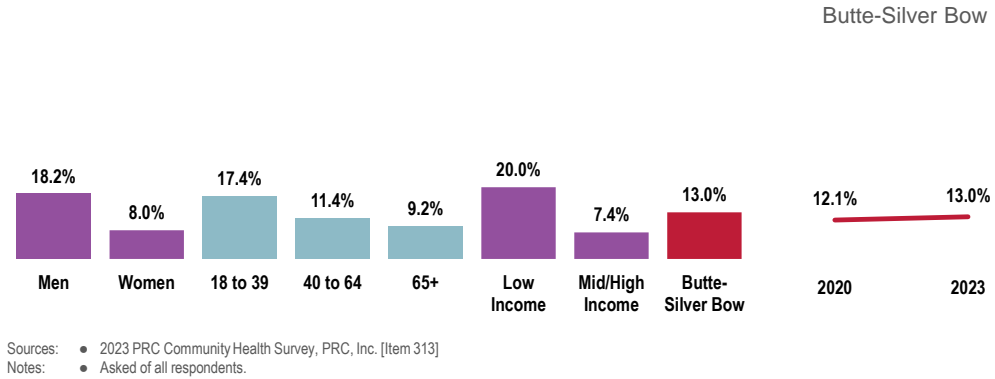
Feelings of Isolation from Others (Butte-Silver Bow, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 313]
Notes: • Asked of all respondents.



“Often” Feel Isolated from Others (Butte-Silver Bow, 2023)



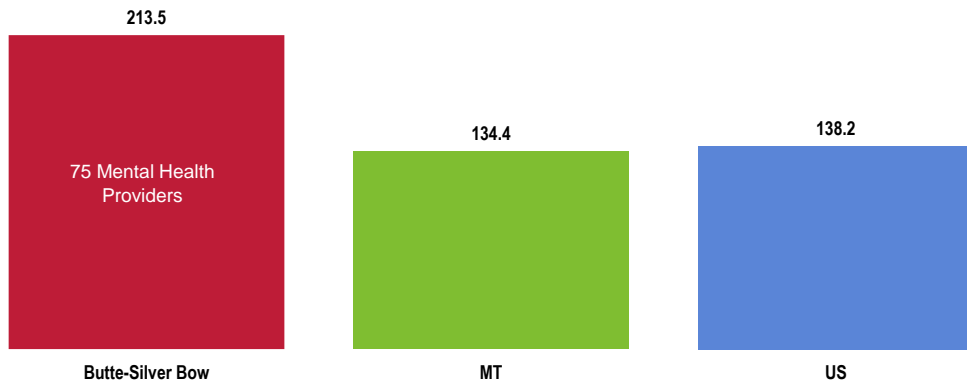
Mental Health Treatment

Mental Health Providers

In Butte-Silver Bow in 2022, there were 213.5 mental health providers for every 100,000 population.

BENCHMARK ► Well above the state and US ratios.

Access to Mental Health Providers (Number of Mental Health Providers per 100,000 Population, 2022)



Sources: • University of Wisconsin Population Health Institute, County Health Rankings.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2022 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 counsellors that specialize in mental health care.

Here, “mental health providers” includes psychiatrists, psychologists, clinical social workers, and counsellors who specialize in mental health care. Note that this indicator only reflects providers practicing in Butte-Silver Bow and residents in Butte-Silver Bow; it does not account for the potential demand for services from outside the area, nor the potential availability of providers in surrounding areas.



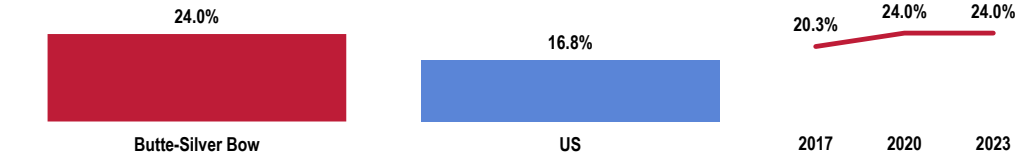
Currently Receiving Treatment

A total of 24.0% of 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.

BENCHMARK ▶ Well above the national prevalence.

Currently Receiving Mental Health Treatment

Butte-Silver Bow



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 94]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • "Treatment" can include taking medications for mental health.

Difficulty Accessing Mental Health Services

A total of 2.6% of Butte-Silver Bow adults report a time in the past year when they needed mental health services but were not able to get them.

BENCHMARK ▶ Well below the national figure.

DISPARITY ▶ Reported more often among women.

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

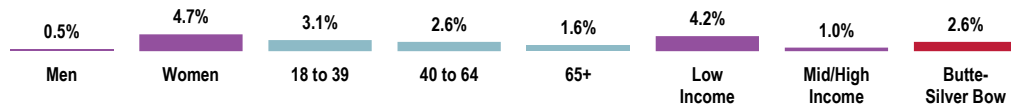
Butte-Silver Bow



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 95]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.



Unable to Get Mental Health Services When Needed in the Past Year (Butte-Silver Bow, 2023)



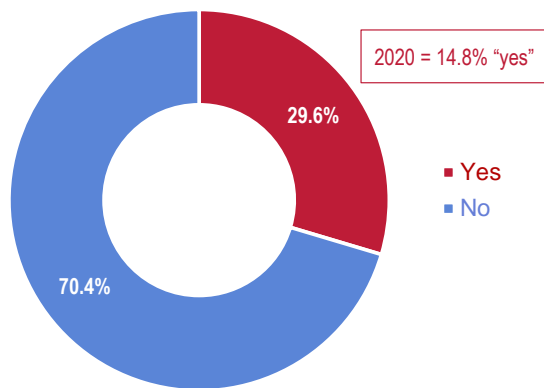
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 95]
 Notes: • Asked of all respondents.

Professional Help for Child

Among parents of children age 5 to 17, 29.6% have sought professional help for their child's mental health.

TREND ▶ Marking a statistically significant increase since 2020.

Sought Professional Help for a Child's Mental/Emotional Problem (Parents of Children 5-17; Butte-Silver Bow, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 325]
 Notes: • Asked of parents about a child age 5-17.



Key Informant Input: Mental Health

The vast majority of key informants taking part in an online survey characterized *Mental Health* as a “major problem” in the community.

Perceptions of Mental Health as a Problem in the Community (Key Informants, 2023)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: ● 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

Lack of mental health care. – Other Health Provider

No psychiatry and low amount of appointments with this specialty. – Other Health Provider

Consistent access to supportive services. – Community Leader

Access to mental health resources. Too many individuals on the streets with visible mental health issues. – Community Leader

Partly caused by the lack of a chapter of National Alliance on Mental Illness, and lack of comprehensive family support for households with severe mental illnesses and brain injuries. – Community Leader

Access and awareness. Butte is full of people self-medicating and the macho 'Butte vs. Everyone' attitude shames people out of getting help. That is, if they can find it. – Community Leader

Limited access to care, limited case management, and poverty. – Community Leader

Lack of access, lack of services to wrap around for other behaviors and services outside of medication management. There are social issues with housing insecurities, maintaining daily functioning and other issues depending on the individual. – Other Health Provider

Mental health for juveniles is not readily available. – Community Leader

Lack of mental health providers and facilities willing to accept patients with major mental issues. – Community Leader

Access to mental health and substance abuse services, especially quality inpatient resources. The legal system is far less than optimal in caring for patients that need involuntary treatment or in well checks in keeping people safe. Example: a manic patient may be in my office, unwilling to pursue voluntary hospitalization. The only option for involuntary patients is Warm Springs. Because of the very public problems there, most people want to avoid it. While trying to manage the behavior of an out-of-control patient in my office, in order to facilitate involuntary hospitalization, I have to complete my note to send to county attorney, write a letter asking for an involuntary commitment, and then also calling the county attorney and the emergency department to facilitate this. The police may or may not be helpful in escorting the patient from my office to the ED. While some of these patients have made it to Warm Springs, they have been discharged within 1-2 days, still manic. – Public Health Representative

No or limited access to care and treatment in the area. – Other Health Provider

No services for these folks. For the services there are, they don't want to work with other agencies to help a patient. It's all about being compensated and not the welfare of the patient. – Other Health Provider

Access to psychiatry. Long wait times for new patients. Access to counseling. Insurance/cost barriers. Not enough community-based support i.e., case management; housing. Sometimes, when people are in crisis and evaluated, they are discharged home without adequate support or services. – Other Health Provider

Lack of access to resources, especially for inpatient treatment needs. – Other Health Provider

Mental health issues continue to be on the rise with critically low access for assistance. Emergency rooms and hospitals continue to struggle to place patients in an appropriate setting, increasing the strain on the acute side (ED, hospitals) with factors including staffing, payment structure, etc. The trend feels like it is continuing to grow in the wrong direction. – Other Health Provider

Access to mental health care resources for our community. – Other Health Provider



I believe the availability of resources in Butte is a problem to many who suffer from mental health issues. Many people who live in Butte may not have insurance resources or understand how to use insurance resources and are unable to pay for services. I think some of our population has addiction issues that either stem from mental health issues or have mental health issues that lead to substance abuse. I believe there are worthy programs that are trying to help in our community, but are unable to reach everyone, obviously. – Government

There is lots of need in this area and not enough resources. We have lots of counselors, but not enough to serve the need. We also have a stigma of "Butte Tough" that prevents some people from seeking services. I also see the number of dispensaries as a problem- people self-medicating instead of seeking services. – Community Leader

Lack of case management. – Community Leader

Access and stigma. – Community Leader

Availability to see a psychiatrist. – Community Leader

Support staff is overwhelmed to deal with those with mental health issues. – Community Leader

Lack of resources, case management and other agencies step up to help, often in an area that they are not as familiar with. – Community Leader

No mental health support in the community. – Community Leader

I feel that mental health is a major problem in our community due to lack of services. For example, in our school district, our outside mental health services were cut this past year. – Community Leader

LARGEST lack of services, specifically med providers. Also, we struggle with no real relationship with Hays Morris, WMMH Crisis House, and it is a struggle to place. Pediatric Mental Health is another major issue and serious lack of services to provide care to that population. – Other Health Provider

Not enough resources to meet the needs of our community. – Community Leader

I believe more people are aware of mental health issues and are looking for services to help, so there is increased demand for those services. I also believe there is a correlation between drug use, mental health and crime. And if a person is found to have mental health issues causing their criminal behavior there is no assistance for them once they are out of the criminal system. – Community Leader

Therapy and housing. – Community Leader

Difficulty of access to trained professionals and self-medication with substance abuse. – Community Leader

Mental Health and homelessness in the Butte community is a major problem. We do not have adequate services for mental and behavioral health (not just here but all across the nation). Drug use (i.e. meth) leading to mental health is a growing concern. Adequate facilities to treat individuals dealing with mental and behavioral health are very limited, and the length of stay authorized for treatment is often insufficient. – Community Leader

Lack of services. – Community Leader

Long wait times to get into counseling. More need for couples and family therapists. Medication management by psychiatrists is almost non-existent in our community. – Social Services Provider

Access to mental health in general is severely low and suicide is extremely high. – Public Health Representative

Access to care. – Public Health Representative

Lack of resources and stigma surrounding mental health resources. – Public Health Representative

There are very limited resources for mental health care. Most mental health providers just give patients loads of medications, hoping they help. – Public Health Representative

Not enough resources and programs along with doctors to address mental health. – Social Services Provider

There are limited mental health resources. – Social Services Provider

Access to effective mental health services due to bias, transportation and cost. – Public Health Representative

There is little to no psychiatric help in our community. Few psychiatrists or psychologists and very little community help. – Social Services Provider

Access to emergent, urgent, same day, affordable care. Lack of funding. – Public Health Representative

The mental health system is collapsing. We are in a crisis. Community-based services have fallen off during a high need time. The state hospital is in crisis financially and operationally. There are so many decompensated people in our community getting no mental health services. Having just come through a world-wide pandemic, society in general is under a great deal of stress. Add to that the financial stress people are experiencing due to high costs of food, fuel, and housing, our community is in a fragile state when it comes to mental health. – Social Services Provider

Lack of mental health services. – Social Services Provider

There is a long wait time for someone to get into a provider. – therapist, counselor, psychiatrist. The hospital is not equipped to have inpatient mental health emergency patients and these patients are sent home. Patients have had to get to Helena, Missoula, or Bozeman for inpatient emergency care. – Social Services Provider

Lack of services for mental health crisis placements, too long of a wait period for assessments. individuals discharged from Montana State Hospital into homelessness with no treatment plan or services. – Social Services Provider



Availability of facilities and services. Montana's mental health system is broken and is not meeting the needs of people with mental health issues including the Montana State Hospital and community services. Our agency is seeing more and more people with mental health issues and nowhere to turn for real assistance. – Social Services Provider

Mental health needs to be easier to access. – Social Services Provider

Getting adequate care and follow up. – Physician

People in a mental health crisis seeking help at the emergency room of the hospital ending up in jail which is inappropriate and at times unlawful. There should be a secure place other than the emergency room for these evaluations. Also, there is a lack of out-patient services available to chronically mentally ill people to assist in keeping them stable such that it increases the frequency of involuntary mental health commitments. Our current short-term community-based stabilization facility does not appear to be accessible to individuals not associated with Western Montana Health Center. There is also a complete lack of mental health in-patient treatment options for juveniles within our community. – Community Leader

Finding treatment and case management. – Social Services Provider

Finding counselors and therapists that see children, accept Medicaid or Medicare, and call patients back. – Physician

Lack of access. – Physician

Access to care and medication. – Public Health Representative

There are limited resources and qualified medical professionals available in the community to focus on mental health. – Public Health Representative

I feel like the biggest challenges that people with mental health face in our community is access to qualified and supportive therapists, psychiatrists, and inpatient and outpatient therapy clinics. – Community Leader

Long wait lists, few providers, limited specialties, stigma, limited insurance coverage and cost. – Public Health Representative

Lack of care. Homelessness, crime, and drugs. – Community Leader

Lack of Providers

As an insurer of mental health clinics, we lack the practitioners in town to fill the needs of our community. Also, the image of someone with mental health needs has to change, so that people can comfortably seek services without fear of judgement. Additionally, Rx drugs are too readily handed out, especially those that are habit forming. I feel our community should lean into the medicinal benefits of cannabis and keep habit-forming Rx drugs out of our medicine cabinet. – Community Leader

The lack of mental health providers and the length of time it takes to get an appointment when an issue arises. – Public Health Representative

Not enough providers to address addiction and mental health that leads to homelessness. – Public Health Representative

Lack of psychiatrists, lack of qualified providers to diagnose and treat. Lack of a crisis system besides the Emergency Room. Primary care is not qualified and does not have the time to manage this. – Other Health Provider

The amount of mental health providers in this community is better than at one time, but we still need more. The schools need help. Educating the public. Housing is a problem. – Public Health Representative

Lack of service providers. Little to no services for crisis stabilization. Stigma. – Public Health Representative

The lack of a psychiatrist is a major problem. We do seem to have plenty of behavioral health therapists. – Other Health Provider

Access to and choice of care providers. – Community Leader

Access to qualified professionals. Students are struggling to regulate and access to mental health professionals in schools has been reduced. – Community Leader

Access to providers, treatment services, medications, and ongoing care. – Community Leader

Denial/Stigma

Admitting the problem stigma associated with seeking help need to differentiate medical from legal (criminal) behavior patterns associated with mental health problems providers / professionals: difficulty identifying potential problems before they become critical. – Community Leader

There is not enough emphasis on Behavioral Health. Everyone in the community need to know that everything they do on a daily basis (sleep, diet, exercise, thoughts, beliefs, use of alcohol, drugs, tobacco, over exposure to social media, family dynamics) and how it affects each person's mental health. While some people for a variety of reasons have greater risk for mental illness; Mental health is an issue that we all have control over. There is still a stigma around getting help for mental illness. We need a more holistic approach. – Community Leader

The stigma that people don't need mental health care and the availability of quality mental health services. Many of the high-quality providers have a full caseload. Follow-through of clients with mental health care providers is also a concern. – Community Leader



Stigma and access to care. – Public Health Representative

The stigma associated with mental health issues is a huge barrier. As symptoms are sometimes not observable, skepticism is created. – Community Leader

Finding treatment and acknowledging and accepting that they have a mental health issue. – Social Services Provider

Prevalence/Incidence

This is one of the biggest issues in our community. There are limited resources or available care for this population. – Community Leader

Our community has significant rates of mental disease with inadequate mental health care providers. – Physician
Major problem in the community. – Community Leader

Behavioral Health. I feel that most people do not understand what this means. There are 8 dimensions of health: physical, social, spiritual, financial, emotional, occupational, intellectual, environmental. We need to be in balance in all these areas or we are not well (healthy). This is extremely difficult, particularly in these complicated time with so much misinformation and unhealthy choices available. – Community Leader

Alcohol/Drug Use

There are many people in the community who struggle with mental health because of multiple reasons. Alcohol and drug addiction are a large part of mental health issues in the community. Having readily available access to counseling as well could be an issue. – Public Health Representative

Depression and ill effects from illegal drugs or overuse of alcohol and other street drugs. – Other Health Provider

Affordable Care/Services

Access to affordable care and inclusive care, particularly for LGBTQ+ and neurodivergent. Barriers to seeking help including stigma and self-medication with drugs and alcohol. – Public Health Representative

Lack of safe environments for those in crisis that is affordable. – Physician

Disease Management

Lack of case management and appropriate medication management. Also, when someone is in crisis, it is almost impossible to get them help either through Western Montana Mental Health or the Crisis Response Team at St. James. Also, police won't arrest someone who could be a harm to themselves or someone else. – Social Services Provider

COVID-19

I see a dramatic increase in mental health issues following the pandemic. I see them across the board not just those who are already impacted by mental health issues, but broad mental health issues are pervasive in every age group and demographic. And, we have limited access to mental health practitioners. We have some, but that number could likely triple and still not be enough people to serve this community. – Community Leader

Employment

Seems to be a hot topic with people not wanting to work. Mental health in the news. Also seems like a good excuse for people to use, as it is hard to detect. I see people with support dogs and wonder why. There is HIPAA, so I can't ask. – Educational Leader

Follow-Up/Support

Lack of intensive case management supports and services. Lack of therapy options. – Social Services Provider

Generational

Generational decline, families aren't taking care of each other nor making members be accountable. Drugs, alcohol, poverty, single parenting, and poor living conditions are breaking down supports that should be in place, elderly people are alone without support and this all leads to depression and more. – Community Leader

Insurance Issues

Getting health insurance coverage for this. – Physician

Lifestyle

Failure to seek help and drug addiction due to self-medication. – Community Leader



Suicide Rates

Suicide rates are very high in this area, and seeking mental healthcare still holds a stigma. Many people only seek care when it is crisis time, and the Emergency Room is not the best place for a mental crisis, yet that is the main resource in the area. – Educational Leader





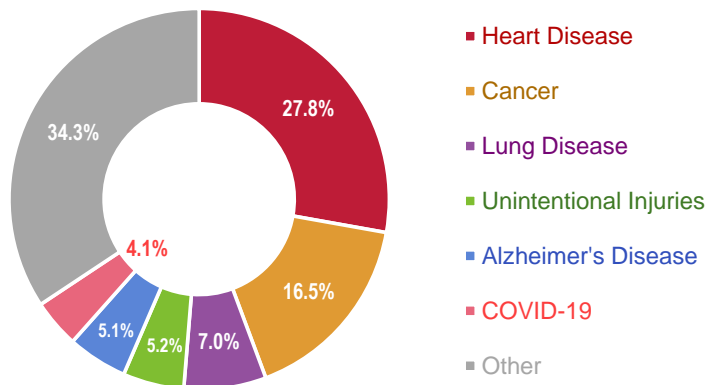
DEATH, DISEASE & CHRONIC CONDITIONS

LEADING CAUSES OF DEATH

Distribution of Deaths by Cause

Together, heart disease and cancers accounted for more than 40% of all 2018-2020 deaths in Butte-Silver Bow.

Leading Causes of Death
(Butte-Silver Bow, 2018-2020)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2022.
Notes: • Lung disease is CLRD, or chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

AGE-ADJUSTED DEATH RATES

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

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these “age-adjusted” rates provides the most valuable means of gauging mortality against benchmark data, as well as Healthy People 2030 objectives.

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



The following chart outlines 2018-2020 annual average age-adjusted death rates per 100,000 population for selected causes of death in Butte-Silver Bow.

Each of these is discussed in greater detail in subsequent sections of this report.

For infant mortality data, see *Birth Outcomes & Risks* in the **Births** section of this report.

Age-Adjusted Death Rates for Selected Causes (2018-2020 Deaths per 100,000 Population)

	Butte-Silver Bow	Montana	US	HP2030
Diseases of the Heart	238.6	161.0	164.4	127.4*
Malignant Neoplasms (Cancers)	142.0	141.0	146.5	122.7
COVID-19 [2020]	110.4	33.0	85.0	n/a
Chronic Lower Respiratory Disease (CLRD)	60.2	46.7	38.1	n/a
Unintentional Injuries	58.2	56.1	51.6	43.2
Fall-Related Deaths (65+) [2011-2020]	56.5	83.6	61.6	63.4
Alzheimer's Disease	43.0	22.7	30.9	n/a
Intentional Self-Harm (Suicide)	31.0	25.7	13.9	12.8
Cerebrovascular Disease (Stroke)	25.2	30.0	37.6	33.4
Firearm-Related	24.7	19.1	12.5	10.7
Cirrhosis/Liver Disease [2011-2020]	18.0	14.1	10.9	10.9
Drug-Induced [2011-2020]	16.6	9.2	15.8	n/a
Diabetes Mellitus	14.2	20.9	22.6	n/a
Pneumonia/Influenza	13.8	9.7	13.4	n/a
Motor Vehicle Deaths	12.9	16.8	11.4	10.1
Kidney Diseases [2011-2020]	11.2	9.7	13.1	n/a

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2022.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>.
 Note: • *The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.



CARDIOVASCULAR DISEASE

ABOUT HEART DISEASE & STROKE

Heart disease is the leading cause of death in the United States, and stroke is the fifth leading cause. ...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 (<https://health.gov/healthypeople>)

Age-Adjusted Heart Disease & Stroke Deaths

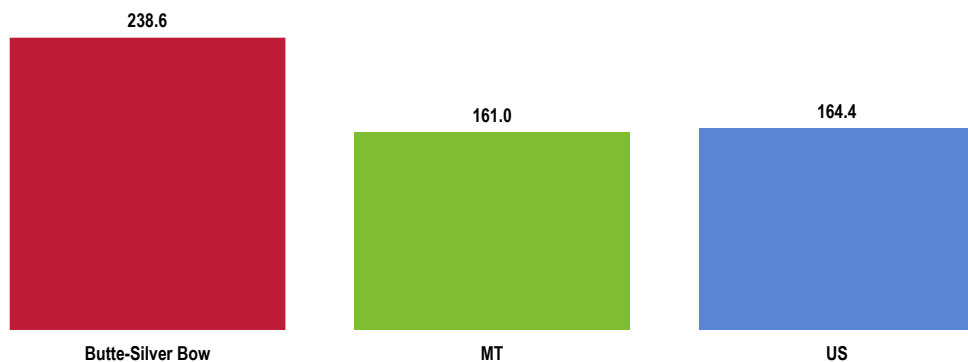
Heart Disease Deaths

Between 2018 and 2020, there was an annual average age-adjusted heart disease mortality rate of 238.6 deaths per 100,000 population in Butte-Silver Bow.

BENCHMARK ▶ Well above the Montana and US rates. Far from satisfying the Healthy People 2030 objective.

TREND ▶ Increasing over the past decade.

Heart Disease: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 127.4 or Lower (Adjusted)

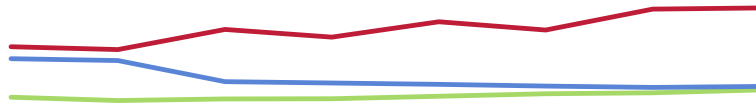


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2022.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
Notes: • The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.

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



Heart Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2030 = 127.4 or Lower (Adjusted)



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Butte-Silver Bow	202.0	199.2	218.2	211.0	225.5	217.8	237.6	238.6
MT	154.1	151.0	152.6	152.7	155.1	157.5	158.4	161.0
US	190.6	188.9	168.9	167.5	166.3	164.7	163.4	164.4

Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:

- The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.

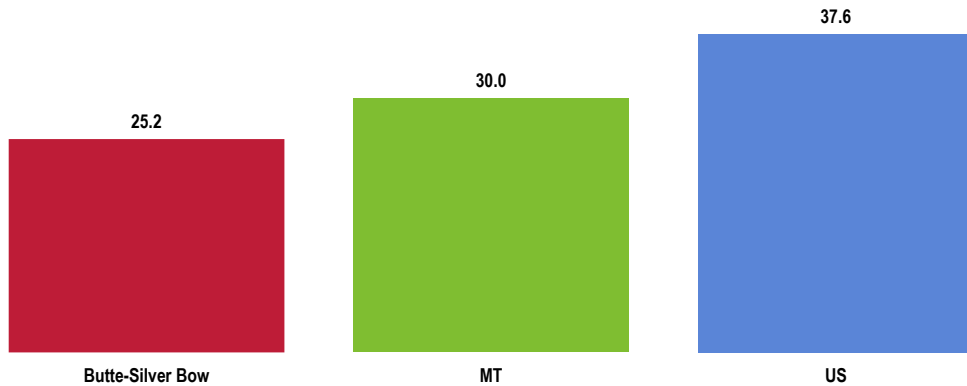
Stroke Deaths

Between 2018 and 2020, there was an annual average age-adjusted stroke mortality rate of 25.2 deaths per 100,000 population in Butte-Silver Bow.

BENCHMARK ► Well below the state and national rates. Easily satisfies the Healthy People 2030 objective.

TREND ► Decreasing over the past decade.

Stroke: Age-Adjusted Mortality (2018-2020 Annual Average Deaths per 100,000 Population) Healthy People 2030 = 33.4 or Lower



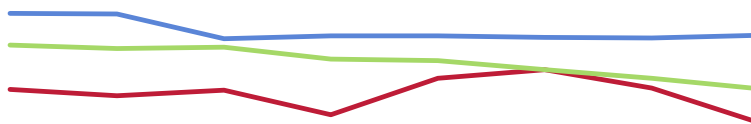
Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>



Stroke: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 33.4 or Lower



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Butte-Silver Bow	29.9	29.0	29.8	26.3	31.5	32.7	30.1	25.2
MT	36.2	35.7	35.9	34.2	34.0	32.7	31.5	30.0
US	40.7	40.6	37.1	37.5	37.5	37.3	37.2	37.6

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2022.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Prevalence of Heart Disease & Stroke

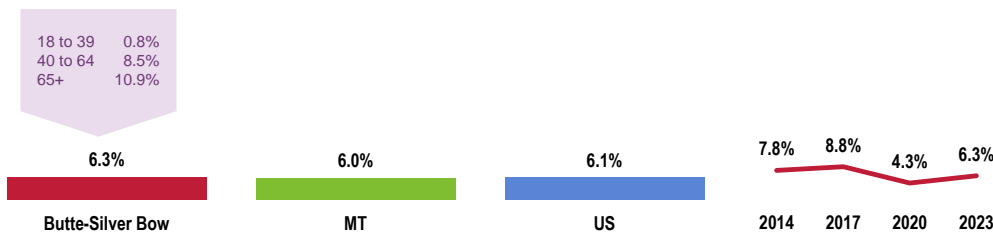
Prevalence of Heart Disease

A total of 6.3% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack.

DISPARITY ► Strong correlation with age.

Prevalence of Heart Disease

Butte-Silver Bow



Sources: • 2023 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): 2020 Montana data.
• 2020 PRC National Health Survey, PRC, Inc.

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



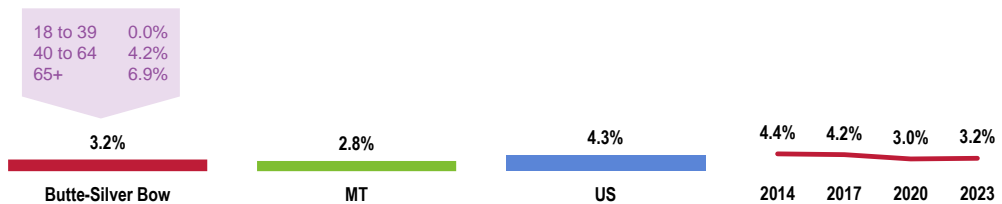
Prevalence of Stroke

A total of 3.2% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

DISPARITY ► Increases with age among survey respondents.

Prevalence of Stroke

Butte-Silver Bow



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 29]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Montana data.
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

Cardiovascular Risk Factors

Blood Pressure & Cholesterol

A total of 37.4% of Butte-Silver Bow adults have been told by a health professional at some point that their **blood pressure** was high.

BENCHMARK ► Worse than the Montana percentage. Fails to satisfy the Healthy People 2030 objective.

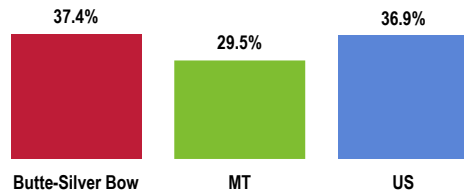
TREND ► Significantly below baseline 2014 survey findings.

A total of 32.3% of adults have been told by a health professional that their **cholesterol level** was high.

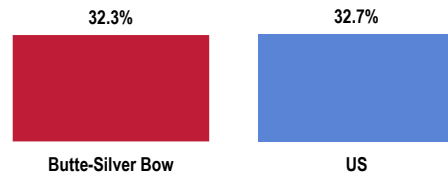


Prevalence of High Blood Pressure

Healthy People 2030 = 27.7% or Lower



Prevalence of High Blood Cholesterol

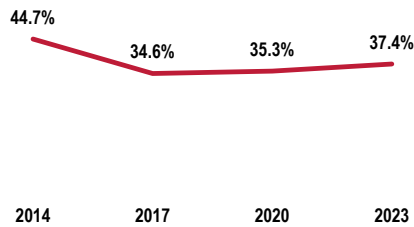


Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Items 35-36]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Montana data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

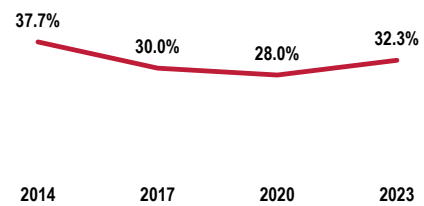
Notes: • Asked of all respondents.

Prevalence of High Blood Pressure (Butte-Silver Bow)

Healthy People 2030 = 27.4% or Lower



Prevalence of High Blood Cholesterol (Butte-Silver Bow)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Items 35-36]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.



Total Cardiovascular Risk

Total cardiovascular risk reflects the individual-level risk factors which put a person at increased risk for cardiovascular disease, including:

- High Blood Pressure
- High Blood Cholesterol
- Cigarette Smoking
- Physical Inactivity
- Overweight/Obesity

Modifying these behaviors and adhering to treatment for high blood pressure and cholesterol are critical both for preventing and for controlling cardiovascular disease.

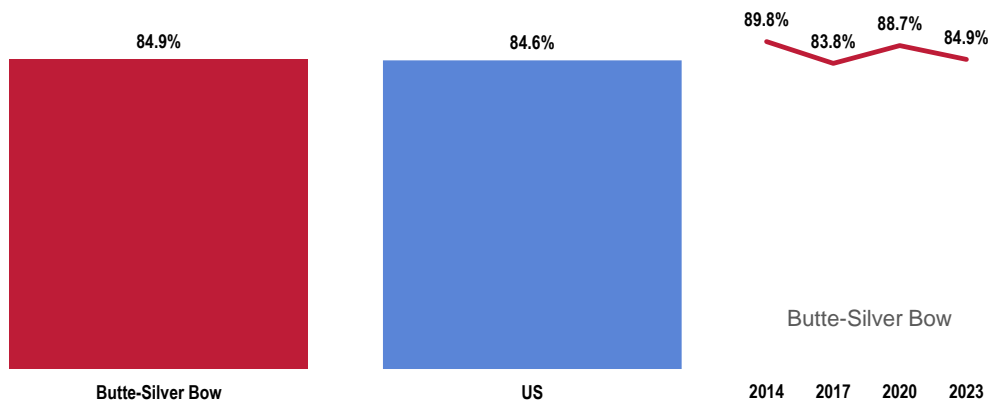
A total of 84.9% of Butte-Silver Bow adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

TREND ► Decreasing significantly since 2014.

DISPARITY ► Reported more often among adults age 40 and older and those in lower-income households.

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

Present One or More Cardiovascular Risks or Behaviors



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 115]

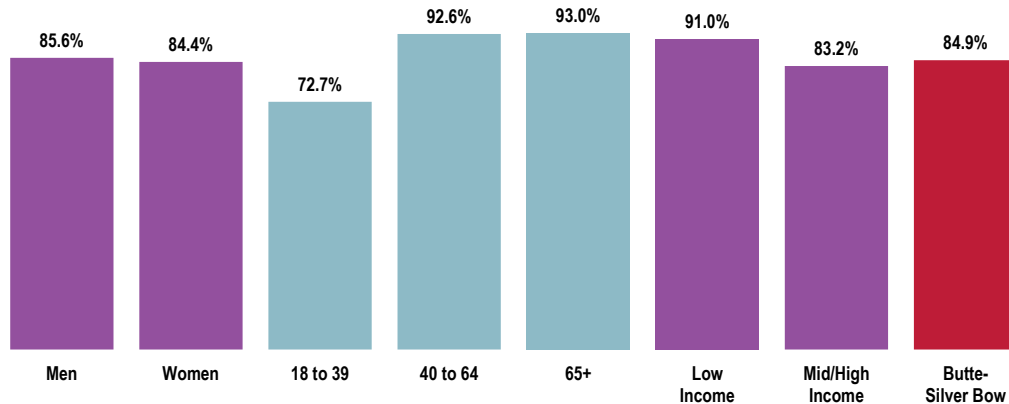
• 2020 PRC National Health Survey, PRC, Inc.

Notes: • Reflects 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.



Present One or More Cardiovascular Risks or Behaviors (Butte-Silver Bow, 2023)

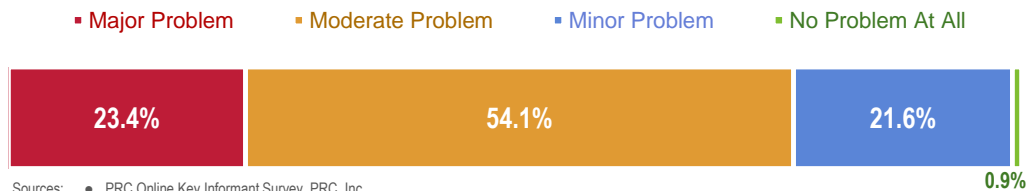


Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 115]
 Notes: • Reflects all respondents.
 • Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.

Key Informant Input: Heart Disease & Stroke

Over half of key informants taking part in an online survey characterized *Heart Disease & Stroke* as a “moderate problem” in the community.

Perceptions of Heart Disease and Stroke as a Problem in the Community (Key Informants, 2023)



Sources: • 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:

Prevalence/Incidence

- There are many people in the community who have heart disease, heart attacks and strokes. It is a very serious problem. – Public Health Representative
- I believe heart disease and stroke are becoming a problem because of certain risk factors that never existed in the past and the heightened popularity in certain things. – Community Leader
- Increase in heart attacks over the last year per St. James Healthcare’s Emergency Room. – Public Health Representative
- They are a major source of morbidity and mortality nationwide. Butte is no exception. – Physician
- I have seen statistics around heart disease and Butte has a high rate. I believe it is a leading cause of death. – Social Services Provider
- Heart problems with the need for urgent intervention have increased over the last 20 years. – Community Leader

Income/Poverty

- Low-income community. – Public Health Representative



We have an economically disadvantaged population who have difficulty affording healthy foods and medications, which not only promote heart disease, but make it difficult to recover from these things. – Physician
Low income and lack of resources available in the community. I do not see healthy living resources as a major priority, which is concerning. – Community Leader

Obesity

Obesity, lack of adequate nutrition, smoking, all those determinants can affect heart health and cholesterol and vascular health. – Other Health Provider
Obesity and smoking. – Community Leader
Many people are overweight and unfit. Butte is an aging community. – Community Leader

Lifestyle

Poor lifestyle, lack of access to primary care providers, financial constraints for food and medications. – Other Health Provider
Diet and exercise, access to care. – Community Leader

Access to Care/Services

Lack of medical personnel. – Community Leader
No stable neurology. – Other Health Provider

Aging Population

I see so many people in their 50s, 60s, and into their 70s struggling with the impacts of heart disease. This limits their ability to incorporate physical activity into their lives, to participate meaningfully in the community, and to engage fully with their families. I hate to see people suffer prematurely due to heart disease and I am fearful of their risk for stroke due to the incredible burden of caretaking often associated with stroke victims. It reduces quality of life and constrains our community member's ability to participate as community members. – Community Leader

Substance Use

A lot of people smoke and abuse drugs and alcohol. There is a lot of stress here related to the lack of good paying jobs. People aren't educated on adopting a nutritious diet and a lot of people can't afford a nutritious diet. – Social Services Provider



CANCER

ABOUT CANCER

Cancer is the second leading cause of death in the United States. ...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 determinants 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.

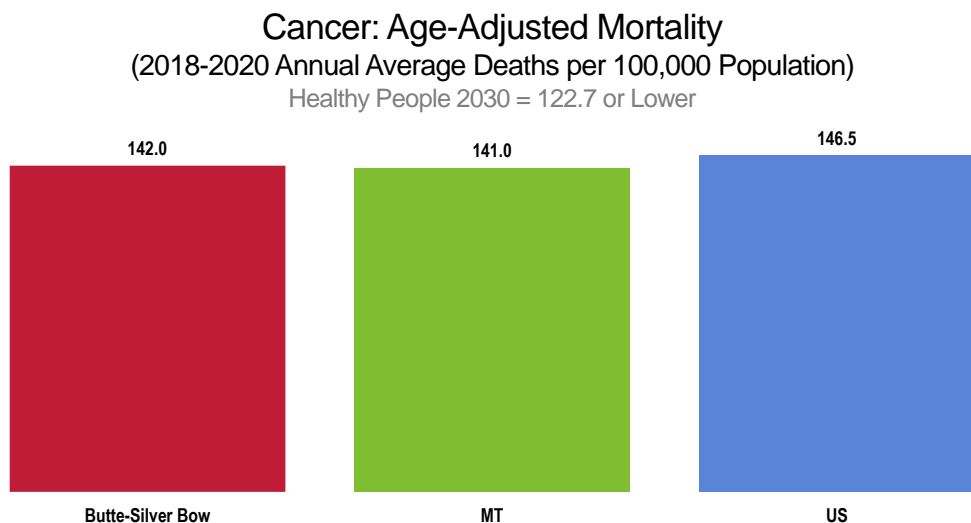
– Healthy People 2030 (<https://health.gov/healthypeople>)

Age-Adjusted Cancer Deaths

All Cancer Deaths

Between 2018 and 2020, there was an annual average age-adjusted cancer mortality rate of 142.0 deaths per 100,000 population in Butte-Silver Bow.

TREND ▶ The rate has decreased in recent years, echoing state and national trends.

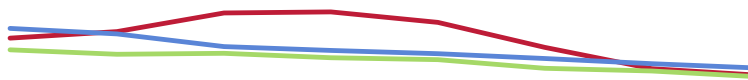


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2022.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>



Cancer: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 122.7 or Lower



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Butte-Silver Bow	165.4	169.5	181.2	181.9	175.3	159.5	146.1	142.0
MT	158.0	155.2	155.8	153.0	151.8	146.4	144.7	141.0
US	171.5	168.0	160.1	157.6	155.6	152.5	149.3	146.5

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2022.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Cancer Deaths by Site

Lung cancer and female breast cancer are the leading causes of cancer deaths in Butte-Silver Bow.

Other leading sites include prostate cancer (men) and colorectal cancer (both sexes).

BENCHMARK

Lung Cancer ► Lower than the national rate.

Female Breast Cancer ► Worse than both state and national rates. Fails to satisfy the Healthy People 2030 objective.

Prostate Cancer ► Fails to satisfy the Healthy People 2030 objective.

Colorectal Cancer ► Fails to satisfy the Healthy People 2030 objective.

Age-Adjusted Cancer Death Rates by Site (2018-2020 Annual Average Deaths per 100,000 Population)

	Butte-Silver Bow	Montana	US	HP2030
ALL CANCERS	142.0	141.0	146.5	122.7
Lung Cancer	27.7	28.7	33.4	25.1
Female Breast Cancer	26.6	17.9	19.4	15.3
Prostate Cancer	20.6	20.5	18.5	16.9
Colorectal Cancer	11.6	11.9	13.1	8.9

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2022.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>



Cancer Incidence

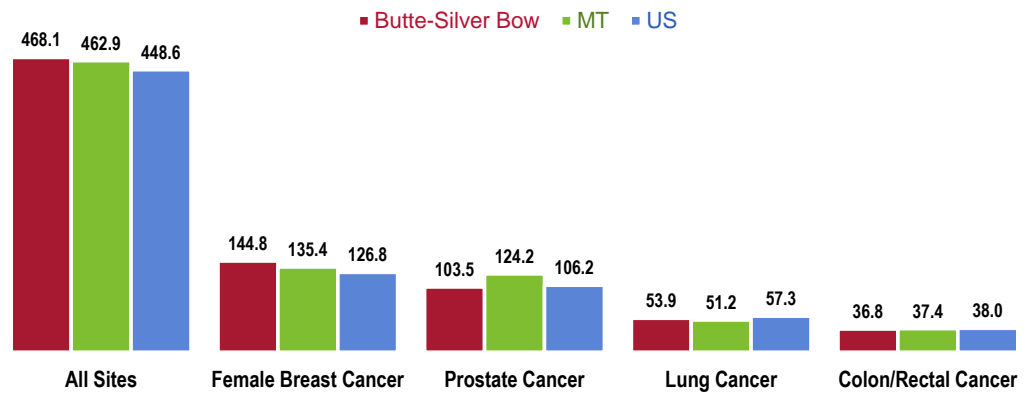
The highest cancer incidence rates are for female breast cancer and prostate cancer.

“Incidence rate” or “case rate” is the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted. It is usually expressed as cases per 100,000 population per year.

BENCHMARK

Prostate Cancer ▶ Lower than the Montana rate.

Cancer Incidence Rates by Site
(Annual Average Age-Adjusted Incidence per 100,000 Population, 2014-2018)



- Sources:
- State Cancer Profiles.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2022 via SparkMap (sparkmap.org).
- Notes:
- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

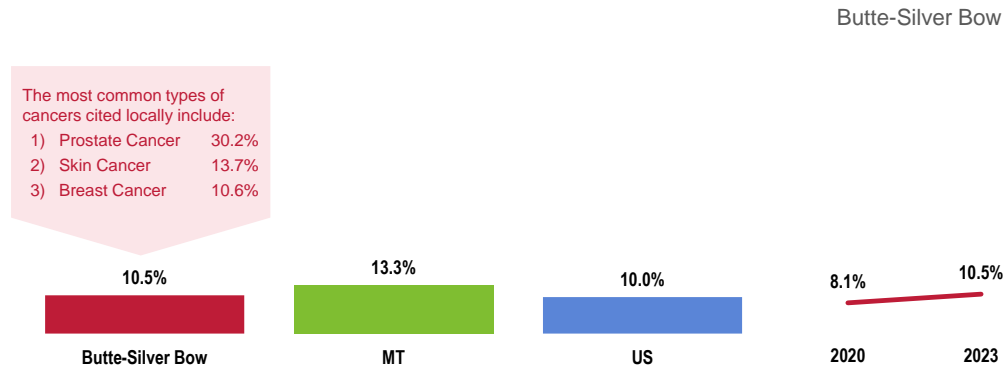


Prevalence of Cancer

A total of 10.5% of surveyed Butte-Silver Bow adults report having been diagnosed with cancer. The most common types include prostate cancer, skin cancer, and female breast cancer.

DISPARITY ► The prevalence correlates with age among respondents.

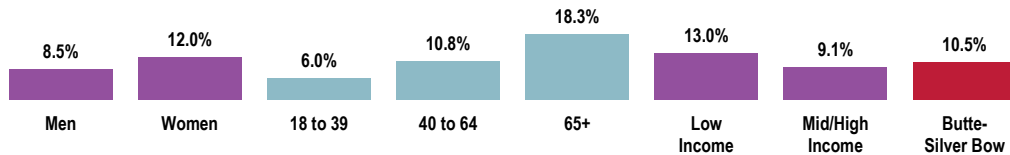
Prevalence of Cancer



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Items 25-26]
 • Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Montana data.
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Reflects all respondents.

Prevalence of Cancer (Butte-Silver Bow, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 25]
 Notes: • Reflects all respondents.

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

ABOUT CANCER RISK

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

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



Cancer Screenings

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

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

FEMALE BREAST CANCER

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women aged 50 to 74 years.

CERVICAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). 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 (i.e., cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.

COLORECTAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years.

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

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

Among women age 50-74, 73.8% have had a mammogram within the past 2 years.

Among women age 21 to 65, 74.1% have had appropriate cervical cancer screening.

BENCHMARK ▶ Fails to satisfy the Healthy People 2030 objective.

Among all adults age 50-75, 73.3% have had appropriate colorectal cancer screening.

TREND ▶ The prevalence has increased from 2014 findings.

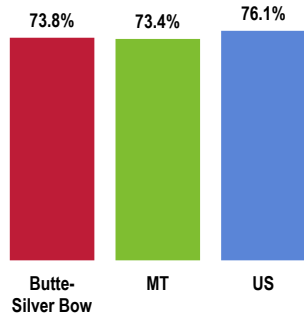
“Appropriate cervical cancer screening” includes Pap smear testing (cervical cytology) every three years in women 21 to 65.



“Appropriate colorectal cancer screening” includes a fecal occult blood test within the past year and/or a lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.

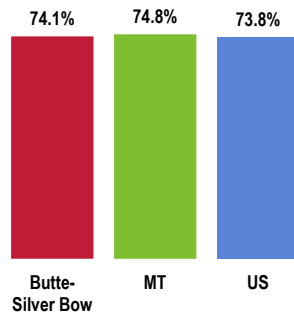
Breast Cancer Screening (Women Age 50-74)

Healthy People 2030 = 77.1% or Higher



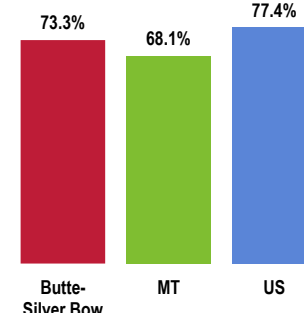
Cervical Cancer Screening (Women Age 21-65)

Healthy People 2030 = 84.3% or Higher



Colorectal Cancer Screening (All Adults Age 50-75)

Healthy People 2030 = 74.4% or Higher

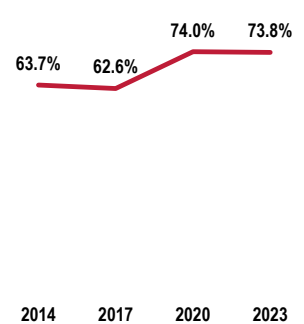


Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Items 116-118]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Montana data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

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

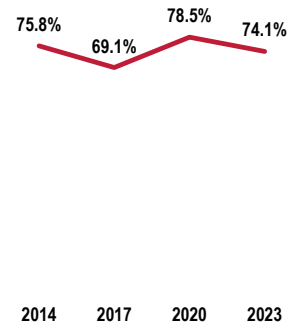
Breast Cancer Screening (Women Age 50-74)

Healthy People 2030 = 77.1% or Higher



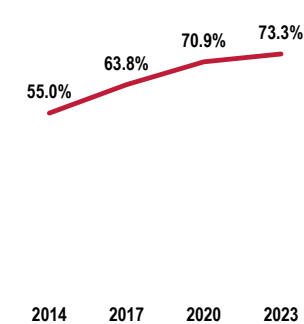
Cervical Cancer Screening (Women Age 21-65)

Healthy People 2030 = 84.3% or Higher



Colorectal Cancer Screening (All Adults Age 50-75)

Healthy People 2030 = 74.4% or Higher



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Items 116-118]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

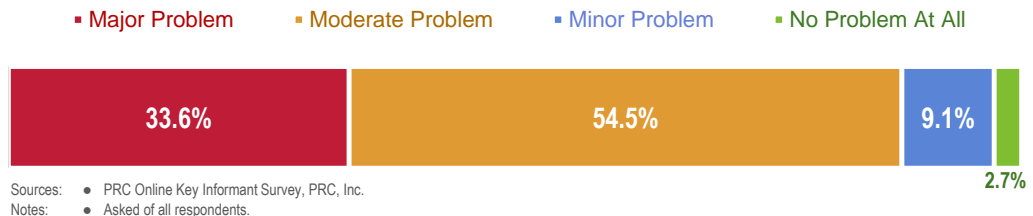
Notes: • Each indicator is shown among the gender and/or age group specified.



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.

Perceptions of Cancer as a Problem in the Community (Key Informants, 2023)



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

Prevalence/Incidence

- I believe everyone in this community knows someone with cancer or who has had cancer. This may be no different than other communities. – Community Leader
- While I do not have data, I know of many individuals who have or have had cancer. I do know we have a high rate in our community, so many factors that contribute to this. – Community Leader
- A significant portion of the population contracts cancer in some form. Key cancers are lung, prostate, brain, and pancreatic. – Community Leader
- Lots of cancer diagnoses here. Change of cancer center staff. – Community Leader
- I believe because of the high number suffering with cancer and especially the young children and teenagers, there are strange types of cancer present in the community. Cancer register does not seem to be adequate to document all cases. – Community Leader
- Elevated bladder and brain cancers are reported in our community, and families report a wide range of cancers, rather than clusters. – Community Leader
- In an anecdotal experience, it seems that there is a higher proportion of cancers here, especially brain cancers. – Public Health Representative
- Cancer is a major problem in every community. – Social Services Provider
- Personal experience. Out of nine co-workers last fall, four were diagnosed with cancer. – Community Leader
- Higher than average amount of cancer in this community. – Other Health Provider
- Cancer seems to run prevalent in our community. Almost everyone you know either knows someone near and dear to them or has been affected personally. It seems like every time you turn around, you hear about someone new with a cancer diagnosis. – Community Leader
- We have higher rates of cancer than the national average, with no cancer care in our community. – Physician
- More people in the community die or are diagnosed with cancer than any other community I have lived in. It is a common issue. Access to medical care is a huge factor. Doctors giving thorough exams and working to find the problem lacks in our community. – Public Health Representative
- It is wide-spread and carries a large burden of disease. Also, our well-respected oncologist recently chose to leave due to contract negotiations, and this is a huge problem for this community. – Physician
- Cancer seems to become more prevalent in the coming years, especially in Butte. – Community Leader
- High incidence of cancer per capita. – Community Leader
- A great number of people I know have died from cancer over the last four years. In my circle alone, five people have died and three people are in treatment. Over the years, five people of twenty-six employees from my spouse’s former employer died from brain cancer. – Social Services Provider
- This one is a word-of-mouth concern. I feel like all the time I am hearing of someone being diagnosed with cancer. – Public Health Representative
- In my circle, there isn’t a relationship that hasn’t lost someone to a form of cancer. Healthy young people are dying of cancer at an alarming rate. Many of the older generation struggle with one form or another, due to smoking, drinking, poor nutrition, or environmental concerns. – Community Leader



I see a high rate of cancer in our community. I have no basis of if it is higher cancer per capita than other communities. – Social Services Provider

The number of referrals to the cancer program. 27 positive breast biopsies since the start of 2022. – Other Health Provider

Environmental Contributors

Due to the mining history in our community, we have always had a higher cancer rate than the average community. – Social Services Provider

Environment, limited access to routine care and diagnostics, poor diet, and lack of exercise. – Community Leader

Environmental contamination and lack of preventative care. – Community Leader

Because we live in the largest superfund site in the United States and breathe the dust from the pit. – Public Health Representative

We are a superfund site due to open pit and underground mining. – Public Health Representative

There is no central way to track cancers in people who move out of the area. Anecdotally, there is some indication of higher cancer rates for people who grew up in Butte at younger ages and move elsewhere for economic reasons. It is no secret environmental issues are a source of concern, but there is no data refuting rumors in a credible way. There is a need to address the underlying cause but pointing to rates of cancer based on current addresses in Butte misses a lot of people for an area where the biggest export is children. Families in Butte tend to report relatives with bladder and prostate cancer at a much higher rate than other communities.

Although not backed by data, the data gaps are enough to cause pause. – Community Leader

Lack of Providers

Loss of doctors for in-house treatment. – Community Leader

Three physicians just left. We have a cancer center, but we have no providers to do the work. – Other Health Provider

We have just lost our only oncologist and our radiation oncologist. Even if there are locum tenens, there will be a loss of continuity and with that a loss of trust. – Physician

I heard that our two Oncology doctors are leaving St. James Healthcare. – Educational Leader

Access to Care/Services

Cancer is a problem in Butte, specifically lack of available medical personnel for treatment. – Community Leader

Access to specialized cancer care in our area is difficult to obtain. Also, I feel like cancer screenings have lagged due to COVID. Challenge to get the community to understand the importance of these screenings. Transition of providers in the cancer program at St. James will be challenging for patients. – Community Leader

Prevention/Screenings

High rates of cancer in the community. Individuals not receiving preventative care. – Social Services Provider

Screening mammograms, lack of knowledge and education of the importance of screening procedures. – Other Health Provider

Lack of Specialists

There is currently not an oncologist or full-time radiation oncologist employed by St. James Healthcare. – Physician



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.

Interventions tailored to at-risk groups can also help prevent and treat other respiratory diseases — for example, pneumonia in older adults and pneumoconiosis in coal miners. And increasing lung cancer screening rates can help reduce deaths from lung cancer through early detection and treatment.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Age-Adjusted Respiratory Disease Deaths

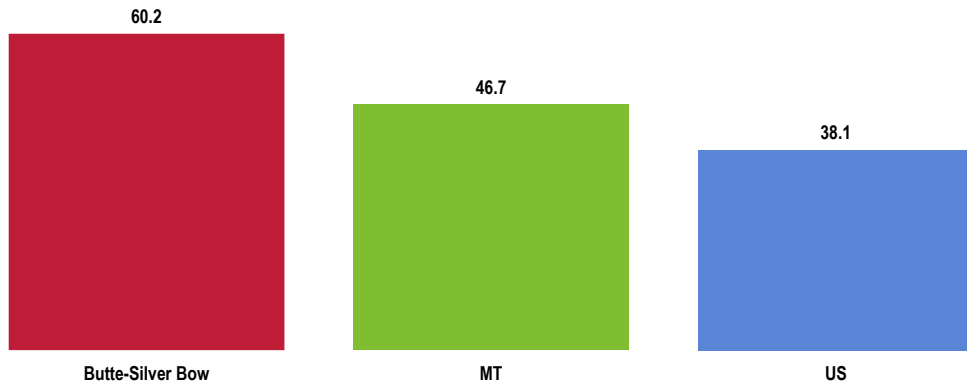
Chronic Lower Respiratory Disease Deaths (CLRD)

Between 2018 and 2020, there was an annual average age-adjusted CLRD mortality rate of 60.2 deaths per 100,000 population in Butte-Silver Bow.

BENCHMARK ▶ Well above the state and national rates.

TREND ▶ Decreasing over the past decade.

CLRD: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)

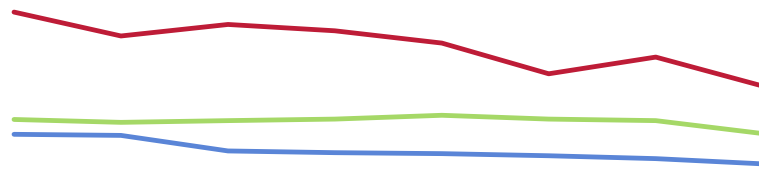


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2022.
Notes: • CLRD is chronic lower respiratory disease.

Note: Chronic lower respiratory disease (CLRD) includes lung diseases such as emphysema, chronic bronchitis, and asthma.



CLRD: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Butte-Silver Bow	81.2	74.4	77.7	75.9	72.4	63.7	68.4	60.2
MT	50.7	49.9	50.4	50.8	51.9	50.8	50.4	46.7
US	46.5	46.2	41.8	41.3	41.0	40.4	39.6	38.1

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2022.
Notes: • CLRD is chronic lower respiratory disease.

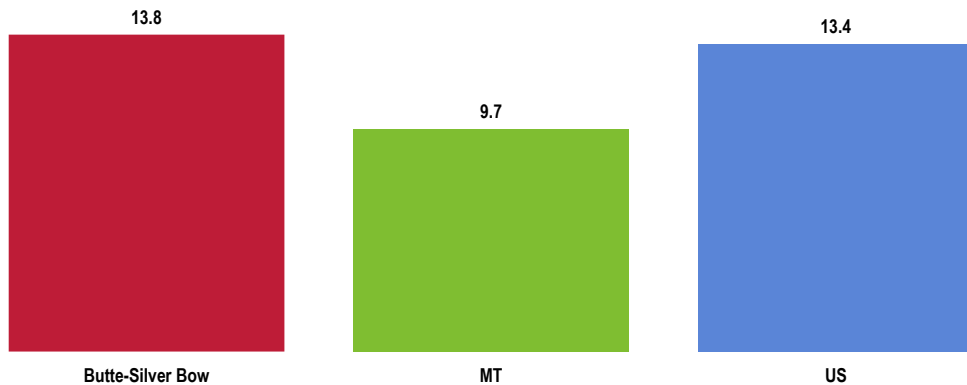
Pneumonia/Influenza Deaths

Between 2018 and 2020, Butte-Silver Bow reported an annual average age-adjusted pneumonia influenza mortality rate of 13.8 deaths per 100,000 population.

BENCHMARK ► Worse than the Montana rate.

TREND ► The mortality rate has fluctuated over the past decade, increasing in recent years.

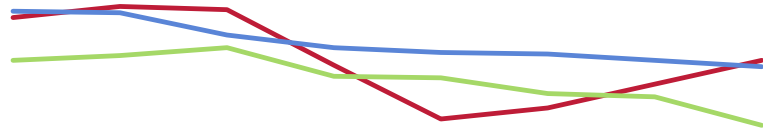
Pneumonia/Influenza: Age-Adjusted Mortality (2018-2020 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2022.



Pneumonia/Influenza: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Butte-Silver Bow	16.5	17.2	17.0	13.5	10.1	10.8		13.8
MT	13.8	14.1	14.6	12.8	12.7	11.7	11.5	9.7
US	16.9	16.8	15.4	14.6	14.3	14.2	13.8	13.4

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2022.

Prevalence of Respiratory Disease

Asthma

Adults

A total of 12.5% of Butte-Silver Bow adults currently suffer from asthma.

DISPARITY ► Much higher among women.

Survey respondents were asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma and COPD.

Prevalence of Asthma

Butte-Silver Bow

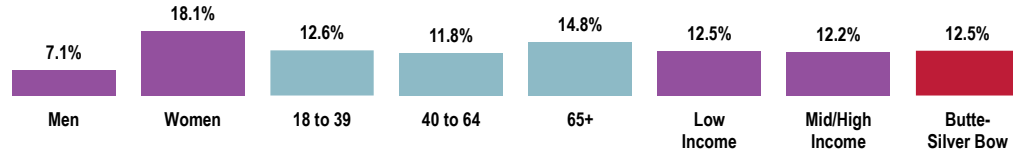


Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 30]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Montana data.
 • 2020 PRC National Health Survey, PRC, Inc.

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



Prevalence of Asthma (Butte-Silver Bow, 2023)



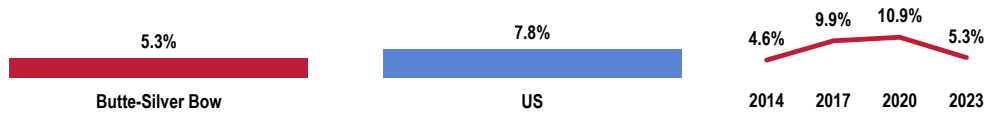
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 30]
 Notes: • Asked of all respondents.
 • Includes those who have ever been diagnosed with asthma and report that they still have asthma.

Children

Among Butte-Silver Bow children under age 18, 5.3% currently have asthma.

Prevalence of Asthma in Children (Parents of Children Age 0-17)

Butte-Silver Bow



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 106]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.
 • Includes children who have ever been diagnosed with asthma and are reported to still have asthma.

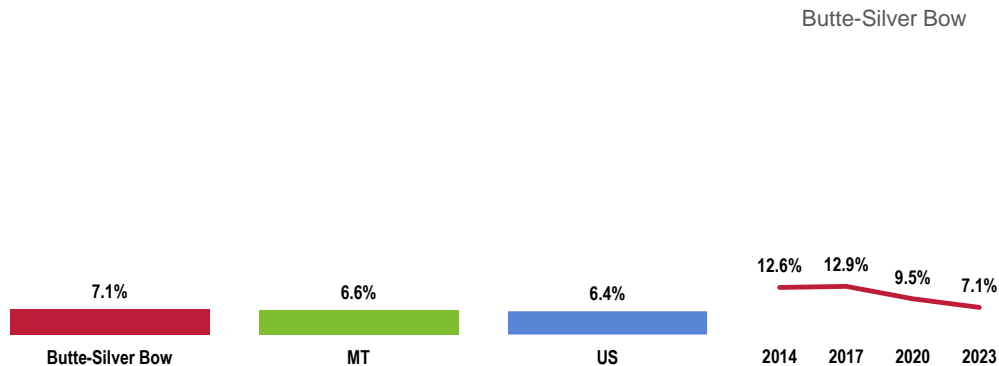


Chronic Obstructive Pulmonary Disease (COPD)

A total of 7.1% of Butte-Silver Bow adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

TREND ► Decreasing significantly since 2014.

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)

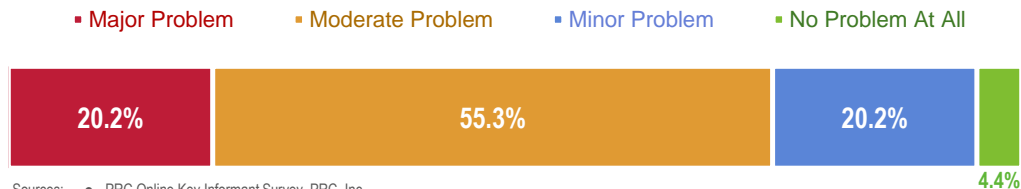


- Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 23]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Montana data.
 - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.
 - Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.

Key Informant Input: Respiratory Disease

Over half of key informants taking part in an online survey characterized *Respiratory Disease* (including COVID-19) as a “moderate problem” in the community.

Perceptions of Respiratory Diseases as a Problem in the Community (Key Informants, 2023)



- Sources:
- 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:

Environmental Contributors

- We are a mining town and half of our population smoked or is currently smoking. We are also at a high altitude. We have not had a pulmonologist for years. – Other Health Provider
- Environmental conditions of a mining community. Annual forest fires and weather inversions. – Social Services Provider
- Environment and use of tobacco products. – Community Leader



Most people I grew up with have experienced some level of asthma and/or allergies in Butte. Although dust is written off as harmless or acceptable, no credible medical professional will back that. There are times when dust is a little worse than others and we need to start informing people. It doesn't have to attack an industry, but an awareness campaign to limit outdoor activities at times would make a difference for some people. – Community Leader

Particular pollution has caused greater than average breathing disorders including asthma and COPD. Covid exaggerated this problem. – Community Leader

Toxic metals, such as lead and arsenic, due to a history of mining and smelting. – Public Health Representative

Heavy metal exposures in the environment. – Public Health Representative

Exposures to heavy metals pollutants (lead, arsenic, mercury, cadmium) lead to overall reduction in health and quality of life in terms of chronic illnesses, including painful illnesses related to these pollutants. The action levels for cleanup are far above national recommended standards and this leaves Butte residents vulnerable to reduced immune system functioning and increased mental illnesses. These problems increase the likelihood of self-medication with harmful substances to achieve pain relief. – Community Leader

Air quality due to forest fire smoke. The length of time it takes to put the fires out makes the lingering smoke accumulation in our valley last for days. – Community Leader

Environmental exposures to wildfire smoke and to toxic substances. Need greater understanding of the exposure and health related effects. Need community guidance on things like having wells checked, lead levels checked etc. Would be ideal to better understand the effects of arsenic and mercury. Need greater community understanding of how to best protect yourself from wildfire smoke and more aggressive action on climate change. While this is a global problem, there can be helpful local steps, including incentivizing green energy: solar panels, electric or hybrid cars, building the infrastructure for those systems. – Public Health Representative

Environmental health related to past and current mining. – Physician

Poor air quality that causes exacerbations of medical disease in the highly susceptible populations in our community. – Public Health Representative

We have a serious environmental health problem. From dust from tailings to lead and arsenic in our yards. There isn't a scientist in the world outside of EPA Region 8 or BP's payroll that will say the lead levels here are protective. The sources are not simply from mining, but smelting...which is something overlooked. There is a reluctance in government to talk about these because there is a feeling it will impact growth. Not addressing it impacts growth, but the people who live here are affected and we can pretend we don't know why. There's no shortage of people who seek healthcare elsewhere who are told their conditions could have an environmental cause. We are essentially afraid to investigate because it might be true. The stress in the community would be resolved if there was a credible study done with sound methodology that would improve mental health if it turned out to be safe. Our suicide rate is higher than other communities...blood lead maybe? – Community Leader

Tobacco Use

Cigarette smoking and drug and alcohol abuse. Lack of adequate nutrition and lack of physical activity. – Social Services Provider

Smoking-related disease seems to be the most common issue. Unsure of current Covid rates. – Public Health Representative

Cigarette and marijuana smoking and vaping and dust from the pit. – Physician

Covid-19

COVID-19 had a great impact on Butte over the past two years. We all know someone who has been impacted by it. Asthma seems to be prevalent. Air quality is of concern around dust from the mine tailings and pit operations as well as days of smoke during summer months. – Social Services Provider

Overall Montana's response to vaccination for Covid was paltry at best, including this community. We lost more than we should have and there are many people still dealing with long-term issues related to a prior Covid infection. – Educational Leader

Prevalence/Incidence

So many people have COPD. – Public Health Representative

Report from clients of having respiratory disease. – Social Services Provider

Access to Care/Services

No pulmonology. – Other Health Provider



Cultural/Personal Beliefs

As in many other parts of the country, cultural divisiveness has spilled over into the realm of commonsense public health measures designed to limit the spread of the contagion. During the height of the pandemic, only a small percentage of people in the community showed up in public wearing masks, and in those settings many people aggressively violated social distancing guidelines. It shocked me to see so many in this community, which I have always thought of as exceptionally communally minded and public-spirited, behave in ways that clearly posed threats to the health of their neighbors. Baffling and scary! – Community Leader

Multiple Factors

High rates of tobacco use, higher than ideal rates of people who are under vaccinated for flu/COVID, inadequate masking, difficulty to access appropriate testing for COVID-19. Home tests are convenient, but rates of false negatives are too high. Would be ideal to access affordable lab testing for COVID and other respiratory viruses without a doctor's order, seven days/week. – Public Health Representative

Lack of Providers

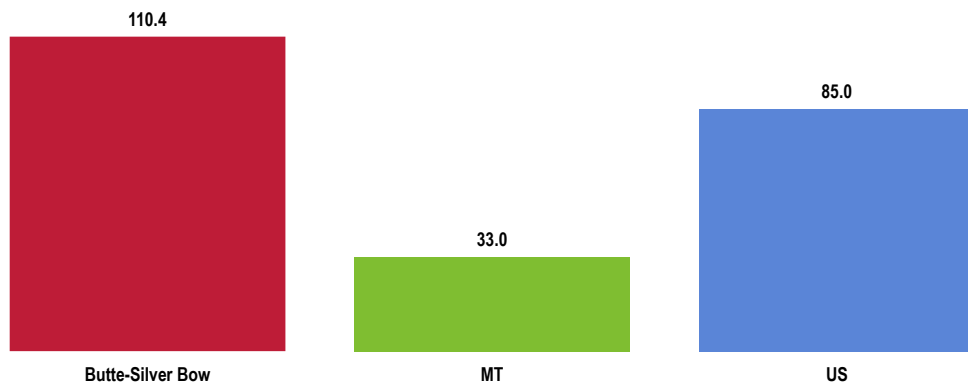
Lack of pulmonologist. – Other Health Provider

Coronavirus Disease/COVID-19 Deaths

The 2020 age-adjusted COVID-19 mortality rate was 110.4 deaths per 100,000 population in Butte-Silver Bow.

BENCHMARK ► Worse than the Montana and US rates.

COVID-19: Age-Adjusted Mortality
(2020 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 September 2022.



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 (<https://health.gov/healthypeople>)

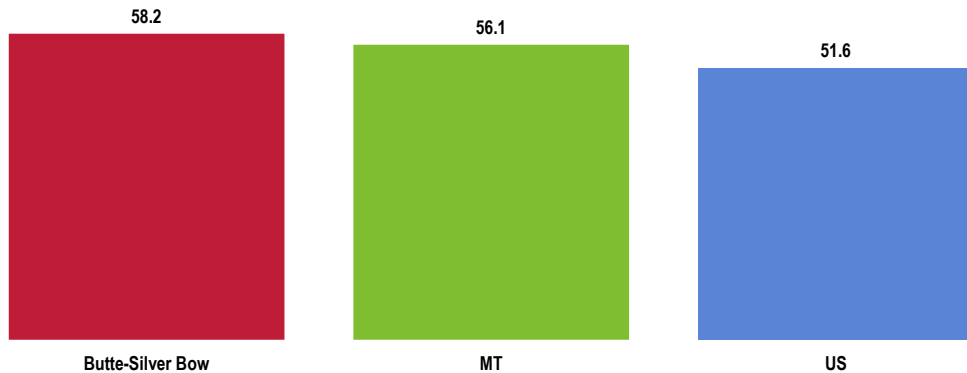
Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

Between 2018 and 2020, there was an annual average age-adjusted unintentional injury mortality rate of 58.2 deaths per 100,000 population in Butte-Silver Bow.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

Unintentional Injuries: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 43.2 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2022.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>



Unintentional Injuries: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2030 = 43.2 or Lower



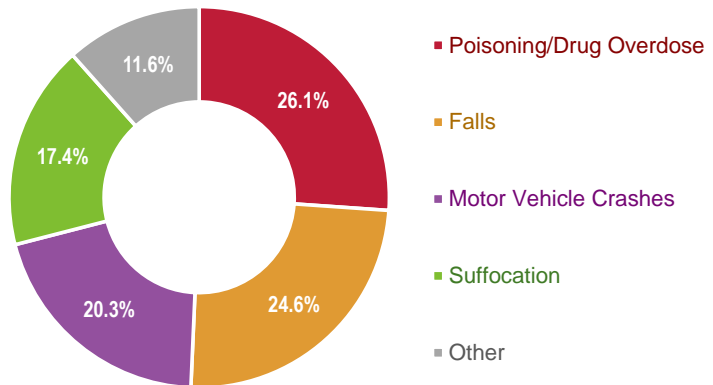
	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Butte-Silver Bow	50.1	50.9	52.6	58.1	50.2	45.0	47.3	58.2
MT	55.8	54.4	55.5	54.3	53.5	51.8	52.2	56.1
US	41.9	43.3	41.9	44.6	46.7	48.3	48.9	51.6

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2022.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Leading Causes of Unintentional Injury Deaths

Poisoning (including unintentional drug overdose), falls, motor vehicle accidents, and suffocation accounted for most unintentional injury deaths in Butte-Silver Bow between 2018 and 2020.

Leading Causes of Unintentional Injury Deaths (Butte-Silver Bow, 2018-2020)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2022.

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



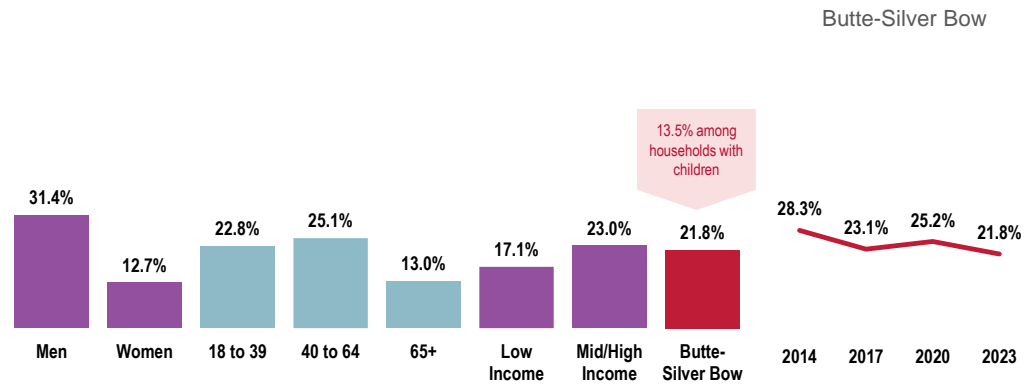
Unlocked Firearms

Among survey respondents, 21.8% keep an unlocked firearm in or around the home.

TREND ▶ A significant decrease from 2014 findings.

DISPARITY ▶ Reported more often among men, adults under 65, and those with higher incomes.

Have an Unlocked Firearm in or Around the Home (Butte-Silver Bow, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 303]

Notes: • Asked of all respondents.

• In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

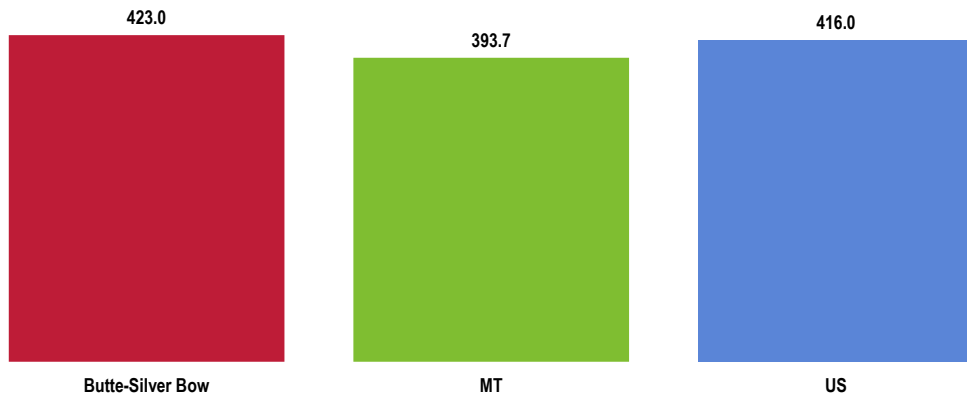
Intentional Injury (Violence)

Violent Crime

Violent Crime Rates

Between 2015 and 2017, the area reported 423.0 violent crimes per 100,000 population.

Violent Crime (Rate per 100,000 Population, 2015-2017)



Sources: • Federal Bureau of Investigation, FBI Uniform Crime Reports.

• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2022 via SparkMap (sparkmap.org).

Notes: • This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.

• Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

RELATED ISSUE

See also *Mental Health (Suicide)* in the **General Health Status** section of this report.

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

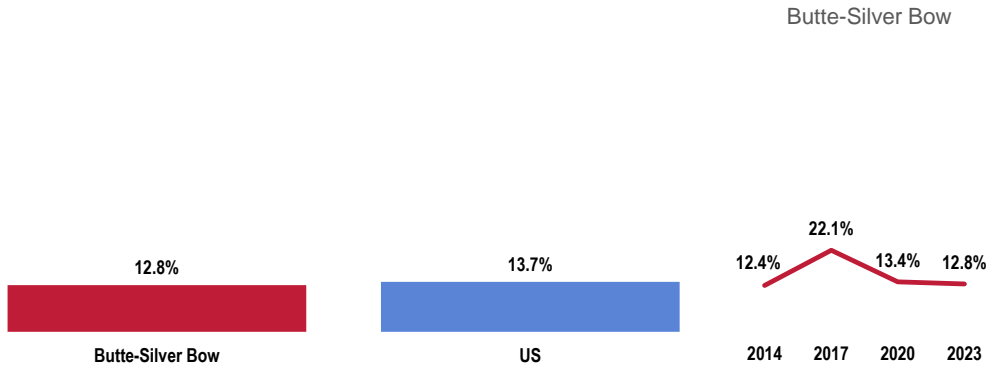
Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.



Intimate Partner Violence

A total of 12.8% of Butte-Silver Bow adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 39]
 • 2020 PRC National Health Survey, PRC, Inc.

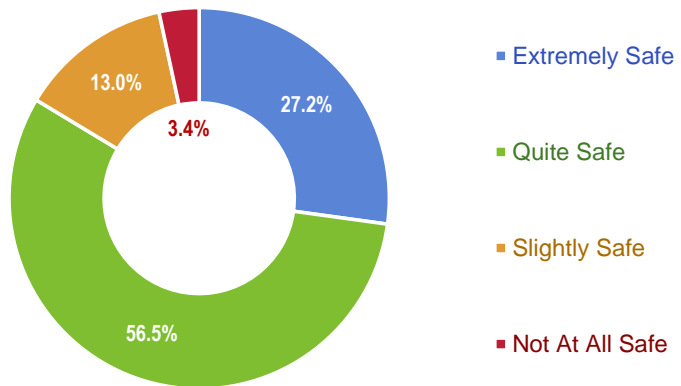
Notes: • Asked of all respondents.

Perceived Neighborhood Safety

While most Butte-Silver Bow adults consider their own neighborhoods to be “extremely safe” or “quite safe,” 16.4% consider them only “slightly safe” or “not at all safe.”

DISPARITY ► “Slightly safe” and “not at all safe” responses are reported most often among respondents in low-income households.

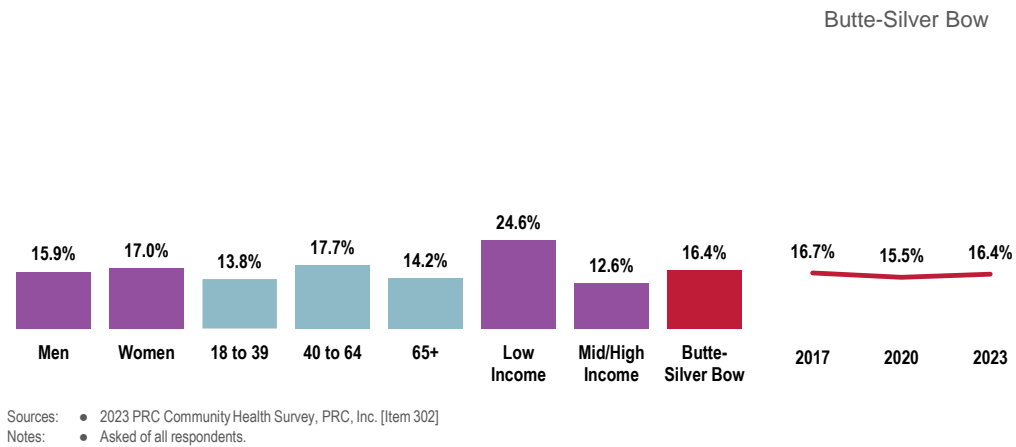
Perceived Safety of Own Neighborhood (Butte-Silver Bow, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 302]
 Notes: • Asked of all respondents.



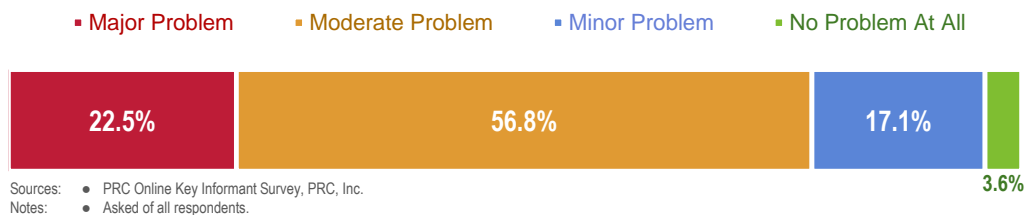
Perceive Own Neighborhood as “Slightly” or “Not At All” Safe (Butte-Silver Bow, 2023)



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 and Violence as a Problem in the Community (Key Informants, 2023)



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

Alcohol/Drug Use

Substance use and unstable housing are increasing in the community and with these come increasing occurrences of injury and violence. – Physician

There appears to be more violent crime, especially related to drugs. – Social Services Provider

Substance abuse problems, which lead to violence. The community continues to struggle with abuse and violence, which has gotten more prevalent after Covid. – Community Leader

DUI notification is daily in the newspaper. High speed drivers and chases due to drugs are also too common. Violence soon follows. – Community Leader

I believe injury and violence in our community is becoming more of a problem now because of our drug problems, as well as not having enough things for our youth to do. – Community Leader

Substance use problems tend to fuel injury and violence in families and with various individuals in our community. Other factors might include poor housing opportunities, and mental health. – Social Services Provider

Reading the police reports, it is awful what happens on a daily basis. I think much is related to substance abuse and mental health that goes untreated. – Other Health Provider



Commonly heard concern from patients. High rates of substance use, especially alcohol, and firearm ownership, in addition to difficulty with emotional regulation I think all play large contributory roles. – Public Health Representative

Prevalence/Incidence

My response is based on the numbers of reported incidences and those seeking assistance. – Social Services Provider

Self-harm is prevalent, injury is common with outdoor sports, violence doesn't rise to the top in context to other major areas, but we do have family and partner violence as a result of substance use or other. – Other Health Provider

Have seen a major increase in crimes in Butte and surrounding communities that involve violence. Increase in domestic violence reports. – Social Services Provider

There seems to be an uptick in violent crimes, such as assaults. – Social Services Provider

I see the problems in the schools and in the news. – Community Leader

The number of violent acts toward community caregivers. – Other Health Provider

Income/Poverty

Economic depression, mental illness, and substance abuse. – Physician

Low income, below poverty line population, significant drug and alcohol use, transient population, homelessness. – Public Health Representative

The area has a high crime rate and high poverty level. Substance use is also quite prevalent, which also factors into this issue. – Other Health Provider

Access to Care/Services

There is a huge increase in violence in our community due to a lack of resources for mental health and substance abuse. – Public Health Representative

Built Environment

I think we need safer bike and walking streets, esp. education about safety rules. Educate the walkers, the bicyclists and the drivers about safety and rules. Our sidewalks are improving in some areas but not all. The sidewalks are not in good condition. Not assessable for lots of people. I think the violence is bad because of the way the country is. Drug use is increasing. I also think that people need to be more responsible about leaving valuables in cars and leaving doors unlocked. I believe if the opportunity to commit a crime isn't so easy then it will slowly reduce. – Public Health Representative

Law Enforcement

A shortage of police officers has been an ongoing problem, new people in the community aren't always the most desirable and bring bad habits with them, combine this with poor police visibility and higher drug use which seem to be making people desperate to commit crimes for money. A hostile political environment has made bullying and violence more perceived to be acceptable, acting out at all levels: school children through adults. – 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 (<https://health.gov/healthypeople>)

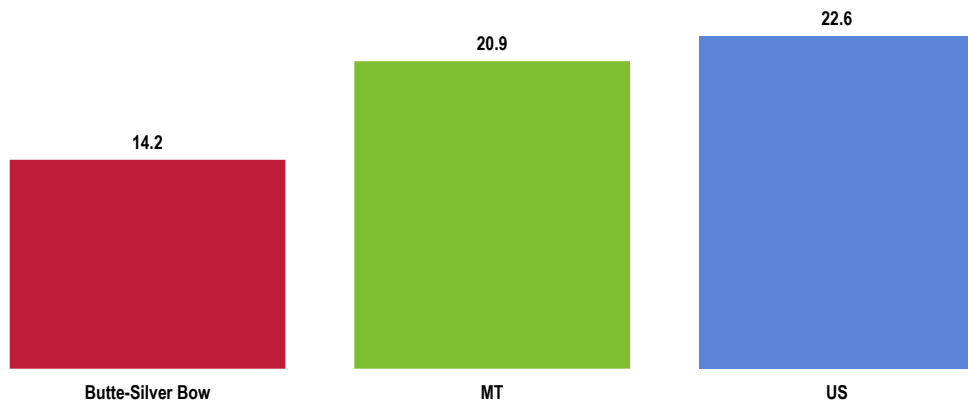
Age-Adjusted Diabetes Deaths

Between 2018 and 2020, there was an annual average age-adjusted diabetes mortality rate of 14.2 deaths per 100,000 population in Butte-Silver Bow.

BENCHMARK ▶ Well below the state and national rates.

TREND ▶ The rate has decreased considerably since the 2014-2016 reporting period.

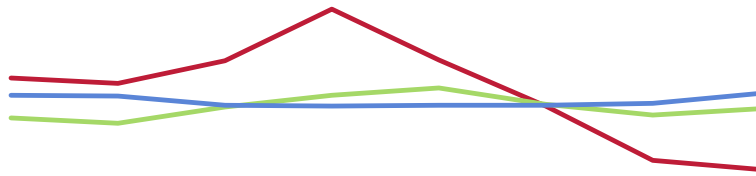
Diabetes: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2022.



Diabetes: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Butte-Silver Bow	24.3	23.7	26.2	31.9	26.3	21.2	15.2	14.2
MT	19.9	19.3	21.1	22.4	23.2	21.4	20.2	20.9
US	22.4	22.3	21.3	21.2	21.3	21.3	21.5	22.6

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2022.

Prevalence of Diabetes

A total of 13.9% of Butte-Silver Bow adults report having been diagnosed with diabetes.

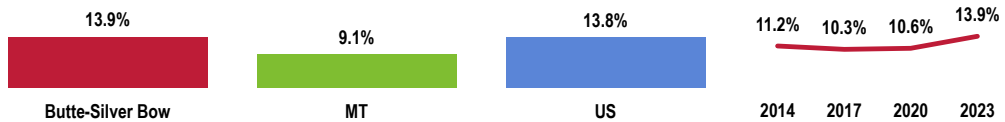
BENCHMARK ▶ Worse than the Montana percentage.

DISPARITY ▶ Strong correlation with age among survey respondents.

Prevalence of Diabetes

Another 8.8% of adults have been diagnosed with "pre-diabetes" or "borderline" diabetes.

Butte-Silver Bow



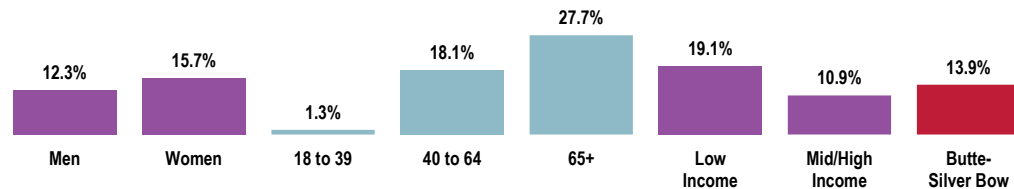
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 121]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Montana data.
 • 2020 PRC National Health Survey, PRC, Inc.

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



Prevalence of Diabetes (Butte-Silver Bow, 2023)

Note that among adults who have not been diagnosed with diabetes, 39.4% report having had their blood sugar level tested within the past three years.

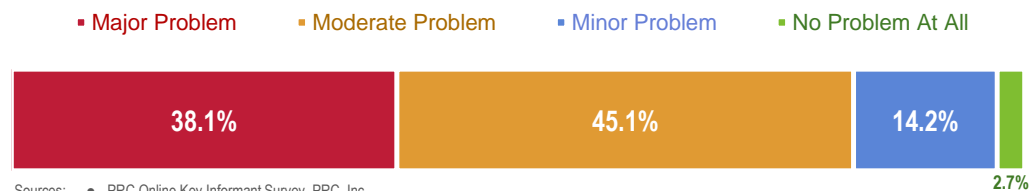


Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Items 33, 121]
 Notes: • Asked of all respondents.
 • Excludes gestational diabetes (occurring only during pregnancy).

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.

Perceptions of Diabetes as a Problem in the Community (Key Informants, 2023)



Sources: • 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:

Awareness/Education

- Access to nutrition education and cooking skills. Money for healthy foods. – Physician
- Lack of quality diet information, lack of professional diet support. – Community Leader
- Education, food supply, and awareness. We don’t need to have the rate of diabetes we have, but factual information that isn’t sponsored by some industry is hard to come by. – Community Leader
- Education. Ability to purchase the proper foods. Many have difficulty paying for their medication. Lack of health insurance. Support systems not readily available. – Community Leader



There is limited information informing people about the impact food choice plays in regulating blood sugar and the long-term impacts of insulin resistance. I see a need for broad nutritional education in our community explaining the benefits of a well-rounded diet incorporating fruits/vegetables/fiber. An additional challenge is limited access to healthy yet "affordable" convenience foods in this community. The healthiest options available seem to be salads, but most of those are very expensive. It is hard to find a place to run into for food that isn't fried/processed for lunch. Also, the community has a preference for "steak and potatoes" type meals, but the lack of food choice (meaning lack of diverse options) limits exposure to important vitamins/minerals found in a diverse diet. I wish we had an "eat the rainbow" nutrition campaign here that challenged restaurants to create foods that help people enjoy foods that are good for them and prevent disease. – Community Leader

Education on diet and adequate income for purchasing better food. The climate is not conducive to recreation year-round. – Social Services Provider

I think that nutritional training needs to be hands on, and this could be more assertive with primary care providers offering this with the same level of importance as with medication management. I do not see this type of support emphasized as it should be. – Social Services Provider

Lack of education and understanding of the disease process. Cost of medication, cost of healthy and appropriate foods. – Physician

There is so many educational opportunities for people to learn about preventing and controlling diabetes in our community. We have classes offered several times a year by knowledgeable people. We have Lifestyle changes classes available. We have physical fitness and walking classes offered. We provide free transportation. We provide incentives and people just do not attend. Very few do. I have no idea what the answer is, but this community tries. – Public Health Representative

Lack of educational programs and prevention programs. – Community Leader

Understanding nutrition. Healthy food is more expensive than junk food. – Community Leader

Affordable Medications/Supplies

Insulin costs. – Community Leader

Expense of insulin and equipment. – Community Leader

Access to affordable medications. – Public Health Representative

Cost of insulin. – Public Health Representative

Cost of insulin. – Public Health Representative

Cost of medications to prevent hyperglycemia. – Public Health Representative

Access to Care/Services

Access to quality care including programs, poor diet as result of income levels, and lack of proper exercise. – Community Leader

The largest issue is access to healthcare, affordability, and general overall health of the community, which may lead to diabetes. – Other Health Provider

Access and time. I am aware of a diabetic program at St. James. More information at the local doctor offices. – Social Services Provider

Lack of medical providers. – Community Leader

We have a good diabetes team at St. James Healthcare. There are not enough providers in Butte to provide the necessary follow-up and care. Ida is a CDE, but she is the only one. – Other Health Provider

Access to qualified dieticians to help with planning healthy diets. – Social Services Provider

Continued quality care—patients with diabetes take regular checkups and monitoring and often help reminding them to do so, otherwise they won't see the care on their own. I'd imagine there are a lot of people living with diabetes but not adequately managing it. – Educational Leader

Only from personal experience, no juvenile diabetes care. – Community Leader

Lifestyle

People with diabetes seem to have difficulty with adopting a healthier lifestyle. The cost of insulin can also be an issue for uninsured and underinsured. – Other Health Provider

Lifestyle, too much booze, smoking, not exercising. Lack of education regarding healthy food choices, and financial limitations with medications and healthy food choices. – Other Health Provider

Loss of family meals and a move toward fast foods. Unwillingness to admit that there is a problem. – Community Leader

Unhealthy lifestyle seems to be a big contributor and a hard thing to overcome. – Social Services Provider

Lifestyle norms. – Community Leader

Nutrition & Physical Activity

Obesity and lack of physical activity, nutritional health. – Community Leader



Poor nutrition and lack of safe exercise facilities for those without substantial resources, especially in the winter. – Physician
Access to better food and lack of physical activity, especially in the winter. – Community Leader

Affordable Care/Services

Cost, underinsured, education and support. – Other Health Provider

Diagnosis/Treatment

First, simply a diagnosis. I feel most do not even know they have a problem. Secondly, treatment and education access. Lastly, cost of treatment and lifestyle changes required. – Public Health Representative

Disease Management

The patient's accountability for their role in managing their diabetes. From my observations, patients are "compliant" with the initial understanding and willingness to modify their behaviors to help improve their diabetes. After some time, many patients go back to their old ways, habits, and behaviors which put them back at risk. – Social Services Provider

Homelessness

Individuals not seeking medical care due to homelessness, no to low income, substance use and lack of preventative care. – Social Services Provider

Vulnerable Populations

Diabetes is rampant among vulnerable individuals in this community and others as well. Folks who are low income and unstable with housing have a tremendous problem with self-care and being able to afford a good diet. – Social Services Provider



KIDNEY DISEASE

ABOUT KIDNEY DISEASE

More than 1 in 7 adults in the United States may have chronic kidney disease (CKD), with higher rates in low-income and racial/ethnic minority groups. And most people with CKD don't know they have it. ...People with CKD are more likely to have heart disease and stroke — and to die early. Managing risk factors like diabetes and high blood pressure can help prevent or delay CKD. Strategies to make sure more people with CKD are diagnosed early can help people get the treatment they need.

Recommended tests can help identify people with CKD to make sure they get treatments and education that may help prevent or delay kidney failure and end-stage kidney disease (ESKD). In addition, strategies to make sure more people with ESKD get kidney transplants can increase survival rates and improve quality of life.

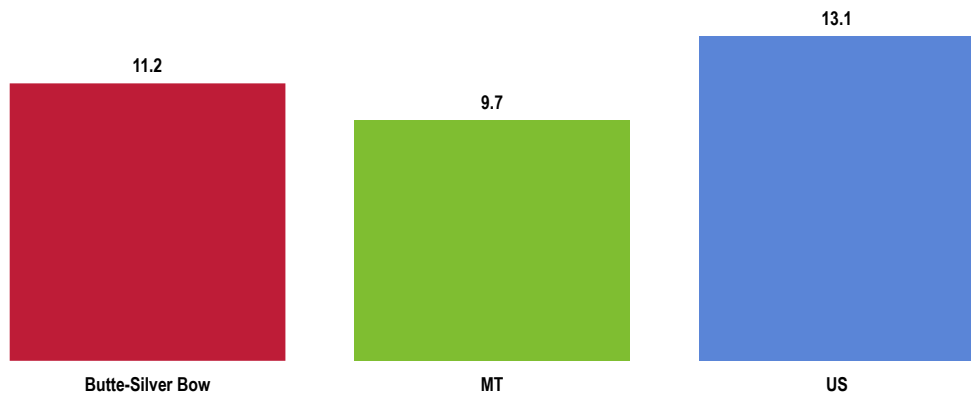
– Healthy People 2030 (<https://health.gov/healthypeople>)

Age-Adjusted Kidney Disease Deaths

Between 2011 and 2020, there was an annual average age-adjusted kidney disease mortality rate of 11.2 deaths per 100,000 population in Butte-Silver Bow.

BENCHMARK ▶ Lower than the US rate.

Kidney Disease: Age-Adjusted Mortality
(2011-2020 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 September 2022.



POTENTIALLY DISABLING CONDITIONS

Multiple Chronic Conditions

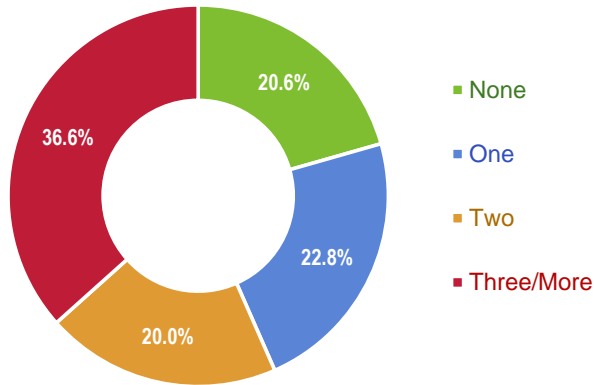
For the purposes of this assessment, chronic conditions include:

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

Multiple chronic conditions are concurrent conditions.

Among Butte-Silver Bow survey respondents, most report currently having at least one chronic health condition.

Number of Current Chronic Conditions
(Butte-Silver Bow, 2023)

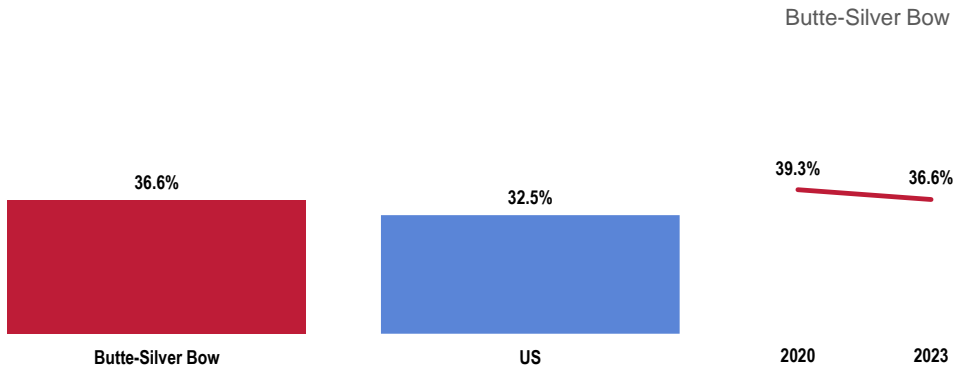


Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 123]
 Notes: • Asked of all respondents.
 • In this case, chronic conditions include lung disease, kidney disease, heart attack/angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, high-impact chronic pain, obesity, and/or diagnosed depression.

In fact, 36.6% of Butte-Silver Bow adults report having three or more chronic conditions.

DISPARITY ► Increases with age and reported more often among women and especially those in low-income households.

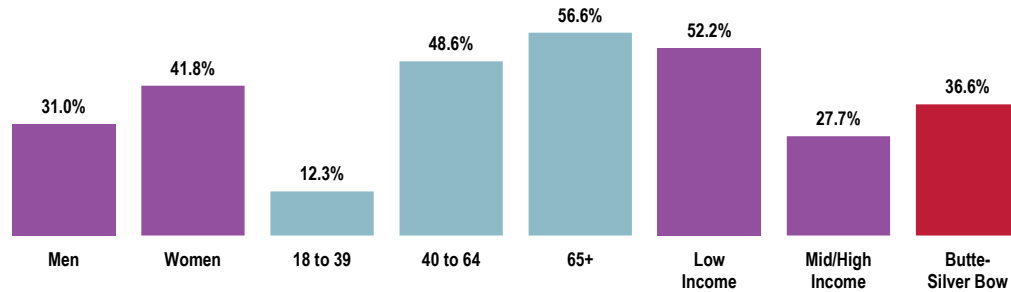
Currently Have Three or More Chronic Conditions



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 123]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • In this case, chronic conditions include lung disease, kidney disease, heart attack/angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, high-impact chronic pain, obesity, and/or diagnosed depression.



Currently Have Three or More Chronic Conditions (Butte-Silver Bow, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 123]

Notes: • Asked of all respondents.

• In this case, chronic conditions include lung disease, kidney disease, heart attack/angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, high-impact chronic pain, obesity, and/or diagnosed depression.

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 (<https://health.gov/healthypeople>)

A total of 29.7% of Butte-Silver Bow adults are limited in some way in some activities due to a physical, mental, or emotional problem.

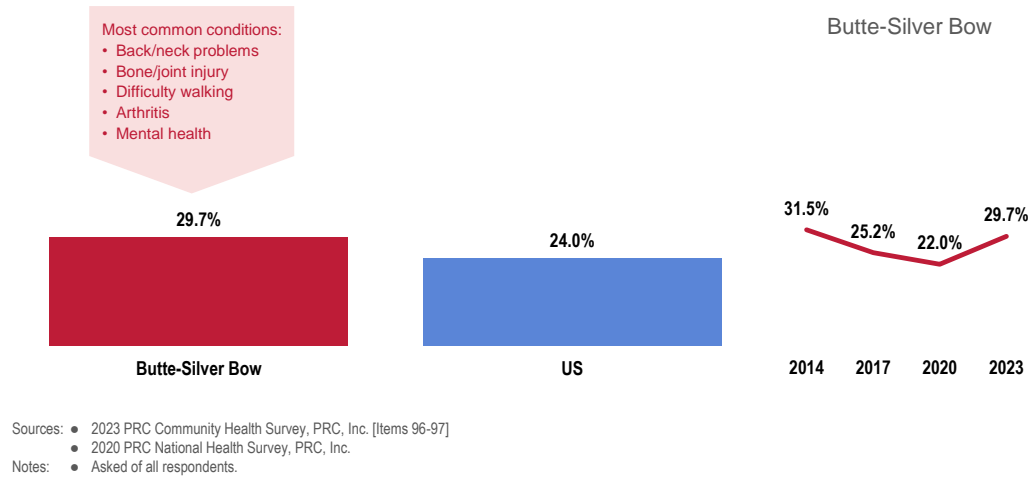
BENCHMARK ► Worse than the US prevalence.

TREND ► Similar to baseline 2014 findings.

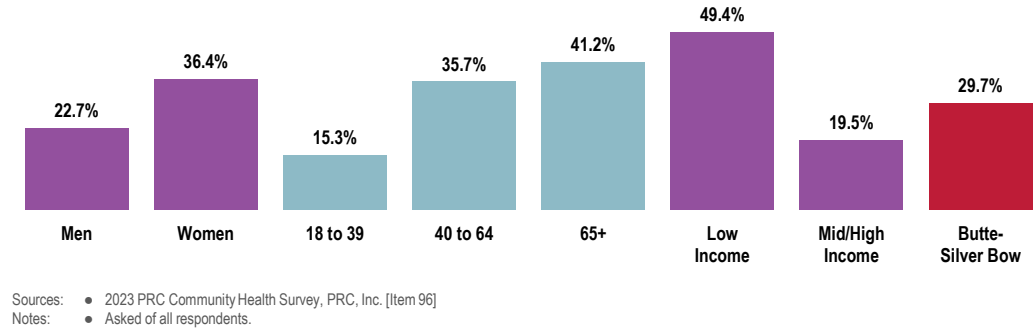
DISPARITY ► Reported more often among women, adults age 40 and older, and among nearly half of those in low-income households.



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



Limited in Activities in Some Way Due to a Physical, Mental, or Emotional Problem (Butte-Silver Bow, 2023)



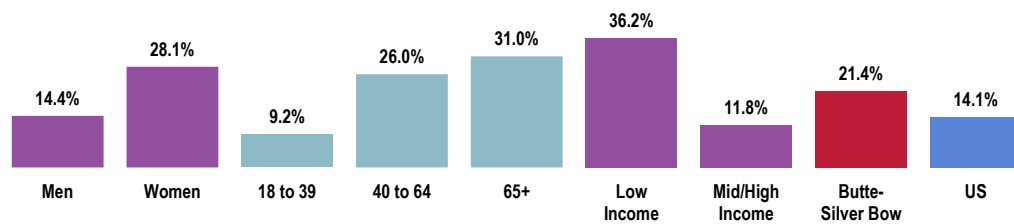
Chronic Pain

A total of 21.4% of Butte-Silver Bow 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 ▶ Worse than the US prevalence and three times the Healthy People 2030 objective.

DISPARITY ▶ Strong correlation with age. Reported more often among women and adults in low-income households.

Experience High-Impact Chronic Pain
(Butte-Silver Bow, 2023)
Healthy People 2030 = 7.0% or Lower

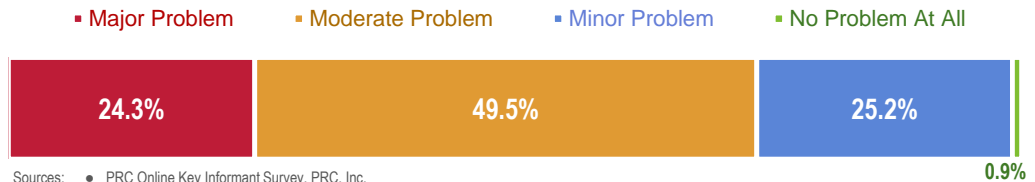


- Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 37]
 - 2020 PRC National Health Survey, PRC, Inc.
 - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Asked of all respondents.
 - High-impact chronic pain includes physical pain that limits life or work activities on “most days” or “every day” of the past six months.

Key Informant Input: Disability & Chronic Pain

Half of key informants taking part in an online survey characterized *Disability & Chronic Pain* as a “moderate problem” in the community.

Perceptions of Disability & Chronic Pain
as a Problem in the Community
(Key Informants, 2023)



- Sources:
- 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:

Prevalence/Incidence

There appears to be many people who receive disability payments. There are many people who apply for disability that have to apply numerous times. – Social Services Provider

I see chronic pain as a major problem from talking to people in the community. Dementia is also a problem. I have not seen resources for people with these struggles. – Community Leader

Chronic pain and management of chronic pain has been an issue for the community. – Community Leader

Multiple Sclerosis is I believe a major illness in our community. Cancer seems to be very prevalent. We have an aging population, so dementia is prevalent. – Community Leader

I think we have a higher number of people with disabilities. – Other Health Provider

High percentage of clients that come to our agency report having a disabling condition.... – Social Services Provider

Access to Care/Services

There are so few resources to support patients with disabling conditions; most don't qualify for home health and if they do for only a brief period of time. There aren't really other in-home support services. Public transportation is extremely limited. There are no financial resources to cover things like hearing aids or dentures. – Physician

There are not beds at nursing homes for people with dementia. There are services for people with disabilities but once again, the providers are too strapped for time and resources to work effectively to find the best option. I feel people being relocated to different communities, Deer Lodge, Clancy, Billings is a direct sign of the lack of availability in our community. It is heart breaking. People are candidates for group homes or more home health services, but these are not available. Everyone is desperate for help. – Other Health Provider

Limited access to programs and care. Unable to find appropriate transportation for patients. – Other Health Provider

Resources. – Social Services Provider

There are limited resources for people with dementia in particular. It is extremely expensive to get someone long-term care and that is if a placement can be found. Chronic pain is a definite issue because it can be difficult to diagnose and treat. The problem with people selling pain meds is a major problem in Butte. Activity limitations are hard to address because if someone needs help to stay in the home, resources are limited and can be costly. As a property manager, I've had more than one tenant go to long term care that may have been able to live semi-independently longer had the right supports been available. – Social Services Provider

Aging Population

Butte has a high population of elderly and disabled individuals. – Community Leader

We have an older population. Many have worked hard physical jobs. Many have been exposed to heavy metals and other contaminants. There is a lot of stress in the population due to lack of good paying jobs. This leads to tobacco, drug and alcohol abuse. – Social Services Provider

There is a large elderly population in Butte and with baby boomers aging, that cohort is growing. Therefore, it is expected that dementia and services to serve people suffering from it. need to be proportional to the need. It is important to note there are a number of disabling conditions related to mental health, such as schizophrenia, clinical depression, and other diagnoses. The mental health system to serve people with disabling conditions, including those with co-occurring dementia and/or substance abuse is severely inadequate. – Social Services Provider

Butte is already an aging community, and the infrastructure of the community isn't set up to support those with disabling conditions long-term. – Community Leader

Our population is elderly, getting around without driving is not easy. Health and obesity contribute to not getting enough exercise and the weather shuts many in for a long, lonesome winter. – Community Leader

Transportation

Transportation to and from medical facilities is difficult for individuals, along with small incomes. – Community Leader

Poor public transport, poor medical transport. – Other Health Provider

Affordable Care/Services

Advancing dementia numbers with poor access to safe environments that are affordable. Lack of affordable housing. – Physician

Built Environment

The built environment creates accessibility barriers for people to access existing services, and many specialist visits are referred to out of town or network providers. – Public Health Representative



COVID-19

Covid supercharged the disabling conditions, due to lack of access to physical activity, social supports and lack of treatment for the horrific brain fog that increases problems with dementia and sensory losses. Butte has higher than average number of disabled adults under age 65 compared to elsewhere in the state. – Community Leader

Environmental Contributors

This is cold, snowy, hilly, rural, economically challenged town with many people who lack resources such as transportation. This makes it very difficult for people to come to appointments, etc. It also makes it even more difficult to travel to appointments for specialists that we lack, of which there are many. I see many people who lack the resources to get complete medical care (denture, hearing aids, access to specialists, etc.). – Physician

Housing

Affordable housing has become very difficult to find. This leaves individuals who are low income and dealing with mental health and physical health issues on the streets. – Social Services Provider

Impact on Quality of Life

A lot of people experience issues that limit mobility. – Public Health Representative

Alzheimer's Disease

ABOUT DEMENTIA

Alzheimer's disease is the most common cause of dementia and the sixth leading cause of death in U.S. adults.¹ Nearly 6 million people in the United States have Alzheimer's, and that number will increase as the population ages.

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 (<https://health.gov/healthypeople>)



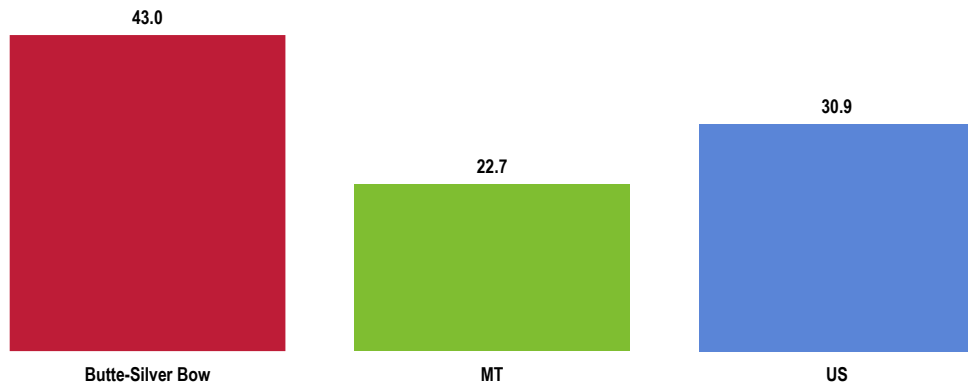
Age-Adjusted Alzheimer's Disease Deaths

Between 2018 and 2020, there was an annual average age-adjusted Alzheimer's disease mortality rate of 43.0 deaths per 100,000 population in Butte-Silver Bow.

BENCHMARK ▶ Well above the state and national mortality rates.

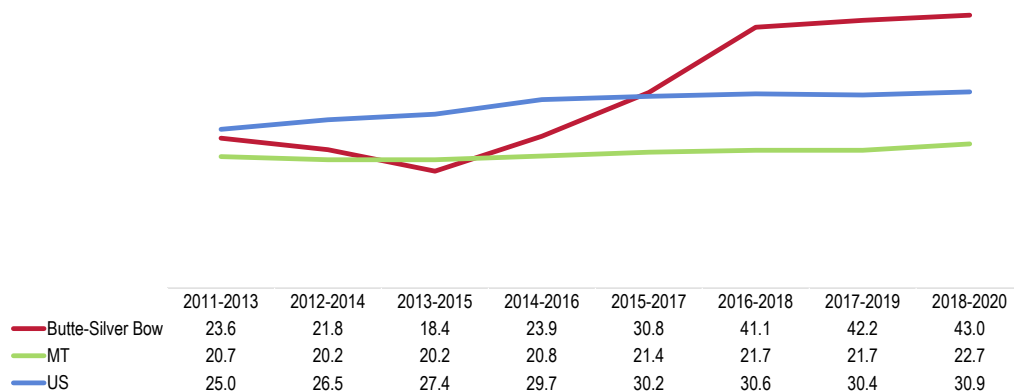
TREND ▶ Increasing considerably over the past decade.

Alzheimer's Disease: Age-Adjusted Mortality
(2018-2020 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 September 2022.

Alzheimer's Disease: Age-Adjusted 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 September 2022.

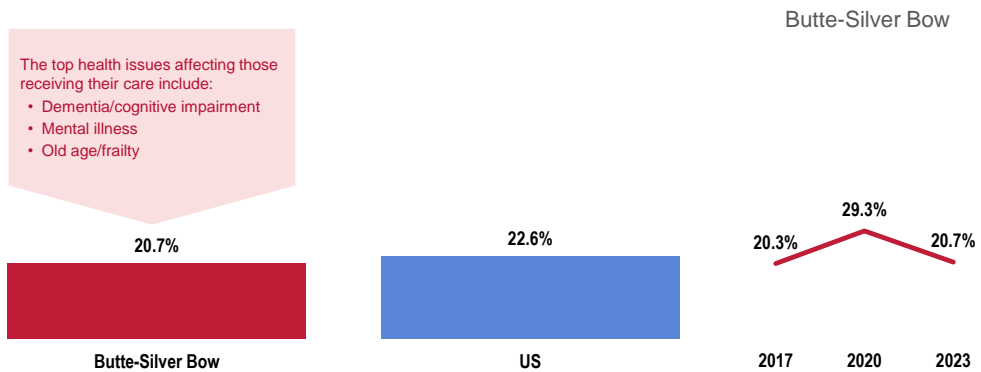


Caregiving

A total of 20.7% of Butte-Silver Bow adults currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

TREND ► Despite an increase in 2020, similar to 2017 findings.

Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Items 98-99]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.





BIRTHS

BIRTH OUTCOMES & RISKS

Low-Weight Births

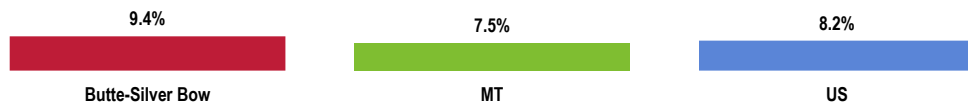
A total of 9.4% of 2014-2020 Butte-Silver Bow births were low-weight.

BENCHMARK ▶ Higher than the Montana percentage.

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

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

Low-Weight Births
(Percent of Live Births, 2014-2020)



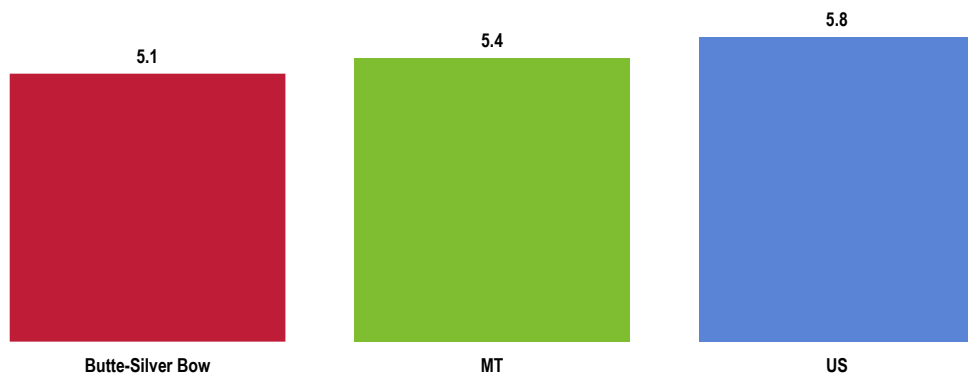
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted September 2022.
Note: • This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Infant Mortality

Between 2011 and 2020, there was an annual average of 5.1 infant deaths per 1,000 live births.

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

Infant Mortality Rate
(Annual Average Infant Deaths per 1,000 Live Births, 2011-2020)
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 September 2022.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
Note: • Infant deaths include deaths of children under 1 year old.
• This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.



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 (<https://health.gov/healthypeople>)

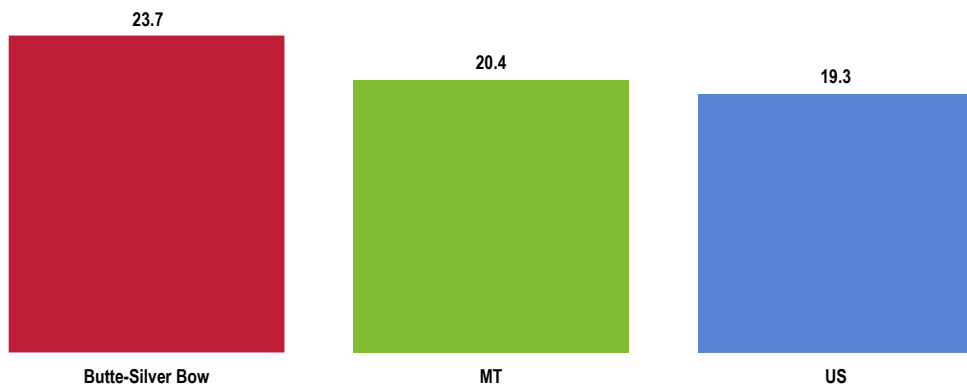
Births to Adolescent Mothers

Between 2014 and 2020, there were 23.7 births to adolescents age 15 to 19 per 1,000 women age 15 to 19 in Butte-Silver Bow.

BENCHMARK ▶ Well above the national rate.

DISPARITY ▶ Higher among Hispanic mothers.

Teen Birth Rate
(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2014-2020)



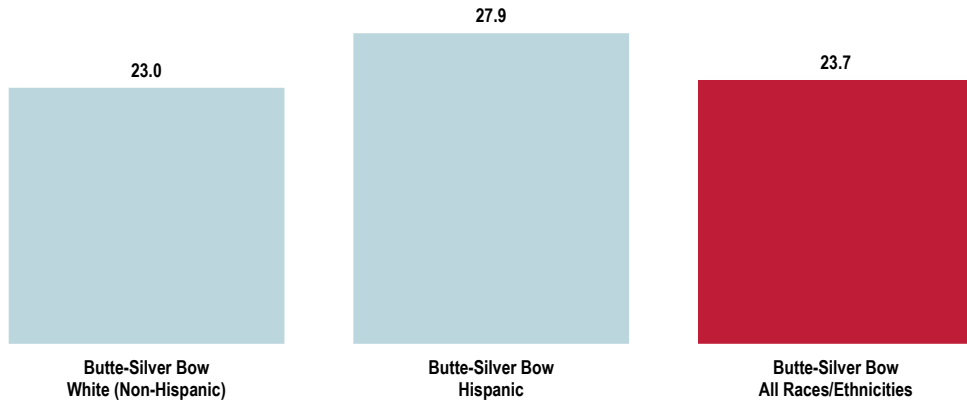
Sources: • Centers for Disease Control and Prevention, National Vital Statistics System.

• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2022 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. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.



Teen Birth Rate (Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2014-2020)



Sources:

- Centers for Disease Control and Prevention, National Vital Statistics System.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2022 via SparkMap (sparkmap.org).

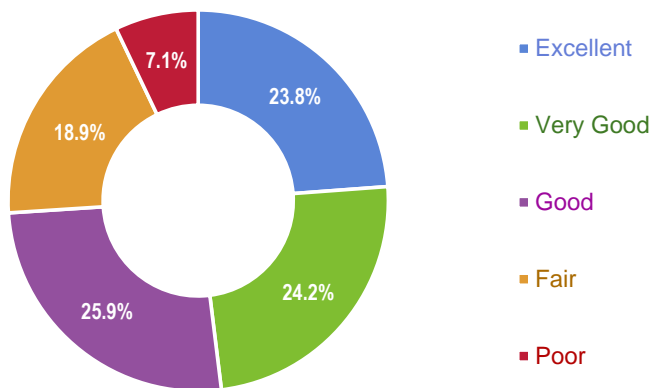
Notes:

- This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Availability of Affordable Childcare Services

While nearly half of Butte-Silver Bow parents gave “excellent” or “very good” ratings of the availability of affordable childcare services in the community, 26.0% rate this as “fair” or “poor.”

Rating the Availability of Affordable Childcare Services in the Community (Parents of Children <18; Butte-Silver Bow, 2023)



Sources:

- 2023 PRC Community Health Survey, PRC, Inc. [Item 326]

Notes:

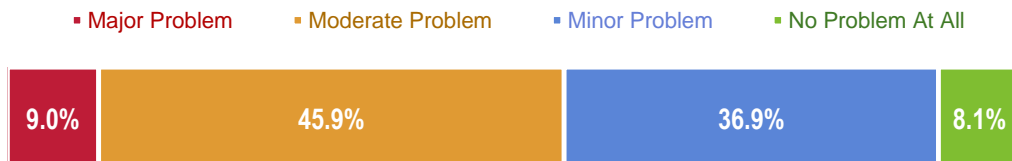
- Asked of parents with children under 18.



Key Informant Input: Infant Health & Family Planning

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

Perceptions of Infant Health and Family Planning as a Problem in the Community (Key Informants, 2023)



Sources: • 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

We have a solid group of pediatric providers caring for infants in the community. The same cannot be said for family planning and access to contraception. With a religious institution in charge of one of the largest medical clinics in town, there is a dearth of access to contraception. – Physician

Lack of resources for pregnant and parenting women, including sober living and in-home parenting services. – Other Health Provider

Access to family planning services are very limited. – Public Health Representative

Alcohol/Drug Use

During the service I provide in the community, I see many broken families due to a number of social factors. These would include substance use, housing problems, and single parent households. More family planning and training resources seem to be needed. – Social Services Provider

High substance use and tobacco use rates in the community, high CPS involvement, homelessness and multiple pregnancies. – Social Services Provider

The number of children involved in youth in need of care matters is concerning. Drugs are a major issue, which results in children not receiving health care services they need. – Community Leader

Vulnerable Populations

New Hope is an agency that works with unwed mothers and helps them prepare for the birth of their child. Community Health also provides help with needed health care. The health department and local doctors along with other agencies help by housing and the foodbank provides food. Low income, no insurance, and lack of support systems are a huge issue. – Community Leader

Politics

Because of recent changes on the national level and its impact to family planning, services for obstetrics and gynecology are often provided outside of Butte. – Social Services Provider

Funding

Lack of priority and funding. – Public Health Representative





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 (<https://health.gov/healthypeople>)

Daily Recommendation of Fruits/Vegetables

A total of 22.1% of Butte-Silver Bow adults report eating five or more servings of fruits and/or vegetables per day.

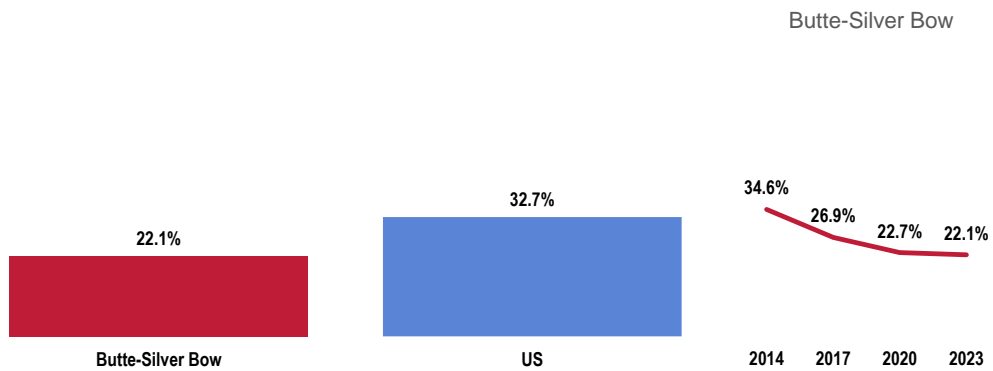
BENCHMARK ▶ Well below the national percentage.

TREND ▶ Decreasing significantly over time.

DISPARITY ▶ Reported less often among adults age 40+ and those in mid/high-income households.

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

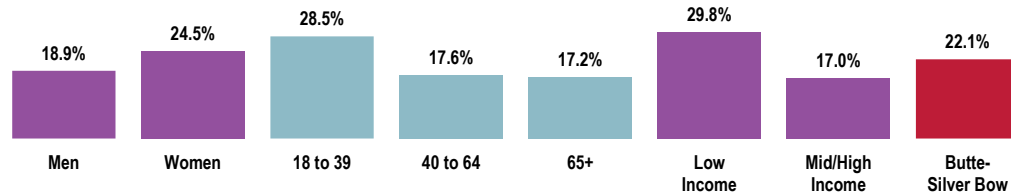
Consume Five or More Servings of Fruits/Vegetables Per Day



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 125]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • For this issue, respondents were asked to recall their food intake on the previous day.



Consume Five or More Servings of Fruits/Vegetables Per Day (Butte-Silver Bow, 2023)

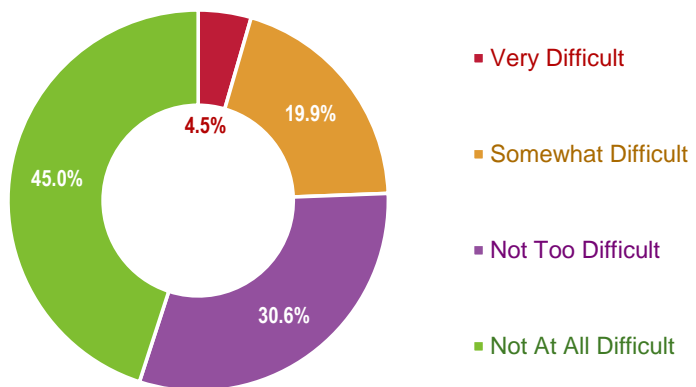


Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 125]
 Notes: • Asked of all respondents.
 • For this issue, respondents were asked to recall their food intake on the previous day.

Difficulty Accessing Fresh Produce

Most Butte-Silver Bow adults report little or no difficulty buying fresh produce at a price they can afford.

Level of Difficulty Finding Fresh Produce at an Affordable Price (Butte-Silver Bow, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 79]
 Notes: • Asked of all respondents.

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 Access* in the **Social Determinants of Health** section of this report.

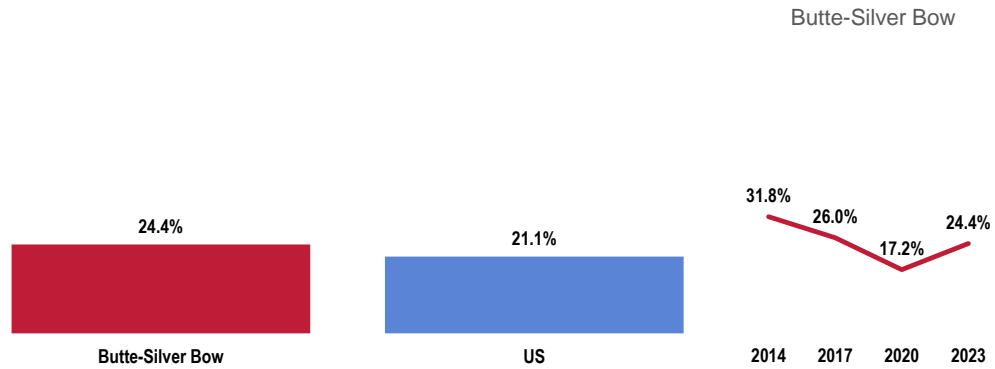


However, 24.4% of Butte-Silver Bow adults find it “very” or “somewhat” difficult to access affordable fresh fruits and vegetables.

TREND ▶ Although above 2020 findings, lower than reported in the baseline 2014 survey.

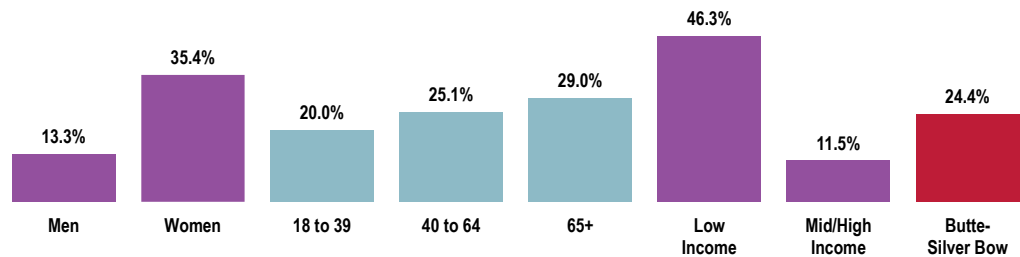
DISPARITY ▶ Reported more often among women and especially adults living at low incomes.

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 79]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce (Butte-Silver Bow, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 79]
 Notes: • Asked of all respondents.



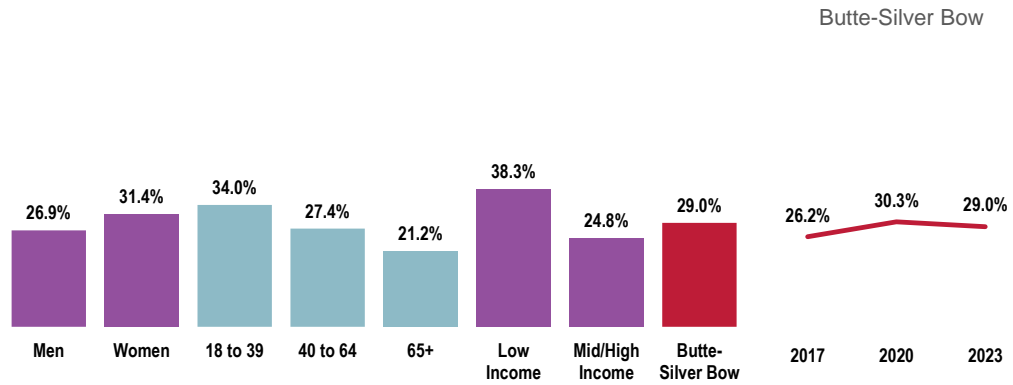
Sugar-Sweetened Beverages

“During the past seven days, how many servings of sugar-sweetened beverages did you have? Please include beverages such as soda, Kool-Aid, sweetened fruit juice, sports drinks, energy drinks, or sweet tea. Do not include ‘diet’ drinks.”

A total of 29.0% of Butte-Silver Bow adults report drinking an average of at least one sugar-sweetened beverage per day in the past week.

DISPARITY ► Highest among young adults and those in low-income households.

Had Seven or More Sugar-Sweetened Beverages in the Past Week (Butte-Silver Bow, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 158]
 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 (<https://health.gov/healthypeople>)

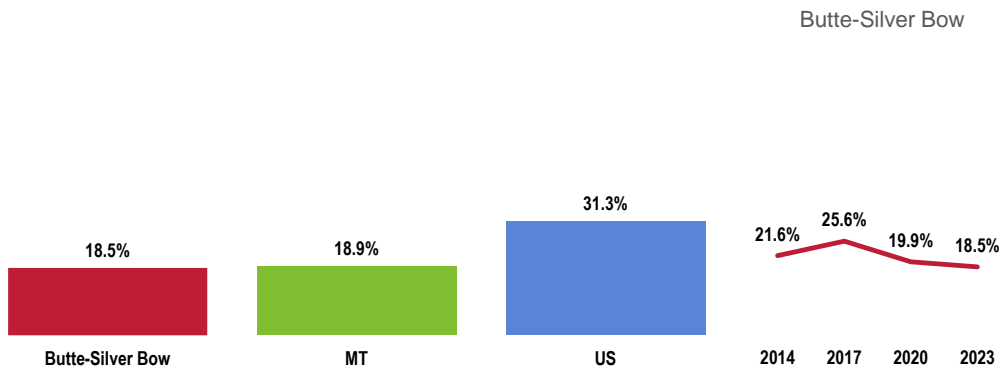
Leisure-Time Physical Activity

A total of 18.5% of Butte-Silver Bow adults report no leisure-time physical activity in the past month.

BENCHMARK ► Well below (more favorable than) the national prevalence.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2030 = 21.2% or Lower



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 82]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Montana data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.



Activity Levels

Adults

Meet Physical Activity Recommendations

ADULTS: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

Adults should do 2 hours and 30 minutes a week of moderate-intensity (such as walking), or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity **aerobic** physical activity (such as jogging), or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. The guidelines also recommend that adults do **muscle-strengthening** activities, such as push-ups, sit-ups, or activities using resistance bands or weights. These activities should involve all major muscle groups and be done on two or more days per week.

The report finds that nationwide nearly 50 percent of adults are getting the recommended amounts of aerobic activity and about 30 percent are engaging in the recommended muscle-strengthening activity.

– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

“Meeting physical activity recommendations” includes adequate levels of both aerobic and strengthening activities:

Aerobic activity is one of the following: at least 150 minutes per week of light to moderate activity, 75 minutes per week of vigorous activity, or an equivalent combination of both.

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

A total of 29.8% of Butte-Silver Bow adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

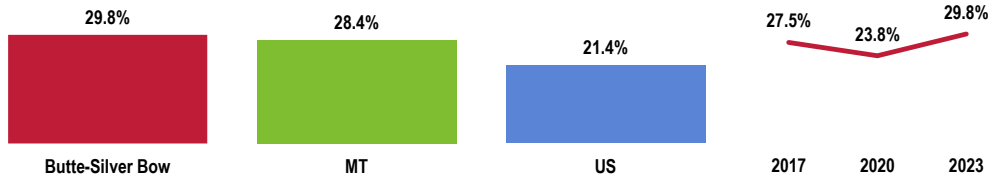
BENCHMARK ▶ Well above the US prevalence.

DISPARITY ▶ Reported more often among men, young adults, and those with higher incomes.

Meets Physical Activity Recommendations

Healthy People 2030 = 28.4% or Higher

Butte-Silver Bow



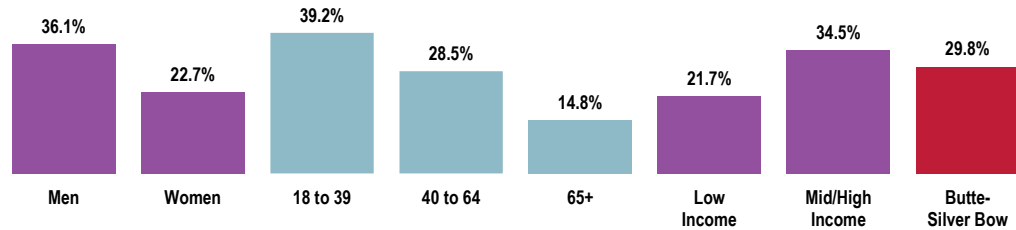
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 126]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Montana data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

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 report doing physical activities specifically designed to strengthen muscles at least twice per week.



Meets Physical Activity Recommendations (Butte-Silver Bow, 2023)

Healthy People 2030 = 28.4% or Higher



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 126]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

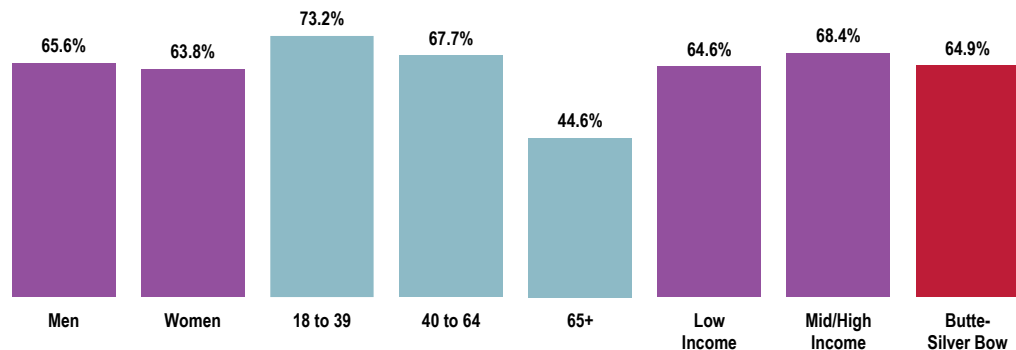
Notes: • Asked of all respondents.
 • Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity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

Attempts to Increase Physical Activity

Nearly two-thirds (64.9%) of Butte-Silver Bow adults report making an attempt in the past year to get more physical activity by changing their everyday behaviors.

DISPARITY ► [Less often reported among older adults.](#)

Attempt to Increase Physical Activity Through Everyday Behaviors (Butte-Silver Bow, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 310]
 Notes: • Asked of all respondents.

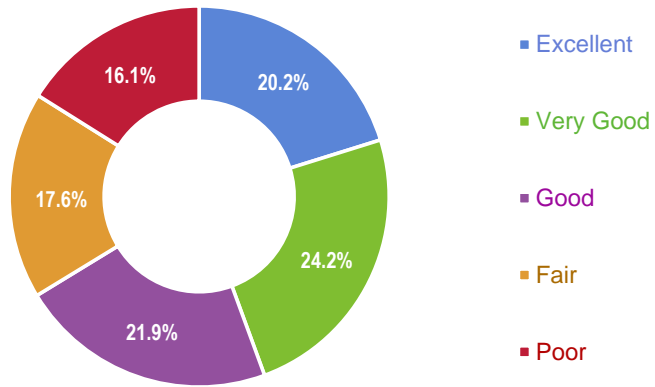
“In the past year, have you made an attempt to increase your physical activity through everyday behaviors such as taking the stairs, parking farther from your destination, using active transportation such as walking or biking instead of driving, or making housework and errands more active?”



Neighborhood Walkability

Most survey respondents gave positive ratings of their neighborhood's walkability, in terms of having lots of places nearby to safely and easily walk (such as stores, bus stops, and restaurants).

Perceived Walkability of Own Neighborhood
(Butte-Silver Bow, 2023)

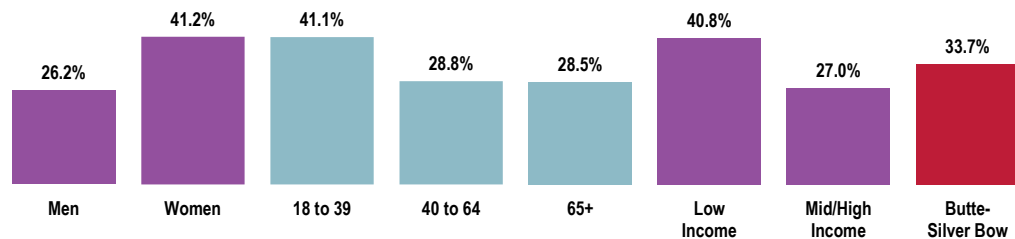


Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 311]
Notes: • Asked of all respondents.

However, one-third (33.7%) of respondents rated their neighborhood's walkability as "fair" or "poor."

DISPARITY ► Reported more often among women, young adults, and those in low-income households.

Perceived Walkability of Own Neighborhood as "Fair/Poor"
(Butte-Silver Bow, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 311]
Notes: • Asked of all respondents.



Children

CHILDREN: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

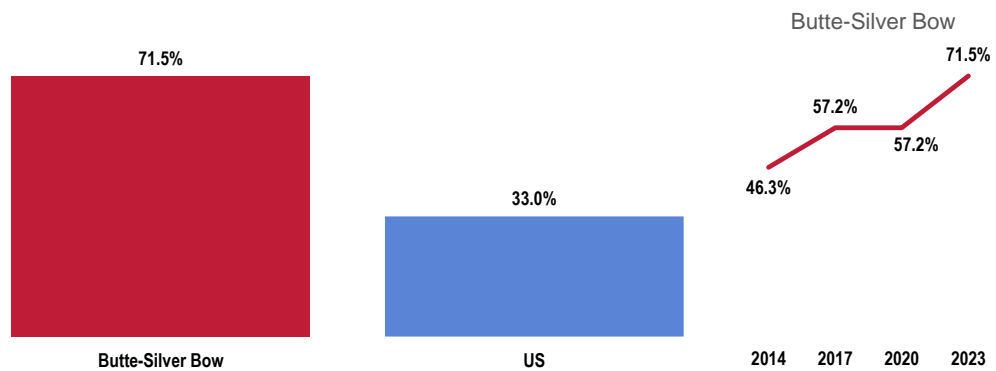
– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services.
www.cdc.gov/physicalactivity

Among Butte-Silver Bow children age 2 to 17, 71.5% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

BENCHMARK ▶ Well above the US prevalence.

TREND ▶ Increasing significantly from previous survey findings.

Child Is Physically Active for One or More Hours per Day (Parents of Children Age 2-17)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 109]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents with children age 2-17 at home.
• Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

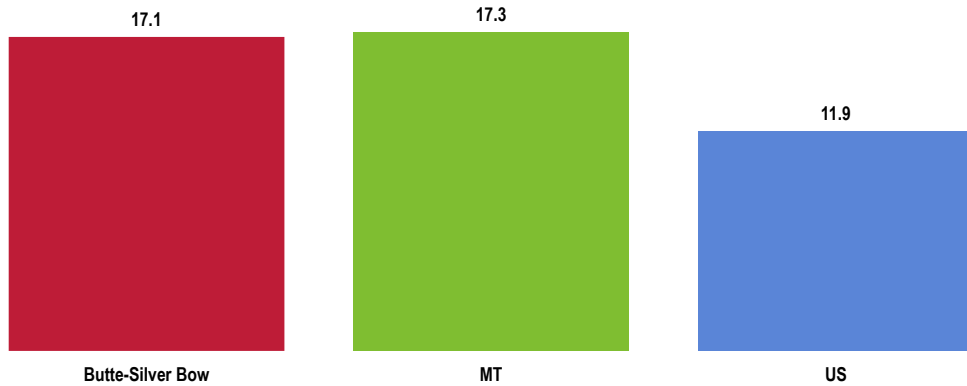


Access to Physical Activity

In 2020, there were 17.1 recreation/fitness facilities for every 100,000 population in Butte-Silver Bow.

BENCHMARK ▶ Higher than the US ratio.

Population With Recreation & Fitness Facility Access
(Number of Recreation & Fitness Facilities per 100,000 Population, 2020)



- Sources:
- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2022 via SparkMap (sparkmap.org).
- Notes:
- Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940, which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities."* Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.



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 (<https://health.gov/healthypeople>)

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 (inches²)] 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 $\geq 30 kg/m^2$. 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 $\geq 30 kg/m^2$, 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
Normal	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.



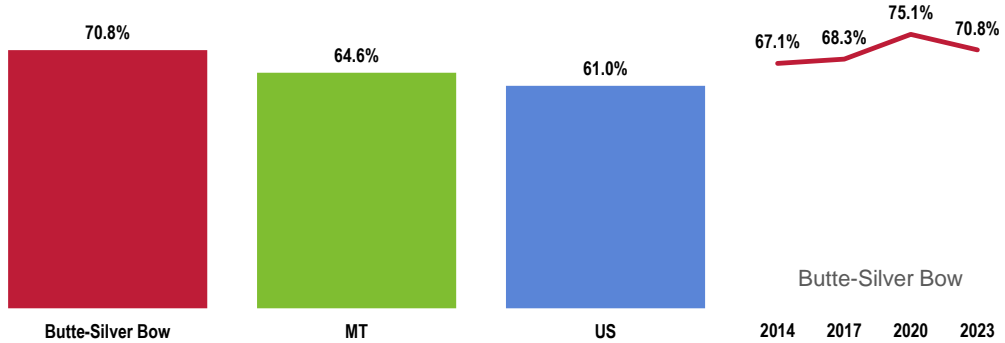
Overweight Status

Most Butte-Silver Bow adults (70.8%) are **overweight**.

BENCHMARK ▶ Worse than state and national percentages.

Here, "overweight" includes those respondents with a BMI value ≥ 25 .

Prevalence of Total Overweight (Overweight and Obese)



- Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 128]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Montana data.
 - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Based on reported heights and weights, asked of all respondents.
 - The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

The overweight prevalence above includes 37.1% of Butte-Silver Bow adults who are **obese**.

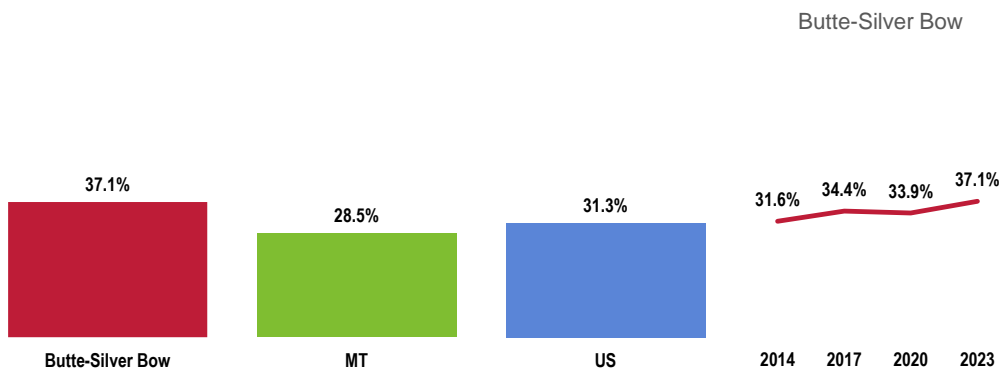
BENCHMARK ▶ Worse than Montana and US figures.

DISPARITY ▶ Higher among adults age 40 to 64 and those in low-income households.

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

Prevalence of Obesity

Healthy People 2030 = 36.0% or Lower

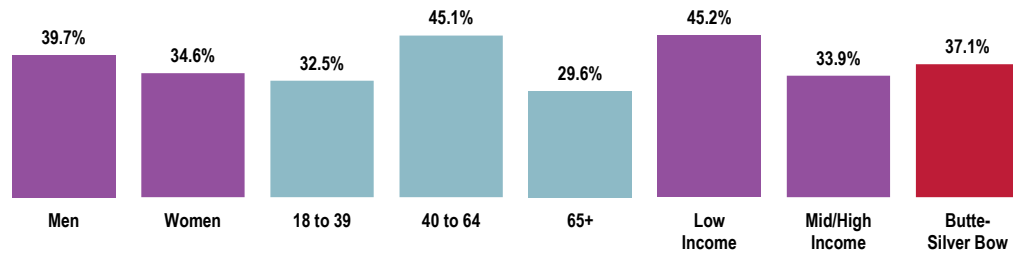


- Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 128]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Montana data.
 - 2020 PRC National Health Survey, PRC, Inc.
 - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Based on reported heights and weights, asked of all respondents.
 - The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.



Prevalence of Obesity (Butte-Silver Bow, 2023)

Healthy People 2030 = 36.0% or Lower



Sources:

- 2023 PRC Community Health Survey, PRC, Inc. [Item 128]
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

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.

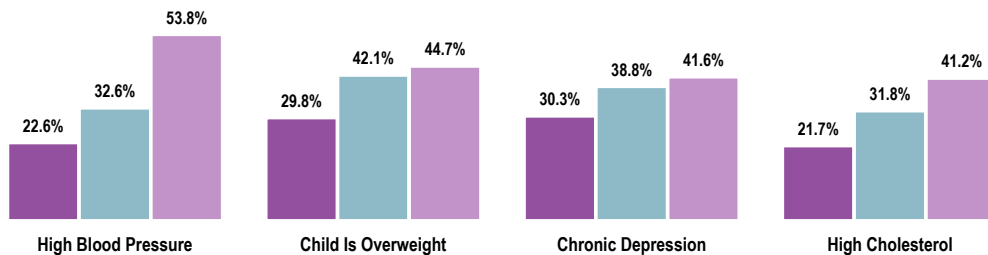
Relationship of Overweight With Other Health Issues

Overweight and obese adults are more likely to report a number of adverse health conditions, as outlined in the following chart.

The correlation between overweight and various health issues cannot be disputed.

Relationship of Overweight With Other Health Issues (Butte-Silver Bow, 2023)

■ Among Healthy Weight
 ■ Among Overweight/Not Obese
 ■ Among Obese



Sources:

- 2023 PRC Community Health Survey, PRC, Inc. [Item 128]

Notes:

- Based on reported heights and weights, asked of all respondents.



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:

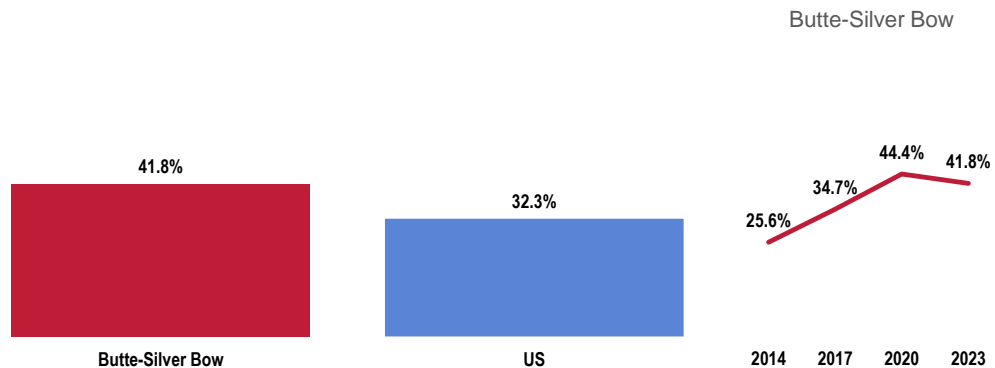
- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

– Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 41.8% of Butte-Silver Bow children age 5 to 17 are overweight or obese (≥85th percentile).

TREND ▶ Due to the relatively small sample size, the increase over time is not statistically significant.

Prevalence of Overweight in Children (Parents of Children Age 5-17)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 131]
• 2020 PRC National Health Survey, PRC, Inc.

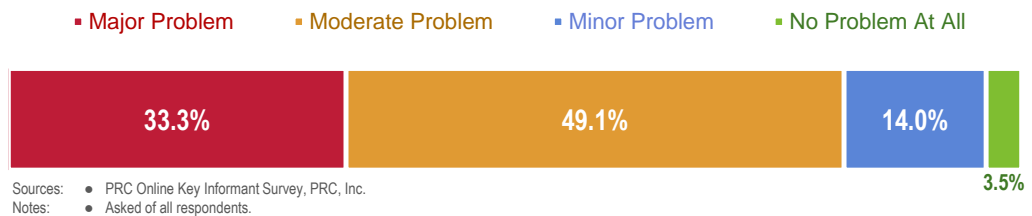
Notes: • Asked of all respondents with children age 5-17 at home.
• Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.



Key Informant Input: Nutrition, Physical Activity & Weight

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

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community (Key Informants, 2023)



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

Lifestyle

Expensive and poor shopping choices for groceries, Walmart or Safeway are the only options. Physical activities shut down in the winter months, people don't get out which leads to weight gain. Drinking as a recreational hobby is also adding to weight gains. Dining options at restaurants contain lots of fat and are getting too expensive for families. – Community Leader

Lack of access to healthy food options. Lifestyle choices. – Public Health Representative

There is a lack of affordable nutritious offerings at local grocery stores and restaurants. The long winter months limit exercise to those willing to adventure in the cold and snow. – Educational Leader

While I applaud the new parks and trails in the area, the fact is that a large portion of the population lives an unhealthy lifestyle that they don't seem to be willing to change. – Other Health Provider

Lack of involvement. You can provide all the materials, information, etc. and people do not participate. – Public Health Representative

We have limited incentives to eat healthier and be active in our community. In some cases, it can be a low priority for people and financial hardship. – Community Leader

Poor grocery store/produce/healthy food store and restaurant providers. Inadequate local employers' focus on wellness/healthy lifestyle programs. Ingrained culture of “work hard/play hard” lifestyle with no plans/programs in our schools and/or community to encourage healthy lifestyle or to take advantage of Butte's outstanding outdoor recreation and trails ecosystems. – Community Leader

Difficulty in accessing affordable, healthy, faster casual foods. Lack of green spaces. Lack of education on diet and exercise. – Public Health Representative

Awareness/Education

Education and programs at the local YMCA to address low income. Programs, education and financial help. – Social Services Provider

Ignorance. Although nutrition education and information are provided, most people truly do not take it seriously or understand. Second, and equally important is cost. Healthy food is more costly, and poverty contributes. The food industry is also a culprit, they produce low nutritional valued food that is high in sugar and other components that are not good for us. Convenience is also an issue; it takes more time for busy families to prepare healthy diets. Most people do not understand the importance of exercise (physical activity) despite all the information about it. As a result of poor diet (particularly way too much sugar) and lack of physical activity people are overweight. – Community Leader

I feel that we do not have enough programs to engage people and teach them nutritional aspects of health. We lack programs for those. We have a select few, but not everyone wants to go to the gym. – Public Health Representative

Information and awareness. People have no idea what's in their food supply or what consequences await. – Community Leader



Income/Poverty

Income and education. – Social Services Provider

Low-income is one of the biggest challenges for people to get/stay healthy. Healthy food is expensive and lacks availability. Fast food is prevalent in the community and cheaper. Butte also has a reputation for drinking and being a rough town, which prevents people from living a healthy lifestyle. Lack of affordable indoor physical activity locations in the winter. – Community Leader

Money. – Public Health Representative

Poverty, climate, and programming. – Community Leader

Obesity

Overweight and obesity. There is no program for kids who are overweight or obese. The Y tries with active kids, but it does not address the whole family. – Other Health Provider

Obesity continues to be a major and growing concern. The percent of obese individuals is significantly high. We need more emphasis on healthy living activities, including nutrition, exercise, and wellness programs. – Community Leader

I have seen statistics about weight and Butte seems to have a higher rate of people who are overweight or obese, which contributes to heart disease and diabetes. – Social Services Provider

Access to Care/Services

No independent providers, poor community resources. – Other Health Provider

Activities to get people outside and moving. Education on eating right and how to create food at home fast, instead of going out to fast food. – Community Leader

I believe the challenges with these topics are the lack of activities geared towards kids. Just in general, not a lot for anyone to do. – Community Leader

Nutrition

This is possibly the most evident issue in our community and are precursors to so many other issues we have with heart attack, stroke, and diabetes. I think the diet of most people living in this community could improve, particularly in terms of integrating a more diverse diet incorporating fruits, vegetables, and fiber. There is limited access to healthy options. Almost all restaurants here do not provide nutritious options ... why don't fast food restaurants offer salads? In terms of physical activity, we have a ton of recreational amenities and facilities for physical activity, but I don't see many adults (mainly middle-age adults) working out and moving. Even if it's just walking a mile a day. This would help with balance, endurance, lung capacity, heart health, and so many other health indicators. I don't like to use weight as a marker of health because many heavy people work out more than many thin people. – Community Leader

Poor nutrition, quality in diet, many fast food and convenience store options are easier to get to than grocery stores. Not pedestrian friendly. – Public Health Representative

Built Environment

There are limited community resources for safe places to exercise, cost prohibits most people from eating well and participating in a gym membership. We are a bit of a food desert—Walmart on the south side of town and Safeway—there are no grocery stores uptown, only bars and convenience stores. – Physician

Lack of walkable communities, healthy restaurants, affordable health food centric groceries. Lack of adult athletic activities that are not centered around alcohol consumption. – Public Health Representative

Insufficient Physical Activity

Not enough physical activity due to winter and safe affordable locations for all types of individuals to participate in a program. – Physician

Lack of priority on physical activity. – Public Health Representative

Cultural/Personal Beliefs

Culture of unhealthy eating with no sophisticated campaign to correct it. Increasingly sedentary adolescents. Complacency with obesity. – Community Leader

Environmental Contributors

Weather, culture of not eating and exercising for wellness, resources and poverty, easy high-carb foods. – Other Health Provider



SUBSTANCE USE

ABOUT DRUG & ALCOHOL USE

More than 20 million adults and adolescents in the United States have had a substance use disorder in the past year. ...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 (<https://health.gov/healthypeople>)

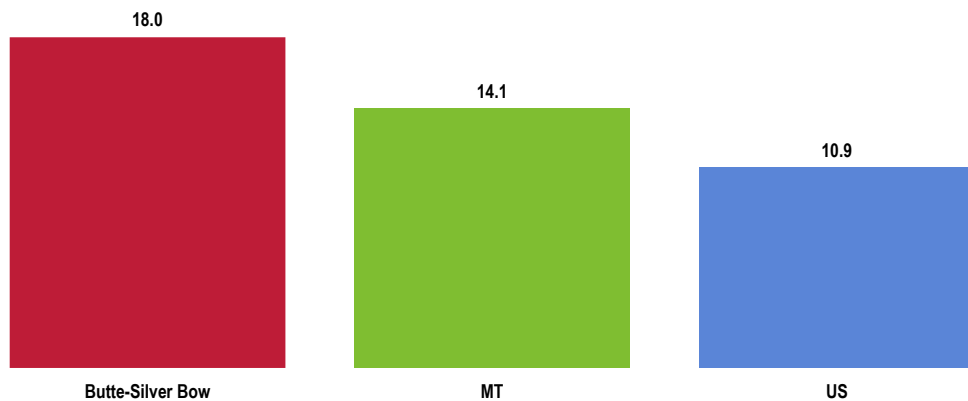
Age-Adjusted Cirrhosis/Liver Disease Deaths

Between 2011 and 2020, Butte-Silver Bow reported an annual average age-adjusted cirrhosis/liver disease mortality rate of 18.0 deaths per 100,000 population.

BENCHMARK ► Worse than the state and national rates and fails to satisfy the Healthy People 2030 objective.

Cirrhosis/Liver Disease: Age-Adjusted Mortality (2011-2020 Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 10.9 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2022.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>



Alcohol Use

Excessive Drinking

Excessive drinking includes heavy and/or binge drinkers:

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

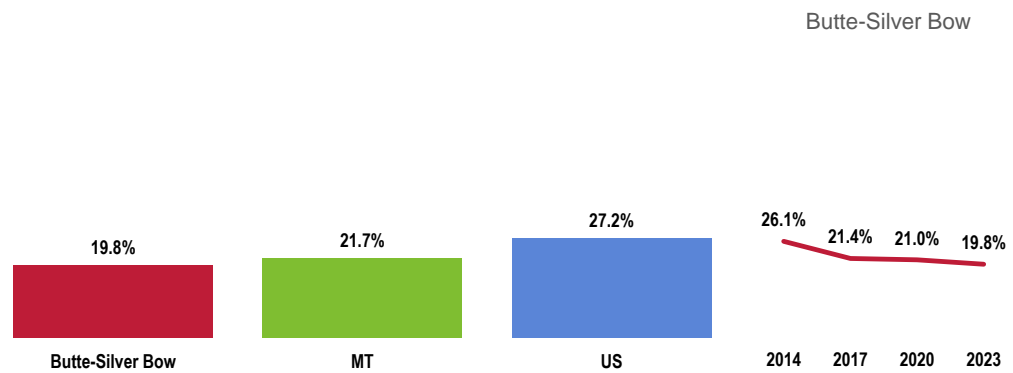
A total of 19.8% of area adults are excessive drinkers (heavy and/or binge drinkers).

BENCHMARK ▶ Well below the national prevalence.

TREND ▶ Decreasing significantly since 2014.

DISPARITY ▶ Decreases with age and reported more often among men and adults in the higher income breakout.

Excessive Drinkers

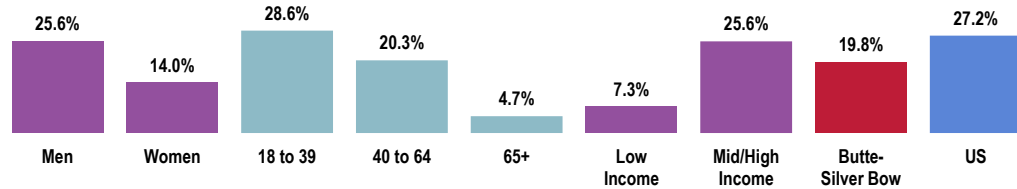


Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 136]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Montana data.
• 2020 PRC National Health Survey, PRC, Inc.

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



Excessive Drinkers (Butte-Silver Bow, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 136]

Notes: • Asked of all respondents.

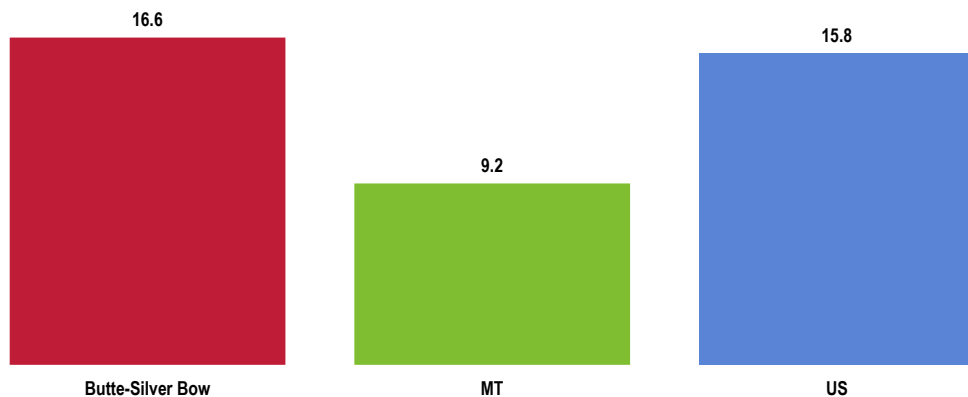
• Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

Age-Adjusted Unintentional Drug-Related Deaths

Between 2011 and 2020, there was an annual average age-adjusted unintentional drug-related mortality rate of 16.6 deaths per 100,000 population in Butte-Silver Bow.

BENCHMARK ► Much worse than the Montana rate.

Unintentional Drug-Related Deaths: Age-Adjusted Mortality (2011-2020 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 September 2022.



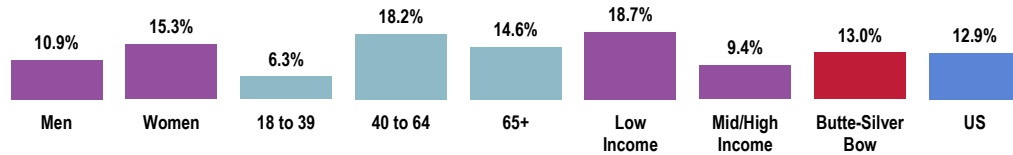
Use of Prescription Opioids

Opioids are a class of drugs used to treat pain. Examples presented to respondents include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. Common brand name opioids include Vicodin, Dilaudid, Percocet, Oxy-Contin, and Demerol.

A total of 13.0% of Butte-Silver Bow respondents report using a prescription opioid drug in the past year.

DISPARITY ▶ Reported more often among women, adults age 40 and older, and those in low-income households.

Used a Prescription Opioid in the Past Year
(Butte-Silver Bow, 2023)



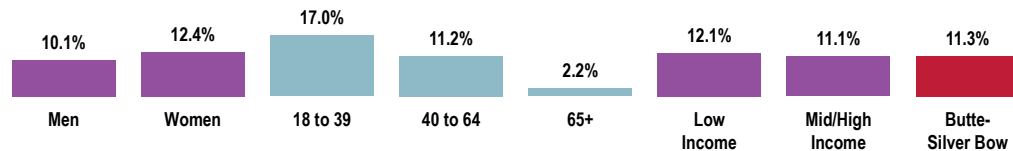
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 50]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Marijuana Use

A total of 11.3% of Butte-Silver Bow respondents report using marijuana in the past month.

DISPARITY ▶ Strong correlation with age.

Marijuana Use in the Past Month
(Butte-Silver Bow, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 305]
Notes: • Asked of all respondents.

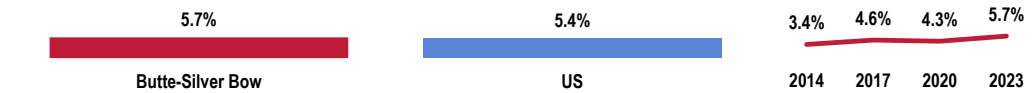


Alcohol & Drug Treatment

A total of 5.7% of Butte-Silver Bow adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

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

Butte-Silver Bow



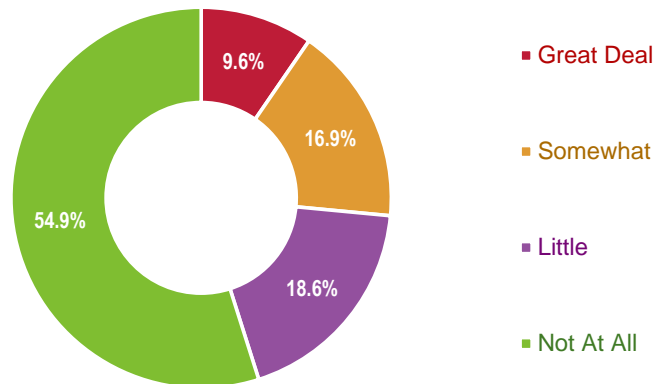
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 51]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Personal Impact From Substance Use

Most Butte-Silver Bow residents' lives have not been negatively affected by substance use (either their own or someone else's).

Area adults were also asked to what degree their lives have been impacted by substance abuse (whether their own abuse or that of another).

Degree to Which Life Has Been Negatively Affected by Substance Abuse (Self or Other's) (Butte-Silver Bow, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 52]
 Notes: • Asked of all respondents.

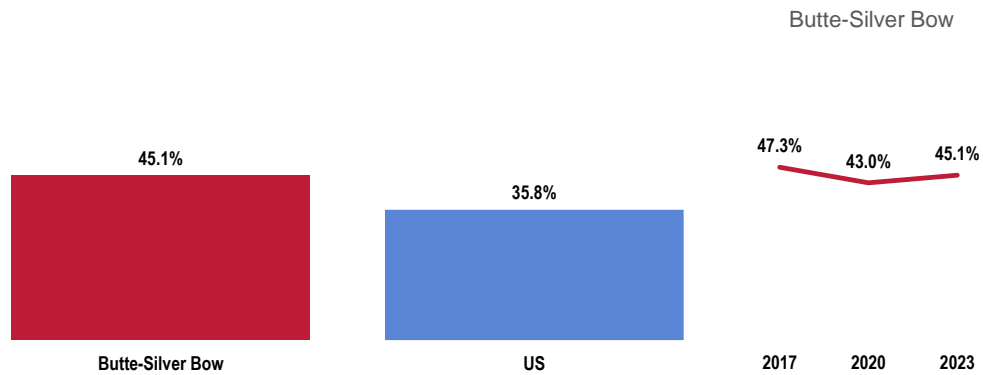


However, 45.1% have felt a personal impact to some degree (“a little,” “somewhat,” or “a great deal”).

BENCHMARK ▶ Well above the national percentage.

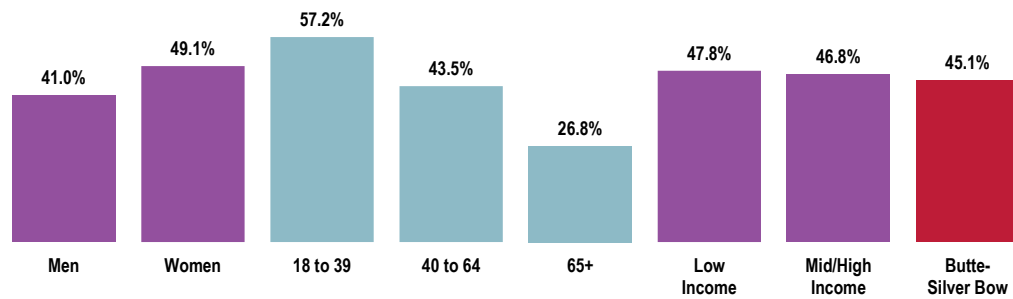
DISPARITY ▶ Correlates with age among survey respondents.

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 52]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • Includes response of “a great deal,” “somewhat,” and “a little.”

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else) (Butte-Silver Bow, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 52]
 Notes: • Asked of all respondents.
 • Includes response of “a great deal,” “somewhat,” and “a little.”



Key Informant Input: Substance Use

Key informants taking part in an online survey primarily characterized *Substance Use* as a “major problem” in the community.

Perceptions of Substance Abuse as a Problem in the Community (Key Informants, 2023)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: ● 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 care. – Public Health Representative

Lack of access, as well as the stigma associated with it. – Physician

Access to long-term care and preventative education programs. – Other Health Provider

Lack of treatment facilities. Also, lack of education, especially with the junior high and high school students, and even college. I am not saying the schools do not educate on the issues, but it needs to be an extremely high priority. – Other Health Provider

There isn't much in Butte for substance abuse treatment. The treatment center is there, but it takes a lot to get in there. It's also that the patient has to want to go there and get help. Most don't. – Other Health Provider

Similar to mental health, as there is a lack of services. However, I believe the justice system is more prepared to deal with these types of issues. – Community Leader

I think we have fairly good access to MOUD, a harm reduction program, but very little access to actual treatment. – Physician

Not enough room in treatment programs, may need money to get into them. – Public Health Representative

Access to care. – Public Health Representative

There needs to be multiple options and a variety of ways for people to seek care to cover a diverse population that is struggling. – Educational Leader

Not enough substance use facilities in town, as well no insurance. – Community Leader

Substance abuse related to dangerous drugs treated as a criminal offense and lack of secure inpatient facilities for treatment. – Community Leader

Not enough resources in the community to actively treat individuals. Also, need resources to provide prevention programs early. – Community Leader

Lack of programs to serve people in need and an even greater lack of emphasis on the need for people to access such programs, including acknowledgment of the value of prevention programs. The current treatment programs seem to be “last resort” where people aren't introduced to them until after they've encountered legal, employment and/or criminal problems arising as a result of their substance abuse issues. – Community Leader

Smooth process to find treatment, stigma and no detox center. – Physician

Available clinics and services. – Community Leader

There is a lack of Social and Medical Detox services. Mandatory treatment should be incorporated into sentencing for crimes committed. Medicaid should always allow substance use services even when there are other medical and mental health services being provided. this is not currently the case. – Social Services Provider

Lack of services, no detox beds, lack sober living homes, too long of a wait for assessments and bed dates. – Social Services Provider

Lack of beds at Hays Morris, no beds for juveniles in Butte, small suicide watch in St. James. Minimal if available. – Community Leader

Lack of treatment opportunities in the community. – Social Services Provider



The Montana Chemical Dependency Center is a state program but located in Butte. There is often a wait list and barriers to getting a bed at the critical moment when a person is ready to make a commitment to treatment. There is no local detox program. The Community Health Center has a MAT program, which is accessible. – Social Services Provider

Lack of access to programs and lack of ability to pay. There are often not openings in programs or patients are not considered critical. We have rampant use and access to drugs in our community. – Social Services Provider

Lack of facilities and state and federal funding. – Community Leader

Available facilities, cost prohibitive, lack of support to get treatment. – Community Leader

Lack of facilities and professionals to serve individuals. – Community Leader

Lack of access to services, transportation, housing that is not located within apartment complexes. – Social Services Provider

Lack of inpatient and detox facilities. Education and connecting services. – Community Leader

There is just a lack of treatment options in town. – Public Health Representative

Resources, funding and assistance with signing people up. – Public Health Representative

Denial/Stigma

Lack of people realizing they need help is a big barrier. The easy access to drugs is a barrier. – Educational Leader

Stigma, readily available fentanyl and other drugs being sold, but laced with other things. Parents being a bad example to their children, for juvenile offenders. – Community Leader

The stigma attached to substance use disorders and money. – Public Health Representative

Stigma. Lack of treatment options. Lack of education on substance abuse, alcohol and drugs. Lack of education and resources on fentanyl. – Public Health Representative

Stigma of going to treatment and the need to attend the treatment. – Community Leader

Stigma and ego. – Physician

Stigmas and lack of available and affordable resources. – Community Leader

Shame, judgement, lack of transportation, lack of trained providers. – Physician

People admitting it is a problem. We have a broad problem with substance abuse ranging from alcohol to narcotics. I don't know what prevents people from accessing treatment. – Community Leader

Stigma in our community! Lack of medical facilities/personnel willing to work with people struggling with substance abuse. Lack of caring/compassion from people in the community toward people struggling. Reputation of halfway houses and group residences for those who are trying to seek treatment. Law enforcement response is lacking. Lack of preventative measures supported- Butte is reactive instead of supporting prevention programs. – Community Leader

Awareness/Education

Communication and trust. Rehabilitative services. – Community Leader

Self-awareness and money. – Community Leader

I don't believe there is a barrier to access treatment. I just think the problem is bigger than the amount of resources we have to address it. More proactivity in educating the community is needed, along with more enforcement of existing laws. – Community Leader

An absolute and obsessive effort to downplay the extent of the problem. If we need no further example, Butte can't seem to hold an event that doesn't have alcohol readily available. We have more pot shops than half the state and the new buildings are casinos, where a person can find a drink while scratching another itch. We don't acknowledge the problem...by far the biggest barrier. Listen to the world outside of Butte on experiences here. It's a place people come to get drunk. Our culture and embrace of abuse is our greatest barrier. – Community Leader

Recognition of substance use disorders and recognition of unhealthy drinking habits. Opioid overdose is now the leading cause of death for people age 18-45 in the US, and this seems to be a much bigger problem in Butte recently, likely to the arrival of Fentanyl. It is difficult to access data about the rate of opioid overdoses, and I wonder if toxicology is being completed for suspicious deaths to include Fentanyl and analogues. There needs to be more generalized education about the prevalence of Fentanyl, including in substances that are not opioids, as we are commonly seeing it in methamphetamine and even cannabis. It would be ideal to have a public notice when there are a handful of fentanyl related deaths. In addition, there is limited access to harm reduction strategies, including needle exchange, Fentanyl test strips, etc. It would also be ideal to have greater access to substance use disorder treatment with buprenorphine. – Public Health Representative

Knowing where and how to access to treatment and having the will to get treatment. – Community Leader

Education and our reputation of being a party town. Not many substance abuse treatment centers. – Community Leader

Knowing how and where to refer someone. – Community Leader



Social Norms/Community Attitude

Need nonjudgmental programs that help people accept their illness to be able to work on it. – Community Leader
Complacency to the problem. Widespread tolerance of drug use. Law enforcement limitations. Extremely aggressive drug dealing. – Community Leader

Many individuals feel it is normal to use substances of all sorts to calm oneself in this very busy world we live in. We are trying to numb ourselves. – Other Health Provider

Community culture of substances and the shame and stigma around it preventing people from seeking services. Also, no inpatient medical detox beds. – Other Health Provider

Cultural history. – Social Services Provider

Culture, accessible programs, willingness to seek treatment. – Other Health Provider

Affordable Care/Services

Cost and available spaces and facilities willing to accept the patients. – Community Leader

Cost of care, limited provider availability. – Public Health Representative

Access, cost, stigma, mental health comorbidity, fear of punishment. – Public Health Representative

Low or no cost treatment. – Public Health Representative

Diagnosis/Treatment

Acute treatment for alcoholism: detox, resources to provide a non-judgmental program that allows for patients who relapse and need to move back into recovery the ability to do so. Education to our community, and mental health services that keep patients stable as they recover. – Other Health Provider

Not asking or verifying substance issues or concerns during healthcare visits. Lack of education or referrals to resources when abuse is suspected or realized. – Other Health Provider

Substance abuse treatment, inpatient treatment, isn't long enough. MCDC provides 30 days and you're out. Often, addicts are back on the street the next day using. – Social Services Provider

Prevalence/Incidence

Substance abuse, whether it is drugs or alcohol is a big problem in the community. Butte has always had a reputation as being a drinking community. We need to tighten some of our laws including limiting our open container law to only a few special days each year (St. Patty's Day, Folk Fest, etc.). We cannot continue to have individuals walking around uptown Butte caring alcoholic beverages and sitting on street corners and in the parking garage. – Community Leader

Substance abuse problems are constantly in the news--so I'm aware of their existence, and of their consequences (legal and medical), but I'm out of my depth when trying to assess causes and barriers to treatment. I'm just not familiar with the problem at that level. – Community Leader

Due to the increase of synthetic fentanyl that has impacted our community, substance abuse issues have been horrible. There are too many people in our community that need help then what our community can provide. Addiction is health care. It is a real medical diagnosis that providers in the area do not realize. The amount of Narcotic medication that is prescribed in our community for pain is insane! Providers prescribe narcotics for every small issue. Pain management clinic at the hospital has an unbelievable amount of patients that received narcotics and opiates legally. – Public Health Representative

Lifestyle

Desire to get treatment. – Social Services Provider

Lack of motivation to seek help. – Community Leader

Not interested in quitting. – Public Health Representative

Income/Poverty

Finance. – Community Leader

Financial. – Public Health Representative

Lack of Providers

Like mental health too few providers and way too many people in need. There needs to be more emphasis on behavioral health and prevention rather than on treatment. Treatment is very important, but most people who need it don't want it, or do not have access to affordable treatment. Most have to enter the criminal justice system before they get help. We have a prevailing attitude in our society that substance use is a normal part of life and is something that everyone does and is socially acceptable. Additionally, we have a huge push by the drug and alcohol industries to glorify, promote and normalize use. Most people don't understand the negative effects of usage and/or are in denial. The narrative on drug/alcohol use needs to change to have any hope. – Community Leader



Lack of providers, stigma and discrimination toward the person. – Public Health Representative

Teen/Young Adult Usage

The ages of individuals who begin using substances are in elementary schools, middle schools, and high schools. All minors. There are many that have shared that the first time they used was with one of their parents. Alcohol use is a "cultural thing" in Butte where there are events to sponsor children's needs that are done at a brewery where families are encouraged to bring their children for a fund raiser for children. What is our cultural message? – Social Services Provider

Children no longer have a fear of trying drugs, we had a DARE program that educated 5th graders. It went away approximately 15 years ago, look at the new teenagers and their drug use. We need to bring back education for young people with a deterrent for using. – Community Leader

Alcohol/Drug Use

Alcohol is the biggest threat in our community, followed by drugs. Barriers include access to treatment and the cost of treatment. Willingness to seek treatment is also an issue. – Other Health Provider

Lack of Specialists

No specialists for health care. – Other Health Provider

Most Problematic Substances

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

SUBSTANCES VIEWED AS MOST PROBLEMATIC IN THE COMMUNITY (Among Key Informants Rating Substance Use as a "Major Problem")

ALCOHOL	67.9%
METHAMPHETAMINE OR OTHER AMPHETAMINES	13.1%
HEROIN OR OTHER OPIOIDS	11.9%
PRESCRIPTION MEDICATIONS	2.4%
MARIJUANA	1.2%
CLUB DRUGS (e.g., MDMA, GHB, Ecstasy, Molly)	1.2%
INHALANTS	1.2%
OVER-THE-COUNTER MEDICATIONS	1.2%



TOBACCO USE

ABOUT TOBACCO USE

More than 16 million adults in the United States have a disease caused by smoking cigarettes, and smoking-related illnesses lead to half a million deaths each year.

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.

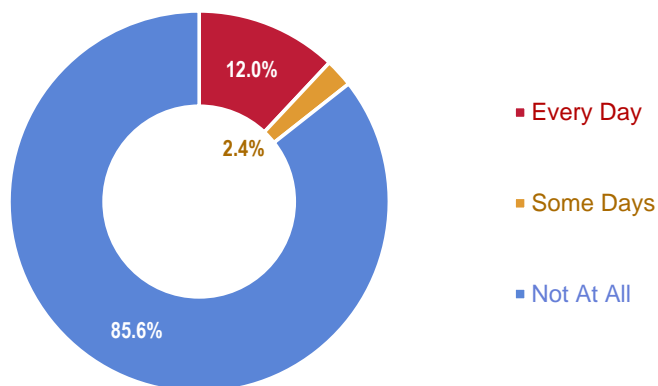
– Healthy People 2030 (<https://health.gov/healthypeople>)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 14.4% of Butte-Silver Bow adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).

Cigarette Smoking Prevalence
(Butte-Silver Bow, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 40]
Notes: • Asked of all respondents.



Note the following findings related to cigarette smoking prevalence in Butte-Silver Bow.

BENCHMARK ▶ Fails to satisfy the Healthy People 2030 objective.

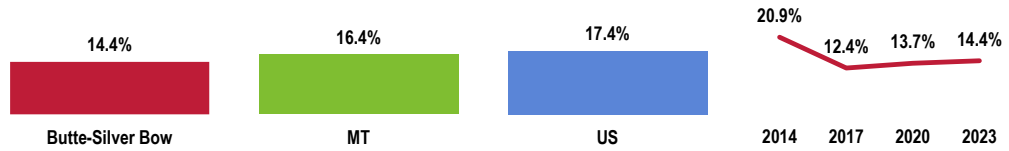
TREND ▶ Significantly lower than baseline 2014 findings.

DISPARITY ▶ Reported more often among respondents living in low-income households.

Current Smokers

Healthy People 2030 = 5.0% or Lower

Butte-Silver Bow



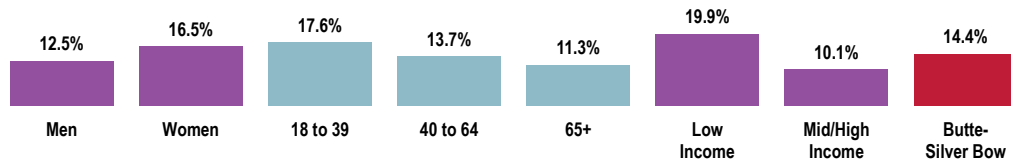
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 40]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Montana data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

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

Current Smokers

(Butte-Silver Bow, 2023)

Healthy People 2030 = 5.0% or Lower



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 40]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.
 • Includes regular and occasion smokers (every day and some days).



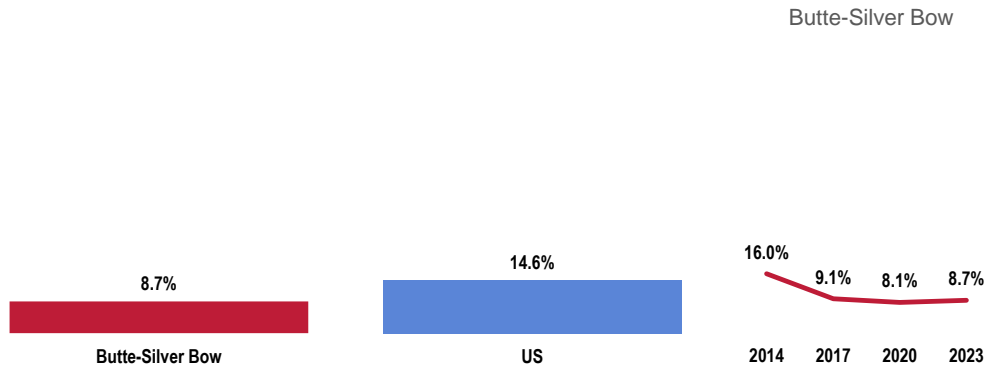
Environmental Tobacco Smoke

Among all surveyed households in Butte-Silver Bow, 8.7% report that someone has smoked cigarettes in their home on an average of four or more times per week over the past month.

BENCHMARK ▶ Well below the US percentage.

TREND ▶ Marks a significant decrease from 2014 findings.

Member of Household Smokes at Home



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Items 43, 134]
• 2020 PRC National Health Survey, PRC, Inc.

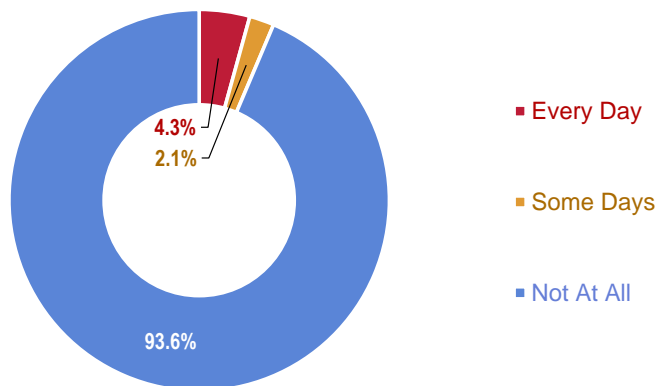
Notes: • Asked of all respondents.
• "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Other Tobacco Use

Use of Vaping Products

Most Butte-Silver Bow adults have never tried electronic cigarettes (e-cigarettes) or other electronic vaping products.

Use of Vaping Products (Butte-Silver Bow, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 45]
Notes: • Asked of all respondents.



However, 6.4% currently use vaping products either regularly (every day) or occasionally (on some days).

TREND ► Increasing significantly since 2014.

DISPARITY ► Strong correlation with age.

Currently Use Vaping Products (Every Day or on Some Days)

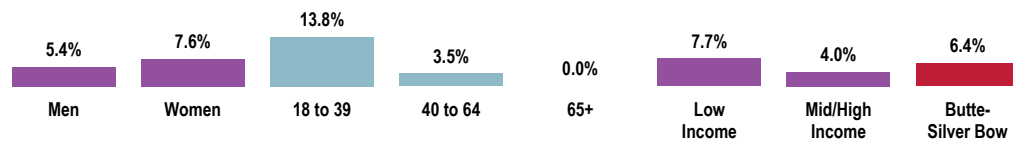
Butte-Silver Bow



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 45]
 • 2020 PRC National Health Survey, PRC, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Montana data.

Notes: • Asked of all respondents.
 • Includes regular and occasional users (those who use vaping products every day or on some days).

Currently Use Vaping Products (Butte-Silver Bow, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 45]
 Notes: • Asked of all respondents.
 • Includes regular and occasional users (those who use vaping products every day or on some days).



Smokeless Tobacco

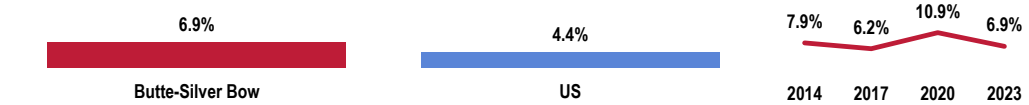
Examples of smokeless tobacco include chewing tobacco, snuff, or “snus.”

A total of 6.9% of Butte-Silver Bow adults use some type of smokeless tobacco every day or on some days.

Currently Use Smokeless Tobacco

Healthy People Goal = 0.2% or Lower

Butte-Silver Bow



Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 304]
 ● 2020 PRC National Health Survey, PRC, Inc.
 ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Montana data.
 ● US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov> [Objectives TU-1.2, TU-1.3]

Notes: ● Reflects the total sample of respondents.
 ● Smokeless tobacco 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, followed closely by “major problem” ratings.

Perceptions of Tobacco Use as a Problem in the Community (Key Informants, 2023)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: ● 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:

Teen/Young Adult Usage

Smoking, snuff and the new ‘healthy’ item of vaping. Unbelievable. I cannot get over how many young people smoke even though TV and medical advertising has been very hard on tobacco. – Educational Leader

Prevalence of smokers among teens. – Community Leader

I feel like there are a lot of younger people smoking. I don’t have any statistics; it just seems like I see them smoking and buying cigarettes. – Community Leader

Children starting to use more vaping pens and true harm for early lung damage. – Physician

Kids are starting to use tobacco earlier and earlier and becoming addicted at a very young age. It is easily accessible and they either hide it from their parents or their parents are doing it with them. Education needs to start in kindergarten and not just for the kids but for their parents as well. – Public Health Representative



For juvenile offenders, tobacco is the most common substance of a minor in possession charge, far outranking compared to alcohol or marijuana. Vapes and similar items are readily available, easy to hide, and detection is hard. – Community Leader

Most of my patients are tobacco users, and they seem to be addicted to nicotine younger, in adolescent years. – Public Health Representative

I believe it is a major issue because I've been able to be around teens, and I've witnessed the impact it has had on them. When I was younger, the issues existed, but I didn't feel it was to the level it is today. I also think tobacco and other substance abuse directly correlates to mental health issues, and believe many people have undiagnosed mental health issues and often treat their problems with tobacco and other substances. – Government

A large portion of youth that use vaping products, higher percentage of tobacco use than other Montana cities. – Public Health Representative

Vaping has made its way to elementary school. Kids get hooked on this. – Community Leader

Vaping is a very popular thing with adolescents nowadays. Plus, a large population of adults who smoke. – Other Health Provider

Chewing tobacco among men and teenagers is high. Vaping is a huge problem among teens. Smoking is still prevalent in baby boomers. – Public Health Representative

It is not just cigarettes, it is chew, and vaping. Middle and High school students are vaping in classes. High School Students are chewing throughout the day. Again, it is a "cultural thing" ... the "I use to do it, so what's the big deal, kids are kids." It is not associated with a health risk until something happens in adulthood (heart attack, stroke, etc.) then it becomes a health risk. – Social Services Provider

Prevalence/Incidence

Many patients either are current smokers or tobacco users, and/or vapers or were previous users. – Community Leader

I have eyes. I see more and more people, especially young people, smoking and vaping. – Community Leader

Tobacco use is prevalent. – Other Health Provider

So many people that smoke or chew. The younger generation is vaping. So many shops and the push to these things. The people of the community have done these things since the glory days of mining. – Other Health Provider

See a lot of people smoking. – Public Health Representative

Tobacco use is quite large in our area. Tobacco products are also very easy for people underage to get. – Public Health Representative

A high percentage of Butte people smoke. – Social Services Provider

Many people smoke and younger people are vaping. – Social Services Provider

A large number of people still smoke. The most problematic thing right now that I see is the use of e-cigarettes, especially by children and teens. – Public Health Representative

Entering businesses and county offices throughout the community is impossible without walking through a cloud of smoke. Vaping in schools is abundant. Leads to other major issues with health mentioned previously in this survey. – Community Leader

Comorbidities

There are many patients with COPD. – Community Leader

Use of tobacco in all forms is detrimental to health and leads to many serious issues, including lung, mouth, and throat cancers. It is an annoyance to those who do not smoke. – Community Leader

Tobacco is a known carcinogenic and is highly addictive. – Community Leader

Smoking exacerbates other chronic health conditions. – Social Services Provider

The tremendous amount of lung disease in this city, which is directly related to tobacco use. – Physician

Income/Poverty

The community has socioeconomic disadvantages that can make tobacco use attractive. – Community Leader

Common method for dealing with stress of poverty. Unaddressed mental illness. – Public Health Representative

Low income. – Community Leader

Low-income, transient and homeless population. – Public Health Representative

Low-income households have greater depression and stress, making heavy smoking more likely. The financial burden due to this addiction is enormous. Many families are paying many hundreds of dollars a month for something that deeply harms their health. – Community Leader



Social Norms/Community Attitude

Smoking, chewing, and vaping are highly acceptable as normal. – Other Health Provider

It is still acceptable, look at hospital workers on their breaks. Teenagers are an entirely new client base for something that we know is bad for them. – Community Leader

Cultural/Personal Beliefs

Culture, parental influence, lack of education regarding tobacco use. – Public Health Representative

Generational

Generational. – Social Services Provider



SEXUAL HEALTH

ABOUT HIV & SEXUALLY TRANSMITTED INFECTIONS

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing. In addition, more than 1.2 million people in the United States are living with HIV (human immunodeficiency virus).

Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. 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.

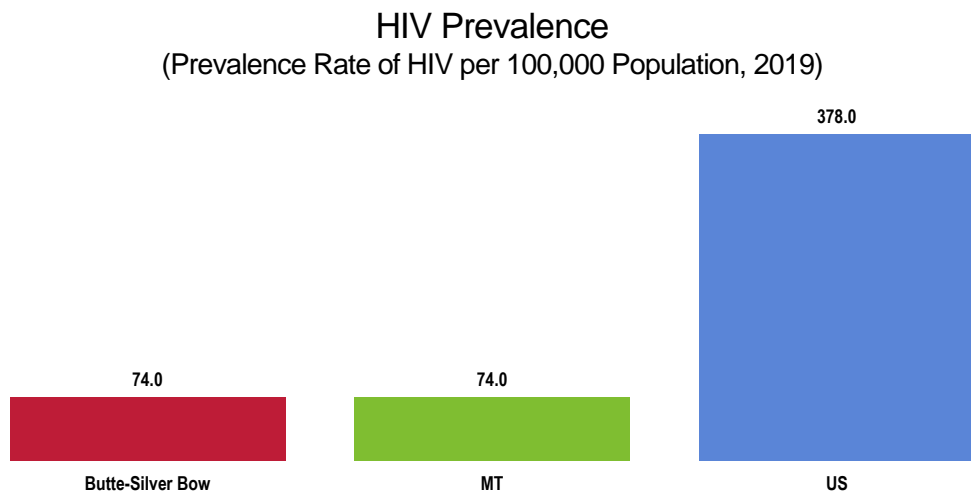
– Healthy People 2030 (<https://health.gov/healthypeople>)

HIV

HIV Prevalence

In 2019, there was a prevalence of 74.0 HIV cases per 100,000 population in Butte-Silver Bow.

BENCHMARK ▶ Well below the national prevalence rate.



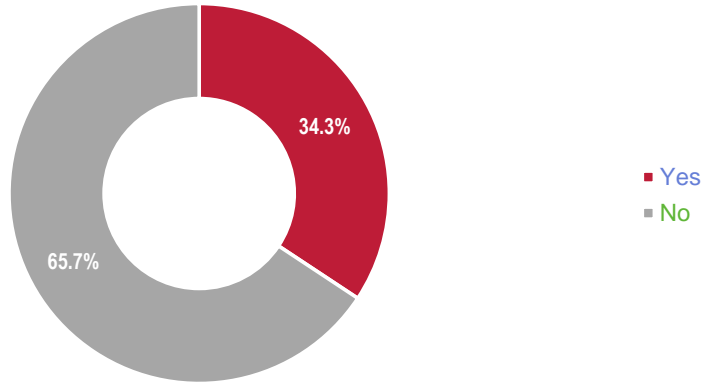
- Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2022 via SparkMap (sparkmap.org).
- Notes:
- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.



HIV Testing

Among Butte-Silver Bow adults age 18-44, 34.3% report that they have ever been tested for HIV.

Ever Tested for HIV
(Adults Age 18-44)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 159]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Reflects respondents age 18 to 44.

Sexually Transmitted Infections (STIs)

Chlamydia & Gonorrhea

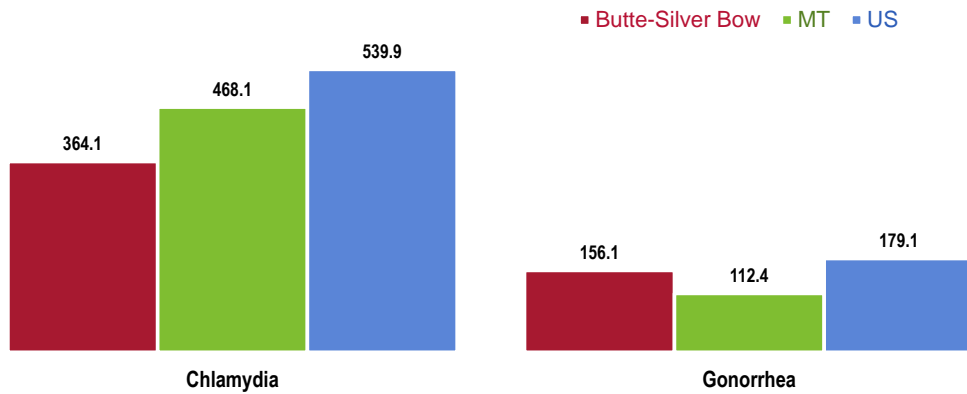
In 2018, chlamydia incidence in Butte-Silver Bow was 364.1 cases per 100,000 population.

BENCHMARK ► Well below the Montana and US rates.

The Butte-Silver Bow gonorrhea incidence in 2018 was 156.1 cases per 100,000 population.

BENCHMARK ► Worse than the state rate.

Chlamydia & Gonorrhea Incidence
(Incidence Rate per 100,000 Population, 2018)



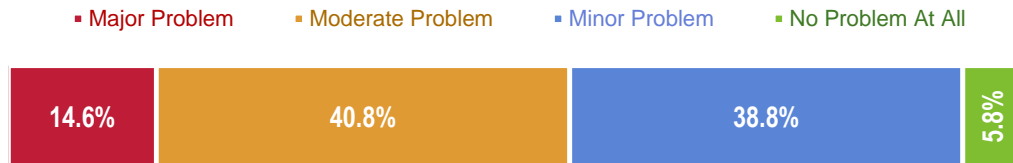
Sources: • Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2022 via SparkMap (sparkmap.org).
Notes: • This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.



Key Informant Input: Sexual Health

A plurality of key informants taking part in an online survey characterized *Sexual Health* as a “moderate problem” in the community, followed closely by “minor problem” ratings.

Perceptions of Sexual Health as a Problem in the Community (Key Informants, 2023)



Sources: ● 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:

Prevalence/Incidence

- STD case numbers have increased. – Public Health Representative
- Rise in chlamydia and gonorrhea co-infection, and a rise in Hepatitis C. – Public Health Representative
- Numbers are on the rise. – Physician
- Teen pregnancy. Far too common. – Public Health Representative

Teen/Young Adult Usage

- I believe this particular subject is an issue because kids are starting to have sex earlier and earlier, with not a lot of knowledge, along with drug users. – Community Leader
- We have a large population of youth that are sexually active and adults as well, with numerous partners. – Other Health Provider

Alcohol/Drug Use

- Alcohol and drug use, transient population, homelessness and low income. – Public Health Representative

Awareness/Education

- Lack of importance and communication. – Public Health Representative

Co-Occurrences

- With increase substance use, we have seen an increase in Hepatitis C and STIs. The community lacks providers trained in hepatitis C treatment; Medicaid makes it difficult for those providers who are trained to provide care. Ongoing substance use often prevents individuals from seeking care including STI screening. – Physician

Denial/Stigma

- Individuals not wanting to get tested, drug use and sharing of needles. Also, individuals not caring about protecting others. – Community Leader





ACCESS TO HEALTH CARE

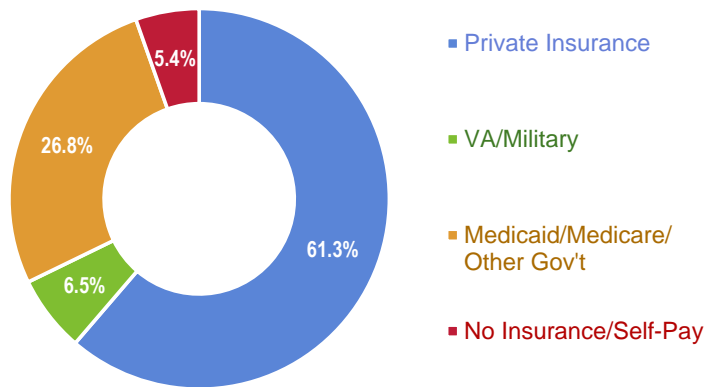
HEALTH INSURANCE COVERAGE

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 61.3% of Butte-Silver Bow adults age 18 to 64 report having health care coverage through private insurance. Another 33.3% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Health Care Insurance Coverage
(Adults Age 18-64; Butte-Silver Bow, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 137]
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, 5.4% report having no insurance coverage for health care expenses.

- BENCHMARK** ▶ Well below the state prevalence.
- TREND** ▶ Decreasing (improving) significantly since 2014.
- DISPARITY** ▶ Reported most often among male respondents.



Lack of Health Care Insurance Coverage (Adults Age 18-64)

Healthy People 2030 = 7.9% or Lower

Butte-Silver Bow

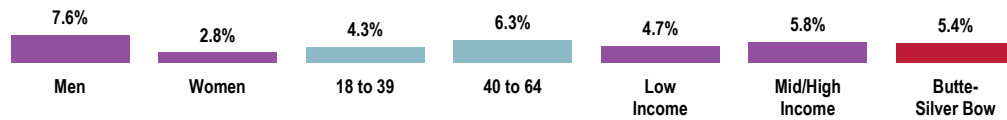


Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 137]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Montana data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

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

Lack of Health Care Insurance Coverage (Adults Age 18-64; Butte-Silver Bow, 2023)

Healthy People 2030 = 7.9% or Lower



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 137]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

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



DIFFICULTIES ACCESSING HEALTH CARE

ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. ...About 1 in 10 people in the United States don't have health insurance. 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 (<https://health.gov/healthypeople>)

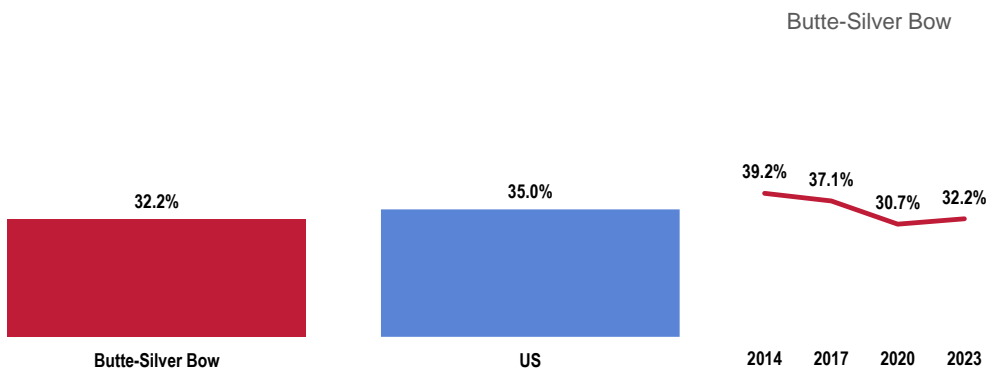
Difficulties Accessing Services

A total of 32.2% of Butte-Silver Bow adults report some type of difficulty or delay in obtaining health care services in the past year.

TREND ► Decreasing significantly from 2014 findings.

DISPARITY ► Reported more often among women and adults in low-income households.

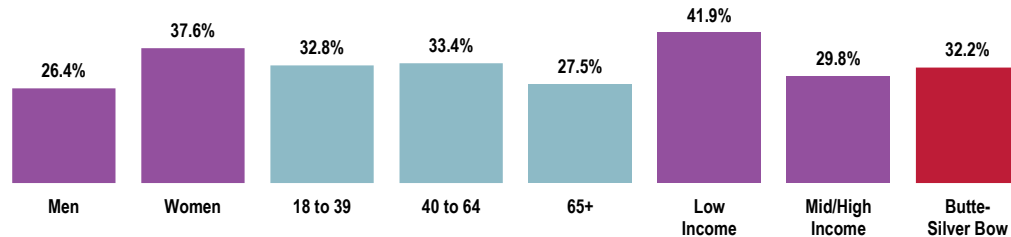
Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 140]
• 2020 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 (Butte-Silver Bow, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 140]
 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

Of the tested barriers, appointment availability and difficulty finding a physician impacted the greatest shares of Butte-Silver Bow adults.

BENCHMARK ► The area fares worse than the US in terms of difficulty finding a physician. On the other hand, respondents were less likely to be affected by these barriers: cost (of physician visits and prescription medication) and lack of transportation.

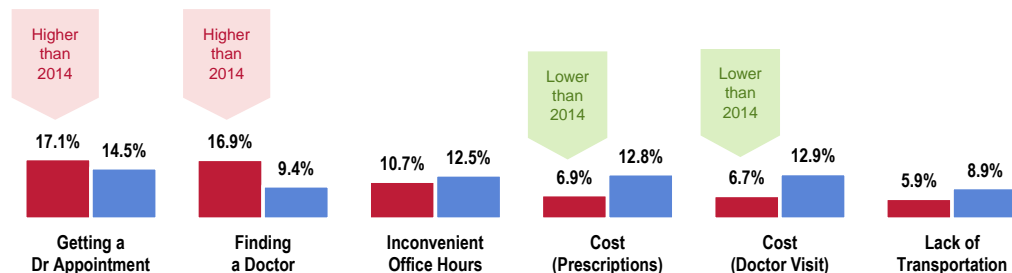
TREND ► While the Butte-Silver Bow area has **worsened** over time for the barriers of appointment availability and difficulty finding a physician, the area has **improved** over time for cost of physician visits and cost of prescriptions.

Note also the percentage of adults who have skipped or reduced medication doses in the past year in order to stretch a prescription and save costs.

Barriers to Access Have Prevented Medical Care in the Past Year

■ Butte-Silver Bow ■ US

In addition, 8.4% of adults have skipped doses or stretched a needed prescription in the past year in order to save costs.



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Items 7-11, 13-14]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

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.

These percentages reflect the total population, regardless of whether medical care was needed or sought.

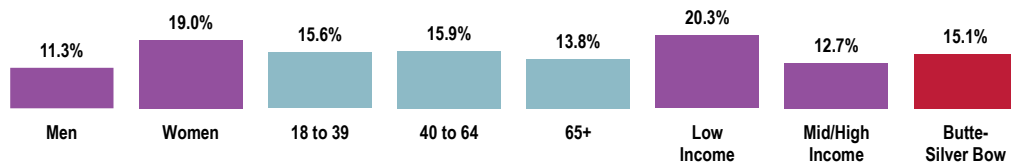


Care Avoidance During the COVID-19 Pandemic

A total of 15.1% of survey respondents have gone without medical care that they needed at some point since the beginning of the pandemic due to concerns about COVID-19.

DISPARITY ► Reported more often among women and adults living in low-income households.

Went Without Needed or Planned Medical Care Due to the Pandemic (Butte-Silver Bow, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 316]
 Notes: • Asked of all respondents.
 • Beginning of pandemic specified as March 2020.

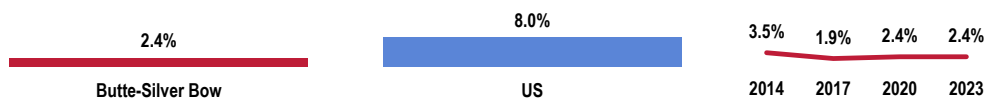
Accessing Health Care for Children

A total of 2.4% 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.

BENCHMARK ► Well below the national percentage.

Had Trouble Obtaining Medical Care for Child in the Past Year (Parents of Children 0-17)

Butte-Silver Bow



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 104]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.

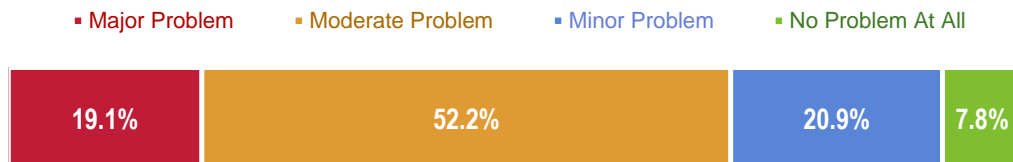
Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly selected child in their household.



Key Informant Input: Access to Health Care Services

Over half of key informants taking part in an online survey 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, 2023)



Sources: ● 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:

Lack of Providers

- Low number of community providers. – Other Health Provider
- Lack of providers and providers not returning phone calls. – Community Leader
- The biggest problem is the lack of providers, from general practice people to specialists in the area. It takes months to get into a provider unless it is an emergency. – Community Leader
- The lack of family practice physicians and access to referrals for certain specialty care. – Community Leader
- Lack of providers for patients to follow up with after DC from hospital or to prevent hospital admission: no one doing chronic pain, very limited access to internal med, limited cardiovascular service (wait time for appt is 3+ months), GI service. Long wait times due to part time providers, lack of ortho trauma coverage, no pulmonologist, no rheumatologist, no neurosurgery, short PCPs in general, extremely limited mental health services. – Other Health Provider
- Our community has lost so many physicians. We do not have enough providers to manage the population. We lack specialists. – Other Health Provider
- Not enough providers and long wait times to establish as a new patient. – Other Health Provider
- Lack of primary care providers and availability of appointments. – Other Health Provider
- Lack of physicians. Extenders being used as primary care providers results in poor overall care. These extenders do more triage than actual treatment. – Physician
- Not enough quality mental health providers, too long of wait time for services. Community members do not have access to specialists and treatments without the ability to drive a long distance. Specialists only stay for a short time before leaving the community, which affects continuity of care. – Social Services Provider
- Access to neurological specialty health care. There is no one available consistently. – Physician
- St. James does not seem to value their providers and the turnover rate of physicians is a disservice to the community. – Physician
- The number of providers and the wait time in getting in to see highly qualified physicians or assistants. Also of alarm is a shortage of male providers, this community has men that wish to only see a male doctor. Seniors are having a difficult time replacing doctors that have moved or retired, as they don't have confidence in some referrals. – Community Leader

Access to Care/Services

- Ease of access to services. – Community Leader
- Wait times to see providers and services. Limited specialty services locally, requiring patient to travel out of town. Transportation barriers. Overuse, inappropriate use of the emergency department. – Other Health Provider
- Assistance with health insurance search and signing up. Accessing care for the underinsured and uninsured in a timely manner, especially to specialty services. – Public Health Representative
- Rehab facilities dedicated to just post op patients needing care. – Community Leader



Affordable Care/Services

Affordable health care is an issue nationwide. Many people avoid seeking help due to the major costs until it is too late. – Social Services Provider

Cost, bias, transportation and not enough providers. – Public Health Representative

Not one particular health issue, but affordability of prescription medication is needed for a multitude of health conditions, it continues to be a challenge, even for those with insurance. – Community Leader

Denial/Stigma

What I see has the biggest challenges are: stigma against individuals who are homeless and experiencing mental health, substance abuse or are co-occurring. Being denied services or treated badly by care givers, lack of compassion for those that are stuck in a revolving door with no services or treatment. – Social Services Provider

Youth who are transitioning report that they are not receiving gender affirming care with their pediatricians and general practitioners, specifically that providers refuse to use the correct pronouns or name when speaking to and about a patient. – Public Health Representative

Follow-Up/Support

Mental health supports, transportation to appointments outside of Butte and accessible and affordable housing. – Social Services Provider

Poor investment on the prevention care and relationship with primary care providers. – Physician

Lack of Specialists

Limited providers to cover specialty health related issues in our community. For example, neurological specialists are not present in our community therefore the community must travel to a different town. Whenever you need to see a doctor, you are pushed out for months or are required to see a walk-in clinic doctor who has no idea what your medical history consists of. Limited number of physicians who do primary care. Resources in our community are also limited. Mental health is a major issue, and it takes months to see a licensed practitioner. Limited ER services that are not adequate. ER doctors treat symptoms only and don't find a diagnosis in patients unless patients are extremely ill and require hospitalization. The ER gives you medication to help the symptoms then sends you home. I find this very challenging because you just wait for the symptoms to reappear. I waited MONTHS for physicians to look into my issues and was just given medications. – Public Health Representative

Lack of specialty care like high level cardiac, pulmonary, rheumatology, neurology, etc. – Other Health Provider

Housing

As a provider in the community, I've seen two trends more often than not recently that impact individual health and access to healthcare: unstable housing and lack of immediate availability to be seen. I am tempted to say we lack an adequate number of primary care providers in the community and while this is partially true, I suspect the larger issue the traditional model of medical care (plan ahead) offered in the community doesn't meet the right-now needs and schedules of many patients. Unstable housing leaves many patients without transportation to appointments and having to prioritize housing over seeking medical care. – Physician



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.

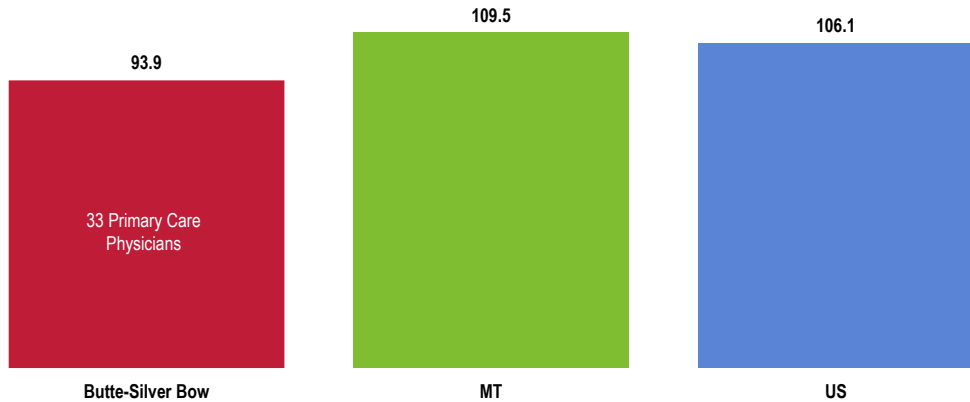
– Healthy People 2030 (<https://health.gov/healthypeople>)

Access to Primary Care

In 2022, there were 33 primary care physicians in Butte-Silver Bow, translating to a rate of 93.9 primary care physicians per 100,000 population.

BENCHMARK ▶ Lower than the Montana ratio.

Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population, 2022)



Sources: • US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2022 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. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.



Specific Source of Ongoing Care

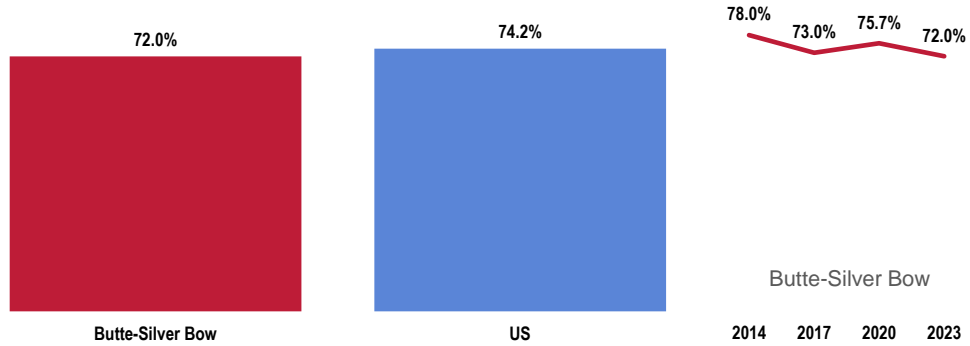
A total of 72.0% of Butte-Silver Bow adults were determined to have a specific source of ongoing medical care.

BENCHMARK ▶ Fails to satisfy the Healthy People 2030 objective.

TREND ▶ Decreasing significantly from baseline findings.

Have a Specific Source of Ongoing Medical Care

Healthy People 2030 = 84.0% or Higher



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 139]
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Asked of all respondents.

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

A hospital emergency room is not considered a specific source of ongoing care in this instance.

Utilization of Primary Care Services

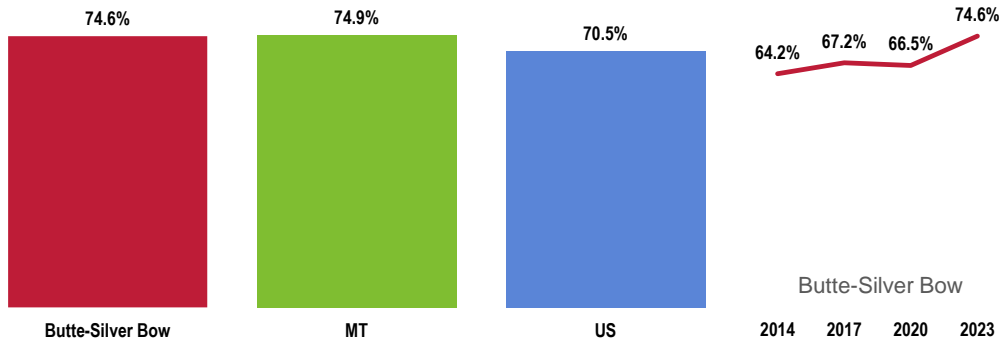
Adults

Three in four adults (74.6%) have visited a physician for a routine checkup in the past year.

TREND ▶ Denotes a statistically significant increase.

DISPARITY ▶ Reported less often among men, young adults, and those living on higher incomes.

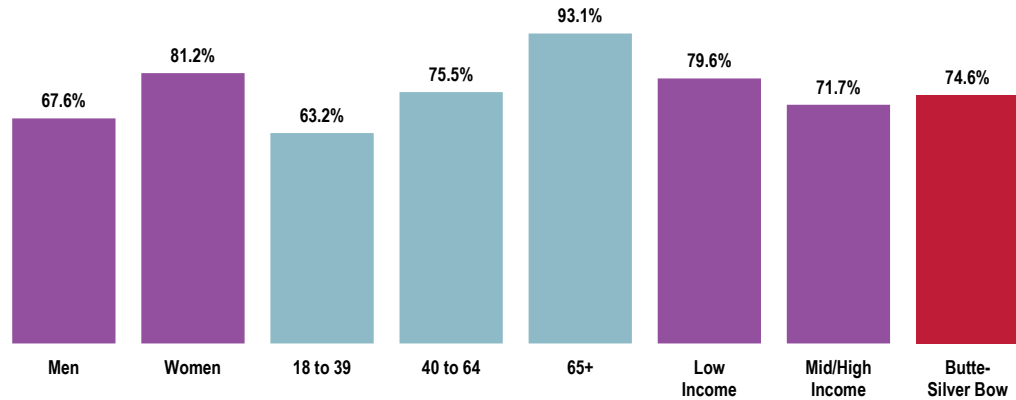
Have Visited a Physician for a Checkup in the Past Year



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 18]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Montana data.
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.



Have Visited a Physician for a Checkup in the Past Year (Butte-Silver Bow, 2023)



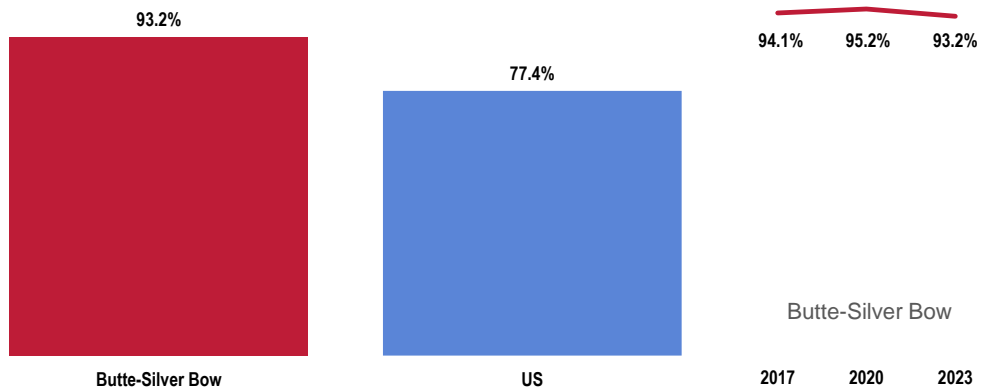
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 18]
Notes: • Asked of all respondents.

Children

Among surveyed parents, 93.2% report that their child has had a routine checkup in the past year.

BENCHMARK ► Well above the national prevalence.

Child Has Visited a Physician for a Routine Checkup in the Past Year (Parents of Children 0-17)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 105]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents with children 0 to 17 in the household.

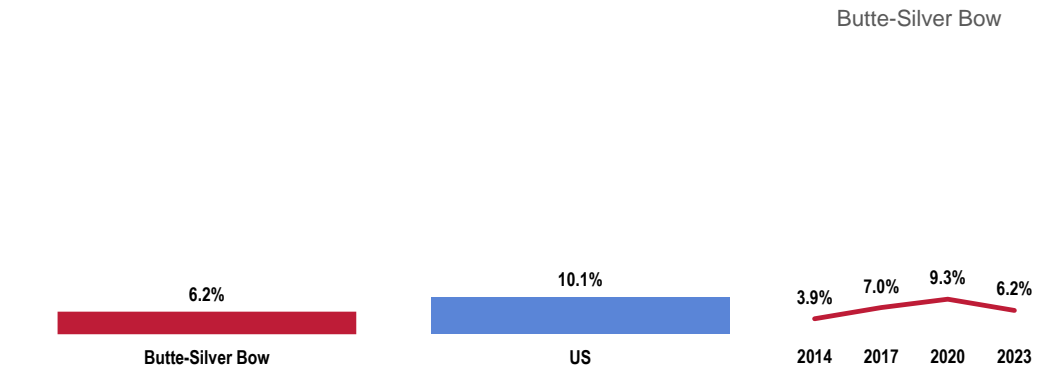


EMERGENCY ROOM UTILIZATION

A total of 6.2% of Butte-Silver Bow adults have gone to a hospital emergency room more than once in the past year about their own health.

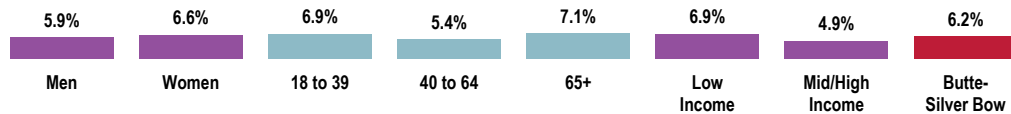
BENCHMARK ▶ Lower than the national percentage.

Have Used a Hospital Emergency Room More Than Once in the Past Year



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Items 22]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Have Used a Hospital Emergency Room More Than Once in the Past Year (Butte-Silver Bow, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 22]
 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 (<https://health.gov/healthypeople>)

Key Informant Input: Oral Health

Nearly half of key informants taking part in an online survey most often characterized *Oral Health* as a “moderate problem” in the community.

Perceptions of Oral Health as a Problem in the Community (Key Informants, 2023)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: ● 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

The majority of the community lacks dental insurance and cannot afford it on their own, the cost of dental care that is needed. – Physician

Affordability. People can't afford to go to the dentist or afford to pay for dental insurance. – Social Services Provider

Oral health can be tied to overall health, and just the fact that most insurance plans don't cover dental care, instead it's a separate offering of which many people will opt out of. Drive by the free dental clinic at the community health center at opening time and see the lines to have a visual representation of the problem. Even full time employed individuals will seek care there because it's their only affordable option. – Educational Leader

Dental care requires financial resources, not only does our community lack the education, but often services are not covered by insurance or lack of coverage. Patients do not put dental care as a financial priority. – Other Health Provider

Access to Care/Services

In my business of mental health there is a severe need for dental services. In general, I believe this is a major problem for the community as a whole as well. Lack of financial resources, and quality insurance for oral healthcare are factors limiting access. Lack of providers charging on a sliding fee scale is one of the main issues. – Social Services Provider

Many dentists are not taking new patients and the wait time to get an appointment is extremely long. – Social Services Provider



Prevention/Screenings

Lack of preventative care and poor nutrition, as well as drug and tobacco use. – Physician
Many only seek dental care as an emergency. They do not focus on prevention. Also, more hygiene and drug abuse. – Other Health Provider

Access to Care for Medicare/Medicaid Patients

If a person has Medicaid, it is extremely difficult to get into someone who will accept the payment. Community Health has providers, but they are swamped. Without good teeth, it is hard to get employment. – Social Services Provider

Children

Frequently see children with cavities and caps. – Public Health Representative

Multiple Factors

Income, lack of good nutrition, and drug abuse. – Social Services Provider



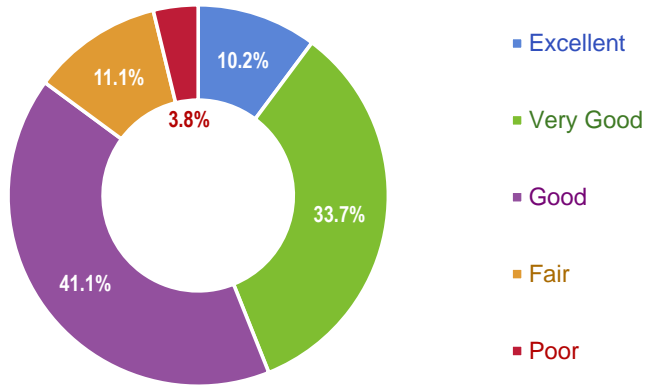


LOCAL RESOURCES

PERCEPTIONS OF LOCAL HEALTH CARE SERVICES

Most Butte-Silver Bow adults rate the overall health care services available in their community as “excellent” or “very good.”

Rating of Overall Health Care Services Available in the Community
(Butte-Silver Bow, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 6]
Notes: • Asked of all respondents.

However, 14.9% of residents characterize local health care services as “fair” or “poor.”

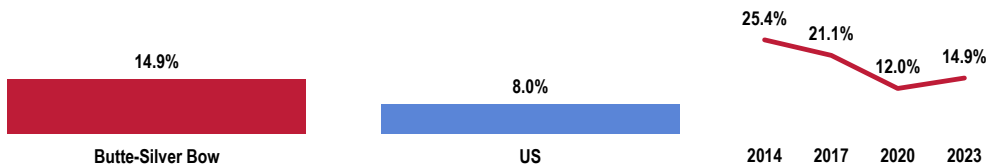
BENCHMARK ▶ Worse than the national prevalence.

TREND ▶ Improving significantly from 2014 findings.

DISPARITY ▶ Reported more often among women, those in low-income households, and people with recent access difficulties.

Perceive Local Health Care Services as “Fair/Poor”

Butte-Silver Bow

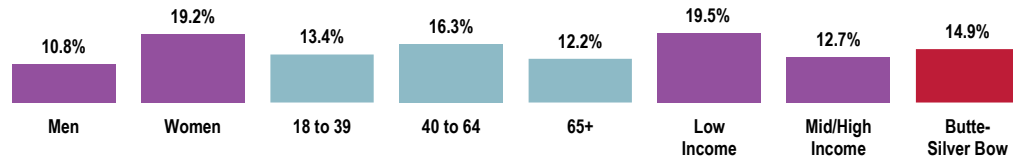


Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 6]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Perceive Local Health Care Services as “Fair/Poor” (Butte-Silver Bow, 2023)

With Access Difficulty 33.2%
No Access Difficulty 6.0%



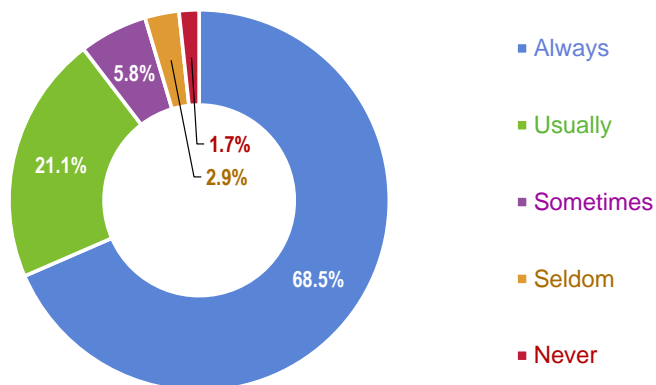
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 6]
Notes: • Asked of all respondents.

Positive Health Care Interactions

Most survey respondents “always” or “usually” felt respected and understood during their health care experiences over the past year. However, 4.6% said “seldom” or “never.”

“Thinking about all of your health care experiences in the past 12 months, how often did the health care providers you saw make you feel respected and understood as an individual?”

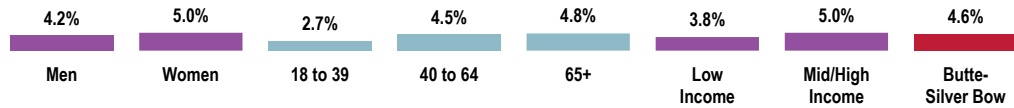
Felt Respected and Understood During Health Care Experiences in the Past 12 Months (Butte-Silver Bow, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 301]
Notes: • Asked of all respondents.



“Seldom/Never” Felt Respected and Understood During Health Care Experiences in the Past 12 Months (Butte-Silver Bow, 2023)



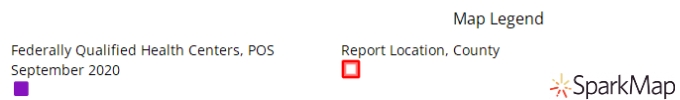
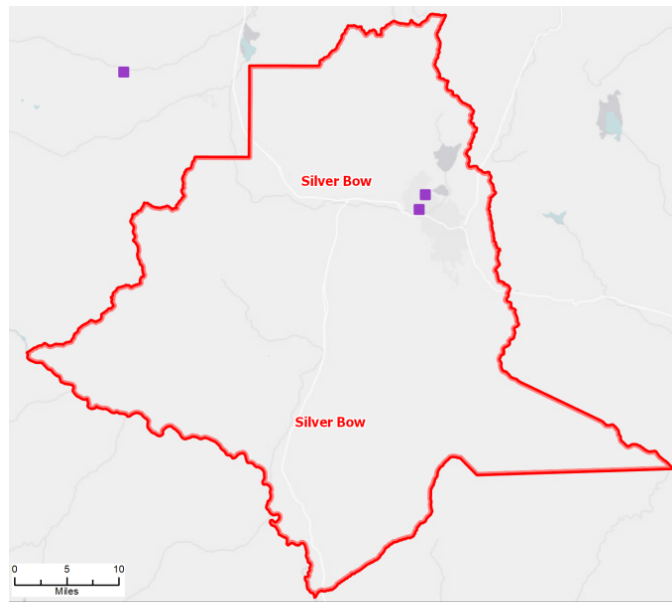
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 301]
Notes: • Asked of all respondents.



HEALTH CARE RESOURCES & FACILITIES

Federally Qualified Health Centers (FQHCs)

The following map details Federally Qualified Health Centers (FQHCs) within Butte-Silver Bow as of September 2020.



Resources Available to Address the Significant Health Needs

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

Access to Health Care Services

- Action Inc
- Alpenglow
- Butte Rescue Mission
- Butte Silver Bow Health Department
- Community Health
- Community Health Center
- Community Hospital of Anaconda
- Copper City Connection
- Health Department
- Homeward Bound
- Hospital
- Indian Alliance
- Intermountain Healthcare
- Mercury Street Medical
- Montana Chemical Dependency Center
- Montana Mental Health
- Mountain View Psychological Service
- North American Indian Alliance
- Nova Healthcare
- Office of Public Assistance
- Rocky Mountain Clinic
- SCL Health
- Southwest Montana Community Health Center
- St. James Express Care
- St. James Healthcare
- St. James Healthcare Case Management
- St. James Hospital
- St. James Medical Group
- Therapists
- Walk-in Clinics
- Western Montana Mental Health Center

Cancer

- Anaconda Cancer Center
- Butte Cares
- Butte Silver Bow Health Department
- Community Health
- Community Health Center
- Community Hospital of Anaconda
- Data Gaps in Testing

DNRC

- Doctor's Offices
- EPA
- Government
- Health Department
- Hospice
- Hospital
- Intermountain Healthcare
- Mercury Street Medical
- Native Wellness Center
- North American Indian Alliance
- Pintler Cancer Center
- Publish Transparent Results
- Rocky Mountain Clinic
- SCL Health
- SLC
- Southwest Montana Community Health Center
- St. James Cancer Center
- St. James Healthcare
- St. James Hospital
- St. James Women's Imaging Department
- Support Groups

Diabetes

- American Diabetes Association
- Butte Community Diabetes Network
- Butte Food Co-op
- Butte Health Department
- Butte Silver Bow Health Department
- Butte VA Clinic
- Cardiac/Pulmonary Rehab
- Community Events
- Community Health
- Community Health Center
- Community Hospital of Anaconda
- Department of Health and Human Services
- Doctor's Offices
- Express Care
- Fitness Centers/Gyms
- Hays Morris House
- Health Department
- Healthy Living SCL



- Hospital
- Indian Alliance
- Media
- MSU Extension Programs
- Native American Indian Alliance
- Parks and Recreation
- Pharmacies
- Private Insurance Programs
- Rocky Mountain Clinic
- School System
- SCL Health
- SJB
- SMART
- SNAP Program
- Southwest Montana Community Health Center
- St. James Express Care
- St. James Healthcare
- St. James Healthcare Diabetes Program
- St. James Hospital
- Travelers Healthcare Clinic
- Walk-in Clinics
- YMCA

Disabling Conditions

- Action Inc
- Adult Protective Services
- Ambulance
- Area V Agency on Aging
- Assisted Living and Skilled Nursing Facilities
- Bee Hives
- Big Sky Senior Living Alzheimer's Unit
- Butte Community Health
- Butte Disability
- Butte Health Department
- City Bus
- Community Health
- Community Health Center
- Crisis Response Team
- Doctor's Offices
- Family Outreach Inc
- Hays Morris House
- Health Department
- Home Health Agencies
- Hospital
- Job Corp
- Montana Chemical Dependency Center
- Montana Independent Living Project
- MSU Extension Programs
- Nursing Homes
- Pain Center
- Paratransit
- PATH Program

- Rehab Facilities/Long-Term Care Centers
- SBDDC
- Senior Living Facilities
- Shelter
- Social Security Office
- Southwest Montana Aging and Disabilities
- Southwest Montana Community Health Center
- St. James Healthcare
- St. James Healthcare Case Management
- St. James Hospital
- St. James Medical Group
- State Hospital
- Taxi
- Veterans Services
- Walk With Ease
- Western Montana Mental Health Center
- Workshop

Heart Disease & Stroke

- American Heart Association
- Butte Silver Bow Health Department
- Cardiac/Pulmonary Rehab
- Community Health
- Doctor's Offices
- Fitness Centers/Gyms
- Fuel Fitness
- Health Department
- Hiking Club
- Hospital
- Intermountain Healthcare
- International Heart Institute
- MSU Extension Programs
- SCL Health
- Southwest Montana Community Health Center
- St. James Healthcare
- St. James Healthcare Cardiology
- St. James Healthcare Case Management
- Support Groups
- Walk With Ease
- Weight Watchers

Infant Health & Family Planning

- 4Cs
- Action Inc
- Butte Family Planning Clinic
- Butte Rescue Mission
- Butte Silver Bow Family Planning Clinic
- Butte Silver Bow Health Department
- Child Protective Services
- Community Hospital of Anaconda



- Department of Health and Human Services
- Family Planning
- Health Department
- New Hope Pregnancy
- Rocky Mountain Clinic
- SCL Health
- Southwest Montana Community Health Center
- St. James Hospital
- WIC

Injury & Violence

- 4Cs
- Action Inc
- Aware
- Behavioral Health Resources
- Butte Cares
- Butte Family Planning Clinic
- Butte Law Enforcement
- Butte Police Department
- Butte Rescue Mission
- Butte Silver Bow County Detention
- Butte Silver Bow Health Department
- Butte Silver Bow Law Enforcement
- Butte Silver Bow Police Department
- Child Protective Services
- Community Counseling and Correctional Services
- County Attorney's Office
- Court System
- Department of Health and Human Services
- DFS
- Doctor's Offices
- Drug Court
- Foster Care
- Health Department
- Healthcare Resources
- Intermountain Healthcare
- Jail
- Montana Chemical Dependency Center
- Neighborhood Watch Programs
- North American Indian Alliance
- Police Department
- Probation and Parole
- Rocky Mountain Clinic
- Safe Space
- SCL Health
- SMART
- Southwest Montana Community Health Center
- Victims/Witness Advocacy Program
- Western Montana Mental Health Center
- Wrap Program

Mental Health

- Action Inc
- Alpenglow
- AltaCare
- Aware
- Butte Rescue Mission
- Butte School District
- Butte Silver Bow Health Department
- Butte Silver Bow Law Enforcement
- Butte Silver Bow Mental Health Services
- Churches
- Community Action Team
- Community Counseling and Correctional Services
- Community Health
- Community Health Center
- Community Hospital of Anaconda
- Continuum of Care Delivery System
- Crisis Response Team
- CSCT
- Doctor's Offices
- Frontier Psych
- Government
- Hays Morris House
- Health Department
- Hospital
- Intermountain Healthcare
- Jail
- Legal System
- Leverage Utility Bills to Encourage People to Get Help
- Media
- Mental Health Services
- Montana Chemical Dependency Center
- Montana Independent Living Project
- Montana Mental Health
- Montana State Hospital
- Mountain West Psychological Services
- MSU Extension Programs
- PATH Program
- Private Counseling Services
- Religious Institutions
- School System
- SCL Health
- Shodair
- Silver Bow County Mental Health Center
- Silver House
- SMART
- Soars
- Southwest Montana Community Health Center
- Southwest Montana Health Clinic
- Southwest Montana Mental Health
- St. James Healthcare



- St. James Hospital
- St. James Medical Group
- State Hospital
- Therapists
- Veterans Services
- Warm Springs
- We Care Behavioral Health
- Western Montana Health Center
- Western Montana Mental Health Center
- Work-Related Programs
- Yellowstone Boys and Girls Ranch
- Youth Dynamics
- Youth Mental Health Committee

Nutrition, Physical Activity, & Weight

- Action Inc
- Butte Cares
- Butte Food Co-op
- Butte Silver Bow Health Department
- City of Butte Silver Bow
- Community Health Center
- Doctor's Offices
- Farmer's Market
- Fitness Centers/Gyms
- Fuel Fitness
- Health Department
- Hospital
- Human Resource Council
- Local Leaders and Healthcare Professionals
- MSU Extension Programs
- Parks and Recreation
- Podcasts and YouTube
- Private Counseling Services
- Ridge Waters
- School System
- SCL Health
- SNAP Program
- Snoflinga
- Southwest Montana Community Health Center
- St. James Healthcare
- Walk With Ease
- Walmart
- Weight Watchers
- WIC
- YMCA

Oral Health

- Butte Pediatric Dentistry
- Community Health
- Community Health Center

- Dentist's Offices
- Doctor's Offices
- Donated Dental Services
- Medicaid
- Medicare
- School System
- Southwest Montana Community Health Center
- St. James Hospital

Respiratory Diseases

- Butte Silver Bow Health Department
- Community Health
- Community Health Center
- Community Home Oxygen
- Community Hospital of Anaconda
- CVS
- Doctor's Offices
- Harrington Surgical
- Health Department
- Hospital
- Montana Quit Line
- Nova Healthcare
- SCL Health
- SJB
- Southwest Montana Community Health Center
- St. James Healthcare
- St. James Hospital
- St. James Urgent Care

Sexual Health

- Action Inc
- Butte Family Planning Clinic
- Butte Health Department
- Butte Silver Bow Family Planning Clinic
- Butte Silver Bow Health Department
- Community Health Center
- Express Care
- Family Planning
- Health Department
- New Hope Clinic
- Nova Healthcare
- Planned Parenthood
- Rocky Mountain Clinic
- SCL Health
- SCLH – RMC
- Southwest Montana Community Health Center
- St. James Healthcare



Social Determinants of Health

4Cs
Abatement Program
Action Inc
Adult Literacy Program
Belmont Senior Citizen Center
Butte Food Bank
Butte Housing Authority
Butte Local Development
Butte Rescue Mission
Butte School District
Butte Silver Bow Health Department
Butte Silver Bow Reclamation Division
Career Futures
Churches
City of Butte Silver Bow
Community Action Team
Community Counseling and Correctional Services
Community Health Center
Department of Health and Human Services
Doctor's Offices
Faith Communities
Food Bank
Government
Habitat
Health Department
Housing Authority
Job Services
Law Enforcement
Local Developers, Foothold
Low Income Housing Facilities
Mission
Montana Chemical Dependency Center
Montana Independent Living Project
National Affordable Housing Network
Northwestern Energy/Spectrum
Office of Public Assistance
Police Department
Private Landlords
Public Assistance
Rescue Mission
Rocky Mountain Clinic
SARTA
School System
SCL Health
Section 8
Silver Bow Agencies
SMART
SNAP Program
Southwest Montana Community Health Center
St. James Downtown Clinic
St. James Express Care

St. James Healthcare
St. James Healthcare Case Management
United Way
Veterans Services
We Deliver Lunches
Western Montana Mental Health Center
WIC
YMCA

Substance Abuse

AA/NA
Action Inc
Alpenglow
Aware
Butte Cares
Butte Health Department
Butte Rescue Mission
Butte Silver Bow County
Butte Silver Bow Health Department
Chief Executive
Churches
Community Counseling and Correctional Services
Community Health
Community Health Center
Community Hospital of Anaconda
Court System
Doctor's Offices
Drug Court
Faith Communities
Hays Morris House
Health Department
Hospital
Ideal Option
Indian Alliance
Inpatient and Outpatient Treatment Providers
Law Enforcement
Mariah's Challenge
Medical Community
Montana Chemical Dependency Center
Montana Healthcare Foundation
Montana Mental Health
MSU Extension Programs
North American Indian Alliance
Police Department
Private Counseling Services
Religious Institutions
School System
SCL Health
Shodair
SMART



- Southwest Montana Addiction Recovery Program
- Southwest Montana Coalition on SUD
- Southwest Montana Community Health Center
- SPiRiT Home
- St. James Healthcare
- St. James Suicide Unit
- Stop Program
- Therapists
- Town Pump Family Foundation
- WATCH Program
- Western Montana Mental Health Center
- YMCA

Tobacco Use

- Butte Cares
- Butte Health Department
- Butte School District
- Butte Silver Bow Health Department
- Butte Silver Bow Smoking Prevention Program
- Community Education
- Community Health Center
- Community Hospital of Anaconda
- Dentist's Offices
- Department of Health and Human Services
- Doctor's Offices
- Health Department
- Indian Alliance
- Medical Community
- Medical Facilities
- MIP Court
- Montana Chemical Dependency Center
- Montana Quit Line
- Private Counseling Services
- Private Insurance Programs
- Rocky Mountain Clinic
- School System
- SCL Health
- Southwest Montana Community Health Center
- St. James Healthcare
- St. James Hospital
- State of Montana Smoking Cessation Program
- State Resources
- Tobacco Help Line
- Tobacco Prevention Program





APPENDIX

EVALUATION OF PAST ACTIVITIES

Addressing Significant Health Needs

St. James Healthcare conducted its last CHNA in 2020 and reviewed the health priorities identified through that assessment. Considering the top-identified needs — as well as hospital resources and overall alignment with the hospital's mission, goals, and strategic priorities — it was determined at that time that St. James Healthcare would focus on developing and/or supporting strategies and initiatives to improve:

Access to Health Care Services

Behavioral Health (Mental Health and Substance Use)

Social Determinants of Health

Strategies for addressing these needs were outlined in St. James Healthcare's Implementation Strategy. In fulfillment of our charitable mission and in alignment with IRS requirements, the following sections provide an evaluation of the impact of the actions taken by St. James Healthcare to address these significant health needs in our community.



Evaluation of Impact

Priority Area: Access to Health Care Services	
Community Health Vision	All residents will have access to comprehensive health services.
Goal(s)	<ul style="list-style-type: none"> The percentage of Silver Bow County adults reporting having a routine checkup in the past year will increase by 5%; from 66.5% to 69.8% in 2023. (CHNA) The percentage of Silver Bow County adults reporting two or more ER visits in past year will decrease by 5%; from 9.3% to 8.8% in 2023 (CHNA)
Strategy 1: Increase opportunities to access health services both in person and virtually.	
Strategy Was Implemented?	Yes
Tactics	<ul style="list-style-type: none"> Implement primary care clinic in Butte Flats area Specialty care outreach to rural communities Virtual health visits to decrease barriers to access Development of Mobile Mammography coach program Recruitment of primary and specialty care providers to healthcare professional shortage area
Partnering Organizations	<ul style="list-style-type: none"> SCL Health Medical Group Barrett Hospital and Healthcare Deer Lodge Medical Center St. James Healthcare Foundation
Results/Impact	<ul style="list-style-type: none"> Primary care clinic with walk-in care opened in Butte Flats area Average of 979 virtual health visits per year Specialty outreach to seven outlying communities in Urology, OB/GYN, Wound Care, Athletic Training and Physical Therapy 30 providers recruited in 9 specialties
Strategy 2: Increase workforce capacity to provide healthcare services.	
Strategy Was Implemented?	Yes
Partnering Organizations	<ul style="list-style-type: none"> Highlands College Montana Tech University of Montana Missoula
Tactics	Training at St. James Healthcare for students: <ul style="list-style-type: none"> Nursing students complete clinical rotations Pharmacy students and pharmacy residents complete training Radiology students complete training Physical therapy students complete training Surgical tech students complete training Dietary students complete training Explore CNA program development
Results/Impact	<ul style="list-style-type: none"> 192 nursing students 6 pharmacy students 5 radiology students 4 physical therapy students 3 occupational therapy students 2 dietary students 1 laboratory student



Priority Area: Behavioral Health

Community Health Vision	All residents will have improved mental health and less reported substance use.
Goal(s)	<ul style="list-style-type: none"> The percentage of Silver Bow County adults rating their overall mental health as good, very good, or excellent will increase 5%; from 88.6% to 93.03% in 2023 (CHNA) The percentage of Silver Bow County adults reporting a negative impact on their lives by substance use will decrease 5%; from 43% to 41% in 2023 (CHNA)

Strategy 1: Improve access to mental health services and resources

Strategy Was Implemented? Yes

Partnering Organizations	<ul style="list-style-type: none"> Community Action Team Community Counseling and Correctional Services (CCCS) Montana Chemical Dependency Center Montana 211 SCL Health Medical Group
Tactics	<ul style="list-style-type: none"> Integrate behavioral health services into primary care clinics to increase access and decrease stigma Community gatekeeper training for suicide prevention (QPR) Promotion of Montana211 Directory to connect individuals with community resources Develop crisis diversion workplan Provide support for community organizations and coalitions addressing mental health needs Prenatal mental health and substance use screening
Results/Impact	<ul style="list-style-type: none"> 10 QPR suicide prevention trainings conducted Two clinics with integrated behavioral health services Three community organizations/coalitions addressing mental health supported financially or in-kind Completion of workplan for sequential intercept mapping

Strategy 2: Improve supports for substance use treatment and prevention

Strategy Was Implemented? Yes

Partnering Organizations	<ul style="list-style-type: none"> Butte Community Action Team Butte-Silver Bow Health Department Montana Healthcare Foundation Montana Chemical Dependency Center Southwest Montana Community Health Center SCL Health Medical Group Southwest Region Child and Family Services
Tactics	<ul style="list-style-type: none"> Prenatal substance use and mental health screening Integrate behavioral health services into primary care clinics to increase access and decrease stigma Provide support for community organizations addressing substance use
Results/Impact	<ul style="list-style-type: none"> Leading grant funded opioid response project 90% pregnant women screened for mental health and substance use needs Two clinics with integrated behavioral health services Three community organizations addressing behavioral health supported



Priority Area: Social Determinants of Health

Community Health Vision	All residents will live in conditions that support health.
Goal(s)	<ul style="list-style-type: none"> • Disparities related to income will decrease by 5% (CHNA, 2023): <ul style="list-style-type: none"> ○ Food insecurity for low-income residents will decrease from 41.2% to 39.1% ○ Housing insecurity for low-income residents will decrease from 36.3% to 34.5% ○ Fair/poor overall health for low-income residents will decrease from 23.7% to 22.5%
Strategy 1: Support housing collaboration and development	
Strategy Was Implemented?	Yes
Partnering Organizations	<ul style="list-style-type: none"> • Action Inc. • Butte Housing Authority • Butte-Silver Bow Government • Southwest Montana Community Health Center • Montana Healthcare Foundation • Corporation for Supportive Housing
Tactics	<ul style="list-style-type: none"> • Supportive housing for high need residents • Support work of the local Continuum of Care Coalition
Results/Impact	<ul style="list-style-type: none"> • 8 high need residents successfully housed • In-kind support for Continuum of Care Coalition
Strategy 2: Support community economic development	
Strategy Was Implemented?	Yes
Partnering Organization(s)	<ul style="list-style-type: none"> • Butte Local Development Corporation • Butte Chamber of Commerce • Highlands College • Healthcare Montana
Tactics	<ul style="list-style-type: none"> • Healthcare Montana, a partnership between the Montana Department of Labor and Industry and Highlands College, to provide access to training programs • Support STEM and career exploration opportunities at local high schools including REACH camps • Support recruitment efforts for business to locate to Butte-Silver Bow
Results/Impact	<ul style="list-style-type: none"> • 5 economic organizations supported in-kind

